

Sokol New York
 420 East 71st Street
 New York, NY 10021
 (212) 861-8206
 www.sokolnewyork.org

Receipt # _____
Date _____
Amt _____
Page 2 _____

CHILD REGISTRATION FORM – PAGE 1 of 2

Child's Name: _____ Birth date: _____ Sex: M F

Address: _____ Home # _____
(street) (apt #) (city) (state) (zip)

Mother's Name: _____ Occupation: _____

Work #: _____ Cell#: _____

Father's Name: _____ Occupation: _____

Work #: _____ Cell#: _____

*E-mail for Sokol use only.

*E-Mail (please print clearly!): _____

Caregiver's Name: _____ Child's School (if applicable): _____

With registration, one parent will be designated "Friend of Sokol New York" and will receive the *Sokol New York Newsletter*. Please indicate which parent will be our "Friend." ___ Mother ___ Father

Has any member of your family ever been a member of a Sokol Organization? Yes ___ No ___

How did you first hear about the Sokol Program? _____

(Optional) – Are you of Czech/Slovak Heritage? Yes ___ No ___

Class #	Day	Time	Age	Fee

<i>Office Use Only</i>
M I P R O
M/I S MC

I have read and agree to **Sokol's Registration and Policy Information**. Page 2 of this application form includes Acknowledgement of Risk and Waiver of Liability information. Sokol classes are subject to cancellation based on enrollment and instructor availability.

Sokol **only** accepts responsibility for your child during his/her class when under the supervision of his/her class instructor. Child should arrive no more than 15 minutes prior to the start of class.

Early Registration – NO REFUNDS. Open Registration – NO REFUNDS after the third class; \$75 of the class fee is non-refundable. I understand that there is a \$25.00 fee charged for all returned checks.

PARENT/GUARDIAN Signature: _____ Date: _____

Child Emergency Contact Information

CHILD’S NAME: _____

Child’s Date of Birth: ____ / ____ / ____

Address: _____

Home Phone: _____

Mother’s Name: _____

Contact Number: _____

Father’s Name: _____

Contact Number: _____

Other Emergency Contact Name: _____

Relationship: _____ Number: _____

Special Instructions (Medical, etc.): _____

Allergies (if any): _____

Participant insurance: _____ Policy #: _____

Class: _____

Age: _____

Waiver of Liability/Authorization for Medical Care and Treatment/Photo Release:

I hereby consent to my child participating in the program offered by Sokol New York. I recognize that potentially severe injuries, including strains, sprains, broken bones, permanent paralysis or death can occur in any activity involving height and motion, including gymnastics, rhythmic gymnastics, ballet, tae kwon do, basketball, volleyball and other sporting activities. I understand and accept that risk. I also realize that my child will be performing and training for events in his/her discipline on various training devices. I further understand that while the payment of tuition fees constitutes a part of the consideration due to Sokol New York, an additional and important consideration due to Sokol New York is this signed release form.

I hereby consent to and authorize the giving of all treatments, medications and procedures which are ordered by a PHYSICIAN and approved by a member of the Sokol Board of Instructors for the diagnosis, medical care and treatment of my child named above for any condition which requires medical attention while actively participating in any Sokol activity.

As the parent or legal guardian of the aforementioned person, I hereby agree to personally provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of Sokol New York. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I hereby grant to Sokol New York and/or its legal representatives and assigns, the unrestricted right to use and publish the likeness, portraits, photographs, films or videos of my child, or in which s/he may be included, for editorial, trade, advertising and any other purpose and in any manner and medium, and to copyright same. I hereby release Sokol New York and its legal representatives and assigns from all claims, royalties, and liability relating to the use of said likeness, portraits, photographs or films/videos.

I have read and agree to the terms above.

PARENT/GUARDIAN Signature: _____ DATE: _____

Parent E-mail Address: _____
 (E-mail for Sokol communication only – we will not share your e-mail.)