



2018 - 2019  
Sokol Milwaukee Gymnastics  
Class Registration

Name of Gymnast \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Has your child had experience with Sokol and/or any other gymnastics program?  
If so please explain: \_\_\_\_\_

Adult Membership  
The American Sokol Organization requires one adult in your family to be a regular member of Sokol. Please designate the parent or guardian Sokol member.

Name: \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Parent Information

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
Father's Address ( if different) \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Please fill out and sign attached Emergency Information and Consent Form



2018—2019  
Emergency Information and Consent Form

Gymnasts Name \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Parents/Guardian Names  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Emergency Contact  
In case of emergency, we will call the parents/Guardian listed above. If they cannot be reached the following is the person to contact:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Insurance Information  
Name of Insurance \_\_\_\_\_  
Group/ID number \_\_\_\_\_  
Phone Number \_\_\_\_\_

Doctor Information  
Name of Primary Doctor \_\_\_\_\_  
Medical Group \_\_\_\_\_  
Phone Number \_\_\_\_\_

Does your child have any medical concerns we need to be made aware of? Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Consent  
I understand that gymnastics involves some risk of injury and I authorize Sokol Milwaukee to provide emergency medical assistance should it be necessary. If the parent or guardian is not present efforts will be made to contact the parent or guardian but treatment will not be withheld if the parent or guardian cannot be reached.  
\_\_\_\_\_  
Signature of Parent of Guardian Date



Sokol & Sokolice Milwaukee

2018-2019 Sokol Sokolice Milwaukee Gymnastics  
RELEASE OF LIABILITY & ACKNOWLEDGEMENT OF RISK

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List all participating students in family

I understand that gymnastics activities involve the risk of injury including possible serious injury and that participants must be covered by a personal health insurance program.

As legal guardian for the child/children [listed above] I consent to their participation in the programs of Sokol Sokolice Milwaukee.

I waive any claim for bodily injury, personal injury or property damage against Sokol Milwaukee its officers, members or staff, or the owners of the premises where class is held, or any equipment used in any programs conducted by Sokol Milwaukee, arising from my child/children's [listed above] participation in any of the programs of Sokol Milwaukee, whether on or off the premises or traveling for the purposes of participating in Sokol programs.

I agree to hold harmless, Sokol Sokolice Milwaukee and the owners of the premises where class is held, for any accident or injury resulting participating in Sokol Milwaukee gymnastics and to release Sokol Milwaukee and the owners of the premises from responsibility or liability for any medical expenses, insurance deductibles or other damages incurred by my child/children [listed above], myself, or other family members while participating, visiting the premises, in the parking area or travelling for the purpose of participating in Sokol Milwaukee programs

These agreements, waivers and authorizations will remain in effect whenever my child/children [listed above], myself or any family member participates in any activity with Sokol Milwaukee.

**My signature below indicates that I have had sufficient opportunity to read the entire document, that I have read it and understand that it affects my legal rights and I agree to be bound by its terms.**

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Signature of Parent or Legal Guardian

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Date

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Print Name of Parent or Legal Guardian