



Office Use - Began _____ -date

Class _____

Instructor _____

Student Registration Form and Wavier

Athlete's Name _____ Athlete's Birthday _____

Parent(s) or Guardian(s) Name _____ Preferred Phone # _____

Home Address _____ City _____

State _____ Zip Code _____ Email Address _____

Parent(s) or Guardian(s) not home or) can Not be reached in an emergency, whom should we contact:

Name _____ Phone # _____ Relationship _____

Sokol Cedar Rapids, Inc., requires that all participants in physical programs are covered by medical insurance and provide proof of insurance when registering or upon request.

Insurance Provider _____ Policy # _____

Hospital Preference _____ Family Doctor _____

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 cost and fees contingent on any emergency medical care and/or treatment for My/Our child in the event of an emergency or accident if I/We can Not be reached.

Is there any physical or mental condition Sokol Cedar Rapids, Inc., should be made aware of such as broken bones, hearing disability, heart murmur, asthma, vision problems, etc.? Please explain

Is the athlete on any medication? Yes ___ No ___ If yes, please list _____

Please list any allergies _____

Is there any additional information or circumstances Sokol Cedar Rapids, Inc., should be made

aware of? If so, please explain _____

Other person(s) authorized to pick up my child

Name _____ Relationship _____

Name _____ Relationship _____

I also understand that there may be occasions that photos or videos are taken of the activities that my family members participate in and that these digital images are the sole property of Sokol CR gymnastics. I agree to allow Sokol CR gymnastics to use these digital images as they see fit for marketing and promotional purposes. Privacy Notice: It is the policy of Sokol CR gymnastics to NOT sell or distribute member information to any third party.

Sokol Cedar Rapids Student Registration and Waiver Form

Please read the following carefully or consult legal counsel before agreeing.

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, TEAM PRACTICE AT 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 guest while at the Sokol Cedar Rapids facility.

"I" when used in this document refers to each parent(s) or legal guardian of the athlete signing below if the athlete is under 18 years of age, or it refers to the athlete signing below if the athlete is 18 years of age or older.

I am aware that gymnastics, open gym, 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 the gymnastics, open gym 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 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 the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, open gym, other physical programs, and related physical programs involves activities incidental to active participation, including moving from 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 student in the gym. I am voluntarily participating or allowing my child to participate in this activity with knowledge of the risks involved and hereby agree to accept 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 all claims of injury arising because of me or my child's engaging or receiving instructions at 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 or my child due to participating in activities at Sokol Cedar Rapids, Inc.

Open Gym Disclaimer

Sokol Cedar Rapids, Inc., carries business liability insurance, which, in the event of an accident, may pay a portion of a claim for injury if we are found to be negligent. This means that even if we are found to be at fault, our insurance provides no coverage for this activity.

We, Sokol Cedar Rapids, Inc., have decided to continue to offer Open Gym, if participants and their legal parent(s) or guardian(s) are specifically made aware of the risks and assume their own liability for those potential risks of participation.

This registration form will remain in force from the date signed, and remain in force for the entire time the participant is involved with activities at Sokol Cedar Rapids, Inc.

Athlete or Participants Signature _____ Date _____
Only If over 18 years old

Parent's Signature _____ Date _____

Athlete or Participants Name _____