

Junior Chess Camp 2017  
Registration Form

Participant Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Age: \_\_\_\_\_

MB health number: \_\_\_\_\_

Health concerns:

\_\_\_\_\_  
Allergies:

\_\_\_\_\_

Parent/Guardian contact information:

Name: \_\_\_\_\_

Cell/Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary parent/guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Please be advised that only the parent or guardians listed here may pickup the child from camp. If you plan to have another person pick up your child the camp organizers must be notified beforehand.

Consent and Release Personal/Property

*The participant and parent and/or guardian hereby release the Manitoba Chess Association, and its representatives from all claims, relating to injury, or, damage or loss of property, during the participation in the chess camp and its activities.*

\_\_\_\_\_  
(parent/guardian sign here)

\_\_\_\_\_  
Date