

FAIRVIEW RECREATION

COED CHESS GRADES 1 – 8

PRACTICE DATES

Tuesday, October 6	Tuesday, January 5
Tuesday, October 13	Tuesday, January 12
Tuesday, October 20	Tuesday, January 19
Tuesday, October 27	Tuesday, January 26
Tuesday, November 3	Tuesday, February 2
Tuesday, November 10	Tuesday, February 9
Tuesday, November 17	Tuesday, February 16
Tuesday, November 24	Tuesday, February 23
Tuesday, December 1	Tuesday, March 2
Tuesday, December 8	Tuesday, March 9
Tuesday, December 15	Tuesday, March 16
Tuesday, December 22	Tuesday, March 23
	Tuesday, March 30

All practices will be held at Fairview School (6500 West Kinnickinnic River Parkway) from 2:45p.m. to 3:45p.m. at Fairview School in Room 15. (All chess team members will be eligible to participate in upcoming Chess Tournaments. Tournament registration fee is \$10.00 per tournament and is in addition to the Fairview registration fee. Chess Tournaments are held on weekends and are not mandatory.) If you have any questions, please see Mrs. LaCroix at Fairview.

REGISTRATION FEE: \$44.00 PER PARTICIPANT
(Check or money order payable to Fairview School.)

ATTENTION PARENTS!

Please keep this calendar of dates for your reference!

Return completed registration form to school no later than Monday, October 5.

FAIRVIEW RECREATION

COED CHESS

GRADES 1 - 8

CHILD'S NAME: _____

BIRTHDATE: _____

ADDRESS: _____

TELEPHONE: _____

CITY: _____

ZIP CODE: _____

GRADE: _____

ROOM: _____

Permission is granted for my child to participate in the above activity as conducted by the MPS Recreation Division. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the Recreation Division. I enclose the \$44.00 registration fee.

EMERGENCY/PARENTAL CONSENT FORM

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Please list any medical condition that could affect your child's participation in this activity:

Please list any medications your child is currently taking:

Please list two persons we can contact in case of an emergency:

_____ Phone #: _____

_____ Phone #: _____

- * I give my consent for the Fairview coaches to use their own judgment in securing medical aid or ambulance service in case emergency contact persons cannot be reached.
- * I understand that my child may be expelled from this chess program if he/she is unable to follow school rules and show good sportsmanship. If your child has been suspended from school, he/she MUST be reinstated no later than Friday to be eligible for participation in tournaments. Your child may be suspended from participation at Administrator's discretion.

PARENT SIGNATURE _____ DATE _____