



CORNERSTONE CHESS CLUB 2009-10

“PLAYING FOR THE KING”

Player registration form (2nd trimester)

Please fill out this form to register for the Cornerstone Chess Club. Players who do not attend Cornerstone also need to fill out the Emergency Information Form. Payment is not required until October 15, but we do require the completed forms to complete the registration process. Forms may be turned in to the Cornerstone School office or to Norm May at the chess club meetings.

Our goals are to learn how to play better chess, enhance character traits, and have some fun along the way. The Chess Club is for players of all strengths, but we do request that players know the basic rules (e.g. how to move the pieces and checkmate their opponent.) Players will be grouped based on their skill levels, and may change groups as they progress.

Meetings will be held Thursdays from 3:00 until 4:30 at the school/church, beginning Sept 10th. PLAYERS NOT PICKED UP BY 4:45 (OR THOSE WHO **CONTINUE** DISRUPTIVE BEHAVIORS AFTER CORRECTION FROM CLUB VOLUNTEERS) MAY BE SENT TO EXTENDED CARE, AT THEIR PARENTS’ ADDITIONAL EXPENSE. Club meetings from September 10th through October 8th are open to all students to see if they like the club. After October 8th, meetings are for registered players only. If space is available, prospective members can ‘try-out’ two meetings any time throughout the year before deciding whether or not to join.

Team dues will be \$50.00 for the first player from a family and \$40.00 for each additional player from the same family. Scholarships and partial scholarships are available for those families where the dues would cause an undue financial burden. No children will be excluded solely due to an inability to pay.

Questions? Call Norm @ 360-281-5130, e-mail to NaDMay@gmail.com.

First Name	Last Name	School	Age	Grade	DOB
					/ /
					/ /
					/ /
					/ /

Parents' names _____

Address _____

City _____ State _____ Zip code _____

Phone number: cell _____ home _____

Email address: _____

(E-mail is used for newsletters and tournament results/announcements, so PLEASE provide your address!)

Parents make the club work well. Please consider helping out!

Available to help during some team meetings (Thursdays ~2:30-4:45)

No chess experience needed - we will be happy to teach you how to play if you wish, or not if you don't ☺

If each family can help just a few hours per month the load will be spread out to not be a burden on anyone!



2009-10 Emergency Information Form (For non-Cornerstone Players)

Student name: _____ Birthdate _____ Grade: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ - _____ - _____

E-Mail Address: mom _____ dad _____

Mother's Name: _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Father's Name: _____ Cell Phone: _____ - _____ - _____

Who does child reside with? Both Parents Mother Father Guardian (circle one) Work Phone: _____ - _____ - _____

Parent's Marital status: Married Separated Divorced Widowed Single (circle one)

In the case of divorce, who has legal custody of the child? _____

MEDICAL INFORMATION

Primary Medical Insurance: _____ Group: _____

Subscriber: _____

Secondary Supplemental Ins: _____ Group: _____

Subscriber: _____

Doctor's Name: _____ Doctor's Phone: _____

Medication currently being taken _____ Is this medication taken during the school day?

Date of last Doctor visit: ____/____/____ Date of last tetanus immunization: ____/____/____

Are there any medical concerns that the school should be made aware of? (Please explain) _____

Please check and explain any of the following conditions that you feel may effect school performance or require special management at school: (Mark all that apply)

- | | | |
|-----------------------------|----------------------|-------------------------------|
| Food allergies _____ | Drug allergies _____ | Heart Disease _____ |
| Other allergies _____ | Emotional _____ | Diabetes _____ |
| Glasses or Contacts _____ | Hearing Loss _____ | Special Diet _____ |
| Persistent Nosebleeds _____ | Kidney Disease _____ | Convulsions or Epilepsy _____ |

EMERGENCY CONTACTS

In case of emergency or injury, if parents cannot be reached, notify: (please prioritize)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

AUTHORIZATION/PERMISSION

We give permission for our child to take part in school activities, including school sponsored trips away from the school campus. The undersigned hereby authorizes Cornerstone Christian School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for the above student when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable time, by reason of absence from the community or otherwise.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable. This authorization shall remain effective until termination, or for a maximum of one year from date signed, unless sooner revoked in writing by the undersigned.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date