



**High School Prep Clinics**  
**A must for all incoming Freshman**

**See what it takes to elevate your game to the next level !!**

**Session 1...July 20th 6:00pm-8:00 pm**  
**Session 2....July 30th 11:00 am-1:00 pm**

**Clinic will teach what is to be expected at high school tryouts. All three courts utilized.**

**Fee: \$30.00 per session**

**Space is limited for maximum instructional benefit.**



WAIVER AND INFORMED CONSENT  
AGREEMENT

\_\_\_\_\_  
Please Print Athlete's Full Name

In consideration of my  
Participation in the activities of Elite Sports Ltd, I do hereby declare myself to be medically able to participate in the  
activities offered by elite sports ltd.

I understand that there are risks that may  
include disabling injury and/or death involved in all physical activities. I agree to familiarize myself with all equipment facilities, rules and  
physical demands related to the  
activities undertaken.

I agree to hold free from any and all  
liability Elite Sports Ltd and their  
respective officers, employees, members,  
volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, and release and forever discharge any  
and all rights and claims for damages which I may have or which may accrue

I have been informed of and acknowledge the particular  
hazards and potential dangers in participation of  
these activities.

Signature: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL: \_\_\_\_\_

COST: \$30.00 X \_\_\_\_ = \_\_\_\_\_

PAYMENT OPTIONS: CHECKS MADE PAYABLE TO ELITE SPORTS LTD.

VISA OR MASTERCARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE REQUIRED \_\_\_\_\_

**Please send this application, waiver and payment to:**  
**Elite Sports Ltd**  
**11035 Cleveland Ave NW**  
**Uniontown Ohio 44685**