

SOKOL KHB

Ennis, Texas

Registration Packet for MOMMY AND ME





August 2022 - June 2023

2023
FEES FOR ENROLLMENT
SOKOL KAREL HAVLICEK BOROVSKY, ENNIS

SOKOL MEMBERSHIP. At least one parent is required to be a Sokol Gold Member.
The annual fee is \$65 January through December.

REGISTRATION FEE per participant, for the season, is \$30. This is a one-time fee per mommy and me per season and is non-refundable. This fee is due at the time of registration. (PARENT HAS TO BE A SOKOL GOLD MEMBER TO PARTICIPATE IN THIS CLASS)

TUITION MONTHLY DUE DATE: \$30 a month DUE FIRST CLASS OF THE MONTH!

PAYMENTS Cash only

EVERY TUESDAY AT 10AM!

STARTS JANUARY 24!

Monthly tuition is due during the first week of classes each month if not pre-paid annually.

EMERGENCY MEDICAL DATA

CHILD'S NAME: _____

PARENT'S NAME: _____

Does this child have any food allergies? Y or N If yes, please explain: _____

Does the parent have any food allergies? Y or N If yes, please explain: _____

EMERGENCY NAME AND PHONE CONTACT DURING CLASS TIME

NAME: _____ PHONE: _____

In case our child/parent becomes ill at Sokol or is injured and we cannot reach emergency contact by telephone, use the following method we have checked:

☐ PLEASE NOTIFY:

NAME: _____ PHONE: _____

☐ TAKE TO EMERGENCY ROOM AND CONTACT DOCTOR:

NAME: _____ PHONE: _____

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT



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In consideration of participation in activities of Sokol Karel Havlicek Borovsky - Ennis, the Parent and/or legal guardians(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any Sokol activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participants shall be instructed to and shall carefully review and follow all safety rules.
3. I / we fully understand and will instruct the minor participant that:
 - A. There are risks and dangers associated with participation in our activities and programs including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - B. The social and economic losses and/or damages, which could result from those risks and dangers described above could be severe;
 - C. These risks and dangers may be caused by negligence of the participant or the negligence of others, and
 - D. There may be other risks not known to us or not reasonably foreseeable at this time.
4. I / we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the American Sokol, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors agents, and employees.
5. I / we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the American Sokol and/or its member clubs.

Photo Release for Children Under 18 Years of Age

I hereby grant to Sokol KHB and any of its subsidiaries and to its employees, agents and assigns the right to photograph my dependent in any and all classes, events and competitions and to use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

I / WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY

PARENT OR GUARDIAN SIGNATURE

DATE

2022 – 2023 REGISTRATION FORM

CHILD'S NAME _____ M or F

AGE: _____ BIRTHDAY: _____

ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____

PARENT NAME: _____ SOKOL MBR: Y or N



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I wish to register my child and I for the following class(es):

In doing so, I understand that my child will engage in a program of physical education and discipline. I certify that my child is in the physical condition that assures a healthy, safe participation in all required activities and agree that I will bring no claim, legal action, suit or proceedings of any kind or character against the American Sokol or any of its members, associated clubs, because of damages, losses, or injury to person or property or both while participating in and enjoying the privilege of the Sokol program.

PARENT OR GUARDIAN SIGNATURE

DATE

SOKOL KHB GYM REGISTRATION FEE SUMMARY

CHILD'S NAME _____

PARENT NAME _____

CLASS: _____

Registration Fee (\$30)

Registration Total _____

Tuition Payment (circle): Monthly or Annual

January	Cost _____	_____	Initials _____
February	Cost _____	_____	Initials _____
March	Cost _____	_____	Initials _____
April	Cost _____	_____	Initials _____
May	Cost _____	_____	Initials _____
June	Cost _____	_____	Initials _____

Total Tuition Paid at Registration _____

NOTE: If you are paying by check, please pay for Membership Dues by a separate check.

MEMBERSHIP DUES:

New Member 20223(complete registration form) \$65 Paid ☐

Membership total _____



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Date

TOTAL PAID