



2011 – 2012 Gym Registration Form

NAME _____ AGE _____ BIRTHDAY _____

ADDRESS _____ PHONE _____

_____ E-MAIL _____

MINOR'S FATHER'S FULL NAME _____ SOKOL MBR Y N

ADDRESS _____ OCCUPATION _____

MINOR'S MOTHER'S FULL NAME _____ SOKOL MBR Y N

ADDRESS _____ OCCUPATION _____

I wish to register my child for gymnastic classes and/or volleyball.

CLASS _____

In so doing, I understand that my child will engage in a program of physical education and discipline. I certify that my child is in the physical condition that assures a healthy, safe participation in all required activities and agree that I will bring no claim, legal action, suit or proceedings of any kind or character against the American Sokol or any of its members, associated clubs, because of damages, losses, or injury to person or property or both while participating in and enjoying the privilege of the Sokol program.

I further understand that each participant is: (a) expected to purchase the required uniform for his or her class; (b) expected to participate in all Sokol programs and competitions; (c) expected to attend classes regularly; (d) expected to abide by rules set forth by the Board of Instructors and be courteous to all instructors and fellow gymnasts; (e) expected to be clean and wear appropriate attire; (f) expected to help support he activities and projects of Sokol; (g) parents are expected to pick up children at the end of class or see that they are instructed to remain off the gym floor following their class if another class follows.

SIGNATURE

DATE

“FOR USE OF THE BOARD OF INSTRUCTORS”

EMERGENCY MEDICAL DATA

GYMNAST NAME _____ (H)PHONE _____

ADDRESS _____

CELL PHONE _____ CELL PHONE _____

EMERGENCY NAME AND PHONE CONTACT DURING CLASS TIME:

NAME _____ PHONE _____

In case our child _____ becomes ill at Sokol or is injured and we cannot be reached by telephone, use the following method we have checked:

_____ 1. Please notify the following:

NAME _____ PHONE _____

ADDRESS _____

_____ 2. Take to emergency room and contact Doctor _____

Dr. Phone _____

I give permission for emergency medical treatment for my child if I cannot first be contacted. I will assume responsibility for payment of such professional services.

MEDICAL INSURANCE INFORMATION:

INSURER _____ POLICY # _____

Pertinent medical information, regarding my child, instructors should know:

I fully realize that failing to complete this form in detail automatically gives Sokol instructors absolute authority to act in the best interest of my child.

Parent or Guardian

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

GYMNAST NAME _____

ADDRESS _____

In consideration of participation in gymnastics of Sokol Karel Havlicek Borovsky – Ennis, the Parent and/or legal guardians(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any Sokol activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all safety rules.
3. I/we fully understand and will instruct the minor participant that:
 - A. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - B. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - C. These risks and dangers may be caused by negligence of the participant or the negligence of others; and
 - D. There may be other risks not known to us or not reasonably foreseeable at this time
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the American Sokol, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors agents, and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the American Sokol and/or its member clubs.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relationship)

Date

Parent or Guardian (Signature/Relationship)

Date

Witness

Date

SOKOL KHB

Gymnastic Class Rules

1. Gymnasts are to stay in designated sitting area until their class is called to the gym floor for safety reasons.
2. Gymnasts must wear proper workout attire. Stretch shorts and t-shirt that can be “tucked in” may be worn. Leotards are preferable. Baggy shirts, jean shorts, and dance costumes are not allowed for safety purposes. The official Sokol uniform may be purchased and worn to class.
3. Hair must be secured back from the face. Ornamental clips are not acceptable. No jewelry (Stud earrings will be allowed).
4. Parents are not allowed on gym floor and should sit in designated seating area. Children not participating in class should be seated with their parents and should not play on apparatus. **THIS IS AN IMPORTANT SAFETY REQUIREMENT WHICH WILL BE ENFORCED.**
5. Food and drinks allowed only in designated area, trash should be placed in a waste basket.
6. Children should be picked up promptly after class
7. Children must wait for their ride inside the building.
8. Tuition payments are **due on the first of each month but no later than the 12th**. Failure to pay on time, could consider your child dropped from class.
9. No gum allowed.

PARENT OR GUARDIAN SIGNATURE

SOKOL KHB GYM REGISTRATION FEE SUMMARY

NAME _____

CLASS _____

NOTE: If you are paying by check, please pay for Membership Dues by a separate check.

Registration Fee (\$50) _____

Tuition Payment: Monthly / Annual (circle) _____

Uniform _____

Other _____

TOTAL FEES _____

Special Notes: _____

Membership Dues:

New Member (complete registration card) _____

Existing Member – 2011 Dues _____