



SUMMER BASKETBALL CLINICS



ELITE INSTRUCTION

- Week 1: June 12 - June 16
- Week 2: June 19 - June 23
- Week 3: June 26 - June 30
- Week 4: July 3 - July 7 (off 7/4 \$220/wk)
- Week 5: July 10 - July 14
- Week 6: July 17 - July 21
- Week 7: July 24 - July 28
- Week 8: July 31 - Aug 4
- Week 9: Aug 7 - Aug 11
- Week 10: Aug 14 - Aug 18

BOYS: AGES 10-12 (5th-7th)
10:00am - 12:00pm

BOYS: AGES 13-15 (8th-10th)
12:15pm - 2:15pm

BOYS: HIGH SCHOOL (9th-12th)
2:30pm - 4:30pm

COST: \$275 per week (Mon-Fri)
\$1549 for 6-week package
\$2499 for 10-week package

ELITE INSTRUCTION

- Session 1: July 13 - July 15
- Session 2: July 20 - July 22
- Session 3: July 27 - July 29
- Session 4: Aug 1 - Aug 3
- Session 5: Aug 8 - Aug 10
- Session 6: Aug 15 - Aug 17

BOYS: AGES 7-10
GIRLS: AGES 9-11
4:45pm - 6:15pm

COST: \$135 per week (Tues/Wed/Thurs)

[Click for SUMMER REGISTRATION FORM-PDF](#)

**ELITE CENTER
1841 WAUKEGAN
GLENVIEW, IL 60025**

Player's Name

Guardian's Name

Address

City

State

Zip

Home Phone

Cell Phone

Email address

Player's Name	AGE	Summer Session Dates	Summer Session Time	Cost

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