



CHESS CLUB REGISTRATION FORM

(Please Print)



Student's name: _____ \$5.00 FEE _____

Gender: Female _____ Male _____

Grade: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ Teacher _____

Does your child have allergies, medications, or special needs of which we should be aware?

No _____ Yes _____

If you answered Yes, please describe the allergy, medication or special need below:

Parent/Guardian Name: _____

Relation to child: _____

Phone # _____ Alternate Phone # _____

Transportation:

_____ I will come into the building and sign my child out after class.

_____ My child should sign out and be released to walk home or meet me at the car after class.

Photo/Video Permission

Your child may be photographed or videotaped while participating in the Learning Through Robotics STEM class. The photos and videos may be displayed on the Provo City School District Website, Provo Website, Wasatch Social Media sites, school Newsletter, school yearbook, or displayed in the school building. No last names, no home addresses, email addresses, or telephone numbers will be included with the images.

YES _____ No _____

I have read the Wasatch School rules and policies. I understand I am responsible for abiding by all these policies and procedures, and I will discuss these with my student before he/she is allowed to participate in this program. PLEASE SIGN AND DATE YOUR NAME BELOW.

Parent Signature _____ Date: _____