



Adult Class Registration Form

Office Use Only	
Receipt #	
Date	
Amount	
Page 2	

Name _____ Date of Birth _____ Sex M _____ F _____

Address _____

Phone # Home _____ Work _____ Cell _____

Occupation _____ E-Mail _____

Class #	Day of the Week	Time	Class Fee \$
Sokol classes are subject to cancellation based on enrollment and instructor availability.			Total \$:

Office Use Only
M I P R O
M/I S MC

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

How did you hear about the the Sokol Program? _____

Are you of Czech / Slovak heritage? Yes _____ No _____ Are you interested in volunteering at Sokol? Yes _____ No _____

I have read and agree to the Sokol New York Class Rules and Policies (see page 3). I understand that refunds are granted only during the first three weeks of any class (counted 21 days from student's first day in the class).

Signature _____ Date _____

Please fill out, print, sign and return page 1 and 2 to Sokol New York with your payment.

Office Use Only	
Class	
Age	

Adult Emergency Contact Information

Name _____ Date of Birth _____ Sex M _____ F _____

Address _____

Phone # Home _____ Work _____ Cell _____

Email Address _____

Emergency Contact

Name _____ Relationship _____

Phone # _____

Medical Insurance _____ Policy # _____

Personal Physician _____ Phone # _____

Special _____ Instructions _____ (medical / other)

Allergies (if any) _____

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

I hereby consent to 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, dance, tae kwon do, basketball, volleyball and other sporting activities. I understand and accept that risk. I also realize that I will be performing and training 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 New York Board of Instructors for the diagnosis, medical care and treatment of myself for any condition which requires medical attention while actively participating in my Sokol activity.

I hereby agree to personally provide for the possible future medical expenses which may be incurred by myself 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 she/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.

Any action connected with, arising from, or relating to this Agreement will be filed only in a federal or state court located in New York, New York, and the parties irrevocably consent and submit to the personal jurisdiction of such courts, and waive any improper venue or forum non conveniens defenses. This Agreement will be governed by and construed in accordance with the laws of the State of New York, without regard for its conflict of law principles.

Any controversies or disputes arising out of or relating to this Agreement shall be resolved by binding arbitration in accordance with the commercial rules of the American Arbitration Association. The parties shall select a mutually acceptable arbitrator who is an attorney knowledgeable about issues relating to the subject matter of this Agreement. The arbitration shall take place in New York, New York. The arbitrator shall not have the authority to modify any provision of this Agreement or to award punitive damages. Each party shall bear its own costs, including but not limited to attorneys' fees.

I have read and agree to the terms above.

Name _____ Signature _____ Date _____

(print name)



Sokol Class Rules and Policies 2017—2018

These rules pertain to your safety. Please read the information below.

Courtesy

Verbal courtesy is expected from each of us, as is respect for the gyms, dojo, and studio environments, including the apparatus and the equipment used. Proper care for the facility is strictly enforced. Lobby area must be kept clean and clear passage to the exit doors must be maintained at all times.

Payment/Refund Policy

- Mail or drop off your class registration forms with payment by check or money order.
- Make checks payable to Sokol New York.
- Fee of \$35 for all returned checks or invalid credit card transactions.
- Refunds, minus a \$75 fee, anytime a withdrawal or cancellation is made with written documentation will be granted only up to the first three weeks of any class (counted 21 days)
- No refunds for 5 class cards and open gym sessions

Class Change

All changes must be made through the Sokol office with approval by the class leader. A \$30 fee will be charged for any class change including waitlists with written documentation

Class Schedule

Sokol New York reserves the right to alter class schedules when necessary. Every attempt will be made to notify you in advance. Sokol classes are subject to cancellation based on enrollment and instructor availability. Classes must consistently have a minimum of 4 participants to remain on the schedule.

Illness

For the health and wellness of all our participants, please do not attend class when ill or experiencing symptoms of fever, diarrhea, nasal mucus or excessive coughing. Participants must be symptom free for at least 24 hours before returning to class. The class leader has the authority to ask those exhibiting symptoms of illness to leave the class.

No-Smoking Policy

Sokol Hall is a smoke-free facility.

Program Rules

- Please arrive on time, no sooner than 15 minutes prior to the start of class.
- Do not enter the gyms, dojo, studio or equipment area unless supervised by a Sokol instructor.
- No food or beverages in gyms, dojo, or studio areas.
- Absolutely no gum chewing is permitted.
- No cell phone usage during class time.
- Pets are not permitted on premises.

Only those registered for class are permitted on the gym floor during class. Class can be viewed from designated areas

Apparel

- All classes: Do not bring or wear jewelry to class (safety rule). Hair must be pulled or pinned back.
- Dress code for each class will be at the discretion of class instructor.

Changing Rooms and Restrooms

Lower level

- Tots, Pre-K & K cubby room
- Men's and Women's restrooms

Main floor

- Unisex restroom

Second floor

- Female locker room
- Women's restroom

All belongings should be in the cubbies and/or locker rooms, not in the gym areas or lobbies. Please make sure you have all belongings before you leave. Locks remaining at close of each day will be cut. Sokol New York does not provide overnight storage facilities. Please do not bring any valuables to class. Sokol New York is not responsible for any valuables lost or stolen.

Inclement Weather

Sokol New York will be closed when public schools are closed due to poor weather.

Thank you for your cooperation!

Sokol New York Board of Instructors