

Paid Ck# \_\_\_\_\_  
Paid Cash \$ \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Insurance Fee \$ \_\_\_\_\_  
Friends of Sokol \$ \_\_\_\_\_  
Youth Fee \$ \_\_\_\_\_  
Work Deposit \$ \_\_\_\_\_

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

FOR BOI USE ONLY

**2025 - 2026**

## SOKOL ST. LOUIS ENROLLMENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ M ☐ F ☐ O ☐

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Names \_\_\_\_\_

Phone (Mother) \_\_\_\_\_ Phone (Father) \_\_\_\_\_

Email (Mother) \_\_\_\_\_ Email (Father) \_\_\_\_\_

Student is enrolling in: (Please Circle Class)

Tots (3-5)

2<sup>nd</sup> Class (9-12)

Adult (18-UP)

1<sup>st</sup> Class (5-8)

Jr Class (13-18)

Adult Fitness (16-UP)

Other Class \_\_\_\_\_

In case of an accident at Sokol which may need immediate medical or surgical attention, may we take you to either the hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ Or to the doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

State any unusual health, behavioral, or any know allergies (include medications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MANDATORY SOKOL GYMNASTICS CLASS INSURANCE FEES

**Ages 3-6 \$22.00**

**Ages 7-12 \$38.00**

**Ages 13 & older \$58.00**

**Volleyball, Adult Fitness, Rhythmics, Walking  
Yoga, Aerobics, Ball (non-apparatus) - \$15.00**

*\*\* Prices above include \$10.00 youth Fee*

**GYMNASTIC ASSOCIATION SOKOL WAIVER OF LIABILITY & MEDICAL RELEASE FORM**

I hereby give consent for \_\_\_\_\_ to participate in the program  
(Participant's Name)  
offered by Gymnastic Association Sokol. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity involving height and motion, including gymnastics. I understand and accept that risk. I also realize that the participant may be performing and training for all gymnastic events on various training devices.

I further understand that while the payment of the insurance fees and membership fees constitute a part of the consideration due to Gymnastic Association Sokol, an additional and important part of the consideration due to Gymnastic Association Sokol is the signed release form.

Therefore, in consideration for use of Gymnastic Association Sokol equipment and facilities, I hereby forever release Gymnastic Association Sokol, its owners, officers, instructors, coaches, and members from all liabilities for any and all damages and injuries suffered while under the instruction, supervision or control of Gymnastic Association Sokol, its officers, instructors, coaches, owners, and members.

I hereby agree to personally provide for the possible future medical expenses which may be incurred as a result of any injury sustained while training at, for, or under the direction of Gymnastic Association Sokol. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Release, waive, discharge and covenant not to sue **THE AMERICAN-CZECH EDUCATIONAL CENTER AND/OR GYMNASTIC ASSOCIATION SOKOL, its affiliated clubs**, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

Subject to the provisions of this Agreement, each signing party has remised, released and forever discharge and by these presents, does himself and herself and his or her heirs, legal representatives, executors, administrators and assigns remise, release and forever discharge Gymnastic Association Sokol of all cause or causes of action, claims, rights or demands whatsoever in law or in equity, which said party hereto ever had or now has or may have against Gymnastic Association Sokol.

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Participant, if minor, Parent or Guardian (Signature/Relationship)

(Date)

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Parent or Guardian (Signature/Relationship)

(Date)

Printed names of parent or guardian: \_\_\_\_\_



### **Media Release and Rules Acknowledgement**

I grant permission for media (photo, video, etc.) of my child or myself to appear in promotional materials including but not limited to a Sokol Website, Flyer, DVD, Brochure, or Email Blasts.

I have read and understand all the gym rules of Gymnastic Association Sokol.

Name: \_\_\_\_\_  
Participant (print)

Participant or if minor, Parent or Guardian: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

# Sokol St. Louis Gymnastics Fees

American-Czech Educational Center  
4690 Lansdowne Avenue, St. Louis, MO 63116  
314-752-8168 • SOKOLSTL.ORG

**\*\*Members of Sokol St. Louis are not required to pay Program Fees \*\***

**\*\*ALL Participants (member and non-member) are required to pay necessary insurance fees and youth membership fees\*\***

## **Friend of Sokol Fee - \$75 per gymnastic season** (Fall-Spring)

The Friend of Sokol Fee is to be paid once per family per year. Friend of Sokol Fee includes the adult paying the fee and any children in that adult's immediate family ages 3-17. All individuals ages 18 and older must each pay the \$75 annual fee.

**Program Fee** – must be paid prior to participation in each **semester**  
Every Friend of Sokol participant must pay a fee per class.

**50 – 60 Minute Classes - \$70 per semester**  
**80 – 90 Minute Classes - \$105 per semester**

**Insurance Fee** – please select the age your child will be at the end of the season (April of next year)

<b>Age 12 mos -6 years</b>	<b>\$12</b>
<b>Age 7 years -12 years</b>	<b>\$28</b>
<b>Age 18 years and older</b>	<b>\$48</b>

**Other Classes Non-apparatus/Tumbling – (Volleyball/Fitness/ETC) - \$15**

**Other Classes** - Some classes have a weekly fee associated with them for non members

## **Youth Membership Fee - \$10** per gymnastic season (Fall-Spring)

Annual Fee for each participant (Sokol Members and Friends of Sokol) ages 3-17

**Remember - All forms and associated fees must be paid in full and submitted PRIOR to participation in classes. If an instructor does not have completed paperwork and necessary fees, your gymnast will not be allowed to participate in class.**

**Calculate your fees:**

<b>Friend of Sokol Fee:</b>	<b>\$ <u>75</u></b>	Annual Fee paid for Fall-Spring Session Sokol St. Louis Members do not have to pay
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<b>Program Fee:</b>	<b>\$ _____</b>	Select based on length of class, per semester Sokol St. Louis Members do not have to pay
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<b>Insurance Fee:</b>	<b>\$ _____</b>	Select based on age of gymnast
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<b>Youth Membership</b>	<b>\$ <u>10</u></b>	Required for ALL participants under 17 years
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