

2017 American Chess Academy Summer Camp



Date: July 10-14, 2017 Location: First Baptist Church of Glendale
 Time: 10AM – 5PM 209 N. Louise Street
 *4PM for U1000 Glendale, CA 91206

Camp Fees:

Under 1000: \$425	*\$25 off if signed up by May 31st
1000-1499: \$495	*Sibling discounts are available.
1500+ \$495	*Lunch will be provided by ACA

Please make Payments to American Chess Academy, 411 North Jackson Street, #101, Glendale, CA 91206
 Contact Coach Armen with any Questions: (818) 640-5974

Summer Camp Registration and Release Form

Student Name _____ D.O.B _____ Rating _____
 Parent Name _____ Cell Phone Number _____
 Address (city, state, zip) _____

I, as the parent or guardian of the above-named child, hereby give permission for my child to participate in the programs and activities offered by the American Chess Academy. I and my child agree to accept and comply with all rules and regulations of the American Chess Academy.

I hereby authorize any agent of the American Chess Academy to act as agent for the undersigned to consent to any emergency medical treatment and/or hospital care which is deemed available by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act, should an emergency arise and cannot be located in a timely manner. I understand that the American Chess Academy assumes no financial responsibility for any such medical care.

I, on behalf of myself and my child, hereby waive any claim I might have against, and release, and agree to indemnify, save and hold harmless, the American Chess Academy, its employees, agents, representatives, coaches, officers, directors, independent contractors and volunteers from, liability or damages arising in any way as the result of my child's participation in the American Chess Academy's programs and activities. I intend this release to continue to be in effect and binding throughout my child's participation in the American Chess Academy program, even if my child turns 18.

Date: _____ Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____