



**Top Flight Volleyball
Sports Performance
Enhancement Camp**

TNT Performance

12675 W Townsend St, Brookfield, WI 53005

6:30 PM - 7:30 PM

Explosion - improve jumping ability and serve velocity

Agility - lateral, forward, and reverse quickness

Assessment - participants will have their rotational speed and vertical jump tested.

Top Flight Volleyball Training/Assessment video:

<https://youtu.be/LlZykaGNQ2s>

Athletes currently in grades 7 - 12 are welcome to participate. Contact Coach Ajamu "Mu" Olaniyan 414-659-4813 or aolaniyan@topflightone.com with any questions.

Cost per camp is \$200/session

Session I: January 7, 14, 21, 28, February 4, 11

Session II: February 25, March 3, 10, 17, 24, 31

Session III: April 14, 21, 28, May 5, 12, 19

Participant Info:

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Sex: M _____ F _____ Phone: _____

Email: _____

Please select the sessions your child will attend:

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Please make checks payable to: **Olaniyan LLC**. Payments can be made online (topflightone.com) or mailed to Ajamu Olaniyan, 199 E. Fairmount Ave #4, Whitefish Bay, WI 53217.

I hereby grant permission for my son/daughter to train with Top Flight Sports Performance. I also grant Top Flight permission to act on behalf of my child according to their best judgment in any emergency requiring medical attention and hereby waive the Top Flight staff from any and all liability incurred while training.

I authorize Top Flight to take photographs and videotapes of the Participant and to record the Participant's voice, conversation and other sounds during and in connection with the training. I acknowledge that Top Flight shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them in any manner without compensation to me or the Participant. I authorize Top Flight to use the Participant's name, voice, likeness, and any biographical facts provided during training in advertising and promoting the Parties without further compensation.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Phone: _____

Date: _____