



**6th Annual**  
**INTERMEDIATE, SUB-ADVANCED, ADVANCED & ELITE LEVEL**  
**TUMBLE, TRAMPOLINE & DOUBLE-MINI CLINIC**

**★ October 8th & 9th, 2016 ★**

**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.*

**Intermediate, Sub-Advanced, Advanced & Elite Competitors Only**

*(All athletes must be training intermediate - elite levels on the events they wish to practice in this clinic.)*

**USTA sanctioned event**

*All athletes must have their 2016-2017 USTA Membership.*

**Saturday 3:00pm-8:00pm      Sunday 9:00am-3:30pm**

**Saturday Only: \$80 / Sunday Only: \$80 / Both days: \$150**

**Please make checks payable to: Flight Club**

***Athletes and coaches are responsible for their own overnight accommodations.***

*See attached pages for the schedule and registration form.*

*All registrations must be mailed in with payment to:*

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

**Registration Deadline: Friday, September 30th**

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

*Maximum of 50 athletes per day.*

## **Clinicians:**

### **Trey Katz - Kris' Power Tumbling & Trampoline (Saturday & Sunday Clinician)**

- ◆ 2016 USTA Presidential Coach of the Year Award
- ◆ Competitor at multiple World Championships
- ◆ USA National Team Member

### **Stacy Jauch - Fox Valley Power Tumblers (Saturday & Sunday Clinician)**

- ◆ 21 years of coaching experience
- ◆ 2007 & 2012 USTA Coach of the Year
- ◆ Coach of a World Champion on DM

### **Darnell Robinson - Elite Sports Complex (Saturday Clinician)**

- ◆ Coach at Elite Sports Complex 2009-2016
- ◆ Current sports rehabilitation clinician for the AAU
- ◆ 2 time USAG Jr. Elite National Team Member & 5 years as a member of USAG Jr. Elite & Elite National Team of the Year

### **Stacey Wall - Flight Club Power Tumbling & Trampoline (Saturday & Sunday Clinician)**

- ◆ Owner/head coach at Flight Club Power Tumbling & Trampoline in Huntley, IL
- ◆ USTA Competitor 1990-2003, 2003 Kevin Ballenger Memorial Scholarship recipient
- ◆ 17 years of tumbling & trampoline coaching experience, NTJC certified for past 4 years

### **Bryan Yoder - Prairie Land Tumbling & Trampoline (Saturday & Sunday Clinician)**

- ◆ Owner & coach at Prairie Land Tumbling & Trampoline
- ◆ 16 years of coaching upper level athletes & has had athletes on the USTA National Team for 10 years
- ◆ 2012 Southern Illinois Coach of the Year

## **Clinic Schedule:**

<b>Saturday</b>		<b>Sunday</b>	
3:00pm-3:30pm	Check-in & warm-up	9:00am-9:30am	Check-in & warm-up
3:30pm-4:30pm	Rotation #1	9:30am-10:40am	Rotation #1
4:30pm-5:30pm	Rotation #2	10:40am-11:50am	Rotation #2
5:30pm-5:45pm	Break (bring your own snacks)	11:50am-12:50pm	Lunch (on your own)
5:45pm-6:45pm	Rotation #3	12:50pm-1:10pm	Warm-up
6:45pm-7:45pm	Rotation #4	1:10pm-2:10pm	Rotation #4
7:45pm-8:00pm	Open Workout/Cool Down	2:10pm-3:10pm	Rotation #5
		3:10pm-3:30pm	Open Workout/Cool Down

### **Rotations Include:**

#### **Trampoline**

- Single skill development
- Twisting, multiple twisting, and flipping skills (will use foam pit for training multiple flipping skills)
- Combinations of skills

#### **Double-Mini**

- Mounter, spotter and dismount skills
- Combination/pass development

#### **Tumbling / Tumble Track**

- Long pass development (working into and out of whips and fulls)
- Reversals
- Ending skills (twisting & flipping)

Please send this form (fill out front and back) and payment to.....

Flight Club, 11936 Oak Creek Parkway, Huntley, IL 60142



**Levels for the 2016-2017 Season**

Tumbling: \_\_\_\_\_ Trampoline: \_\_\_\_\_ Double-Mini: \_\_\_\_\_

Reminder: All athletes must be competing in the intermediate, sub-advanced or advanced level on each event that they will be participating in during this clinic. For example: if your athlete is sub-advanced on trampoline & double-mini but novice on floor, they may participate in all rotations on both days but will only do trampoline & double-mini.

**Please check one below:**  
\_\_\_\_\_ **Saturday Only (\$80)** \_\_\_\_\_ **Sunday Only (\$80)** \_\_\_\_\_ **Both Days (\$150)**  
*Checks payable to: Flight Club*

**Please check the events you are interested in**

\_\_\_\_\_ Trampoline      \_\_\_\_\_ Double-Mini      \_\_\_\_\_ Tumbling

*Please write skills or combinations that you currently have on the events you wish to participate.  
This information will be used to split athletes into groups.*

**Trampoline:**

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**Double-Mini:**

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**Tumbling:**

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*Please fill out the back side —>*



Power Tumbling & Trampoline

Team 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:

Mothers Name: Phone: Cell Work Home

Father's Name: Phone: Cell Work Home

Contact Email Address:

Additional Emergency Contact Name: Phone:

Team/Gym Name: 2016-2017 USTA #:

Days attending: (please circle) Saturday, October 8 Sunday, October 9

FOR OFFICE USE ONLY: SR: SUR: P:

Medical Information

Medical Insurance Company: Policy #:

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

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 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):

Date: