

# BOGNOR & ARUN CHESS CLUB

## SECTION 1: CONTACT INFORMATION

Full name:

School:

Home address:

Postcode:

Daytime phone number:

Evening phone number:

Date of birth:

Email address:

## SECTION 2: MEDICAL INFORMATION AND CONSENT

Please use this space if your child has any medical or educational needs you feel we should be aware of.

Medical and/or special needs

We may take photographs during the sessions for publicity purposes, including publication on our website. Children will not be named in photographs. If you do NOT wish your child to be photographed, please let us know before the start of the session.

Signed:

Date:

Relationship:

Please return the completed form to John Hargreaves, 16 Hunters Mews, Fontwell BN18 OUW  
Email: johnhgrvs11@googlemail.com

PLEASE INDICATE YOUR PLAYING STRENGTH:

1 **Beginner** = yet to know the pieces and moves

2 **Learner** = knows pieces and moves but a very basic player

3 **Improver** = can play a coherent game, but needs tactical practical advice

4 **Experienced** = competent, but unsophisticated

The information will be stored securely and used to keep you informed about events and to contact you in the event of an accident or incident.