



# Carolina Elite Soccer Academy

## 2019 Summer Elite Training Program



Directed by David Minihan & Danny Murphy

The 2019 Summer Training Program will be 12 sessions. The program is designed for players who want to continue training in preparation of the upcoming club year. Training groups will have a max of 12-16 players per staff coach. Emphasis will be on developing the player in a technical & small group environment and some more emphasis on fitness for the older age groups. The sessions will be designed to help the players improve their technique to be able to have an impact on the games.

**Goalkeepers will be trained by CESA Goalkeeper trainers on the same schedule.**

Session Format: 45 minutes of technical work; 45 minutes Small-Sided Games

**When: Tuesdays & Thursdays – 12 Sessions offered**  
**June** at MeSA – 6<sup>th</sup> & 11<sup>th</sup> & 13<sup>th</sup> & 18<sup>th</sup> & 20<sup>th</sup> & 25<sup>th</sup> & 27<sup>th</sup>  
**July** at MeSA – 9<sup>th</sup> & 11<sup>th</sup> & 16<sup>th</sup> & 18<sup>th</sup> & 23<sup>rd</sup>

**PLEASE CIRCLE DATES PLAYER WILL ATTEND IF NOT ALL SESSIONS**

**Who: Male and Female Players Under 9 up to Under 19**

**Time: 5:15-6:45pm on Tuesdays & Thursdays**

**Cost: Before June 6th:**  
**\$340 per Player for 12 sessions**  
**\$260 per Player for 8 sessions** or *\$40 per Player per session*  
**\$210 per Player for 6 sessions**  
*\$10 Sibling Discount for additional members of same family*

**Where: MeSA Soccer Complex - 1020 Anderson Ridge Road, Greer, SC 29651**

**Each player should bring a ball & water to each session (& gloves for GK)**

For more information, contact the CESA Office at 864.329.1113 or email David Minihan at [daithi552@hotmail.com](mailto:daithi552@hotmail.com).

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Parents' Cell Phones: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

List Any Allergies / Medical Conditions: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

**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, 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 summer program. I attest and verify that my child is medically cleared to attend the above said summer program.

**\*SIGNED:** \_\_\_\_\_ **\*DATE:** \_\_\_\_\_

**Please Return Entire Form & Check Payable to: CESA**

**Attn: Summer Elite Training Program**

**Carolina Elite Soccer Academy**

**18 Boland Court**

**Greenville, SC 29615**

[www.carolinaelitesc.com](http://www.carolinaelitesc.com)

**Office Use Only**

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Cash/Check #/CC Rct # \_\_\_\_\_