



# CHEER & TUMBLE CLINIC



August 5th, 2016

★ 1pm-6:30pm ★

## Flight Club Power Tumbling & Trampoline

11936 Oak Creek Parkway

(847)515-1935

Email: [flightclubtnt@yahoo.com](mailto:flightclubtnt@yahoo.com)

Enhance your current skills and stretch your abilities to the next level.

**Clinicians include Flight Club coaches and collegiate cheerleaders!**

Athletes will work on jumps, cheer, dance and tumble!

This clinic will be split into groups by level.

Athletes must wear cheer shoes that have not been worn outside. No tennis shoes or shoes that have been worn outside will be allowed. If your athlete does not have cheer shoes, they may attend in bare feet or wear socks.

**Entry Fee: \$80**

***\*Fee includes a t-shirt (if registered by July 25th) and snack\****

Please make checks payable to: Flight Club

Payment is due in full at time of enrollment. No credits or refunds will be given.

See attached pages for the schedule and registration form.

All registrations must be mailed in with check payment to:

Flight Club Power Tumbling & Trampoline, 11936 Oak Creek Parkway, Huntley, IL 60142

**Registration Deadline: Monday, August 1st**

*Please get your registration in early if you would like to attend.*

*Maximum of 40 athletes.*

## **Clinicians:**

### **Ashley Sopchyk (cheer/dance clinician)**

- ◆ Iowa State University cheerleader - 4 years
- ◆ Stevenson High School Gymnastic coach - 3 years
- ◆ Minor in Dance from Iowa State University
- ◆ Over 10 years personal gymnastic, cheer and dance experience

### **Courtney Christian (cheer/dance clinician)**

- ◆ Northern Illinois University cheerleader - 3 years
- ◆ 4 years experience in tumbling and cheer coaching
- ◆ 15 years of gymnastic and tumbling experience

### **Andrea Franke (tumble clinician)**

- ◆ Flight Club team member 2008-2010
- ◆ Flight Club tumbling coach - 8 years
- ◆ Illinois State University graduate

### **Cameron St. Onge (tumble clinician)**

- ◆ Flight Club tumbling coach - 7 years
- ◆ Specializes in the flip-flop levels and above

## **Clinic Schedule:**

1:00-1:15pm	Check-in & Group Stretch
1:15-2:05	Rotation #1
2:05-3:00	Rotation #2
3:00-3:50	Rotation #3
3:50-4:05	Snack Break
4:05-5:00	Rotation #4
5:00-5:55	Rotation #5
5:55-6:10	Prepare/change for performance
6:10-6:30	Athletes will perform dance/cheer/tumble they have learned during the clinic



## **Rotations Include:**

### **Cheer**

- Motion development
- Skill stretch
- Learn cheers in assigned groups

### **Dance**

- Motion development
- Learn dance combination in assigned groups

### **Tumble**

- Skill development geared towards the back handspring and higher level skills
- Standing and running tumbling
- Drills and stations to train desired skills for cheerleading

### **Jumps**

- Strength and Flexibility
- Multiple jump combinations
- Jump sequence into standing tumbling





Power Tumbling & Trampoline

Cheer Clinic
Registration Form & Waiver

Student Information

Student Name: (1st Child)

M/F Age: Date of Birth:

Student Name: (2nd Child)

M/F Age: Date of Birth:

Family Information

Street Address: City:

Mothers Name: Phone: Cell Work Home

Father's Name: Phone: Cell Work Home

Contact Email Address:

Additional Emergency Contact Name: Phone:

Medical Information

Medical Insurance Company: Policy #:

Are there any medical conditions to which we should be alerted, including allergies?

WAIVER AND CONSENT—FLIGHT CLUB POWER TUMBLING & TRAMPOLINE, LLC

I, the undersigned, hereby confirm that I am the custodial parent or legal guardian of the minor children identified below (hereinafter the "Participants"). I hereby consent to the Participants being present at the facilities of Flight Club Power Tumbling & Trampoline, LLC (hereinafter "Flight Club") and taking part in any and all activities offered by Flight Club.

I acknowledge that, even though all activities offered by Flight Club are supervised by employees of Flight Club, the activities offered, including but not limited to, trampoline and tumbling activities, involve inherent risk of injury. I hereby waive, both for myself and the Participants, any claim of any kind or nature that either I or the Participants may have or acquire against Flight Club or its employees or agents arising out of or in any way related to the Participants' presence at the Flight Club facility or performance by the Participants of the activities offered by Flight Club or any injuries incurred due to the Participants' presence at the Flight Club facility or arising out of the performance of those activities so long as such claim is not a result of gross negligence or willful misconduct on the part of Flight Club or its employees and/or agents. I also understand there are no credits or refunds given after enrolling for this clinic.

I grant permission to Flight Club Power Tumbling & Trampoline for the use of my child's photo and/or video for publications and website use.

I acknowledge that once enrolled in the clinic no refunds will be given.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Address:

Phone: Home Cell Work

Participant Name (please print):

Tshirt Size: CS CM CL AS AM AL

Date: