



# SUMMER BASKETBALL CLINICS



## ELITE INSTRUCTION

- Week 1: June 9 - June 13
- Week 2: June 16 - June 20
- Week 3: June 23 - June 27
- Week 4: Jun 30 - July 3 off 7/4 \$240/wk
- Week 5: July 7 - July 11
- Week 6: July 14 - July 18
- Week 7: July 21 - July 25
- Week 8: July 28 - Aug 1
- Week 9: Aug 4 - Aug 8
- Week 10: Aug 11 - Aug 15

**BOYS: Grades 3rd-5th**  
10:00am - 12:00pm

**BOYS: Grades 3rd-5th**  
12:15pm - 2:15pm

**BOYS: Grades 6th-8th**  
10:00am - 12:00pm

**BOYS: Grades 6th-8th**  
12:15pm - 2:15pm

**MORNING ONLY**

\$295 per week (Mon-Fri)  
\$1650 for 6-week package  
\$2500 for 10-week package

**AFTERNOON ONLY**

\$295 per week (Mon-Fri)  
\$1650 for 6-week package  
\$2500 for 10-week package

**FULL DAY**

\$550 per week (Mon-Fri)  
\$3000 for 6-week package  
\$4750 for 10-week package

**HIGH INTENSITY SKILLS TRAINING & COMPETITION**

**BOYS: Grades 9th-12th**  
2:30pm-3:45pm (Mon-Thurs)

\$195 per week  
\$1050 for 6-week package

- HS Session #1: July 7 - July 10
- HS Session #2: July 14 - July 17
- HS Session #3: July 21 - July 24
- HS Session #4: July 28 - July 31
- HS Session #5: Aug 4 - Aug 7
- HS Session #6: Aug 11 - Aug 14



During the SUMMER of 2025, 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.

**ELITE CENTER  
1841 WAUKEGAN  
GLENVIEW, IL 60025**

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email address

Player's Name	AGE	Summer Session Dates	Summer Session Time	Cost

### Waiver, Release of Claims, and Assumption of Risk for Minor

I, as legal guardian or parent of \_\_\_\_\_, (hereinafter "Minor") hereby waive and release Elite Center, LLC, Elite Instruction, LLC, and IPM Investments, LLC from any and all liability for any injury or illness, regardless of severity, incurred by myself or Minor as a participant in an Elite Center, LLC or Elite Instruction, LLC class, workshop, event, program, or activity. I hereby authorize the staff and independent contractors of Elite Center, LLC, Elite Instruction, LLC, and IPM Investments, LLC to act according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would affect my ability or Minor's ability to participate in a class, workshop, event, program, or activity. I further understand that Elite Center, LLC and Elite Instruction, LLC retain the right to use for publicity and advertising purposes photographs of participants in any Program.

As a participant or parent or guardian of a participant in the Program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such class, workshop, event, program, or activity. As a participant or parent or guardian of a participant in the Program, I recognize and acknowledge that there are certain risks related to communicable disease, including COVID-19 Coronavirus Disease and any mutation or variation thereof, and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such class, workshop, event, program, or activity. I agree to waive and relinquish all claims I or the above participant may have as a result of participating in a Program against Elite Center, LLC, Elite Instruction, LLC, IPM Investments, LLC, and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participant may have or which may accrue to me (us) on account of participating in the class, workshop, event, program, or activity.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

### Please Note: All Registrations are final, non-refundable and non-transferable

Zelle Venmo Visa Mastercard Discover Check Cash

CC#: \_\_\_\_\_ EXP: \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Venmo or Zelle to my email: [mikeipjian@comcast.net](mailto:mikeipjian@comcast.net)