



# ChessPalace Class Registration Form

Student's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthday: \_\_\_\_\_ Medical info (eg. allergies) \_\_\_\_\_

Parent's name: \_\_\_\_\_ Email: \_\_\_\_\_

*Plan Check one	Daily	Monthly	Quarterly (3 months)	Semester (6 months)	Annually
Beginner	\$25__	\$85__	\$190__	\$330__	\$600__
Intermediate I & II	\$25__	\$85__	\$195__	\$342__	\$624__
Advance	\$25__	\$95__	\$223__	\$360__	\$666__

\*Does not include \$40 registration fee required for new students.

**(OPTIONAL)** Recurring credit card payment (Mastercard, Visa, Discover, or American Express)

Credit Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

3-digit security code: \_\_\_\_\_ Zip code of card: \_\_\_\_\_

I understand that my credit card information are kept private and used solely for the purpose above. I give ChessPalace permission for recurring charge on the card listed above. It is my responsibility to update ChessPalace on important card updates including stolen cards or new cards.

Signature: \_\_\_\_\_

**OR** send checks to ChessPalace, 5246 Lampson Ave., Garden Grove CA, 92845

### Important Parental Waiver:

I request that my child, (named above), be permitted to participate in the above chess program. I agree to instruct my child to cooperate and conform to the directions and instructions of the instructors or any supervision in charge of the event and/or store. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate by such physician(s). I, as parent or guardian of this child, hereby release, discharge and hold harmless ChessPalace, their employees, volunteers, and other staff members from any claims arising out of or relating to any injury that may result to my child while participating in this event. I, as parent or representative of this child, hereby waive any rights to the taking and use of photographs, or any other recorded material, including pictures, video, and audio taken during the normal course of this chess program. By signing below, I understand all of the above and: Chesspalace has to be notified by the end of Sunday for absences to be credited, unexcused absences cannot be credited and fees are non-refundable.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Emergency contact

All information are kept confidential by ChessPalace personnel.

[www.chesspalace.com](http://www.chesspalace.com)

ChessPalace is located at 5246 Lampson Ave., Garden Grove, CA 92845

Contact us at 714.899.3421 or 310.594.3475, or email at [chesspalace@gmail.com](mailto:chesspalace@gmail.com)

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