



# Student Registration Form

For Office Use Only: Class _____ Membership type _____ Input by _____
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Athlete's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_  
(Primary contact)

Home Address \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Email Contact \_\_\_\_\_

Parent not at home Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

If parent(s) cannot be reached in an emergency, whom should we contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Family Doctor \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

By signing this - you are agreeing to the following - I/we hereby give my/our consent to medical and/or surgical treatment and I/we agree to pay the entire costs and fees contingent on any emergency medical care and/or treatments for my/our child in the event of an emergency or accident if I/we cannot be reached.

Is there any Physical or mental condition we should be aware of, such as broken bones, hearing disability, heart murmur, asthma, vision problems, etc? Please explain:

\_\_\_\_\_

Is the athlete on any medication?  No  Yes, please list \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Other persons authorized to pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any additional information or circumstances we should be aware of? If so, please explain:

\_\_\_\_\_

(over)

DISCLAIMER:

SOKOL CEDAR RAPIDS, INC. IS NOT RESPONSIBLE FOR ANY INJURY TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS, OR SHOWS OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, TEAMS, OR OPEN GYM ACTIVITIES AT SOKOL CEDAR RAPIDS, INC., FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF SOKOL CEDAR RAPIDS, INC., ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

Sokol Cedar Rapids, Inc. is not responsible for any loss of property by the athlete or the athlete's family members and quests while at the Sokol Cedar Rapids facility.

"I" when used in this document refers to each and every parent or legal guardian of the athlete signing below, if the athlete is under eighteen years of age, or refers to the athlete signing below, if the athlete is eighteen years of age or older.

I am aware that gymnastics, cheerleading and other physical programs are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and other physical programs and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries, complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of coaches or teachers who may spot or assist may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, cheerleading, other physical programs and related activities involves activities incidental to active participation, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Sokol Cedar Rapids, Inc., its officers, employees and volunteers for any and all claims of injury arising as a result of my engaging or receiving instructions at Sokol Cedar Rapids, Inc., activities incidental thereto, whenever, wherever or however the same may occur. I agree not to sue Sokol Cedar Rapids, Inc., its officers, employees and volunteers for any such claims.

I affirm that I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available for any injuries to me while participating in activities at Sokol Cedar Rapids, Inc.

**This registration form will remain in force for one year from the date signed, and with registration fee due each session OR membership dues paid that cover the athlete and parent for one year.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Preferred contact method for routine business and informational announcements:

- Phone
- E-Mail
- Other \_\_\_\_\_

Tell us how you heard of Sokol

\_\_\_\_\_