

REGISTRATION FORM (submit one for each participant)

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

Name & Location of the Program _____

Program Dates _____

How did you hear about Vivacity Chess and about this program? _____

PARTICIPANT'S 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 DISTRICT _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

E-MAIL: _____ E-MAIL: _____

CELL/WORK PHONE: _____ CELL/WORK PHONE: _____

Rules and Policies

Parents/guardians are responsible for picking up their child promptly at the end of a program and will be charged \$10 for every 5 minutes they are late. This fee must be paid at the time of pick up.

Tuition and fees cover a set period of time, **are not refundable or transferable** and there are no refunds or credits given for missed meetings, activities or lessons. Tuition, fees and deposits paid in advance for supplies and services are not refundable or transferable and must be used for the purpose intended. The undersigned understands that it is the participant's responsibility to attend meetings. Further, the undersigned understands that the tuition and fees are due and payable according to the terms of the Contract whether or not the participant chooses to attend meetings.

Make check payable to VIVACITY, Inc.

If a check is not honored for any reason there is a \$35 service charge.

Send the form and payment (**do not mail cash**) to:

Vivacity, Inc.,
6568 Maplewood Dr., Suite # 201,
Cleveland, OH 44124

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

X _____
SIGNATURE of PARTICIPANT (18+) or PARENT/GUARDIAN DATE

NAME (Print) & RELATION to PARTICIPANT _____

