



## FRASER HEIGHTS CHESS CLUB - REGISTRATION FORM

Fridays, classes run 6:30pm – 8:00 pm September to June  
Contact: Anca Datcu-Romano [adatcu@qsoft.ca](mailto:adatcu@qsoft.ca), 778 241-5842,  
[www.FraserHeightsChess.com](http://www.FraserHeightsChess.com)

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The club will meet once a week for formal chess instruction and organized chess games. The group of coaches will direct the activity of the chess club and parent volunteers will assist with the club activities. Students must follow the code of conduct and pay the tuition fee in order to attend the sessions.

**Please Print, fill in the information and bring this form to the club the first session**

### ***Student Section***

Name: \_\_\_\_\_

Age \_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Medical concerns \_\_\_\_\_

Do you know how to play chess?      Yes                      No                      A little bit  
Do you want to play                      For fun                      Tournaments

Do you know how to move the chess pieces?      Yes      No  
Do you know how to play full chess games?      Yes      No  
Do you have a rating?

Describe your chess skills and what would you like to achieve by joining the chess club:

I have read and agree with the chess club code of conduct                      Yes

### ***Parent/Guardian Section***

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other (emergency) \_\_\_\_\_

***Liability disclaimer: Participants and parents of minor aged participants acknowledge they are aware of the nature of the activity, that there are inherent risks in any such activity, accept the risk of said activity and release Fraser Heights Chess Club from any and all claims for personal injuries and/or financial loss. Participants and parents of minor aged participants authorize coaches and supervisors of Fraser Heights Chess Club to seek medical treatment for the participant in the event of accident or emergency. Photos taken during programs may be used for promotional purposes and payment of fees and participation in this program shall constitute acceptance of this liability, medical and photographic release.***

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Date*