# Yusuf House Of the Hudson Valley. Inc

Omega Alston - President

P.O. Box 571 Highland NY 12528 845 418-3059

**Fall Chess Program Application 2024**

Full Name: DOB:

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Address:

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School: Grade:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone: Relationship:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL YES NO**

Has the family been impacted by the criminal Justice System?

Are they currently incarcerated?

Probation or Parole?

Can Yusuf House of the Hudson Valley provide any assistance?

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I hereby give permission for (Name of Child) to participate in the Fall Chess

Program on Wednesdays after school 3:45pm - 5:30pm beginning September 18-October 23-2024. I release Yusuf House of Hudson Valley, Inc. or any of their agents or program affiliates from any liability for claims for damages which might arise because 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\_\_\_\_\_\_\_\_\_\_

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