

Chess Club

Register now! Space is limited!

Cost of program \$40

Please send cash or checks out to Corpus Christi School with this completed form.

Name: _____

Current Grade Level: _____

Date of Birth: _____

Address: _____

Parent or Guardian Name: _____

Contact Email: _____

Mobile Phone Number: _____

Insurance Company: _____

Policy Number: _____

Insured Card Number:

Allergies: _____

Medical Conditions: _____

My child will be released to: After School Program Pickup

Acknowledgement: As parent/ guardian I declare that my child is in good physical and medical condition and is able to withstand the rigors of the game. I acknowledge the risk and give my child permission to participate in the program and release the organizers of any liability.

Parent Signature: _____ Date: _____