

Fall 2019

Chess King Corp

Convenient Online Registration Available!

www.chesskingcorp.com

Chess King provides professional, high quality after school chess programs throughout the Bay Area. Summaries of studies of children who play chess have shown an increase in cognitive abilities such as critical, abstract and creative thinking, problem solving abilities, increases in fluency, reasoning, memory, originality and a general increase in IQ. Chess also helps to remind children that choices we make can help us or not. In short, chess is very good for the development of children's intellects and character.



Chess instruction provided by **Chess King** covers basic chess rules, basic tactics, advanced tactical training and is age, grade and skill level appropriate. All children are invited to participate, to have fun and reap the rewards and benefits of the **Chess King** program. Each one hour class includes a half hour of instruction followed by a half hour of tournament play. Awards are presented regularly.

**All students are invited to attend a trial class
September 10th with no obligation.**

A limited number of scholarships are available on the basis of financial need

Class Schedule

Tuesdays 2:50-3:50

Class Location: Covered Picnic Tables Outside Room 15

Sept 10, 17, 24 Oct 1, 8, 15, 22, 29 Nov 5, 12, 19 Dec 3, 10, 17

14 Week Session: \$229.00

Please mail or submit at the first day of class a check for the correct amount made payable to: _____

Chess King Corp 548 Market St. #53896 San Francisco, CA 94104 (510) 456-8593

chessking@chesskingcorp.com

Please remove bottom portion and return to Chess King Corp. Retain upper portion for schedule reference.

Chess King at Barron Park Elementary School Fall Session 2019

14 Week Session: \$239.00

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

Parent's Name/Email: _____ Cell Phone: _____

After Chess Class Each Week, (please circle one)

1. Child will be picked up by _____ 2. Child will walk to campus after school care.

(Name)

3. Child is allowed to walk or ride bicycle home on his/her own

Parent Signature _____

Authorization for Consent to Medical Treatment of Minor Child

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed **EMERGENCY CONSENT FORM** with your baby-sitter, day care center or temporary guardian. In the event of a medical emergency, the form should accompany your child to the hospital.

I/we hereby authorize **Chess King personnel** to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Full Name _____

Date of birth _____

Child's Physician: _____

Child's Allergies _____

Medications child is taking: _____

Important medical history _____

Date of last Tetanus Immunization _____

Home address of parent/guardian: _____

Parent/guardian Telephone # : _____ Cell # _____

Emergency contact (*other than parent/guardian*): _____

Telephone: _____ Cell: _____

Primary Medical Insurance Carrier _____

Member's Name _____

ID# _____ Group # _____

Signature of parent/guardian(s) _____

Date signed _____

Signature of adult witness _____