U.S. Chess Center
Chess Kids

Student Name _____ Phone _____

Address _____ School _____

City, State Zip _____ Grade _____

E-mail addresses _____

I give permission for my minor child to participate in Chess Kids during this school year. I know that photographs and video recordings may be taken during the classes, and I allow the U.S. Chess Center to use my child's likeness in the form of photos or videos for non-commercial purposes including promotional materials.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

- Parents! **Please do not write below this line** -

Progress Reports