



# STUDENT ENROLLMENT PACKET for ADULT in person classes

**School Year 2025-2026**

## Instructions

- Please print and bring filled out to the first class you plan to attend or email copy to: [czechschoollosangeles@gmail.com](mailto:czechschoollosangeles@gmail.com)
- Pay by check payable to Sokol Los Angeles Address:  
214 Main Street #215, El Segundo, CA 90245

## Student's Information

First & Last NAME	
Address	
Phone	
Email	
Returning student?	

### Student's level of Czech language (circle one):

- Intermediate B1-Understands the main points, can express confidently in all tenses and write longer paragraphs
- Pre-intermediate A2 – Understands the highest frequency vocabulary and engage in a basic conversation.
- False Beginner -can recognize familiar words and basic phrases, can manage everyday situations
- Total Beginner -Understands very little to none, does not speak

**Student will be attending:** Every other week/twice a month/bi-monthly

**X**

PRINT NAME, SIGNATURE, DATE



## WAIVER OF LIABILITY

1. Student's Full Name

**THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

**1. THE UNDERSIGNED ON HIS OR HER BEHALF, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** The Consulate General of the Czech Republic (further Consulate), AMERICAN Sokol -Los Angeles (further AS-LA) and its EMPLOYEES, its teachers, volunteers, ADMINISTRATORS (hereinafter referred to as "releasees") FROM all liability to the undersigned for any loss or DAMAGE, and any CLAIM OR DEMANDS therefore on account of injury to the person or property or resulting in death of the undersigned whether caused by the negligence of the releasees or otherwise while the undersigned are in, upon, or about the PREMISES or participating in any PROGRAM affiliated with the AS-LA and/or the Consulate.

**THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of THEM FROM any, loss, liability, DAMAGE or cost they MAY incur due to the presence of the undersigned in, upon or about AS-LA and/or the Consulate PREMISES or participating in any PROGRAM affiliated with AS-LA and/or the Consulate whether caused by the negligence of the releasees or otherwise.

**3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** to the undersigned due to negligence of releasees or otherwise while in, about or upon the PREMISES of the Consulate and/or AS-LA or participating in any PROGRAM affiliated with the Consulate and/or AS-LA.

**THE UNDERSIGNED** further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is PERMITTED by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS.** I understand that I AM

giving up substantial rights by agreeing to these TERMS, including MY right to sue. I acknowledge that I AM signing the AGREEMENT freely and voluntarily, and intend by MY signature and AGREEMENT to be a COMPLETE and unconditional release of all liability to the greatest extent allowed by law.

PRINT NAME , SIGNATURE, DATE

## CONSENTS AND PERMISSIONS

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### CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

If at any point **MY** child requires urgent **MEDICAL TREATMENT** while at The Czech School of Los Angeles and, provided that I or the **EMERGENCY** contact listed above cannot be contacted personally, I hereby give **PERMISSION** to the doctor or designated person to **MAKE** any decision that **MAY** prove necessary, including calling 911.

- **Student's Initial:** \_\_\_\_\_

### RIGHT TO USE IMAGES.

I understand that the Czech School of Los Angeles **MAY** produce or participate in video, **MOTION** picture, audio recording, web pages, still photographs, broadcast, social **MEDIA**, and/or other publication which **MAY** involve the use of student's **IMAGES**, video or voice. Such productions will be used for **NON-COMMERCIAL** education, exhibition, or **PROMOTIONAL MATERIAL** and will not be sold for any reason. They **MAY** be copied copyrighted, edited, and/or distributed by The Czech School of Los Angeles in the **MANNER** described above. By checking **YES**, and signing below, I grant The Czech School of Los Angeles the right to use and re-use, in any **MANNER**, the video, **MOTION** picture, audio recording, web pages, still photographs, broadcast, social **MEDIA**, and/or other publication described above containing **MY** child(ren)'s **IMAGE** or voice **NAMED** herein. I waive the right of prior approval and hereby release The Czech School of Los Angeles, its agents or its designees **FROM** any and all **CLAIMS** for **DAMAGES OR REMUNERATION** of any kind based on the use of said **MATERIALS**. I have read the foregoing and fully and **COMPLETELY** understand the contents thereof and accept or reject these **TERMS** and conditions as indicated below:

- **Student's Initial** \_\_\_\_\_ **YES / NO**

### SHARING CONTACT INFORMATION

To facilitate carpools, contact between **CLASSMATES** and social interaction **AMONG** school **FAMILIES**, The Czech School of Los Angeles **MAY** share contact **INFORMATION** within the school **COMMUNITY**. Distribution is **LIMITED** to The Czech School of Los Angeles **FAMILIES** and staff for internal school use only. We will not share your **INFORMATION** with any third-party groups. If your **FAMILY** does not wish to have contact **INFORMATION** shared in this way, please indicate by checking **DO NOT** to the following **STATEMENT** (this will not affect contact directly **FROM** school staff). All **INFORMATION** provided is for internal purposes only, treated as confidential according to the Data Protection Act 1998 and the Disclosure of **INFORMATION**.

- **Student's Initial** **DO / DO NOT** share our contact **INFORMATION**.

### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Czech School of Los Angeles **ADmits** students of any race, color, national and ethnic origin to all the rights, privileges, **PROGRAMS**, and activities generally accorded or **MADE** available to students at the school. It does not **DISCRIMINATE** on the basis of race, color, national and ethnic origin in **ADMINISTRATION** of its educational policies, **ADMISSIONS** policies, scholarship and loan **PROGRAMS**, and athletic and other **SCHOOL-ADMINISTERED** programs.

- **Student's Initial** \_\_\_\_\_

PRINT NAME, SIGNATURE, DATE

## **OTHER INFORMATION (Optional)**

**Provide any additional information that will help us get to know you:**

How long have you been learning Czech?

Are there any opportunities for you to speak Czech outside of the CLASSROOM (relatives, friends, etc.)?

Are there any specific areas you'd like to concentrate on? (travel, business, school....)?

What would you like to learn/ your expectations attending this class?