

During the Winter of 2024-25, Mike Ipjian and our Elite Center coaches, will be offering a highly instructional, BOYS basketball program that focuses on the following; shooting mechanics, ball-handling, play-making skills, rebounding and defensive fundamentals, and offensive principles. These clinics are fast paced and development driven. Our goal is to enhance the knowledge and performance of our players through competition & individualized skillwork.

Week One: DEC 23rd - DEC 27th (Mon-Fri) OFF 12/25

Morning Session: 10:00am - 12:00pm BOYS grd 3rd - 5th \$240 Morning Session: 10:00am - 12:00pm BOYS grd 5th - 7th \$240 Afternoon Session: 12:15pm - 2:15pm BOYS grd 7th - 10th \$240

Week Two: DEC 30th - JAN 3rd (Mon-Fri) OFF 1/1

Morning Session: 10:00am - 12:00pm BOYS grd 3rd - 5th \$240 Morning Session: 10:00am - 12:00pm BOYS grd 5th - 7th \$240 Afternoon Session: 12:15pm - 2:15pm BOYS grd 7th - 10th \$240



ELITE CENTER

1841 WAUKEGAN RD

GLENVIEW, IL 60025

Player's Name Guardian's Name				
Address	City	State	Zip	
Home Phone	Cell Phone			
Email Address	GRADE LEVEL (pla	yer)		
Waive	r, Release of Claims, and Assump	otion of Risk for Minor		
Instruction, LLC class, workshop, event, program, or IPM Investments, LLC to act according to their best would affect my ability or Minor's ability to participal LLC retain the right to use for publicity and advertisin As a participant or parent or guardian of a participar the full risk of any injuries, including death, damages with or associated with such class, workshop, even acknowledge that there are certain risks related to to assume the full risk of any injuries, including deatl connected with or associated with such class, workshor result of participating in a Program against Elite Cent all claims from the injuries including death, damage class, workshop, event, program, or activity.	judgment in any emergency requiring mete in a class, workshop, event, program, on g purposes photographs of participants in the Program, I recognize and acknows or loss which I or the above participant of the program, or activity. As a participant communicable disease, including COVID-16, damages or loss which I or the above phop, event, program, or activity. I agree ther, LLC, Elite Instruction, LLC, IPM Investres.	edical attention. I have no know activity. I further understand to any Program. I ledge that there are certain ris may sustain as a result of partic or parent or guardian of a part. Of Coronavirus Disease and any participant may sustain as a result of waive and relinquish all claims ments, LLC, and its officers, agentativity.	owledge of any physical impairment that that Elite Center, LLC and Elite Instruction along the Center, LLC and agree to assumipating in any and all activities connecterticipant in the Program, I recognize an mutation or variation thereof, and agreult of participating in any and all activities I or the above participant may have as asts, servants and employees from any and all activities.	
Guardian's Signature	Date	-		
Please Note: All Registrat Zelle Venmo	ions are final, non-ro Visa Mastercard	efundable and r Discover Check		
CC#:	EXP:			
Name as it appears on the card		Signature		
Billing Address	City		_StateZip	

Venmo or Zelle to my email: mikeipjian@comcast.net