



# CAROLINA ELITE SOCCER ACADEMY 2018 Spring Break Camp

Directed by Cole Atkins

CESA Director of Camps and Assistant Director of ECNL

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

When: Monday April 2 - Friday April 6; 9am-3pm (FD), 9am-12pm (HD); Friday 9am-12pm (HD for ALL)

Who: Boys and Girls ages 6-13 (birth years 2005-2012)

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

Pricing: Before 2/26-\$120 (HD), \$210 (FD); Before 3/26-\$135 (HD), \$225; After 3/26-\$150 (HD), \$250 (FD)

Discounts available: \$10 off for additional members of 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 if needed.

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

T-Shirt Size (Circle One): YS YM YL AS AM AL CESA Team \_\_\_\_\_

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: Spring Break Camp)  
Carolina Elite Soccer Academy  
18 Boland Court  
Greenville, SC 29615

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

