

CHARLOTTE YOUTH CHESS CLUB- REGISTRATION FORM -Spring 2008

Date _____

STUDENT _____

SCHOOL: _____ GRADE _____

ADDRESS _____

_____ ZIP _____

PARENT/GUARDIAN _____

Home PHONE: _____ Cell Phone _____

Work Phone _____ EMAIL ADDRESS: _____

PARENTS CAN BE REACHED AT: _____ DURING CLASSTIME

SKILL LEVEL: ___BEGINNER ___ INTERMEDIATE ___ ADVANCED

PARENTS: I UNDERSTAND THAT CYCC IS NOT REPSONSIBLE FOR MY CHILD'S BEHAVIOR. PARENTS ARE RESPONSIBLE FOR ANY DAMAGE TO SCHOOL PROPERTY OR PERSONAL PROPERTY.

PARENTS SIGNATURE _____

ANY MEDICAL CONDITIONS OF CHILD: ___YES ___NO Please explain if "Yes":

Payment: SEMESTER Option : \$265.00 (SIBLING \$230.00) ___

WEEKLY FEE OPTION: \$20.00 PER WEEK (15.00 SIBLING) ___

CHECK # _____ (MADE OUT TO: CYCC)

BRING PAYMENT WITH THIS FORM FIRST DAY OF CLASS