



Tumble For Dance Clinic



July 29th, 2016

★ 1pm-3:30pm ★

Flight Club Power Tumbling & Trampoline

11936 Oak Creek Parkway

(847)515-1935

Email: flightclubtnt@yahoo.com

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

Clinicians include Andrea Franke and Stacey Wall

Athletes will work on walkover skills, aerial cartwheels, aerial walkovers, back handsprings,
back tucks and more!

This clinic will be split into groups by level.

Entry Fee: \$35

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, July 25th

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

Maximum of 20 athletes.



Power Tumbling & Trampoline

Tumble 4 Dance 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):

Date: