

APPLICATION FORM FOR AMERICAN SOKOL NATIONAL INSTRUCTORS SCHOOL

Name _____ Sex ____ Birth date _____ Age _____

Address _____

City, State, Zip _____

Telephone (_____) _____ Email _____

Sokol Unit (Lodge) _____ District _____

Youth member _____ Adult member _____

Please enroll me in: Beginner ____ Intermediate ____ Advanced ____ Advanced II ____

Previous Schools attended: _____
(Location) (Year)

(Location) (Year) (Location) (Year)

Classes I have taught or assisted with at my Sokol Unit (Lodge) _____

I, the parent/guardian of _____ give permission for emergency medical treatment of my child if I cannot first be contacted.

Date _____ Signature Parent/Guardian _____

Work Telephone _____ Emergency/Cell Phone _____

Medical Insurance Name and Number _____

Family Physician's Name, address & phone _____

Please indicate any allergies (medicine, food) diet restrictions, learning disabilities, physical disabilities or any medical information that we need to know. List any activities in which the student should not participate.

Signature: _____

(Student)

Signature of Parent – if student is under 18

Signature of Unit Physical Director

School Fee: \$275 for American Sokol Youth Members Early Bird Discount - Postmarked by May 15
\$325 for Adults or other Sokol Organizations – Early Bird Discount - Postmarked by May 15
\$375.00 Postmarked May 16 – June 15
\$425.00 Late fee - Postmarked after June 15

T-Shirt Size _____ Polo Shirt Size _____

MAIL APPLICATION TO: Jane Wise, 5664 Dunedeen Circle, Brooklyn Hts., Ohio 44131