



**SOKOL KHB
2016 CHEERLEADING
PROGRAM REGISTRATION**

NAME _____

GRADE _____ AGE _____ BIRTHDAY _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

MINOR'S FATHER'S FULL NAME _____ SOKOL MBR Y N

ADDRESS _____ OCCUPATION _____

CELL # _____ EMAIL _____

MINOR'S MOTHER'S FULL NAME _____ SOKOL MBR Y N

ADDRESS _____ OCCUPATION _____

CELL# _____ EMAIL _____

I wish to register my child for cheer leading classes.

In so doing, 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.

I further understand that each participant is: (a) expected to attend classes regularly; (b) expected to abide by rules set forth by the Board of Instructors and be courteous to all instructors and fellow cheerleaders; (c) expected to be clean and wear appropriate attire; (d) expected to help support the activities and projects of Sokol; (e) parents are expected to pick up children at the end of class or see that they are instructed to remain off the gym floor following their class if another class follows.

SIGNATURE

DATE

EMERGENCY MEDICAL DATA

CHEER LEADER NAME _____

ADDRESS _____ PHONE _____

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:

_____ 1. Please notify the following:

NAME _____ PHONE _____

ADDRESS _____

_____ 2. Take to emergency room and contact Doctor _____

Dr. Phone _____

I give permission for emergency medical treatment for my child if I cannot first be contacted. I will assume responsibility for payment of such professional services.

MEDICAL INSURANCE INFORMATION:

INSURER _____ POLICY # _____

Pertinent medical information, regarding my child, instructors should know:

I fully realize that failing to complete this form in detail automatically gives Sokol instructors absolute authority to act in the best interest of my child.

Parent or Guardian

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

PARTICIPANT NAME _____

In consideration of participation in cheerleading 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. Participant 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 cheerleading events and activities 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 assign 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/Relationship)

Date

SOKOL KHB

Cheerleading Class Rules

1. Participants are to stay in designated sitting area until their class is called to the gym floor.
2. Participants must wear proper workout attire. Stretch shorts and t-shirt that can be “tucked in” may be worn. Baggy shirts, jean shorts, and dance costumes are not allowed.
3. Hair must be secured back from the face. Ornamental clips are not acceptable. No jewelry (Stud earrings will be allowed).
4. Parents are not allowed on gym floor and should sit in designated seating area. Children not participating in class should be seated with their parents and should not play on apparatus. **THIS IS AN IMPORTANT SAFETY REQUIREMENT WHICH WILL BE ENFORCED.**
5. Food and drinks allowed only in designated area, trash should be placed in a waste basket.
6. Children should be picked up promptly after class
7. Children must wait for their ride inside the building.
8. Payment in full is due before participating in class.
9. No gum allowed.
10. Payment is due at the beginning of the cheerleading class. Failure to pay in a timely fashion may cause my child to be dropped from cheer class and he/she will not be allowed to participate until tuition is paid in full.

PARENT OR GUARDIAN SIGNATURE

SOKOL KHB 2016 CHEERLEADING

REGISTRATION FEE SUMMARY

NAME _____

Tuition Payment: \$45.00 Member Price _____
\$55.00 Non-Member Price _____

TOTAL FEES _____

Board of Instructor Notes: _____
