



# STUDENT ENROLLMENT PACKET for ADULT in person classes

**School Year 2026-2027**

## 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):

1.  Intermediate B1-Understands the main points, can express confidently in all tenses and write longer paragraphs
2.  Pre-intermediate A2 – Understands the highest frequency vocabulary and engage in a basic conversation.
3.  False Beginner -can recognize familiar words and basic phrases, can manage everyday situations
4.  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

<b>1. Student's Full Name</b>	
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**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 you 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?