



10TH ANNUAL  
**TAKE FLIGHT CLINIC**

*Tumbling, Trampoline & Double Mini*



HOSTED BY:

**FLIGHT CLUB POWER TUMBLING & TRAMPOLINE**

11936 OAK CREEK PARKWAY

HUNTLEY, IL 60142

(847)515-1935

EMAIL: FLIGHTCLUBTNT@YAHOO.COM

**INTERMEDIATE, SUB-ADVANCED, ADVANCED & ELITE LEVELS**

**OCTOBER 2ND & 3RD, 2021**

SATURDAY 3:00PM-8:30PM

SUNDAY 9:00AM-3:30PM

SATURDAY ONLY: \$100/SUNDAY ONLY: \$100/BOTH DAYS: \$185

*(ATHLETES MUST BE TRAINING INTERMEDIATE - ELITE LEVELS ON THE EVENTS THEY WISH TO PRACTICE IN THIS CLINIC.)*

**SUB BEGINNER, BEGINNER, SUB NOVICE & NOVICE LEVELS**

**NEW**

**OCTOBER 2ND, 2021**

SATURDAY 9AM-1PM

\$75

*Athletes and coaches are responsible for their own overnight accommodations and lunch on Sunday. Athletes are welcome to leave for lunch or bring a lunch and eat at the gym.*

Please make checks payable to: Flight Club

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: Monday, September 27th**

*Space is limited! Maximum 40 athletes per clinic per day.*

# CLINICIANS

## MATT ALEX

*Gymnastics Academy of Rockford  
Saturday AM/PM Clinician*

## CARLYE BEADLES

*Tumbling Tornados  
Saturday AM/PM Clinician*

## STACY JAUCH

*Fox Valley Power Tumblers  
Sunday Clinician*

## TREY KATZ

*Kris' Power Tumbling & Trampoline  
Saturday PM & Sunday Clinician*

## D ROBINSON

*Elite Sports Complex  
Saturday PM & Sunday Clinician*

## STACEY WALL

*Flight Club Tumbling & Trampoline  
Saturday AM/PM & Sunday Clinician*

## ASHLEIGH DURAN

*Flight Club Tumbling & Trampoline  
Saturday AM Clinician*

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## CLINIC SCHEDULES

### SATURDAY (SubBeg-Novice)

9:00-9:30pm  
Check-in & Warm-Up  
9:30-10:05am Rotation #1  
10:05-10:40am Rotation #2  
10:40-11:15am Rotation #3  
11:15-11:30am Break  
*(snacks are provided)*  
11:30-12:05pm Rotation #4  
12:05-12:40pm Rotation #5  
12:40-1:00pm Open Workout

### SATURDAY (Intermediate-Elite)

3:00-3:30pm  
Check-in & Warm-Up  
3:30-4:20pm Rotation #1  
4:20-5:10pm Rotation #2  
5:10-6:00pm Rotation #3  
6:00-6:20pm Break  
*(snacks are provided)*  
6:20-7:10pm Rotation #4  
7:10-8:00pm Rotation #5  
8:00-8:30pm Open Workout

### SUNDAY (Intermediate-Elite)

9:00-9:30am  
Check-in & Warm-Up  
9:30-10:20am Rotation #1  
10:20-11:10am Rotation #2  
11:10-12:00pm Rotation #3  
12:00-1:00pm Lunch  
*(on your own)*  
1:00-1:20pm Warm-Up  
1:20-2:10pm Rotation #4  
2:10-3:00pm Rotation #5  
3:00-3:30pm Open Workout



Power Tumbling & Trampoline

Team Clinic 2021
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:

Days attending: (please circle) Saturday, October 2 - AM Clinic / Saturday, October 2 - PM Clinic / Sunday, October 3

Levels for the 2021-2022 Season: TRAMPOLINE: DM: FLOOR:

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.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Address:

Phone: Home Cell Work

Participant Name (please print):

Date: