



MEMBERSHIP _____

2017-18 SOKOL FORT WORTH ENROLLMENT FORM

To guarantee your place in your preferred class please submit completed form (both sides) with payment.

ALL PAST DUE BALANCES MUST BE PAID PRIOR TO ENROLLMENT

Date _____

First Name _____ Last Name _____

DOB _____ Age _____ Gender M/F

Guardian _____ Relationship _____

Cell phone _____ Home phone _____ Work _____

Address _____ City _____

Zip Code _____

Email address _____

How did you hear about Sokol _____

Current Class(es) _____

Preferred Class(es) _____ Second Choice _____

Membership Renewal month _____

Fees due

For office use only NEW / CURRENT

Past Due _____

In ICP ___ In roll book ___ Gave policies ___

Memb _____ \$85 _____

Visa/MC/ # _____

Insurance _____ \$35 _____

Exp Date _____ 3 digit code _____

Tuition _____

Zip Code _____ House # _____

Other _____

TOTAL _____

Form of payment cash / check / cc

Medical Information

Physician _____

Phone _____

Medical Insurance _____

Policy Number _____

List all medications taken _____

Please list any current or past medical conditions, injuries and surgical procedures. _____

If any, is the applicant now cleared to take part in strenuous activities? _____ Immunizations current ? _____

Release & Waiver

I fully understand that Sokol FW Gymnastics staff members are NOT physicians or medical practitioners of any kind. With this in mind, I hereby authorize the Sokol Staff to render temporary first aid to my children in the event of injury or illness and if deemed necessary to obtain appropriate medical care, including transportation to a hospital.

The Sokol Staff recognizes our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics and tumbling as well as other related activities. Students may suffer in injuries, possibly minor, serious or catastrophic in nature.

Sokol Gymnastics, its membership, coaches or other staff members will not accept responsibility for injuries sustained by any student during but not limited to the course of gymnastics training, cheerleading or tumbling instruction, while travelling to or from competitions, exhibitions or clinics in which the student may participate.

Being fully aware of the risks and the possibility of injury involved, I consent to have my child or children participate in the programs offered by Sokol Fort Worth. I, my executors or other representatives waive and release all rights and claims for damages that I or my child may have against Sokol Fort Worth and/or it's representatives whether paid or volunteer.

I also affirm that I have and will continue to provide proper hospitalization, health and accident insurance coverage for both my children's and my own protection.

I also understand that it is the parent's responsibility to make the child aware of the dangers of gymnastics. Sokol Fort Worth staff will provide the child with the rules of safety and a teaching method which is based on a system of progressions.

Photos of Sokol participants (classes and events) may be taken and used for promotional purposes. By signing below I give permission for photos and likenesses of myself and /or minor children to be used by Sokol Fort Worth and its agents for purposes of advertising, marketing and publicity – including but not limited to brochures, fliers website and print ads.

Signature of Parent or Guardian

Date