

# JUNIOR KNIGHTS 2009 SUMMER CHESS CAMP At The Lake Zurich Chalet

## Registration Form

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Age : \_\_\_\_\_ T-Shirt: Adult or Child Size: S M L XL

Email Address (**Required**) \_\_\_\_\_

(All confirmations sent via this email address)

Registration Fee:        \_\_\_\_\_ \$325 full day \_\_\_\_\_ \$185 half a day

2nd Family Member:    \_\_\_\_\_ \$275 full day \_\_\_\_\_ \$160 half a day

## Chess Camp Code of Conduct Contract

I agree to conduct myself in a manner which is appropriate and respectful.

I am here to play chess or to learn to play chess.

I will be quiet and considerate of others at all times, especially when directions are being given or adults are speaking.

I will not roughhouse or horse around. Nor will I touch any person in a harmful way.

I will stay in the confines of the classrooms and will not wonder outside the facility.

I will be careful with all equipment and will help others do the same.

I will be respectful of other people's property.

I will abide by this code of conduct or I will be asked to leave.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

### **Registration Instructions**

1. Complete this form and the Health, Pick-up and Waiver form
2. Make check payable to "Renaissance Knights" or pay on line at [www.RKnights.org](http://www.RKnights.org)
3. Mail the forms and check to:  
Renaissance Knights  
PO Box 1074, Northbrook, IL 60065-1074

## **Health, Pick-up and Waiver Form**

Please read this document carefully before signing as it is a legally binding document. This completed form must be received by Renaissance Knights by the first day of camp.

Student's Name:
Student's Address:
Student's Age: Date of Birth:
Parent/Guardian Name: Home / Cell / Work Phone numbers:
Emergency Contact Name & Phone:
Names of Person(s) other than parents who are authorized to pick up student:
Student's Physician Name & Phone:
Does the Student currently have any of the following (if yes, please circle and describe below): Asthma, Drug Allergies, Food Allergies, Allergies to Insect Bites, Special Dietary Needs, Frequent Headaches, Dizziness or Seizures or other medical condition. Please Describe:
Medication Information: Our staff cannot administer any medications, prescription or non-prescription, to Students unless we have your permission; this includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the student will need to take any other medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated. Is the Student currently taking medication (If yes, please describe)?
Will the Student require any specific treatment for a medical/emotional condition while participating in the camp (if yes, please describe)?

### MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named student, authorize the Renaissance Knights staff to seek medical treatment for the student as they see necessary at a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the student's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact the above-named person(s) or me before seeking treatment. If this is not possible, I understand that the Camp staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

### WAIVER/ LIABILITY RELEASE FOR PARTICIPATION

The undersigned, for him/her self, personal representatives and successors does hereby release and forever discharge Renaissance Knights and its employees from any and all claims, demands liabilities, obligations, damages, costs, expenses, loss of service, actions and causes of action including each and every payment for damages said student may now or hereafter have against Renaissance Knights arising out of an any act or occurrence incident to the student's said participation and or the engagement of the undersigned in connection therewith and hereby agrees to indemnify and hold Renaissance Knights and its employees harmless from any and all claims, loss or damage to the student resulting from or related to the student's said participation. I hereby certify that my child is in good health and may participate in all indoor and outdoor activities. In case of an emergency, I give permission for my child to be given emergency treatment at any hospital reasonably accessible. I will not hold any staff person or volunteer of /Renaissance Knights responsible for any injury to my child while attending the camp. I will not hold the camp facility responsible for any injury to my child while attending the camp. I hereby permit Renaissance Knights to use, in whole or in part, photographs, videos, written extraction and voice recordings of my child for the purpose of illustrations and publications, including the Renaissance Knights website.

Parent/Guardian: \_\_\_\_\_

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