



Mike Ipjian & the Elite Center presents a dynamic speed & agility program designed to maximize jumping ability, first-step explosiveness, quickness, flexibility and lower-body stability. Anticipate a results-driven, high energy environment.

**ENHANCE YOUR GAME-SPEED
LENGTHEN YOUR STRIDES
IMPROVE YOUR FOOTWORK
INCREASE YOUR VERTICAL LEAP (Right, Left, Two-Feet)**

- This program is progressive: workload and intensity will increase from workout to workout
- Workload/physical demands will be adjusted to accommodate the varying strength levels of our participants

Time: 8:05pm to 9:00pm Tuesdays & Thursdays

*****Join Anytime*****

Cost: \$240 FOUR WEEK PACKAGE (8 consecutive classes)

Daily Drop-In Cost: \$35

Ages: Boys & Girls 11-17

**1841 Waukegan Rd. Glenview, IL 60025
mikeipjian@comcast.net 847-834-0681**



Participant's Name _____

Guardian's Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Age (player) _____

Gender (player) _____

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 _____

TOTAL COST _____

Payment Info

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

(Circle One)

Visa

Mastercard

Discover

Check

Cash

CC#: _____ EXP: _____ Security Code _____

Name as it appears on the card _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____