



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 _____ 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, 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 **AoIG**

METHOD OF PAYMENT:

_____ Cash (On site)
_____ Zelle® Bank transfer
_____ Check

Mark all programs chosen:

___ SUN Northbrook 3:00 to 4:30p.m. ALL GROUPs workshop
___ TUE Wheeling 4:30 to 5:30p.m. Beg GROUP workshop
___ TUE Wheeling 5:30 to 7:00p.m. Adv GROUP workshop

Expressing general interest in

_____ Private chess lessons
_____ Semi-private chess lessons

OFFICE USED ONLY :

AMOUNT PAID: \$ _____

BALANCE DUE: \$ _____

DATE: ____/____/____

RECEIVED BY: _____

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

Parent/Custodian Permission Form for 2026-27 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 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:

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)