



## CHESS PROGRAM REGISTRATION FORM 2017-18

Registration Fee is \$20 per semester (8 WEEKS),  
\$10 for those registered with the Tropicana Tutoring Program

**1385 Huntingwood Drive  
Scarborough. ON**

PLEASE COMPLETE AND SUBMIT BY EITHER  
EMAIL: [MTREMBLAY@TROPICANACOMMUNITY.ORG](mailto:MTREMBLAY@TROPICANACOMMUNITY.ORG) OR FAX: 416.439.2414 ATTN: MARC TREMBLAY OR IN PERSON

**PARTICIPANT INFORMATION**

<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>	
<b>HAVE YOU PLAYED CHESS BEFORE?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>WHAT IS YOUR CURRENT LEVEL:</b> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/>			
<b>DATE OF BIRTH (DAY/MONTH/YEAR)</b> ____/____/____			<b>HOW DID YOU HEAR ABOUT THIS PROGRAM:</b> _____		
<b>HOME ADDRESS:</b>			<b>CITY:</b>	<b>POSTAL CODE:</b>	
<b>E-MAIL:</b>		<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	

**PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION**

<b>PARENT/GUARDIAN'S FULL NAME:</b> _____		<b>OTHER EMERGENCY CONTACT FULL NAME(S):</b> _____	
<b>PARENT'S E-MAIL:</b> _____			
<b>ADDRESS (IF DIFFERENT FROM PARTICIPANT'S)</b> _____		<b>EMERGENCY CONTACT PHONE NUMBER:</b> _____	
<b>CITY:</b> _____		<b>POSTAL CODE:</b> _____	
<b>PARENT/GUARDIAN'S PHONE NUMBER:</b> _____		<b>PARENT/GUARDIAN'S BUSINESS PHONE NUMBER/ CELL PHONE:</b> _____	

**MEDICAL INFORMATION:**

<b>NAME OF CHILD'S DOCTOR:</b> _____		<b>DOCTOR'S TELEPHONE NUMBER:</b> _____	
<b>IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>OTHER MEDICAL OR SPECIAL NEEDS:</b> _____		<b>DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>IF YES, SPECIFY:</b> _____	

**DROP OFF AND PICK-UP INFORMATION**

<b>IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	
<b>PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD:</b>	
<b>NAME:</b> _____	<b>RELATIONSHIP:</b> _____
<b>NAME:</b> _____	<b>RELATIONSHIP:</b> _____

**PLEASE NOTE THAT THIS IS A PEANUT-FREE ENVIRONMENT!**

1. Permission is granted for the said applicant to participate in all program activities, unless I advise you otherwise, in advance, in writing. I consent to allow pictures/ videotapes to be taken of the said applicant while he/she is engaged in program activities.
2. Permission is granted for the organization to use these for promotional purposes. **(IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)**
3. I have provided Tropicana Community Services with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize Tropicana Community Services Organization to secure medical care for myself or my child. I hereby waive any claim against Tropicana Community Services Organization and/ or its staff which may arise from any injury the said name on this application may incur as a result of his/her participation in program activities.
4. **I will be responsible** for getting the said name to **the program of its scheduled start time and picking him/her up at the designated time of the programs closure.** I will also provide the said name with paper, textbooks, or any other required training material before every class.
5. I will make myself available to meet regularly to discuss the said names progress, evaluations and other matters that may occur during the training.
6. I will supply the said applicant with snacks, if necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (DAY/MONTH/YEAR)

**(PLEASE DO NOT WRITE IN THIS AREA (FOR OFFICE USE ONLY))**

PAYMENT MADE BY (NAME)	AMOUNT PAID	BALANCE	DATE	STAFF SIGNATURE