

SOKOL KHB

Ennis, Texas

Registration Packet for Gymnastics Classes

For the 2024-2025 School Year





2024-2025
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. The membership fee for new incoming members who join for the gymnastics program in the Fall is adjusted to \$40.

NEW MEMBERS: Two choices in paying your membership fee:

- 1) Pay the \$40.00 prorated fee at class registration time, then pay the \$65.00 annual membership by January 1.
- 2) Pay the entire \$95.00 for the remainder of 2023 and for 2024 at class registration.

Membership dues for 2024 will be required for your child to remain in gym classes after January 1, 2024. Your 2023/2024 membership will allow you to rent the hall facilities for private social events, such as weddings, showers, reunions, etc.

EXISTING MEMBERS: Current Sokol KHB members will be receiving their 2024 dues notices within the next three months.

REGISTRATION FEE per participant, for the season, is \$175. (**\$100 discount in exchange for ten hour 2023-2024 season activity volunteer commitment**)(**THE LAST MONTH OF TUITION WILL HAVE THE OUTSTANDING \$10 A HOUR OF HOURS NOT MET ADDED TO IT**) This is a one-time fee per student 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 GYMNASTICS)

TUITION MONTHLY DUE DATE: In order to reserve your child's spot in their class, tuition is due by the 10th of each month. **After the 10th, a \$10 late fee will be assessed.** If tuition is not paid by the 30th of the month, your child will be considered dropped and will not be allowed on the floor to participate in class until tuition is paid in full and reinstatement fee. There is no guarantee that their spot will still be available once they are dropped. **If your child drops at any time in season then comes back there will be a reinstatement fee of \$30. If your child's account needs to go on a hold like in December (MUST NOTIFY PHYSICAL DIRECTOR PRIOR IN WRITING) you will owe a \$20 hold fee per month that account is on hold. GYMNASTICS SEASON IS 9 MONTHS LONG!**

PAYMENTS made by check should be payable to American Sokol of Ennis. Cash will only be accepted if placed in an envelope with the child's name on it. Invoiced to pay through the internet.



UNIFORM: Each Sokol gymnastics class will have a required uniform that the student is responsible for purchasing. The required uniform will be worn for performances and may be worn for class. Gymnasts must wear proper workout attire. Uniform cost depends on level.

2024-2025 TUITION RATES

MONTHLY / SEASONALLY

45 minute class 1x week Tots/ Pre-schoolers / Novice Level

\$65.00 per month

\$455.00 for the season if paid by September 1, 2023

1 hour class 1x week

Boys

\$70.00 per month

\$500.00 for the season if paid by September 1, 2023

1 hour class 1x week

Girls Levels 1 & 2

\$70.00 per month

\$500.00 for the season if paid by September 1, 2023

1-1/2 hour class 2x a week

Girls Levels 3 and Up

\$120.00 per month

\$900.00 for the season if paid by September 1, 2023

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

A \$10 late fee will be imposed if not paid by the 10th of the month

Families having more than one child enrolled in our program will receive a tuition adjustment of \$5 per child.

Payment is accepted by quickbook invoice online, check, and cash.

We only accept credit cards on quickbooks invoices.



CLASS RULES

1. Participants are to stay in designated sitting areas until their class is called to the floor.
2. NO PLAYING ON THE EQUIPMENT/APPARATUS AT ANYTIME UNLESS IT IS YOUR CLASS OR A COACH IS PRESENT HELPING YOU!
3. Gymnasts MUST wear proper attire.
4. Girls: Leotards are required.
5. The official Sokol uniform may be purchased and worn to class.
6. Boys: Stretch shorts and T-shirts. NO baggy shirts or jeans shorts will be allowed.
7. Hair must be secured back from the face. Ornamental clips and large bows are not acceptable. No jewelry (Small stud earrings will be allowed).
8. No chewing gum allowed.
9. Gymnasts are to be on time for class.
10. Parents are not allowed on the floor and should sit in designated seating areas.
11. Parents should not interact with children in class as such distractions can result in injuries. (pictures or recordings of gymnast should be held till class is over)
12. Children not participating in class should be seated with their parents and should not play on apparatus. *(Suggestion: bring homework)*
13. Participants must keep their water bottles on the table by radio. (NOT BY THEIR PARENTS)
14. Food and drinks are allowed only in designated areas. Trash should be placed in a waste basket.
15. Gymnasts should not come off the floor for any means other than to go to the bathroom or get a drink out of a water fountain.
16. Gymnasts/Coaches are not to have cell phones out during class time.
17. Gymnasts are not to interact with parents while class is in session.
18. No bullying (WILL NOT BE TOLERATED!)
19. There will be no back talking to the coaches or staff from the gymnast. (show respect at all times)
20. THESE ARE IMPORTANT SAFETY REQUIREMENTS WHICH WILL BE ENFORCED.
21. Children should be picked up promptly after class
22. Children must wait for their ride inside the building.
23. Tuition payments are due on the first week of each month.
24. Failure to pay by the 10th of the month will result in a \$10 late fee being assessed. If tuition is not paid by the 30th of the month, your child will be considered dropped and will not be allowed on the floor to participate in class until tuition is paid in full.
25. Parents of gymnasts are mandated upon joining the program to help with activities (i.e fundraisers, floats, competitions) to help support our program. (There will be an incentive program)
26. Gymnasts will help clean/sanitize equipment to help prevent sickness.

PARENT OR GUARDIAN SIGNATURE

DATE



EMERGENCY MEDICAL DATA

CHILD'S NAME: _____

Does this child 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 becomes ill at Sokol or is injured and we cannot be reached 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

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



2024 – 2025 REGISTRATION FORM

CHILD’S NAME _____ M or F

FORMER STUDENT: Y or N LAST SKILL LEVEL _____

AGE: _____ BIRTHDAY: _____

ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL: _____

FATHER’S FULL NAME: _____ SOKOL MBR: Y or N

ADDRESS (if different) _____

MOTHER’S FULL NAME: _____ SOKOL MBR: Y or N

ADDRESS (if different) _____

I wish to register my child 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 _____

CLASS: _____

Registration Fee (\$175 or \$75)

Registration Total _____

Uniform (circle): In Stock or **ORDER**

Leotard color B Size _____ Price _____

Shorts color R Size _____ Price _____

Boys T-shirt R Size _____ Price _____

Total Uniform Price _____

Tuition Payment (circle): Monthly or Annual

September Cost _____ _____ Initials _____

October Cost _____ _____ Initials _____

November Cost _____ _____ Initials _____

December Cost _____ _____ Initials _____

January Cost _____ _____ Initials _____

February Cost _____ _____ Initials _____

March Cost _____ _____ Initials _____

April Cost _____ _____ Initials _____

May Cost _____ _____ Initials _____

Total Tuition Paid at Registration _____

Other _____

Other _____

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

MEMBERSHIP DUES:

New Member 2023 (complete registration form) \$40 Paid

New Member 2023- 24 (complete registration form) \$95 Paid

Existing Member 2024 Dues \$65 Paid

Membership total _____

Date _____ ***TOTAL PAID*** _____