



HOLIDAY CLINICS



During the Winter of 2021, 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 competitive, individualized skillwork.

Week One: DECEMBER 20th - 23rd (Mon-Thurs)

Morning Session: 10:00am - 12:00pm (ages 10-13) \$225
Afternoon Session: 12:15pm - 2:15pm (ages 14-17) \$225

Week Two: DECEMBER 27th - 30th (Mon-Thurs)

Morning Session: 10:00am - 12:00pm (ages 10-13) \$225
Afternoon Session: 12:15pm - 2:15pm (ages 14-17) \$225



For girls interested in participating in our winter training, please email Mike Ipjian at mikeipjian@comcast.net

_____please initial I, the parent, and my child acknowledge the I have read, fully understand, and will obey the above rules and protocols.

_____please initial If my child is experiencing any symptoms commonly associated with the Coronavirus Disease (Covid-19) or any mutation or variation of, he/she is not permitted to enter the facility.

_____please initial If my child is unable to attend OR will be late for any reason, I will email Mike Ipjian at mikeipjian@comcast.net

_____please initial If my child have been in contact with anyone that has tested positive for Coronavirus Disease (Covid-19) or any mutation or variation of in the last 14 days, he/she is not permitted to enter the facility

Player's Name

Guardian's Name

Address

City

State

Zip

Home Phone

Cell Phone

Email Address

GRADE LEVEL (player)

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