



CAROLINA ELITE SOCCER ACADEMY

2017 Summer Day Camp: Session I & II

Directed by Cole Atkins

CESA Director of Camps and Assistant Director of ECNL

864-329-1113 or cole.events@carolinaelitesc.com

When: Session I-June 5-8, Session II-August 7-10

Who: Boys and Girls aged 6-14

Where: MeSA Soccer Complex (1020 Anderson Ridge Road, Greer, SC 29651)

Cost: Half Day: 9:00am-12:00pm-\$95, Full Day: 9:00am-3:00pm-\$175 (Circle One)

Discount Available: \$10 discount for additional members of the same family

*Campers should bring a soccer ball and indoor shoes in case of rain. Each camper will receive a T-Shirt, water bottle, and daily snack. Lunch will be available for purchase on site for Full Day Campers from Subway.

PLEASE CIRCLE SESSION ATTENDING

I II

Player's Name: _____ Age: _____ Gender: Male: _____ Female: _____

2017 CESA Rec/CoE/Jr. Academy/Travel Team Name (if applicable): _____

T-Shirt Size (Circle One): YS YM YL AS AM AL

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Home Email Address: _____

Parents' Names & Cell Phones: _____

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, Cole Atkins, 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 camp. I attest and verify that my child is medically cleared to attend the above said camp.

*SIGNED: _____ *DATE: _____

Please Return Form & Check Payable to: CESA

(Attn: Summer Day Camp)
Carolina Elite Soccer Academy
18 Boland Court
Greenville, SC 29615

Office Use Only
Date Received _____
Amount Received _____
Cash/Check #/CC Rct # _____