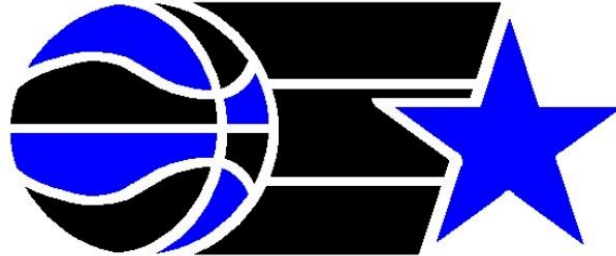


Jr.

ELITE



Boys: 1st - 3rd Grade

Girls: 3rd - 4th Grade

MONDAY SESSIONS

5:05pm - 5:55pm

Session 1: Sept 13 - Oct 4 (\$135)

Session 2: Oct 11 - Nov 1 (\$135)

Session 3: Nov 8 - Dec 6 (\$135)

WEDNESDAY SESSIONS

5:05pm - 5:55pm

Session 1: Sept 15 - Oct 6 (\$135)

Session 2: Oct 13 - Nov 3 (\$135)

Session 3: Nov 10 - Dec 8 (\$135)

WE WILL BE OFF ON THANKSGIVING WEEK

Mike Ipjian and the Elite Instruction coaching staff presents a 4-week developmental program for boys and girls.

- Learn the Rules of the Game
- Passing
- Dribbling
- Shooting
- Defense
- Teamwork



The height of the baskets will vary (8.5ft to 10ft) to accommodate a wide range of ability/physical levels. We have several hoops. Each player will be able to shoot/play on the height that is right for them!!!



ELITE INSTRUCTION

Guardian's Name _____ Address _____ City _____ Zip _____

Players Name _____ Gender _____ Age _____

Home Phone _____ Cell Phone _____ Email Address _____

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 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

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

Payment Info

(Circle One) Visa Mastercard Discover Check Cash

CC#: _____ EXP: _____

Name as it appears on the card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____