| | | |
|---|---|---|
| Paid Ck#_____ | Insurance Fee $_____ | Received by: _____ |
| Paid Cash $_____ | Friends of Sokol $ _____ | Date: _____ |
| Amount $_____ | Youth Fee $_____ | |
| | Work Deposit $_____ | FOR BOI USE ONLY |

# 2026 - 2027 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 GYMNASTICS - Co-Ed**
- ☐ **Tuesday Tumbling - Co-Ed**
- ☐ **Gymnastics - Co-Ed**
- ☐ **Motivational Mondays**
- ☐ **Adult Yoga**
- ☐ **Other _____**

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): _____

_____

_____

_____

***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.

_____

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

_____

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**

## TOTS GYMNASTICS - Co-Ed

Ages 3 -5 Yrs old | Potty Trained
8 Week Sessions
First Session $167.00 Each session after $70.00*

## Motivational Mondays

8 Week Sessions
First Session $15.00 Each Session after $5.00*

## Tuesday Tumbling - Co-Ed

Beginners 1 6-7pm |Beginners 2 7-8pm | Inter 7-8pm
8 Week Sessions
First Session $203.00 Each session after $70.00*

## Adult Yoga

Ages 16 and Older Co-Ed
First Class is $15.00

## Gymnastics - Co-Ed

8 Week Sessions
Ages 5-8 6:00 - 7:00pm First Session $167.00 Each session after $70.00*
Ages 9-12 7:00 - 8:00pm First Session $183.00 Each session after $70.00*
Ages 13 and older 8:00-9:00pm First Session $203.00 Each session after $70.00*

**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.**

* non member rates