



Vivacity, Inc.

Website: <http://www.vivacityinc.com/chess>

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# Vivacity CHESS Workshop in Fall

*Vivacity School of Chess - where students learn to make smart moves in chess and in life™*

All levels and ages are welcome!! Novice to advanced groups

Find out what it's like to learn from people

Who have expertise in chess and a passion for teaching!

**WHERE:** Mayfield Village Civic Center, 6622 Wilson Mills Rd., Mayfield Village, OH  
(Near I-271, intersection of Wilson Mills and S.O.M. Center Rd.); Civic Center opens at 8:30 am  
Link to a map: <http://www.vivacityinc.com/chess/Map-VCC.htm>

**WHEN:** NOVEMBER 25 – 27

**TIME:** @ 9:00 - 12:00 pm

**FEE:** Regular Fee: \$110

**“Early Bird” FEE:** \$99  
(if paid **BEFORE September 25**)

**DISCOUNT:** 50% discount for a parent  
10% discount for additional siblings  
(when all register for the same term)

**REFUND:** Sorry, no refund. Refund will be given ONLY if camp is canceled.

**INFO:** Groups are limited to 12 students. Registration Form and payment are due 20 days before a camp starts; after due date contact Vivacity. (See reverse side for a registration form.)

**MORE INFO:** Vivacity offers a well balanced intellectual activity featuring interactive chess instructions, open play and competition in an ideal setting. Campers will be divided into groups based on ability. Players of all levels can and do improve. If you have a chess board and clock, please bring them. Also, you may want to bring a snack and/or lunch!

**INSTRUCTOR:** Aleksandr Kitsis and Vivacity School of chess staff. Mr. Kitsis is a Professional Coach with over 20 years of experience; National Chess Master, rated among the top 1% of U.S. chess players; Author of Chess Books and Articles; Coach of the Winners of the 1998 World Open (U2200) and the 2007 & 2008 World Open for Girls.



**Ask us about CHESS Camps, Tournaments and School of Chess program.**

# GENERAL REGISTRATION FORM (submit one for each participant)

Please, print. Illegible and/or incomplete forms will not be processed.

Name of the Program to Register \_\_\_\_\_

Program Dates \_\_\_\_\_

NAME (First/MI/Last) \_\_\_\_\_

USCF Rating \_\_\_\_\_ USCF ID# \_\_\_\_\_ Exp. Date \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

## ADDITIONAL INFORMATION FOR YOUTH REGISTRATION

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER \_\_\_\_\_ GPA: \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ SCHOOL CITY \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL/WORK PHONE: \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_

## Participation Waiver and Release

I, as a participant or a parent/guardian of this participant, do hereby consent to his/her participation in the chess programs. In consideration of services being performed, I do hereby release the Vivacity, Inc., its officers, managers, organizers, agents, members, representatives, successors, assignees, coaches, referees, instructors and employees (collectively referred to as the "Company"), in their official and individual capacities, from any and all claims, liability or demands for any personal injury, sickness or death, as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. The Company shall not be responsible for damaged, lost or stolen articles, inside and/or outside the facility. Furthermore, I, on behalf of the participant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the participant taking part in the Vivacity programs. The undersigned further agrees to defend, hold harmless and indemnify the Company for any liability sustained by said Company as a result of the negligent, willful or intentional acts of the participant. If any suit is brought against the Company all attorneys fees and costs incurred by the Company will be paid by the undersigned if the undersigned does not prevail. The undersigned waives any mirror provisions for attorney's fees or costs.

The undersigned acknowledges that the Company does not provide insurance for participants. In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by licensed physician or the transfer of the participant to the nearest appropriate hospital or emergency facility. I will pay for all medical expenses. I further understand, consent and agree that the Company will not be held responsible for the results of such emergency treatment.

In order to promote efficiency, safety and quality of instructions the participant agrees to abide by the rules and regulations governing the conduct and operation of the program. At the discretion of the Company staff any participant or parent/guardian can be removed from an activity or meeting and in extreme cases have membership terminated without a refund for not meeting behavior standards or not complying with the Company rules or policies. The undersigned grants permission to use participant's name, pictures, visual images, artwork and/or comments, which may be used by the Company in publications and promotions, without compensation to the participant. The undersigned waives all rights to inspect and/or approve such publications and copy or voice-over commentary which may be used in conjunction with the visual images and the uses to which they may be applied. Parents are responsible for picking up their children promptly at the end of a lesson or activity and at the discretion of the Company staff may be charged at the full private lesson rate for being more than 10 minutes late.

It is understood that fees cover a set period of time, are not refundable or transferable and that there are no refunds or credits given for missed meetings, activities or lessons. Dues, fees and deposits paid in advance for supplies and services are not refundable or transferable and must be used for the purpose intended. Participant understands that it is his/her responsibility to attend classes. Further, the participant understands that the fees (refer to programs' fees information) are due and payable according to the terms of Membership agreement whether or not the participant chooses to attend classes. I, a participant or parent/guardian of a participant, have read the rules and policies pertaining to this registration and agree to abide by them.

Fees can be paid in cash, by money order or personal check. **Make checks payable to Vivacity, Inc.**

**Mail form and check to:** Vivacity, Inc., 6568 Maplewood Dr., Suite # 201, Cleveland, OH 44124

If a check is not honored for insufficient funds, stopped payment or any other reason there is a \$35 service charge.

**I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION ABOVE.**

X \_\_\_\_\_  
PARTICIPANT (18+) OR PARENT/GUARDIAN SIGNATURE DATE

NAME (Print) \_\_\_\_\_