## **Student Information:**

Last Name	First Name	Middle Name
Street Address	City	Zip Code
Grade in School (K,1,2,3)	Date of Birth	Male/Female
USCF ID	USCF Expiration Date	Membership Type (Scholastic, Family, Etc.)
Child's Al	bility: Beginner 🗖 Intermediat	Advanced 🗆
Parent and Guardian Inform	nation:	
Name	Afternoon/Evening Phone	E-Mail
Name	Afternoon/Evening Phone	E-Mail
End of Club: After School Pr	ogram 🗖 Walker 🗖 Pick Up On	lv 🗋
	, or adult is authorized to pick up	-
Name and Relationship	Work or Home Phone	Cell Phone
Name and Relationship	Work or Home Phone	Cell Phone
Name and Relationship	Work or Home Phone	Cell Phone
	I authorize this student to participate chess packet, and agree to abide by a	
Parent or Guardian Signature	Student Signature	

Form provided courtesy of Colley Kitson