



Return this page to Sokol

23600 Warren Rd.  
Dearborn Hgts MI 48127  
(313) 565-8671  
sokoldetroitgymnastics@gmail.com

## Welcome to Sokol Detroit Gymnastics 2017/2018 Camp Program

Dear Parents:

Thank you for enrolling your child/children in our camp program for the 2017 – 2018 school year. Attached to this letter are the forms that need to be filled out on a yearly basis. Please look them over, fill them out, sign and date them, then return them to Sokol.

**Camp Days:** Campers can be enrolled in one day or more of camp week. You can drop your camper off as early as 8:45 a.m. Campers must be picked up by 5 p.m. Additional before or after care can be added at a rate of \$10 per hour.

**Payments:** Your payment is due the first day your camper attends camp. If you are attending only a couple of days then you can pay daily when you drop your camper off at the gym.

### Lunch & Snack

Please pack your camper a healthy lunch, 2 extra snacks for snack times and a water bottle.

**Dress Code: No jewelry** – long earrings that hang below the ear lobe, necklaces and bracelets are all prohibited! Hair must be pulled back and up off the face. Socks or bare feet, either is fine.

**Girls:** leotard with t-shirt, shorts or yoga pants (no zippers, buttons or jeans). Leo's without skirts.

**Boys:** t-shirt tucked into shorts or sweat pants (no zippers, buttons or jeans).

### 2017/2018 Camp Dates

November 24th, 2017

December 26th - 29th, 2017

January 2nd - 5th, 2018

February 19th - 23rd, 2018

April 2nd - 6th, 2018

**Cancellation Policy:** At Sokol we understand that every family unit is different and sometimes schedules change. If your gymnast is unable to attend the camp day or week they are registered for, please let me know ASAP.

Name of Camper(s): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be on file at the gym for all families and needs to be re-completed every year.**

# SOKOL DETROIT GYMNASTICS

## PARENT INFORMATION: PLEASE PRINT

Parent/s Name/s \_\_\_\_\_

Address(street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

\*\*Email( for receipts and Sokol communication only) \_\_\_\_\_

How did you hear about Sokol? Circle One: Mailer/Postcard Web Site Friend Elementary School: \_\_\_\_\_

Referral (Name of person who referred you) \_\_\_\_\_

Other \_\_\_\_\_

Student's Name	Sex	Age	Birthdate	DAY & TIME	Gymnastics Class
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Address only if different from above \_\_\_\_\_

Emergency Contact (Other than parent) \_\_\_\_\_ Telephone \_\_\_\_\_

Does the student have any medical conditions or taking any prescriptions to which we should be alerted? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## Acknowledgement of Risk and Waiver of Liability/Assumption of Risk/Hold Harmless Agreement

I hereby consent to members of my family participating in the Sokol Detroit Gymnastics program and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to martial arts, dance, gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Sokol Detroit Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow the Sokol Detroit Gymnastics staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Sokol Detroit Gymnastics staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Sokol Detroit Gymnastics to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Sokol Detroit Gymnastics, its officers, employees, affiliates, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sokol Detroit Gymnastics. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Sokol Detroit Gymnastics to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information in this packet of forms.

\_\_\_\_\_

<b>Printed Name of Parent or Legal Guardian</b>	<b>Parent or Legal Guardian Signature</b>	<b>Date</b>
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## Payment Information – For office use only

Date _____	Amount _____	Cash or Check# _____	Date _____	Amount _____	Cash or Check# _____
Date _____	Amount _____	Cash or Check# _____	Date _____	Amount _____	Cash or Check# _____
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**This form must be on file at the gym for all families and needs to be re-completed every year.**

# SOKOL DETROIT GYMNASTICS CAMP

**PARENT INFORMATION: PLEASE PRINT**

Parent/s Name/s \_\_\_\_\_  
Address(street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
\*\*Email( for receipts and Sokol communication only) \_\_\_\_\_  
How did you hear about Sokol? Circle One: Mailer/Postcard Web Site Friend Elementary School: \_\_\_\_\_  
Referral (Name of person who referred you) \_\_\_\_\_  
Other \_\_\_\_\_

Student's Name _____	Sex _____	Age _____	Birthdate _____
Student's Name _____	Sex _____	Age _____	Birthdate _____
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\*Address only if different from above \_\_\_\_\_

Emergency Contact (Other than parent) \_\_\_\_\_ Telephone \_\_\_\_\_  
Does the student have any medical conditions or taking any prescriptions to which we should be alerted? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

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**This form must be on file at the gym for all athletes and needs to be re-completed every year.**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

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Camper Name Printed

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Camper Signature

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Camper Name Printed

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Camper Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

**This form must be on file at the gym for all athletes and needs to be re-completed every year.**

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### *Remember*

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**It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).**

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Student-Athlete Name Printed

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Student-Athlete Signature

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Student-Athlete Signature

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Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# Sokol Gym Rules

- SAFETY FIRST!! Rule #1 in the gym is that no one is allowed to get hurt. That means no one is allowed to do anything that might get themselves or anyone else hurt.
- All parents/guardians with a child in any gym program or child attending open gym must sign the parent forms.
- Gymnasts enrolled one day per week or in any 1 hour or less class are required to have a parent or another adult in the lobby at all times.
- Drivers in the parking lot need to stay alert for traffic, cars backing out, and departing and arriving gymnasts.
- Gymnasts are not allowed to leave the building for any reason except with a parent or approved guardian.
- Gymnasts need to wear appropriate gymnastics attire – e.g., leotards or shorts/yoga pants and T-shirt for girls and shorts and T-shirt for boys. Belt buckles and any other metal clothing accessories may not be worn on any apparatus.
- Jewelry is not allowed during class. Jewelry of any kind including but not limited to ear, nose, tongue, belly button and facial rings, clear plastic jewelry, bracelets, necklaces and pins on uniforms are prohibited. Exceptions: medical ID tags/bracelets, and rhinestones on leotards.
- Gymnasts should have their hair tied back and up away from their face.
- No student is allowed in the gym area or on any equipment without a gymnastics instructor present.
- Please be on time. The warm-ups are important to your child's safety.
- No Horseplay.
- Children must be kept under control in the waiting area at all times. No standing or climbing on tables, chairs, benches or any other furniture.
- No chewing gum in the gymnastics area.
- Children must follow the instructions of the instructor for their own safety. Proper gym and social behavior is expected of all students. Failure to act in an appropriate and safe manner may result in your removal from class.
- Whenever moving through the gym, stay alert and look out for other gymnasts.
- Do not cross any dismount mat! Before crossing the floor exercise mat or any other apparatus mat, look all around for other gymnasts. Don't cross until the way is clear. Always yield to gymnasts in the middle of doing skills.
- Students may not leave their class without permission from their instructor. This includes trips to the bathroom, water fountain or locker room.
- Advise the coach if you are ill or have any symptoms of illness.
- Never dive head first or land on your head or neck on crash pads or landing mats. No mat can totally prevent serious injury to your head or neck, so avoid landing on them.
- Report any injury, unusual pain or discomfort felt during participation to your coach or instructor immediately.
- No one other than currently registered and enrolled gymnasts are allowed in the gymnastics area or on the equipment for any reason.
- Spotting is to be done by coaches only. No student or parent spotting of gymnasts.
- Gymnasts are expected to stay with their class and instructor throughout the class period.
- Gymnasts are expected to be respectful, polite and show good manners at all times in the gym.
- No fighting of any kind. Keep your hands to your own body.
- No destruction or vandalism of equipment will be tolerated. Gymnasts and parents are liable for any damage caused.
- All trash goes immediately into trash cans.
- Shoes and clothing are to be left in the designated areas, not spread all over the gym. No valuable items should be brought to the gym. The gym can accept no responsibility for lost items.
- Parents should not coach from the sidelines. Your child will be safer and learn more from the instructor and get more out of class if you do not interfere. If you have questions, ask the coach after class, or schedule a meeting time. Should there be a problem with a particular instructor or a problem with anything to do with your child and the gym, please do not hesitate to discuss the same with management.
- Parents must make their children aware of the possibility of injury and the rules of the gym and insist that gymnasts follow the safety rules and coaches instruction.

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

**This form must be on file at the gym for all athletes and needs to be re-completed every year.**