



# CAMPER REGISTRATION

Name: \_\_\_\_\_ Age on July 5, 2026: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Primary Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact (other than listed above): \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact (other than listed above): \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Camper T Shirt Size: YS YM YL S M L XL 2XL 3XL 4XL

By signing this form, I release Gymnastic Association Sokol and its members from all responsibility to injury sustained by my camper during the Camping period at Sokol Camp, Imperial, MO. I also understand that any pictures or video of my child may appear in promotional materials including but not limited to a Sokol Camp Website, DVD or brochure. I understand that my camper is expected to follow all rules and regulations and any failure to comply may result in dismissal from Camp without a refund and at my expense. If transportation cannot be arranged in a timely manner, my deposit check will be forfeited.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make sure you submit:

- Camper Registration Form
- Camper Health History
- Camper Agreement
- Liability Waiver
- Registration Fee
- \$100 Work Deposit Check dated August 1, 2026
- Volunteer Health History Paperwork
- Family Care Safety Registry (FCSR) Completed Background Check for volunteers

**Signed registration form, monies and all other paperwork must be returned by May 15, 2026 Return to:**

Sokol Children's Camping  
Attn: Dana Evans  
4690 Lansdowne Ave  
St. Louis, MO 63116

Or to the Children's Camping mailbox  
at the American-Czech Educational Center  
  
Or by email to [camping@sokolstl.org](mailto:camping@sokolstl.org)



# CAMPER MEDICAL RECORD

IN THE EVENT OF A MEDICAL EMERGENCY, THIS INFORMATION WILL ACCOMPANY YOUR CAMPER TO THE HOSPITAL – PLEASE ANSWER ACCURATELY AND COMPLETELY. Please include additional pages if needed.

Camper's Name: \_\_\_\_\_ Age July 5, 2026: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Will your camper be taking medication during Camping 2026?  YES  NO

Medication	Reason Given

## ALLERGIES

Please indicate all known allergies, reactions, and treatments.

- Food Allergy
- Medication Allergy
- Environmental Allergy (insect stings/hay fever/plant/etc)
- Other
- This camper has no known allergies

Allergen	Reaction	Treatment



PHYSICAL HEALTH HISTORY:  No physical conditions to note. INITIAL: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Joint Problems / Injuries (ankles, knees, back, etc) |
| <input type="checkbox"/> Bed Wetting                             | <input type="checkbox"/> Loss of Consciousness / "Knocked Out"                |
| <input type="checkbox"/> Bleeding / Clotting                     | <input type="checkbox"/> Lice (in the last 12 months)                         |
| <input type="checkbox"/> Chest Pain / Dizziness / Fainting       | <input type="checkbox"/> Menstrual Irregularities / Complications             |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Mono (in the last 12 months)                         |
| <input type="checkbox"/> Diarrhea / Constipation                 | <input type="checkbox"/> Nosebleeds   |
| <input type="checkbox"/> Glasses / Contacts / Protective Eyewear | <input type="checkbox"/> Orthodontic Appliance                                |
| <input type="checkbox"/> Headaches                               | <input type="checkbox"/> Seizures / Convulsions                               |
| <input type="checkbox"/> Head Injury                             | <input type="checkbox"/> Shortness of Breath / Wheezing                       |
| <input type="checkbox"/> Heart Murmur / Cardiac Condition        | <input type="checkbox"/> Skin Problems (itching / rash)                       |
| <input type="checkbox"/> High Blood Pressure                     | <input type="checkbox"/> Sleep Walking / Night Terrors / Other Disturbances   |
| <input type="checkbox"/> Immunodeficiency / HIV / AIDS           | <input type="checkbox"/> Other – what was not listed? Please explain below.   |

Condition	Description (Include approx. dates, treatments/medications, and any pertinent details)

MENTAL HEALTH HISTORY:  No mental health conditions to note. INITIAL: \_\_\_\_\_

- ADD / ADHD / Other Behavior Disorders
- Anorexia / Bulimia / Other Eating Disorders
- Depression / Anxiety
- Other – what was not listed? Please explain below

Condition	Description (Include approx. dates, treatments/medications, and any pertinent details)



Has your camper had a significant life event that continues to affect their life? (history of abuse, death of a loved one, family change, adoption, survival of a disaster, etc.)  YES (please explain)  NO

---

---

---

What have we forgotten to ask about your camper? Please provide any additional information about the camper's health, well-being, and daily routine that you think it is important for the staff to know and/or may affect the camper's ability to participate in Camp. (Strict dietary restrictions, extreme fear of severe weather, separation anxiety, etc.)

---

---

---

MEDICAL CONSENT

I give my consent to the staff to give my camper the following as needed:

Benadryl (Oral)

YES

NO

Hydrocortisone Ointment

YES

NO

Ibuprofen

YES

NO

Benadryl (Ointment / Spray)

YES

NO

Acetaminophin

YES

NO

Tums / Generic

YES

NO

Other: \_\_\_\_\_  
\_\_\_\_\_

All information included in this form is complete and accurate. I understand that failure to disclose information about my camper's health may result in restriction from activity or in extreme cases removal from Camp. In signing this form, I authorize the staff and volunteers of Sokol Camp to act in the best interest of my camper in cases of illness or injury. I understand this may include transportation to and treatment by hospital staff.

Parent / Guardian Name (print): \_\_\_\_\_

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

Completed Health History must be returned by May 15, 2026.



# CAMPER AGREEMENT

PLEASE REVIEW WITH YOUR CAMPER, SIGN, AND RETURN WITH YOUR REGISTRATION PAPERWORK.

- All camp activities are mandatory. If you are sick and unable to participate, you must inform the Camp Director. Injuries should be reported to a counselor.
- Campers will not be allowed into the quarters of the opposite sex.
- Smoking, vaping and use of any other tobacco e-cigarettes or paraphernalia (lighters, matches, etc.) are not permitted.
- Camper's cell phones are not allowed during the Camping period. If a camper chooses to keep their phone and is caught using it, they may be sent home.
- The use of alcohol or any other drugs is not allowed during the Camping period.
- Campers are not allowed to operate any motor vehicles during the Camping period. Any campers with personal vehicles at Camp will turn in their keys to the Director to be locked up for the week.
- Directions of counselors and all other staff should always be followed.
- Campers will not be allowed to leave the Camp area without permission from and accompaniment of a counselor/staff.
- Campers are not allowed to self-medicate. All medications will be turned in to the staff and administered by the nurse or designated staff member only.
- All campers are required to be signed in and out of Camp by their parent/guardian beginning with lineup on Sunday evening and concluding at dismissal on Sunday morning.
- Campers are not to be in the pool area without the supervision of a counselor.
- Equipment should only be used with the permission of a counselor.
- Campers understand the swimwear policy and will comply.
- Campers understand that any snacks will be confiscated.

Violation of the Camping Rules and Regulations and/or violation of the above policies may result in dismissal from Camp without refund.

**My camper and I have read and understand the above expectations.**

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Agreement must be returned by May 15, 2026.



# WAIVER OF LIABILITY AND MEDICAL RELEASE

As a parent or legal guardian of (camper's name) \_\_\_\_\_, I hereby give consent for my camper to participate in the program offered by Gymnastic Association Sokol otherwise referred to as Sokol St. Louis. I recognize that potentially severe injuries, including but not limited to sprains, strains, broken bones, permanent paralysis, or death can occur in any activity. I understand and accept that risk.

I further understand that while the payment of the registration fee and/or membership dues constitute a part of the consideration due to Sokol St. Louis, an additional important part of the consideration due to Sokol St. Louis and the Children's Camping Program is this signed release form.

Therefore, in consideration for allowing my child to use Sokol St. Louis' equipment and facilities, I hereby forever release Sokol St. Louis, its owners, officers, instructors, counselors, coaches, and volunteers for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sokol St. Louis, its owners, officers, instructors, counselors, coaches, and volunteers.

As the parent or legal guardian of the person, I hereby agree to personally provide for the possible future medical expenses why may be incurred by my child as a result of any injury sustained while participating at, for, or under the direction of Sokol St. Louis. This acknowledgement 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, GYMNASTIC ASSOCIATION SOKOL, SOKOL ST. LOUIS or 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 assignees 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.

Printed Name of Participant: \_\_\_\_\_

Printed Name of Parent / Guardian and relationship: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed agreement must be returned by June 1, 2025.