

# Jr. ELITE

Boys: 1st - 3rd Grade  
Girls: 3rd - 5th Grade



## 4-Week Program

**MONDAY ONLY**  
5:05pm - 5:55pm

#5: Jan 8 - Jan 29 (\$135)  
#6: Feb 5 - Feb 26 (\$135)  
#7: Mar 4 - Mar 25 (\$135)  
#8: Apr 1 - Apr 22 (\$135)  
#9: May 6 - May 27 (\$135)

**WEDNESDAY ONLY**  
5:05pm - 5:55pm

#5: Jan 10 - Jan 31 (\$135)  
#6: Feb 7 - Feb 28 (\$135)  
#7: Mar 6 - Mar 27 (\$135)  
#8: Apr 3 - Apr 24 (\$135)  
#9: May 8 - May 29 (\$135)

**THURSDAY ONLY**  
5:05pm - 5:55pm  
OFF THANKSGIVING

#5: Jan 11 - Feb 1 (\$135)  
#6: Feb 8 - Feb 29 (\$135)  
#7: Mar 7 - Mar 28 (\$135)  
#8: Apr 4 - Apr 25 (\$135)  
#9: May 9 - May 30 (\$135)

**TWO DAYS SIMULTANEOUSLY: \$250**

**THREE DAYS SIMULTANEOUSLY: \$365**

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 (9ft 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!!!

[DOWNLOAD JR ELITE FORM-PDF](#)



# 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 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 \_\_\_\_\_

VENMO & ZELLE: mikeipjian@comcast.net