



SOKOL Elite Gymnastics Registration/Waiver For SOKOL Gymnastics LLC

Student Information: (please print)

Child 1 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____

Child 2 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____

Child 1 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____

Child 1 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____

Parent Information: (please print)

Last Name _____ First Name _____ Tel: _____ Cell: _____

Last Name _____ First Name _____ Tel: _____ Cell: _____

Address: _____ City: _____ Zip _____

Email Address: _____

***Allergies, medications, or any other medical/physical conditions that we should know about:** _____

***Emergency Contact Name:** _____ **Phone:** _____

Acknowledgment of Risk/Waiver of Liability

Please read, sign, and bring waiver to the front desk. Children without waiver signed will not be able to participate.

My/Our child/children has/have no physical or health conditions that would limit his or her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. I/We hereby give permission for my/our child/children to have their temperature taken before participation in activities at Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics; participate in activities at Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics; and to work on all of the necessary equipment when deemed necessary at our discretion. We understand Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/We understand that Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; we waive all privacy-related claims based on such disclosure(s). I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR **(preferred hospital):**

_____ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf.

Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity. I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers, and other agents of Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties.

To the extent allowed by applicable law, I/we agree that we will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, we agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participation in activities Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics.

By signing, I/we expressly state that we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian _____ Date _____

Photo Waiver/Release

Occasionally Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, will take photos for advertising or informational purposes. I/We hereby give Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage.
(This Policy Subject To Change Without Notice)

Signature of Parent/Guardian _____ Date _____

Payment Policies

Tuition is due on the 1st of the month. Tuition must be paid before your child can attend class on a new month. We do require a credit card on file for monthly auto debit/credit. Payment may be made prior to the 1st of the month by other methods.

Registration fees and tuition are non-refundable. Notice must be made by the 25th of the month for the next month if dropping a class, otherwise you will be responsible for the next month's tuition.

Signature of Parent/Guardian _____ Date _____

Sokol Gymnastics Assumption of the Risk and Waiver of Liability Relating to Coronavirus

The novel corona virus, COVID -19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and, in many locations, prohibited the congregation of groups of people.

SOKOL GYMNASTICS, LLC (the Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your children will not become infected with COVID-19. Further, attending the Club could increase your risk and your children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my children or myself including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that I or my children may experience or incur in connection with my children's attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes and Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of

Parent/

Guardian_____

Date_____

Print Name of Parent/Guardian_____

Name of Club Participant(s)_____



Student Name: _____

Parent/Guardian Name: _____

Policies & Guidelines

1. _____ No child, parent, or parent with child allowed on the floor beyond the black gates when not in a supervised class setting. If you are late for a class have a coach or office staff member escort your child to class. No food or drink allowed beyond the black gates and must remain in the parent viewing area. Please have your child arrive NO MORE than 10 minutes before class begins and pick them up NO LATER than 5 minutes after dismissal.
2. _____ MONTHLY FEES are due on or before the first of each month. Tuition must be paid prior to your child's first class of a new month.
3. Any student re-enrolling at any time for any reason will be charged a \$10 reinstatement fee along with their tuition fees. We do not send monthly statements, so for ease of remembrance, it's best to pay at your child's last class of a month for the upcoming month. There are NO REFUNDS, CREDITS or TUITION ADJUSTMENTS OF ANY KIND for any reason for classes missed. Make-up classes are offered, (see below for details). ALL CREDITS on your families account will EXPIRE AFTER A YEAR.
4. _____ CHECKS are accepted and may be turned into the office or dropped in our tuition box. Please note any check dropped in the tuition box after 8:00 PM on the 1st will be considered late regardless of the date on the check. The \$10 reinstatement fee will be assessed and need to be paid for your child to be able to attend their next class.
5. _____ An annual registration fee of \$50 per family is applied to your account every year on the anniversary of your enrollment. Make sure to update the office if any contact information changes.
6. _____ I will not leave my student and/or siblings unattended in the parent viewing area or any part of the gym unless they are in a class at that specific time. Parents please monitor siblings in the waiting area. No climbing on the poles, railing, equipment, or playing in the restrooms. Siblings are not permitted on the floor at any time. Children are NOT allowed to be OUTSIDE without supervision at anytime.
7. _____ No make ups or private lessons will be booked until the current month's tuition is paid. No exceptions. PRIVATE LESSON COACH AND GYM FEES ARE TO BE PAID TO THE OFFICE BEFORE THE PRIVATE CAN BEGIN. Make up classes expire at the end of each month. Makeup classes cannot be transferred to the following month. A make-up will be forfeited if the student misses the scheduled make-up class without prior notification to the front office. No transferring the make ups to other siblings or students. You can only use the make ups if you are currently enrolled. ALL MAKE-UP LESSONS ARE FORFEITED WHEN YOU DROP FROM OUR PROGRAM, NO EXCEPTIONS. ANY LACK OF CONTINUED ENROLLMENT IS CONSIDERED A DROP.
8. _____ NO JEWELRY. NO GUM. HAIR must be tied back. Please bring hair ties.
9. _____ We reserve the right to cancel, combine, and/or reschedule students if classes do not meet minimum enrollment requirements.
10. _____ NO FLASH PHOTOGRAPHY
11. _____ I have read and agree to all the above rules and I have been given a copy of these rules.

Parent Signature: _____

Date: _____

SOKOL Elite Gymnastics Tuition Policy Agreement & Auto Pay Form

I, _____, agree to pay my child's monthly tuition as follows: TUITION IS DUE ON THE last day of each month for team and the 1st of the month for recreational classes prior to my gymnast attending his/her first scheduled practice of each month. I understand that my child will not be allowed to practice until the payment has been received in the office.

Please complete all sections below and sign where indicated.

Gymnast's Name: _____

Team: _____ Team
_____ Recreational
Class

Signature _____

—

AUTO PAYMENT

Your Card will be charged on the last day of each month prior to the 1st of the new month for team and the 1st of the month for recreational classes. Please fill out the information below, sign and date:

Name on Card _____

Credit Card # _____

Card Type _____

Security Code (3/4 digit) _____ EXPIRATION _____

Street Address _____

City _____ ZIP CODE _____

By signing below, you agree to allow SOKOL Gymnastics LLC to run your card on the Your Card will be charged on the last day of each month prior to the 1st of the new month (Start Month) _____ of 2021. Requests to stop auto payment must be submitted in writing no later than the 25th of the month prior to withdrawal or there is a \$25 penalty that will be run on the first. There are NO REFUNDS if request to stop auto payment is made after the card is run on the last day of the prior month.

Signature _____

(To be filled in by Sokol Gymnastics LLC. Management)

Date Returned: ____/____/202__ Signature of Management: _____