



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. Mail to: 709 Drae Court, Wheeling, IL 60090 with your check payable to AoIG;

FIRST NAME _____ LAST NAME _____ RATING _____

DATE OF BIRTH _____ AGE _____ M/F _____

ADDRESS _____ CITY _____ ZIP 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 SCHOLARSHIPS ARE AVAILABLE WITH PROOF 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 or Tamara 847-867-0116, if you have any questions

Zelle® Payments: Name: **Academy of IG**; E-mail: **pro.bridge@gmail.com**

Paying by check: make check payable to **AoIG**

<p>METHOD OF PAYMENT:</p> <p><input type="checkbox"/> Cash (On site)</p> <p><input type="checkbox"/> Zelle® Bank transfer</p> <p><input type="checkbox"/> Check</p> <p>Mark all programs chosen:</p> <p><input type="checkbox"/> Sun. Northbrook 3:00 to 4:30p.m. GROUP workshop</p> <p><input type="checkbox"/> Tue. Wheeling 5:30 to 7:00p.m. GROUP workshop</p> <p>Expressing general interest in</p> <p><input type="checkbox"/> Private chess lessons</p> <p><input type="checkbox"/> Semi-private chess lessons</p>	<p>OFFICE USED ONLY :</p> <p>AMOUNT PAID: \$ _____</p> <p>BALANCE DUE: \$ _____</p> <p>DATE: ____/____/____</p> <p>RECEIVED BY: _____</p>
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* Please note: AoIG may refund your tuition due to program cancellation.

Parent/Custodian Permission Form for 2023-2024 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 on file.

STUDENT ARRIVALS/DEPARTURES:

*I understand I am responsible for checking-in my child/children every class/camp day at their classrooms.

*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 14-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:

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)