



SOKOL KHB ZUMBA PROGRAM REGISTRATION

NAME _____ AGE _____ BIRTHDAY _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

OCCUPATION _____

Sokol Member - Yes _____ No _____

Have you ever participated in a Zumba class prior to this one? Yes _____ No _____

In so doing, I understand that I will engage in a program of physical education and discipline. I certify that I am 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 of character against the American Sokol or any of its members, or associated clubs, because of any damages, losses, or injury to person or property or both while participating in and enjoying the privilege of the Sokol Program.

Signature

Date

(Office Use: Fee Paid _____ Check # _____ Date _____

MEDICAL DATA – ADULT PARTICIPANT

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY NAME AND PHONE CONTACT DURING CLASS TIME:

CONTACT NAME _____ PHONE _____

Emergency Doctor Contact:

Doctor Name _____ PHONE _____

MEDICAL INSURANCE INFORMATION:

INSURER _____

POLICY # _____ ID# _____

Pertinent medical information my instructors should know:

Signature _____

Date _____