

Jr. ELITE



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

4-Week Program

MONDAY ONLY SESSIONS

5:05pm - 5:55pm

Session 3: Nov 7 - Nov 28 (\$135)

Session 4: Dec 5 - Dec 19 (\$100)

WEDNESDAY ONLY SESSIONS

5:05pm - 5:55pm

Session 3: Nov 9 - Nov 30 (\$135)

Session 4: Dec 7 - Dec 21 (\$100)

MONDAY ONLY 5:05pm - 5:55pm

#5: Jan 9 - Jan 30 (\$135)
#6: Feb 6 - Feb 27 (\$135)
#7: Mar 6 - Mar 27 (\$135)
#8: Apr 3 - Apr 24 (\$135)
#9: May 1 - May 22 (\$135)
10: May 29 - Jun 12 (\$100)

WEDNESDAY ONLY 5:05pm - 5:55pm

#5: Jan 11 - Feb 1 (\$135)
#6: Feb 8 - Mar 1 (\$135)
#7: Mar 8 - Mar 29 (\$135)
#8: Apr 5 - Apr 26 (\$135)
#9: May 3 - May 24 (\$135)
10: May 31 - Jun 14 (\$100)

THURSDAY ONLY 5:05pm - 5:55pm

#5: Jan 12 - Feb 2 (\$135)
#6: Feb 9 - Mar 2 (\$135)
#7: Mar 9 - Mar 30 (\$135)
#8: Apr 6 - Apr 27 (\$135)
#9: May 4 - May 25 (\$135)
10: Jun 1 - Jun 15 (\$100)

TWO DAYS SIMULTANEOUSLY: \$250

THREE DAYS SIMULTANEOUSLY: \$365

[DOWNLOAD JR ELITE FORM-PDF](#)

Mike Ippjian 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!!!



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