



Manitoba Chess Association – 2019 Junior Chess Camp



**Tuesday August 13 to Friday August 16, 2019, 9:30 – 3:30
at The University of Winnipeg (room TBD)**

Open to all Junior Chess Players under the age of 20

Registration Fee - \$150

Throughout the week chess is presented in many different ways to enhance the participants understanding and enjoyment of the game. Activities include classroom instruction, tournaments, simultaneous exhibitions, bughouse, giveaway chess, blitz tournaments, chess lectures.

Head Instructor: Jonathon Zaczek (NM)

Please send completed registration forms and inquiries to Ken Marshall at kenmarshall.ca@gmail.com

Junior Chess Camp 2019 Registration Form

Participant Information:

First Name: _____ Last Name: _____ Age: _____

MB Health Number: _____

Health Concerns: _____

Allergies: _____

Parent/Guardian Contact Information:

Name: _____

Home: _____ Cell: _____ Email: _____

Secondary Parent/Guardian Name: _____ Cell: _____

Please be advised that only the parent or guardians listed here may pickup the child from camp. If you plan to have another person pick up your child the camp organizers must be notified beforehand.

Consent and Release Personal/Property

In consideration of the child named on this form ("Participant") being allowed to participate in Manitoba Chess Association – Junior Chess Camp (MCA-JCC), the Participant and parent and/or guardian, hereby releases the Manitoba Chess Association, and its governors, officers, volunteers, representatives and agents from and against all claims, actions, demands, costs and expenses relating to injury, damage to person or property or loss of property, howsoever caused, arising out of or in connection with participation in MCA-JCC. This release shall be binding upon the Participant, the undersigned and the estates of the Participant and the undersigned. Emergency Medical Consent I hereby authorize the procurement of whatever emergency medical treatment may be necessary for Participant. I also authorize the removal of Participant from Camp premises for the purpose of obtaining such emergency medical treatment if the need so arises. I agree to hold MCA-JCC harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen shall be left to the sole discretion of MCA-JCC.

Personal Information Consent for the Storage of Personal Information: I give permission to the MCA-JCC to collect the information provided for the following purposes: (i) process the program application; (ii) provide the services contemplated by the program; (iii) contact you with information on future programs offered by the MCA-JCC and (iv) statistical purposes. I give my consent for the storage of personal information on the basis that this information will be used internally by the MCA-JCC only and will not be shared with any third party.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

(parent/guardian sign here)

Date