

# Clarksville Elementary School PTA Fall 2016

## After School Program

### Silver Knights Chess



*Chess club is taught by experienced Silver Knights instructors using a curriculum developed by National Masters. Each weekly session is a mix of learning and play. Playing chess is a great way to develop a child's critical thinking skills, sportsmanship, and patience — all while having fun!*

Registration is **LIMITED** to a first come, first serve basis.

#### Important Information:

**What:** Chess Club

**Where:** Clarksville Elementary School - 214/216

**When:** 2 sessions of 12 Weeks:

Fall Schedule: 10/7, 10/14, 10/21, 10/28, 11/4, 11/11, 11/18, 12/2, 12/9, 12/16, 12/23, 1/6, Make-up if needed: 1/13, 1/20, Skip: 11/25, 12/30,

Spring Schedule: 2/3, 2/10, 2/17, 2/24, 3/3, 3/17, 3/24, 3/31, 4/21, 4/28, 5/5, 5/12, Make-up if needed: 5/26, 6/2 Skip: 3/10, 4/7, 4/14, 5/19

**Time:** 4:05-5:00 on Fridays

**Who:** Grades 1-5

**Cost:** \$173 per session

**Deadline:** 9/29/16

#### REGISTRATION/PERMISSION FORM

- Please complete a separate registration form for each child.
- **We must have: EMAIL address & EMERGENCY name and phone number**
- Payment Policy: Please make checks payable to **CES PTA**
- Return form & payment in an envelope marked "Chess" to your child's teacher or the PTA mailbox by **3 pm on Thursday September 29<sup>th</sup>**.

**PLEASE PRINT CLEARLY.** PARENTS & STUDENTS: PLEASE SIGN REGISTRATION FORM ON BOTTOM LINES.

Student's Name \_\_\_\_\_ Teacher & Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ **(PLEASE print clearly)**

Name(s) of pick-up person(s): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

Allergies/Information the Instructor should know - **please write on back (Instructions/Medicine must be provided to the instructor in order to participate.)**

Program: Chess Club **Fridays 4:00 - 5:00 PM** Fee: \$173

I hereby give permission for my child to participate in the above drama class. I understand and agree that the PTA is not the provider of this class, but has only arranged for the class to be held at CES and coordinated the registration. The instructors are independent contractors and are not the employees or agents of the PTA. I understand and agree that any physical activities involved in this program may carry a risk of injury. I agree that no coverage or reimbursement for medical expenses shall be available from the PTA or its agents, or its agents and instructors, and I shall be responsible for all medical expenses relating to participation in this program. While all reasonable precautions will be taken to assure my child's safety and prevent injuries from occurring, I will not hold the instructor(s) the CES PTA and its officers and members, or the CES or staff liable for any accident or injury that may occur.

My child and I understand and agree that, after one warning, any student who does not maintain appropriate behavior in the class, or is not picked up promptly after the class, will not be allowed to attend the remaining classes scheduled for that program. Parents will be notified at the time of the warning and before the child is removed from class. Refunds will not be issued for any student removed for these reasons. I have read, understood, and agree to these guidelines of the CES After School Programs.

Parent Name (Please print clearly) \_\_\_\_\_

Parent (Signature) \_\_\_\_\_ Date \_\_\_\_\_