



Registration Form

LOS AMIGOS CHESS CLUB



Open to all K-8 students – Held Wednesdays, October 11 through April 25

The Fee for this club is \$80/student, for all 24, 90-minute club meetings.

*Please note: Returning students in grades 3-8 will have the option to select their choice activity, each club meeting for the 1st five weeks. These choices are described in the **Your Chess Club** section of the Parent Information Packet.

REGISTRATION FORM

STUDENT # 1 – NEW STUDENT RETURNING STUDENT

First Name: _____ Last Name: _____ Age: _____ Grade: _____

STUDENT # 2 – NEW STUDENT RETURNING STUDENT

First Name: _____ Last Name: _____ Age: _____ Grade: _____

Parent/Guardian Name (please print): _____

Contact phone: _____ Family Email: _____

Are there any special accommodations or allergies we should be aware of? (please do not leave blank) _____

Permission and General Release Form: As a parent/guardian, I give permission for, my student(s)

_____ to participate in the Los Amigos Chess Club.

[Print Student's Name(s)]

(Please Initial) _____

I agree to abide by the rules of the **Behavior Contract** found in the Parent Information Packet and have discussed the rules of the club with my child(ren).

NOTE: This contract will be reviewed in the club and children will agree and sign their own copy.

I do do not

(Please Check One)

grant permission for photographs/video taken by anyone who covers this event, as well as the organizers, to use in press releases or promotional literature.

Select One:

(Please Initial) _____

I agree to volunteer myself or an adult of my household for one meeting per semester as listed in the **Your Volunteer Commitment** section of the Parent Information Packet.

OR

(Please Initial) _____

I choose an alternative to volunteering by agreeing to one of the options listed below:

Volunteer from Home Volunteer to Organize Opt-Out by paying \$15

Parent/Guardian's signature: _____ Date: _____