

## 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](http://www.thewestlouisvillechessclub.com)

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