



VOLUNTEER MEDICAL RECORD AND CONTACTS

In an effort to hope for the best and plan for the worst during Camping this year, please complete the following Volunteer Registration form. This document will only be used in case of a serious medical emergency and will accompany you to the hospital. Please be as thorough as you prefer. If for the sake of privacy, you would prefer to seal the form in a separate envelope labeled "(Name) Emergency Form," please feel free to do so. We will only open the envelope should an emergency occur. All forms will be shredded at the conclusion of Camping 2026.

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Allergies and Reactions:

YOU MUST ADVISE THE DIRECTOR AND HEAD COOK IF YOU HAVE A SEVERE OR ANAPHYLACTIC ALLERGY AND ARE SUBMITTING THIS FORM IN A SEALED ENVELOPE.

Medical Conditions / Health History:

Medications / Dosages:

Medical Insurance Provider: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

In case of Emergency, please contact:

Name: _____ Relationship: _____

Phone Number: _____ Alt Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____ Alt Phone Number: _____

Completed form must be returned by June 1, 2026.



VOLUNTEER BACKGROUND CHECKS

Thank you! Thank you! Thank you! Without you there would be no Sokol Children's Camping!

In order to provide the highest level of programming and safety for our campers and fellow volunteers, we use the Family Care Safety Registration (FCSR) to process background screenings for all volunteers – cooks, nightwatch, counselors and counselors in training as well as a bank of alternate volunteers for last-minute needs. **No exceptions will be made!**

The FCSR searches the following databases:

- State criminal history records maintained by the Missouri State Highway Patrol
- Sex Offender Registry maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- Employee disqualification list maintained by the Missouri Department of Health and Senior Services
- Employee disqualification list maintained by the Missouri Department of Mental Health
- Child-care facility licensure records maintained by the Missouri Department of Health and Senior Services
- Foster parent licensure records maintained by the Missouri Department of Social Services

Please complete the Family Care Safety Registry background screening. In order to protect your private information, most volunteers will have the option to run their own screening and submit the results with their paperwork.

Complete your background check using one of the below options:

Option 1 – I have volunteered at Sokol Children's Camp in the past 5 years and will run my own background check

Call the Family Care Safety Registry at 866.422.6872 Mon-Fri 8 AM – 3 PM. Press 0. Tell them that you are running a background screening for yourself. They will ask for your social security number and date of birth. Forward the emailed results to camping@sokolstl.org. The email you receive will be an encrypted document with instructions to retrieve your results. Download the results to send with your paperwork, do not just forward the encrypted email.

Option 2 – I have volunteered at Sokol Children's Camp in the past 5 years and would like someone else to run the background check via a phone call with me.

Call or text Dana Evans 314.392.1228 and provide your name and indicate that you need assistance completing your background check. The background screening will be run while you are on the phone together.

Option 3 – I have never volunteered at Sokol Children's Camp or have not done so in the past 5 years.

If you are registered with the FCSR, you can attempt to follow Option 1 first. If you are not registered, Call or text Dana Evans 314.392.1228 and provide your name and indicate that you need assistance completing your background check. We will register you with the FCSR while you are on the phone and process the background screening once you are registered.



WAIVER OF LIABILITY AND MEDICAL RELEASE

I, (participant's name) _____, hereby give consent 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 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 while volunteering or under the instruction, supervision or control of Sokol St. Louis, its owners, officers, instructors, counselors, coaches, and volunteers.

As a participant, I hereby agree to personally provide for the possible future medical expenses why may be incurred 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: _____

Signature of Participant: _____ Date: _____

Signed form must be returned by June 1, 2026.

NIGHTWATCH EXPECTATIONS

Thank you for volunteering to make Sokol Children's Camping a success! Please review the following expectations and responsibilities for your role at Sokol Camp. Any questions should be directed to **Dana Evans: 314.392.1228**

Nightwatch Volunteers should arrive at 11 PM. Plan to stay through 7 AM or until a counselor is awake and dismisses you. If you will be late, please notify the Director as soon as possible.

- All Nightwatch volunteers will be at least 21 years old.
- No more than 3 volunteers per night will be scheduled.
- All volunteers will complete and pass a background check. Results must be submitted by **June 1, 2026**.
- Nightwatch will serve as the "eyes on" the Camp while the staff is sleeping.
- Make hourly rounds of the property – Lodge, Cabana, Bar, Dance Floor, Parking Lot, Pool. Ensure all perimeters are secure and exterior doors to Lodge are locked. While making outdoor rounds, please be mindful of sleeping campers and keep noise to a minimum.
- Check for any potentially dangerous situations (smoldering embers, equipment blocking exits, etc.) and notify Camp Director and Counselors.
- Direct all campers back to bed if they wake up to use the restroom. (We've had some sleepwalkers wander towards the front door before!).
- Be aware of developing weather and update staff of any potential problems. Alert/wake Camp Director and staff if severe weather / tornado warning is issued for surrounding counties.
- Please do not grant campers permission for anything outside of your role. Direct them to a Counselor for things like permission to go upstairs or get equipment for an activity.
- There is **NO SMOKING** in the Lodge. The use of alcohol and drugs is prohibited at all times while Sokol Children's Camping is in session. Use of any kind will result in expulsion from Sokol Children's Camping. You are in charge of the safety of the Camp while everyone else is asleep.
- A member of the Camping Committee will contact you by 1 PM on the day you are scheduled to confirm you will be present.
- It can be a long night if you are bored. There is no wifi or cable access at Camp. Feel free to bring a computer/tablet/portable DVD player with movies or a book to occupy you between hourly rounds.