



SOKOL GYMNASTIC ASSOCIATION OF TORONTO

Member Unit of Sokol Canada, promoting physical education since 1911

APPLICATION FOR PARTICIPATION 2023-24

in youth physical education and sports activities of Sokol Gymnastic Association of Toronto

I apply herewith for my son's/daughter's participation in the youth program of physical education and sports activities of Sokol Gymnastic Association of Toronto:

Youth Name: _____

Date of Birth – Day: _____ Month: _____ Year: _____

Name of Parent(s): _____

Address/City: _____

Postal Code: _____ Phone: _____

Email(s): _____

Name of Family Physician: _____ Phone: _____

OHIP Health Card Number: _____

Medical condition (Allergies, Asthma, other health conditions, current medications): _____

Emergency Contact Name: _____

Phone: _____ **E-mail:** _____

Fees (see reverse of APPLICATION) are payable upon registration and before participation in first class.

Waiver and release: I recognize that a risk of injury or potential health risk may be involved in participation in the above-named program and activity. I hereby willingly assume such risk of injury or health risk for the above named person for whom I am in law responsible and, intending to be legally bound, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights, claims and demands whatsoever for injuries or damages against Sokol Gymnastic Association of Toronto, its instructors or trainers, and/or other persons in charge of the program, its officers, officials, agents, representatives or assigns, for any and all injuries or damages the above named person for whom I am in law responsible, may suffer, or which may hereafter accrue from participation in the above named program and activity, or any of its associated activities, including travelling to and from them. I have read, and understood, and agree entirely to the contents and intent of this waiver and release. I undertake herewith also to follow all instructions, rules and directives of persons in charge of the program, contest, competition and activity, and/or other officials or officers of Sokol Gymnastic Association of Toronto. I also acknowledge receipt of a copy of the "Health and Safety Policy governing physical education and sports activities of Sokol Youth".

Date:

Signature of Parent/Guardian

Payment \$ _____ Paid by: Chq _____ Cash _____ E-transfer _____ Received by: _____

Fee Schedule for Saturday Gym Classes October 14, 2023 - June 15, 2024

CHILDREN OF SOKOL MEMBERS	
Children of the same family	
First child	Each additional child
\$450	\$430

CHILDREN OF NON-SOKOL MEMBERS	
Children of the same family	
First child	Each additional child
\$500	\$480

Fees due by October 12; payable by cheque or e-transfer

Cheques payable to: Sokol Gymnastic Association of Toronto

E-transfer: ivaadamo@gmail.com; include full name of child and set password as "SOKOL2023"

\$50.00 service charge will apply to all NSF cheques

Note: In addition to the rules outlined in the agreed upon Sokol Gymnastic Association of Toronto (Sokol Toronto) Health and Safety Policy, should an issue arise between parent/guardian/gymnasts and a coach and other gymnast, the issue is to be discussed with the Sokol Toronto Head Coach ONLY – not directly or indirectly with any coach or other participant of Sokol Toronto. The Head Coach is enabled to resolve issues immediately and should the parties not be satisfied with the decision, it is the Head Coach's responsibility to bring the issue to the attention of the Sokol Toronto Board of Directors for resolution within seven (7) days. All decisions of the Sokol Toronto Board of Directors are final. Failure to comply with the Sokol Toronto Health and Safety Policy may result in immediate termination of a gymnast's registration.

www.sokolcanada.ca