

## Clinicians:

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

- 23 years of coaching experience
- 2007 & 2012 USTA Coach of the Year
- Coach of a 2x World Champion on DM

### 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

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

- Coach at Elite Sports Complex 2009-2018
- 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)

- USTA Competitor 1990-2003, 2003 Kevin Ballenger Memorial Scholarship recipient
  - 19 years of tumbling & trampoline coaching experience,
- NTJC certified for past 6 years, current member of the USTA Technical & Ethics Committees

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

- Owner & coach at Prairie Land Tumbling & Trampoline
- 18 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:

	Saturday		ау
3:00pm-3:30pm	Check-in & warm-up	9:00am-9:30am	Check-in & warm-up
3:30pm-4:15pm	Rotation #1	9:30am-10:20am	Rotation #1
4:15pm-5:00pm	Rotation #2	10:20am-11:10am	Rotation #2
5:00pm-5:45pm	Rotation #3	11:10am-12:00pm	Rotation #3
5:45pm-6:00pm	Break (bring a snack!)	12:00pm-1:00pm	Lunch (on your own)
6:00pm-6:45pm	Rotation #4	1:00pm-1:15pm	Warm-up
6:45pm-7:30pm	Rotation #5	1:15pm-2:05pm	Rotation #4
7:30pm-8:00pm	Open Workout/Cool Down	2:05pm-2:55pm	Rotation #5
		2:55pm-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)

٠

- Reversals
- Ending skills (twisting & flipping)

TA	Student In	nformation						
<i>FL&amp;GHT</i>	Student Na	ame: (1st Child)						
	M/F	Age:		Date of I	Birth:			
	Student Na	ame: (2nd Child)	)					
Power Tumbling & Trampoline Team Clinic 2018				Date of Birth:				
Registration Form & Waiver	/							
Mothers Name:		Phone	2:	□ Cell □ Work □ Home				
Father's Name: Phone:					🗆 Cell 🗆 Work 🗆 Home			
Contact Email Address:								
Additional Emergency Contact Name:				Phone:				
Team/Gym Name:								
Days attending: (please circle)	Satur	day, October 6		Sunday, October 7	(\$80 / day or \$150 for both)			
Levels for the 2018-2019 Season:	TRAMPOLIN	E:	_ DM:	M: FLOOR:				
	OR OFFICE USE ONLY: SR: SUR:			P:	_			
Medical Information								
Medical Insurance Company: Policy #:								
Are there any medical conditions to	o which we s	hould be alerted?						
WAIVER AND CONSENT—FLIGHT		ER TUMBLING &		 DLINE. LLC				
				,	he minor children identified below			
(hereinafter the "Participants").								
Tumbling & Trampoline, LLC (he	reinafter "Fl	ight Club") and t	aking pa	art in any and all acti	vities offered by Flight Club.			
•	0		•		employees of Flight Club, the activ-			
ities offered, including but not li both for myself and the Participa		-	-		erent risk of injury. I hereby waive,			
-	-	-			Participants' presence at the Flight			
Club facility or performance by t	he Participa	nts of the activit	ies offer	ed by Flight Club or a	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.								
שחעפוסנמות נחפוב מוב זוס טובנעונס טו זבועוועס צוירבו מונבו בוויטווווצ וטו נוווס טווווט.								
Parent/Guardian Signa	ture			Parent/Gua	ardian Name (please print)			
Address:					·····			
	□ Home □ Cell □ Work							
Participant Name (please print):								
_								
_				Date:				