



6500 Boat Club Road
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SOKOL LOCK-IN SLEEPOVER Release Form

I am the parent or legal guardian of the child listed below, and by my signature, I give my permission for my child to spend the night and participate in Sokol Fort Worth’s Lock-in Sleepover, to be held at AMERICAN SOKOL FORT WORTH located at 6500 Boat Club Road, Fort Worth Texas in the County of Tarrant.

I will not hold Sokol Fort Worth, its agents, staff, officers, members, affiliates, or sponsors responsible or liable for any injury or accident that may occur while my child attends this activity or while on the premises before or after the event.

I do, hereby, give my permission for Sokol Fort Worth or its agent to obtain emergency care for my child in the event that I cannot be reached.

By attending this event, I acknowledge that photographs may be taken of this event , and I give my express permission for photos or likenesses of my child to be used in Sokol promotions and advertising, including but not limited to Sokol’s website (names will not be used in association with photos/likenesses).

Child’s Name: _____

Current Sokol student? YES NO

Age: _____ Date of Birth: _____

Address: _____

Phone #: _____ E-mail: _____

Please List Allergies, Medical Conditions, and Medications Taken: _____

Emergency Name & Number #1: _____

Emergency Name & Number #2: _____

Physician’s Name & Number: _____

Insurance Company and Policy/Group Number::: _____

Who may pick up this child? _____

Parent Guardian’s Name: _____

Signature: _____ Date: _____

An additional charge of \$5 per 15 minute increment will incur for children dropped off or picked up in excess of 15 minutes before or after the event start or end time.