SOKOL KHB
ADULT VOLLEYBALL
REGISTRATION

NAME: _____ (M / F)
AGE:_____
BIRTHDAY:_____
SOKOL MEMBER: Silver or Gold _____ when were dues paid

_____
ADDRESS:_____ CITY:_____
ZIP:_____
PHONE #: _____(cell / land line)
EMAIL:_____

EMERGENCY MEDICAL DATA

EMERGENCY NAME AND PHONE CONTACT DURING CLASS TIME:

In case (your name)_____ becomes ill at Sokol or is injured
CONTACT NAME: _____ PHONE: _____

Take to emergency room and contact Doctor Name:_____
Dr. Phone #:_____

I give permission for emergency medical treatment for myself if I cannot Consent. I will assume responsibility for payment of such professional services.
Signature:_____

REGISTRATION FEE AND MEMBERSHIP FEE: per

participant, you must be a Sokol Silver member $45,insurance fee of $100 per participant. This is a one-time fee per season $145 and is non-refundable DUE IN OCTOBER. This fee is due at the time of registration.