

1st GRADE CHESS CLUB

REGISTRATION FORM

This form must be returned on Club and Activity Sign-up Day.
(Friday, September 5th, 8:00-9:30am, 1:45-3:15pm, and 6:00-7:00pm)

Name: _____

Classroom Teacher: _____

Chess Experience: (camps, Dad taught me, etc., Please be specific)

Parent's Name: _____

Phone Number: _____

Emergency Phone Number: _____

Email Address: _____

** Please note: All communications will occur via e-mail.

Please check:

_____ I am willing to be an instructor or help teach 1st Grade Chess Club. My child will be guaranteed enrollment in the club.

_____ I understand 2 - 3 hours of my time will be needed to help at chess club meetings.

_____ I understand a \$5.00 fee will be collected to cover the cost of snacks.

**** Please list food allergies your child has. ****

My Child _____, has my permission to attend Chess Club.

Signature _____

People allowed to pick my child up from chess club and phone number:

1. _____

2. _____