



Carolina Elite Soccer Academy

2019 CESA Spartanburg Select Summer Training Program



Directed by Carlos J. Osorio
CESA Spartanburg Program Director

The 2019 Select Summer Training Program will consist of 8 sessions. The program is designed for those players who want to continue training in preparation of the upcoming club or college season. Training groups will have a maximum of 12 players per staff member. Emphasis will be on developing the player as a whole through speed/agility, strength/core, technical and decision-making training in a small group environment.

Goalkeepers will be trained by CESA Goalkeeper trainers incorporated into small-sided games in addition to their specific training (please specify if your son or daughter is a GK).

When: Tuesdays & Thursdays in July: 9, 11, 16, 18, 23, 25, 30
Tuesdays & Thursdays in Aug.: 1

CIRCLE DATES PLAYER WILL ATTEND IF NOT TWICE A WEEK.

Who: Male and Female Players U8 and up

Time: 6:30- 7:30 PM

Cost: \$25 per session

Where: Duncan Soccer Complex
125 S. Main Street, Duncan, SC 29334

Each player should bring a ball, water and running shoes to each session.

For more information, contact Carlos J. Osorio at osorio333@yahoo.com or 864.303.1637.

Player's Name: _____ Age: _____ 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, CESA Spartanburg, Carlos J. Osorio, 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: CESA Spartanburg Select Summer 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 _____	