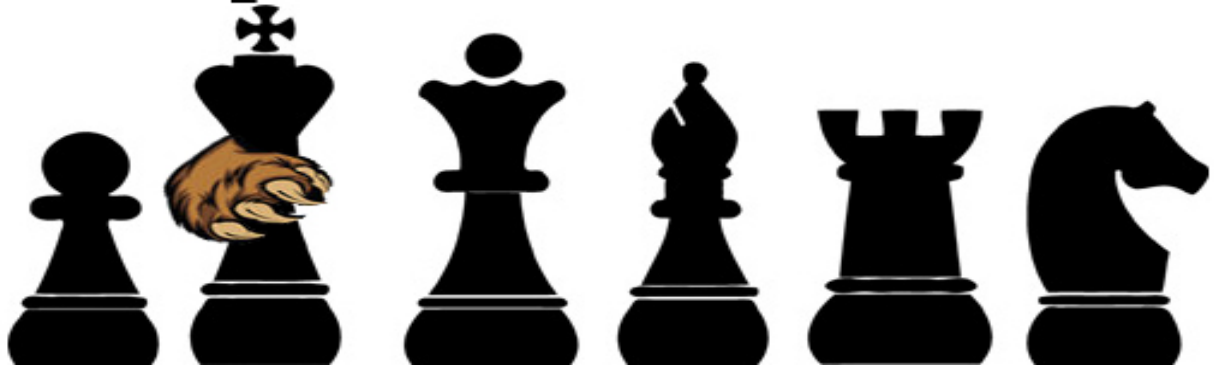


Bearspaw Junior Chess Club



DROP-IN REGISTRATION FORM

Date: _____

Student Information:

First Name: _____ Last Name: _____

Age: _____ Grade: _____ School: _____

Birthday: Day _____ Month _____ Year _____ Gender: _____

Chess skill level (please circle one):

Novice (Levels 1-3)

Intermediate (Levels 4-6)

Advanced (Levels 7-9)

Chess'n Math Membership Number _____

The Chess Federation of Canada Membership Number _____

Parent/Guardian Information:

Mother's Name: _____

Father's Name: _____

Street Address: _____

City _____ Postal Code _____

Parent/Guardian Phone Numbers: (Home): _____

(Cell): _____ (Work): _____

E-mail Address: _____

Emergency Contact:

First Name: _____ Last Name: _____

Relationship: _____

Phone: _____

Medical Information:

Family/Child Physician: _____

Phone: _____ AHC# _____

Information that the instructors should be aware of: (e.g., current medications, allergies, chronic health concerns, behavioural, etc.)

Medical Treatment Permission:

If your child requires immediate medical attention he/she will be transported to the nearest emergency unit. Payment for services will be the responsibility of the parent/guardian.

Club Policies:

Claim Release:

Bearspaw Junior Chess Club is not liable for any personal injuries, property damage, or lost/stolen items while participating in chess activity, before or after class, or while on the premises.

Photo Release:

I consent to Bearspaw Junior Chess Club to use any chess related photographs of my child on the club's website (www.bearspawjuniorchessclub.com) and for display, promotional material, and advertising purposes without compensation.

Pick-Up:

A signed note (with full name, phone number, and relationship to child) is required for those, other than the parent/guardian listed above, to collect any student(s) from the Bearspaw Junior Chess Club.

Student Expectations:

Students are required to arrive to class on time, bring a healthy, nut-free snack and water bottle, and follow tournament etiquette.

Chess'n Math Association:

I consent for my child's first and last name, membership number, grade, school, and tournament ratings to appear on the Chess'n Math Association website.

Chess Federation of Canada:

I consent for my child's first and last name, membership number, city/province, and tournament ratings to appear on the Chess Federation of Canada website.

Payment Options:

_____ Tournament Drop-in

\$10 (per tournament)

*cash only

Your signature below indicates you have read, understood, and agree with all of the above.

Signature of Parent and/or Guardian: X: _____

Date: _____