



**ELITE**



**SUMMER**

## **HIGH SCHOOL TRAINING**

This program is high intensity, for  
**ELITE DIVISION** players. Please  
contact Mike Ipjian for questions of  
eligibility/qualifications

**HS Session #2: July 13 - July 16 (Mon-Thur)**

**HS Session #3: July 20 - July 23 (Mon-Thur)**

**HS Session #4: July 27 - July 30 (Mon-Thur)**

**HS Session #5: Aug 3 - Aug 6 (Mon-Thur)**

**HS Session #6: Aug 10 - Aug 13 (Mon-Thur)**

**2:45pm - 4:15pm**

\$195 per week

\$1050 for 6-week package

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