



SUMMER BASKETBALL CLINICS



3rd/4th Grade
BOYS

5th/6th Grade
BOYS

7th-9th Grade
BOYS

- Wk 1: June 8 - June 12
- Wk 2: June 15 - June 19
- Wk 3: June 22 - June 26
- Wk 4: Jun 29 - July 3
- Wk 5: July 6 - July 10
- Wk 6: July 13 - July 17
- Wk 7: July 20 - July 24
- Wk 8: July 27 - July 31
- Wk 9: Aug 3 - Aug 7
- Wk 10: Aug 10 - Aug 14

The times below are THE SAME for all 3 age groups

FULL DAY OPTION

10am - 2:30pm (Lunch at noon)

- \$550 per week (Mon-Fri)
- \$3000 for 6-week package
- \$4750 for 10-week package

MORNING ONLY

10am - 12pm

- \$295 per week (Mon-Fri)
- \$1650 for 6-week package
- \$2500 for 10-week package

AFTERNOON ONLY

12:30pm - 2:30pm

- \$295 per week (Mon-Fri)
- \$1650 for 6-week package
- \$2500 for 10-week package



During the SUMMER of 2026, Mike Ipjian and our Elite Center coaches, will be offering a highly instructional, BOYS basketball program that focuses on the following; shooting mechanics, ball-handling, play-making skills, rebounding and defensive fundamentals, and offensive principles. These clinics are fast paced and development driven. Our goal is to enhance the knowledge and performance of our players through competition & individualized skillwork.



SUMMER

HIGH SCHOOL TRAINING "High Intensity"

- HS Session #1: July 6 - July 9 (Mon-Thur)
- 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