



American Sokol National Instructors School 2024

To all American Sokol District Directors, Unit Directors, and Sokol Organizations:

The American Sokol Organization will be holding a National Instructors School this summer hosted by the Western District. The school will run from July 13– 21, 2024 and will be held at **Sokol Cedar Rapids**. We hope you will take advantage of this excellent learning opportunity by sending interested students to the school.

Enclosed is an application form and additional information about the school. You may enroll students for the following levels:

Beginner: A minimum age of 13 years old. No experience required or attendance at previous schools.

Intermediate: A minimum age of 14 years old. Must have attended and passed a National Sokol Beginner school with a score of 65% or have appropriate teaching experience.

Advanced: A minimum age of 15 years old. Must have attended and passed a National American Sokol Intermediate School with a score of 65% or have appropriate teaching experience.

Advanced II: A minimum age of 16 years old. Must have attended and passed a National American Sokol Advanced School with a score of 85% or have appropriate teaching experience.

All ages are as of August 1, 2024.

SCHOOL FEES

All Students/Levels: \$425 – Postmarked by June 15
\$475 Late fee – Postmarked June 16-23

Note: \$100 is Non-Refundable

Please send all application forms and fees to:

Sis. Megan Pech, 32 Marko Lane, Brooklyn Heights, OH 44131 by June 23, 2024

Please make all checks payable to: American Sokol National Instructors School

Nazdar!
Buddy Benak
School Director



American Sokol National Instructors School 2024

2024 APPLICATION FORM FOR AMERICAN SOKOL NATIONAL INSTRUCTORS SCHOOL

(Please Print)

Name: _____

Gender: _____

Birth Date: _____

Age: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Parent's Email: _____

Parent's Cell: _____

Student's Email: _____

Student's Cell: _____

Sokol Unit (Lodge): _____

District: _____ Youth Member Adult Member

Please enroll me in: Beginner Intermediate Advanced Advanced II

Previous School(s) attended (Location & Year): _____

Classes student has taught or assisted with at their Sokol Unit (Lodge): _____

T-Shirt Size: _____ Polo Shirt Size: _____ Men's Cut Women's Cut

Signature: **X** _____
(Student)

X _____
(Unit Physical Director)

X _____
(Parent – if student is under 18)

Email of Unit Physical Director

SCHOOL FEES

All Students:

All Levels \$425 – Postmarked by June 15

\$475 Late fee – Postmarked June 16-23

Note: \$100.00 is Non-Refundable

*** NO APPLICATIONS ACCEPTED POSTMARKED AFTER JUNE 23 ***

MAIL APPLICATION TO: Sis. Megan Pech, 32 Marko Lane, Brooklyn Heights, OH 44131



American Sokol National Instructors School 2024

Emergency Treatment

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

Date: _____ Signature of Parent/Guardian: **X** _____

Work Telephone: _____ Emergency/Cell Phone: _____

List Medical Insurance Name and Number (REQUIRED) – ALSO: PLEASE SEND A COPY OF YOUR MEDICAL CARD

Ins. Co. Name: _____ Number: _____

Family Physician's Name, Address & Phone: _____

List All Allergies: _____

Dietary Restrictions: _____

Learning Disabilities: _____

Physical Disabilities: _____

List any activities in which student should not participate: _____

Confidentiality Agreement

It is the responsibility of American Sokol and the National Instructors School, including staff members and volunteers, to preserve and protect confidential student medical and application information. In accordance with the Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law, American Sokol and the National Instructors School Staff recognizes their responsibility to preserve the confidentiality of various medical and personal information.

Information that will remain Confidential includes:

Any medical needs form completed by the students, parents/guardians and their physicians.

Confidential Information includes, but is not limited to, the following:

The student's medical conditions, medications, injury history, and medical modifications and accommodations required by the student while attending the National Instructors School.

At the conclusion of the school all documents containing confidential information will be shredded and discarded in a responsible manner.

X Parent/Guardian Signature for Minors: _____ Date: _____

Parent/Guardian Printed Name: _____

X Student Signature (if over 18): _____

Student Printed Name: _____

Photo Release

The American Sokol National Instructors School takes pictures and videos during the week that may be used for publicizing the School and its activities. These are used exclusively for our National Publication, Directors Newsletter, and on our Website and for American Sokol promotional materials. We also send home with each student a "class" picture and DVD promotional video. Therefore, we are asking for your permission and signature to approve your son/daughter being included in such pictures/videos.

I agree that American Sokol may use pictures &/or videos that include my child _____ for any lawful purpose, including but not limited to, publicity, illustration, advertising, and Web content.

X Parent Signature: _____

Parent Name (Print): _____

X Signature of Student (if over 18 years old): _____

Student Name (Print): _____



American Sokol National Instructors School
Medical Provider Authorization Form

PLEASE ATTACH A COPY OF THE MEDICAL INSURANCE CARD THAT COVERS THIS STUDENT

PRESCRIPTION MEDICATION

Student's Name: _____

Medication	Dosage	Route	Frequency
1.			
2.			
3.			
4.			
5.			

Medical Provider Consent

I authorize the American Sokol National Instructor School staff/nurse to give the above medication(s) to this student. School staff will collect and hold all medications and monitor administration. The student will be responsible for taking the correct dosage of above medications.

Asthma Inhalers and Epi-Pens Only: This student has been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer at school. Yes No

Print Physician Name: _____

Phone: _____

Physician

Signature: _____

Date: _____

Parental Consent

I authorize the American Sokol National Instructor School staff/nurse to give the above medication(s), as directed by the medical provider, to this student. School staff will collect and hold all medications and monitor administration. The student will be responsible for taking the correct dosage of above medications.

Inhaler/Epi-Pen Only: My child MAY or MAY NOT carry and self-administer.

X Parent/Guardian Signature: _____ Date: _____

As part of the authorization form, school personnel may contact the medical provider and parent with questions regarding the medication administration including clarification regarding dosage, side effects or indication of the medication(s) listed above.



**AUTHORIZATION TO ADMINISTER
NON-PRESCRIPTION MEDICATION TO STUDENT**

(TO BE COMPLETED BY PARENT/GUARDIAN)

Name of student: _____

Dates of attendance: _____

Please initial which non-prescription medications you give permission for school staff/school nurse to administer to the above-named student on an as needed basis. All over-the-counter medications brought by students should be kept in the original containers containing the original labels, which shall include directions for use.

We stock the following medications, so you do not need to bring them with you!

initials _____ **Acetaminophen (Tylenol)**: To relieve headaches, minor aches, fever, menstrual cramps.
Contains no aspirin.

initials _____ **Ibuprofen (Motrin/Advil)**: To relieve headaches, tooth aches, minor aches, fever, menstrual cramps. Contains no aspirin. *Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.

initials _____ **Diphenhydramine (Benadryl)**: Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.

initials _____ **Cough Drops**: Quiets cough.

initials _____ **Liquid antacid (Mylanta/Maalox/Pepto-Bismol)**: Provides temporary relief of acid indigestion and/or nausea.

initials _____ **Sunscreen/insect repellent**: (may be applied by students/staff).

initials _____ **Topical ointments (Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine)**: To protect against infection or relieve itching/pain from insect bites, rashes or superficial burns.

initials _____ **Pinxav**: Diaper rash cream, containing zinc oxide, applied to rips to speed up healing.

I understand that for any prescribed medications or over-the-counter medication not listed above to be administered by the school staff/school nurse, an authorization form from the student’s own physician will need to be completed. This form was included in the confirmation packet and can be duplicated if required. Each prescribed medication will need an individual authorization.

I further understand that all medications both prescribed and over the counter, are required to be in the original container. This also applies to vitamins and homeopathic remedies. Prescribed medications must have the current dosage on the label.

X Parent/Guardian Signature: _____ Date: _____



American Sokol National Instructors School 2024

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being given the opportunity to participate in any AMERICAN SOKOL NATIONAL INSTRUCTORS SCHOOL ("SCHOOL") activities from July 13-July 21, 2024, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, AGREE AND REPRESENT that I understand the nature of school activities, including class work, marching, folk dance, artistic & rhythmic gymnastics, spotting, sports, games and others, both indoor and outdoor ("SCHOOL ACTIVITIES") and that I am qualified, in good health and in proper physical condition to participate in such activities;
2. FULLY UNDERSTAND THAT: A) SCHOOL ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("RISKS"); B) these RISKS and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the SCHOOL ACTIVITIES, the conditions in which the SCHOOL ACTIVITIES take place, or the negligence of the RELEASEES named below; C) there may be other RISKS and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the SCHOOL ACTIVITIES;
3. AGREE AND WARRANT that I examine and inspect each SCHOOL ACTIVITY in which I take part as a student at the AMERICAN SOKOL NATIONAL INSTRUCTORS SCHOOL and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the SCHOOL ACTIVITY and will refuse to take part in the SCHOOL ACTIVITY until the condition has been corrected to my satisfaction;
4. HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE American Sokol, Sokol Greater Cleveland, or the Northeastern District, their administrators, directors, agents, officers, volunteers and employees, other participants, and if applicable, owners or lessors of the premises on which the SCHOOL ACTIVITIES take place, (each considered one of the RELEASEES herein) from all liability, claims, demands, losses or damages on my account, caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my behalf makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the RELEASEES from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant _____ Date _____

Address _____

X _____ Phone _____

Participant Signature (only if over 18 years of age)

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of SCHOOL ACTIVITIES and believe the minor to be qualified to participate in such SCHOOL ACTIVITIES. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, and AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of any such claim.

Printed Name of Parent/Guardian _____ Date _____

Address _____

X _____ Phone _____

Signature of Parent/Guardian (only if participant is under 18 years of age)



American Sokol National Instructors School 2024

Dear Parents,

Enclosed you will find a copy of the American Sokol National Instructors School Policies & Code of Conduct. Please read and review these pages with your child who will be attending.

The last page (Student Code of Conduct), requires the signature of your child as well as your own under "Parents' Responsibility". Please make a copy of the Code of Conduct to retain for your own personal file. The last page of the Code of Conduct is to be signed by the student and a parent and must be returned to the Secretary **before** the School begins.

Please send the signed copy to the School Registrar, Sis. Megan Pech, 32 Marko Lane, Brooklyn Heights, OH 44131 with the application material. THIS IS REQUIRED OF ALL STUDENTS.

Thank you for your cooperation. If you have any questions or concerns, please contact me, the School Director.

Sincerely,

Buddy Benak
School Director
bbenakjr@cox.net
402-452-4493



American Sokol National Instructors School 2024

POLICIES & CODE OF CONDUCT

Lights Out:

The Instructors Course follows a rigorous and demanding two-week schedule for both students and staff. Students are given approximately eight hours of sleep time and are expected to get adequate rest during that time each night. Not getting enough sleep over a period of time poses a significant risk to the safety of the individual and to the group. Any disruptive or otherwise inappropriate behavior during that time will be addressed accordingly. If it continues to be a problem the student will be sent home.

Staff members, responsible adults and CQ's (Captain of Quarters – a participating student) will be responsible for supervision of the dorms during lights out.

Attire:

Proper attire is an important component of Instructors School. The attire worn should be appropriate to the activity. Attire must not pose any risk to the safety of the individual at any time. Instructors may deem any attire that is ill-fitting, too suggestive or provocative (including vulgar language, pictures, etc. printed on T-shirts, etc.) as inappropriate. Students dressed inappropriately will be required to change into appropriate attire. Personal hygiene is of obvious importance and students will exercise reasonable judgment as to their individual care.

Appropriate footwear must be worn during various activities. Athletic shoes are required for all outdoor activities. Footwear of some type must be worn in the dining area at all times for health concerns.

Students coming to the school lacking necessary and appropriate attire, will be required to obtain the appropriate items. Please note laundry facilities are not always available at certain school locations.

Guests:

Guests will only be allowed at Special Number Competitions, Graduation Meal, and Graduation Ceremony. Interactions with students will be kept to a minimum as to not disrupt School classes and schedules.

Technology:

Electronic devices will not be allowed at School unless medically necessary. If any electronic devices are brought to the School, they will be taken by a staff member and returned at the end of the School.

Exceptions: Advanced and Advanced II students will need to bring a **laptop** as a class requirement. Devices may be taken away when they become distracting, disruptive, pose a danger or risk to safety, or used at inappropriate times.



American Sokol National Instructors School 2024

POLICIES & CODE OF CONDUCT

Student Code of Conduct:

I will abide by all Sokol Instructors School rules, policies, and procedures.

I will participate in all classes and activities to the best of my abilities and knowledge. I will do this with a positive and enthusiastic attitude.

I will exemplify Sokol's values and teachings of good citizenship, with respect to all other students, staff, volunteers and guests. I value and will promote positive manners, language and behavior that reflect favorably on myself, Sokol, its members, goals, and philosophy.

As a responsible Sokol student, I will set a positive example of how to treat fellow students and Instructors and encourage others to do the same.

I understand I have a responsibility not only for myself, but also my fellow students and Course Instructors. I will do everything in my power, including going to the appropriate adult in charge to ensure everyone's safety, well-being and self-respect.

I will take responsibility for my own actions and any mistakes I have made. I understand a range of consequences based on the severity of the incident(s), may occur if I fall short of following the rules, policies and procedures.

I will live by this Code of Conduct during and beyond the Instructors School and in all Sokol Activities, throughout my entire life, by demonstrating Sokol's philosophy of sound mind and strong body.

X Student's Signature: _____ Date: _____

Parents' Responsibility:

As the parent(s) or legal guardian of the above student, I have read the Code of Conduct and Policies my son/daughter is expected to follow. I understand any illegal, inappropriate or unsafe behavior could result in a range of consequences including my student being sent home early.

I understand if my child is sent home early, any additional charges associated with this change in travel arrangements are at my expense, and that there is no refund of the course fee.

I understand if my child is responsible for any destruction of property, whether it be to the facility, rented equipment such as cots, or another student's personal property, I am responsible for reimbursement to the appropriate person(s).

X Parent's Signature: _____ Date: _____

One copy of this paper must be returned to the school registrar.



American Sokol National Instructors School 2024

ELECTRONIC DEVICE POLICY

EXPLANATION: To be proactive and for the protection of all students attending the American Sokol National Instructors School, we are implementing an electronic device policy at this year's School.

We believe this policy will:

- Protect electronic devices that are permitted and brought to the School, so as not to be lost, taken or damaged while in the possession of the students in their quarters
- Protect students' privacy from unwanted videos or pictures being taken by other students
- Create a productive and learning environment, which should be the reason students are attending the School in the first place

This Policy requires:

- Parents to initial & sign the included ELECTRONIC DEVICE POLICY FORM and return that document along with the other registration packet forms
- ALL ELECTRONIC DEVICES to be turned into the Staff member at the time of check in on the first day of the School
- Students to sign a document at check in time, stating they have NO other Electronic Devices in their possession
- Items to be tagged and stored in the Staff office, where students are not allowed
- During the appropriate times students can request the use of their devices
- No items will be allowed in the student's quarters, but only in the gym, classroom and study area
- Upon check out, all electronic devices will be returned to each student

Breach of Policy:

Regarding electronic devices that were appropriately turned in and tagged – classified as “authorized” devices

- If a student is found with an “authorized” device mentioned above
 - in their quarters
 - unauthorized area
 - at an unauthorized time
 - being late to turn device back in
- The student will lose privileges for their electronic devices for the remainder of the School
- Exceptions - devices needed to complete assignments will only be allowed during study or class time and only with direct supervision of a Staff member

Regarding electronic devices that were NOT turned in at registration time on the 1st day – classified as an “unauthorized” device

- If a student is found with an “unauthorized” device that was NEVER acknowledged or turned in at check in as required
 - **STUDENTS WILL BE SENT HOME FROM THE SCHOOL**
 - **This will be at the parents' expense for any added charges**

Again, we are trying to protect ALL students. If you cannot agree or abide by our policy, including, but not limited to, the cell phone use, please reconsider your child's attendance.



American Sokol National Instructors School 2024

PARENT ELECTRONIC DEVICE POLICY AGREEMENT

Student's Name: _____

Sokol Unit (Lodge): _____ School Level: _____

As the parent/legal guardian of this student, I acknowledge that I have read and understand each aspect of this policy, **by initialing** each feature presented and signing this document.

_____ I understand this document is required to be initialed, signed and returned in order for my child to attend the American Sokol National Instructors School

_____ I have read and understand the Explanation of the Electronic Device Policy

_____ I further understand these policies are put in place for the protection and privacy of ALL students

_____ I understand and am instructing my child that ALL electronic devices must be turned in to the Staff member at the time of registration upon check in

_____ I understand my child will be signing a document at the time of registration check in further acknowledging they are turning in all electronic devices in their possession ("I forgot" is not a plausible defense)

_____ I understand and accept that my child will not have access to their cell phone to call me on a regular basis throughout the week of the school

_____ I understand if my child is found with an "authorized" electronic device, either in their quarters, at an unauthorized time, or in an unauthorized area, they will lose privileges for use of the electronic device for the remainder of the school

_____ I understand if my child is found with an "unauthorized" electronic device (one that was NOT acknowledged or turned at the time of registration) it will be grounds for IMMEDIATE DISMISSAL FROM THE SCHOOL

_____ I further understand if my child is sent home, any added costs are my responsibility and NOT that of the School or American Sokol

X Parent Signature: _____

Print Parent Name: _____

Phone you can be reached (daytime): _____

(evenings/weekends): _____

PLEASE SEND THIS COMPLETED FORM WITH THE OTHER REGISTRATION DOCUMENTS



American Sokol National Instructors School 2024

TRANSPORTATION WAIVER FORM

Dear Parents,

This is to inform you that we will be using personal vehicles to transport your child to and from the airport, special events and outings during this year's American Sokol National Instructors School which will be held from **July 13 – 21, 2024 at Sokol Cedar Rapids.**

We have used this form of transportation in the past. Most or all of the drivers are Sokol member volunteers using their own cars, vans, etc. All of the drivers are at least 21 years old, with a valid driver's license and insurance coverage.

Please fill out and sign this form and return it along with the other forms sent to you. If you choose to NOT sign and return this form, you will personally be responsible for your child's transportation (a taxi) and that cost. We will send you those details upon receiving this form unsigned (or not receiving this form). All students are required to attend the outings; transportation for those and the airport, etc. are your option.

I give my permission for my child to be driven to and from these various places by a volunteer driver in their personal vehicle.

Student's Name: _____
(print)

Parent's Name: _____
(print)

X Parent's Signature: _____

Date: _____

RETURN TO:

Sis. Megan Pech
32 Marko Lane
Brooklyn Heights, Ohio 44131

