

WEST LOUISVILLE CHESS CLUB

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Email address		
City, ST ZIP Code	City, ST ZIP Code		
School			

Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Favorite chess player _____

Favorite chess piece _____

www.thewestlouisvillechessclub.com

**The Annual membership dues are twenty-five dollars (donation)
payable to Louisville Urban League.**