

## WRHM Community Chess Club 2018-19—STUDENT REGISTRATION

Name: _____ Date of Birth: _____ Gender: _____ Age: _____	
School: _____ Grade: _____	
Name of Parents/Guardians: _____	
Mailing Address: _____	
Phone Numbers Home: _____ Cell: _____ Work: _____	
Email Address: _____	
What is the best way to contact you (circle one):    email    cell phone    home phone    text message	
<b>Emergency Contact</b> Name: _____ Phone Number(s): _____	
Does your student have any food allergies? Yes _____ No _____ If yes, what is your student allergic to? _____ _____	
Does your child have special needs we should be aware of? _____	
Has your student played chess before?    Yes    No	
How would you rate their skill level?    Beginner    Intermediate    Expert	
What are your expectations and hopes for your child in this program? _____ _____	
<u>Media Release</u> Webster-Rock Hill Ministries (WRHM) has my permission to use my or my child's photograph publicly to promote WRHM. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.	
<u>Internet and Computer Use Release</u> I understand that access to the Internet at WRHM is for educational purposes and that WRHM will take reasonable precautions to prevent access to controversial material. However, I understand that it is not possible to restrict access to all materials, and I will not hold WRHM liable for materials that may be acquired on the Internet by my child. I understand that my child's Internet and computer access will be valid as long as my child complies with the rules and requirements outlined by the Yandell Tutoring Program volunteers and WRHM staff.	
Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____