



EST 2010

# 14th Annual TAKE FLIGHT CLINIC

Tumbling, Trampoline & Double Mini

HOSTED BY:

**Flight Club Tumbling & Trampoline**

11936 Oak Creek Parkway

Huntley, IL 60142

(847)515-1935

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

All levels welcome!



**October 4th & 5th, 2025**

**Saturday 3:00pm-8:30pm**

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

**Saturday: \$100 / Sunday: \$100**

## Clinicians

**Trey Katz:** Kris' Power Tumbling

**D Robinson:** Elite Sports Complex

**Ben Zuccarelli:** World Class Gymnastics

**Stacey Wall & Ashleigh Duran:** Flight Club Tumbling & Trampoline

*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.*

*Coaches are welcome to shadow clinicians on the gym floor.*

Please make checks payable to *Flight Club* or call 847-515-1935 to make a payment by credit card (+3%). All registration forms must be mailed in with payment to address above.

**Registration Deadline: Monday, September 29th**

*Space is limited! Maximum 40 athletes per day. Ages 5-18.*

## SATURDAY

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 ( <i>snacks are provided</i> )
6:20-7:10pm	Rotation #4
7:10-8:00pm	Rotation #5
8:00-8:30pm	Open Workout

## SUNDAY

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 ( <i>on your own</i> )
1:00-1:20pm	Warm-Up
1:20-2:10pm	Rotation #4
2:10-3:00pm	Rotation #5
3:00-3:30pm	Open Workout

# CLINIC T-SHIRTS \$22

FLIGHT CLUB TUMBLING & TRAMPOLINE



EST 2010



**FRONT LEFT  
CHEST DESIGN**

**BACK DESIGN**



**LIGHT PINK**



**WHITE**



**LIGHT YELLOW  
(adult sizes only)**



**CORAL**

Athlete Name: \_\_\_\_\_

Total # of Items: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Payment Type: \_\_\_\_\_

COLOR	SIZE

**Sizes Available: Youth XS,S,M,L & Adult S, M, L, XL**  
**All orders due by 9/12**



Power Tumbling & Trampoline

**Team Clinic 2025  
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 4 / Sunday, October 5

Levels for the 2025-2026 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: \_\_\_\_\_