



Carolina Elite Soccer Academy

2019 Summer Performance Training Program

Directed by Jeff Haigler
Director of CESA FIT Athletic Performance



Summer is the most crucial time for a youth soccer player to develop their athletic abilities. In order for a soccer player to reach their full potential athletically, it is important to train properly to ensure the greatest progress while preventing injuries and imbalances. CESA Performance athletes will work with top Athletic Performance coaches and USSF Nationally Licensed soccer coaches during the summer to ensure optimal training environment. Pre and Post Training testing will be done to show improvements in SPEED, AGILITY, ACCELERATION, DRIBBLE SPEED, VERTICAL JUMP, & STRENGTH. Players will be both indoors and outdoors and will train with and without a soccer ball during each session.

- SPACE IS LIMITED -

When: **SESSION 1: June 10th, 2019 – June 27th, 2019 (9 Sessions)**
SESSION 2: July 8th, 2019 – August 1st, 2019 (12 Sessions)

Who & Time: U9-11 : Mondays, Wednesdays @ 5:15pm & Thursdays @ 4:00pm
*****Each session will be 75 minutes*****

U12-14 : Mondays, Wednesdays @ 6:30pm & Thursdays @ 4:00pm
*****Each session will be 75 minutes*****

U15 + : Mondays, Wednesdays @ 9:00am & Thursdays @ 9:00am
*****Each session will be 90 minutes*****

Cost: **Session 1 (9 total sessions): \$225 per Player (U9 – U14)**
\$270 per Player (U15 +)

Session 2 (12 total sessions): \$295 per Player (U9 – U14)
\$350 per Player (U15 +)

TOTAL SUMMER PACKAGE (ALL 21 SESSIONS):
\$495 per Player (U9 – U14) \$595 per Player (U15 +)

PAY PER SESSION: \$35 per Training Session (Minimum of 6 Sessions)

Where: ALL PERFORMANCE SESSIONS Held at MeSA Soccer Complex
1020 Anderson Ridge Road, Greer, SC 29651

For more information, email Jeff Haigler at jeff.haigler@carolinaelitesc.com

Player's Name: _____ Birth Year: _____ Team: _____ Gender: M ___ OR F ___

Address: _____ City: _____ Zip: _____

Home Phone: _____ **Home Email Address:** _____

Parents' Names and Cell Phones: _____

List Any Allergies / Medical Conditions: _____

RELEASE AGREEMENT: In consideration of the application, I the undersigned, being the parent or legal guardian, intending to be legally bound hereby, for my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against Carolina Elite Soccer Academy, Andrew Hyslop, Pearse Tormey, Jeff Haigler, the Coaching Staff and the Medical Staff provided by Bon Secours St. Francis Health System, Inc. for any and all injuries suffered by my child at the above said training program. I attest and verify that my child is medically cleared to attend the above said training program.

***SIGNED:** _____ ***DATE:** _____

Please Return Entire Form & Check Payable to: CESA

Attn: Summer Performance Training Program
Carolina Elite Soccer Academy
18 Boland Court
Greenville, SC 29615
www.carolinaelitesc.com

Office Use Only

Date Received _____

Amount Received _____

Cash/Check #/CC Rct # _____