

# 5-on-5 FALL LEAGUE

**BLUE DIVISION**  
3rd/4th/5th Grade

**DIVISION 1**  
5th/6th/7th Grade

**DIVISION 2**  
7th/8th/9th Grade

**ELITE**  
9th thru 12th Grade

## PLAYER EVALUATIONS & SKILLS CLINIC: SUNDAY, August 30th & SUNDAY, September 7th

3rd/4th & 4th/5th Grade:	2:00pm - 2:50pm
5th/6th/7th Grade:	2:50pm - 3:40pm
7th/8th/9th Grade:	3:40pm - 4:30pm
ELITE HS DIVISION:	4:30pm - 5:20pm

**ROSTERS & SCHEDULE WILL BE POSTED ON OUR SITE FRIDAY SEPT 11th  
WE WILL NOT BE EMAILING THE SCHEDULE OR ROSTERS**

### PLEASE READ THOROUGHLY

- Players sign up individually and are placed on a team
- Teams will play a total of 6 regular season games plus playoffs. All teams make the playoffs.
- Teams will play one game each Sunday (EACH team may have ONE double-header weekend)  
There will likely be one bye week for logistic reasons.
- Games begin Sept 13th
- **ALL GAMES WILL BE PLAYED ON SUNDAYS**
- League is PROJECTED to conclude by November 1st
- Games will be 40 minutes in length
- NO MORE than 9 players will be on each team
- Teams will substitute every 5 minutes (whoever was out, comes in)
- Coaches may substitute freely in the final 2 minutes
- No weekly practice will be held.

Below is a list of **PROBABLE start time RANGES** for each division

Game times will vary from week to week within the PROJECTED time frame below  
(a more defined time range will be determined once we finalize the # of teams in each division)

BLUE DIVISION - 3rd/4th & 4th/5th	10:20am - 12:30pm
DIVISION 1 - 5th/6th/7th	1:30pm - 4:30pm
DIVISION 2 - 7th/8th/9th	4:30pm - 6:30pm
ELITE DIV - 9th/10th/11th/12th	6:00pm - 8:30pm

**Cost: \$350** (jersey top included)

\_\_\_\_\_  
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](mailto:mikeipjian@comcast.net)**