

**Summer Chess Program Application**

**Family Partnership**

**29 North Hamilton St.**

**Poughkeepsie NY 12601**

Yusufhouseofthehudsonvalleyinc.org  
845 337-0446

**Applicant Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

School: \_\_\_\_\_ Grade : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Hospital: Please Circle one: Vassar or Mid-Hudson Regional

Has the family been impacted by the criminal justice system? YES NO  
  \_\_\_

Are they currently incarcerated? YES NO

Probation or Parole? YES NO

Can Yusuf House of the Hudson Valley provide any assistance:  
\_\_\_\_\_  
\_\_\_\_\_

**Tee Shirt Size: (Circle one):** Small Medium Large Extra Large

**Permission Slip**

*I hereby give permission for (Name of Child) \_\_\_\_\_ to participate in the Summer Chess Program on Wednesdays at 5pm- 6:30pm beginning July 13- August 23<sup>rd</sup>. I release Yusuf House of The Hudson Valley, Inc. or any of their agents or program affiliates from any liability for claims for damages which might arise as a result of personal injury received in conjunction with participation in the above activity. I have read this release and fully understand its contents. I am the parent/legal guardian of the child named above and am authorized to sign his/her permission slip.*

My child will Walk Home \_\_\_\_\_ Be Picked up \_\_\_\_\_ Diet Restrictions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_