



KINGS & QUEENS CHESS CLUB of AoIG

Please fill out this Registration form, and then you have 2 options to send it:

- 1.(Recommended) Scan form and e-mail back, and pay with Zelle® for the service you have selected.
- 2 Pay with Zelle® including in comments WHO you're paying for and bring this form with you on your first lesson

FIRST NAME	LAST NAME	RATING	
DATE OF BIRTH	AGEM/	F	
ADDRESS		ZITYZIP CODE	
MOBILE PHONE #	E-MAIL	······	
EMERGENCY CONTACT PERSON PHONE # (This information must be completed in the event of an emergency)			
SCHOOL		GRADE	
MOTHER'S NAME	WORK PHONE		
FATHER'S NAME	WORK PHONE		
**NOTE: LIMITED SCHO	LARSHIPS ARE AVAILABLE WITH PROC	OF OF LOW INCOME/SPECIAL FINANCIAL CIRCUMSTANCES	
What class or camp are you're registering for, list ALL which apply?			
Please call Serge 847-778-5259, Tamara 847-867-0116 or Mila 847-207-2819, if you have any questions Zelle® Payments: Name: Academy of IG; E-mail: pro.bridge@gmail.com Paying by check: make check payable to AolG			
METHOD OF PAYMENT:		OFFICE USED ONLY:	
Cash (On site)			
Zelle® Bank transfer		AMOUNT PAID: \$	
Check		BALANCE DUE: \$	
Mark all programs chosen:			
	4:30p.m. ALL GROUPs worksho		
	5:30p.m. Beg GROUP workshop 7:00p.m. Adv GROUP workshop		
101 Wheeling 5.50 to	7.00p.m. Adv GROOT Workshop	, RECEIVED DI.	
Expressing general interest in			
Private chess less			
Semi-private chess les	SOHS		

^{*} Please note: AoIG may refund your tuition due to program cancellation.

Parent/Custodian Permission Form for 2025 School Year Child's Name: (If more than one child attends, a form must be completed for each child). Enrollment can only be complete with the submission of this form. We cannot admit your children into a classroom without this form STUDENT ARRIVALS/DEPARTURES: *I understand I am responsible for checking-in my child/children every class/camp day at their *I understand that I am responsible for picking-up my child/children at their classroom on time at the end of the school day. *I understand that Academy of Intellectual Games (AoIG) and/or KQ Chess club will not be responsible for my child/children if they are not checked-in and picked-up properly and by the procedures that have been established by Academy of Intellectual Games (AoIG) and/or KQ Chess club. (Initials) COVID-19 GUIDELINES and MEDICAL EMERGENCIES: By bring children to the group lesson location parent/custodians are certifying that during the 7-day period prior, children have not experienced any symptoms associated with COVID-19, which include fever, cough, or shortness of breath, or had close or direct contact with anyone who is either confirmed or suspected of having COVID-19. In the event I cannot be reached in an emergency, I give my permission to the physician selected by Academy of Intellectual Games (AoIG) and/or KQ Chess club or their agent to provide emergency care. (Initials)

PROGRAM ADVERTISING/PROMOTION:

on file.

I give my permission for Academy of Intellectual Games (AoIG) or KQ Chess club to use family photographs and videos for promotional purposes.

(Signature)	(Date)