

C&O Family Chess Center

2018 Summer Chess Program

Omar Pancoast III, Director

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217 West Diamond Avenue

Gaithersburg, MD 20877-2106

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www.chesscenter.net

To: All Parents and Students,

Welcome to the C&O 2018 Summer Chess Program. Please read, fill out, sign, and return the required forms as soon as possible. **Don't forget that all students should read and sign the agreement at the bottom of the Consent Form.** We have rarely had a problem with students at any of our programs and we hope we can count on all of you to help us keep it that way. Above all, chess programs should be fun for everyone involved. If you have a problem, please talk to Coach Omar, Coach Ross, or our program director Carolyn Pancoast.

Students who are not already members of our free practice site (at Chess.com) should be registered before summer sessions start. Registration instructions should be requested from us ASAP. The enclosed sample schedule is to remind parents and students what is happening during the week and what students should (*and should not*) bring with them. Please keep it handy. We reserve the right to make changes as circumstances dictate, particularly in the afternoon activity portion of the program. We welcome your feedback about what you like or don't like. You can help us to improve our programs and maximize the fun for all!!

*Regular arrival and Pick-up are always **at the center and a PARENT MUST COME IN and SIGN THEIR CHILD IN OR OUT.*** There will be a sign-in and -out sheet available. Half-Day students not picked up by 12:15 PM will be charged for unscheduled after-care (\$15 if picked up before 1:00 PM, \$25 after 1:00 PM). Scheduled after-care is available at an additional charge. Full-Day students not picked up at the normal time may be charged the daily rate, **for unscheduled after-care, of \$40 (until 6:00 PM).** Payment is due at time of pickup.

ALL STUDENTS should bring a preferred snack and bottled water or drink (no soda please) in a *re-sealable plastic container with the child's name on it* (no glass containers, juice boxes, or soft packs). We will provide water and basic snacks in an emergency.

FULL-DAY STUDENTS must bring a lunch and a drink *Please put student's name on lunch boxes, backpacks, etc.* Students in the Chess & Activity program must wear shoes suitable for running or hiking outside (**NO flip-flops or open-toed sandals, crocs, etc.**).

Students should **NOT** bring toys, or electronic games, or other such equipment. Full-day students in either program may bring phones (for emergencies), laptops, or books to read.

Keep this page for your records.

Full-Day Availability for Single Events

Afternoon events in the Chess & activity program, include board games and some field trips. Half-day students *may* be able to join in the afternoon activity for a day, *only if the full-day program (including the Pro-Chess program) has space available*. Cost for a single afternoon at Chess & Activities is \$50 (Pro-Chess is \$40). *Parents must check with program staff in advance for space availability and to arrange payment.*

Parents who are going to be late should notify the center as soon as possible to avoid excess charges.

Before/After-Care Availability and Late Policy

BEFORE/AFTER-CARE is available daily (from 8:00 AM until 6:00 PM), by pre-arrangement, for individual days or an entire week. The cost of scheduled before or after-care is \$15 per morning (8-9), \$25 per afternoon (4-6), or \$30 for both. Before care **MUST** be scheduled in advance.

LATE POLICY:

Half-Day students must be picked-up by 12:15 PM each day or they may be charged a late-pick-up fee of up to \$25. In addition, parents who remain out of touch past 1:00 PM may be charged the \$40 fee for an individual full day with the Pro-Chess group.

Keep this page for your records.

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Summer Chess Program

Omar Pancoast III, Director

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Gaithersburg, MD 20877-2106

Phone 301-963-9122, FAX 301-963-0734

www.chesscenter.net

2018 Summer Chess Program Medical Release/Consent Form

(This completed form is required for participation)

Student's Name: _____ Date of Birth: _____

Parent/Guardian Names: _____ Daytime Phone: _____

Address: _____ Work Phone: _____

Person authorized to pick-up in an emergency: _____ Phone: _____

Medical Information:

Doctor: _____

Insurance Carrier: _____ ID#: _____

PLEASE LIST ALL KNOWN ALLERGIES AND ANY OTHER MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE. USE THE BACK OF THIS FORM FOR ADDITIONAL SPACE IF NECESSARY:

ALLERGIES: If your child(ren) have allergies to animals, food, grass, trees, etc, please make sure they take their medication (if needed) before they arrive. Medication must be labeled with child's name, and be in the original bottle. PLEASE NO PEANUT PRODUCTS!!!!!!

I, the undersigned parent (or legal guardian), give my consent for the above named student to participate in the **Summer Chess Program** operated by the *C&O Family Chess Center*, Coach Omar Pancoast, and Coach Ross Pancoast. Students may be supervised both by coaches and by other personnel.

I agree that I will not hold the *C&O Family Chess Center* coaches, assistants, volunteers, or other program personnel, liable in the event of an injury or other medical emergency.

In the event of such an emergency I hereby grant permission for my son/daughter to be examined, diagnosed, transported, and/or treated in accordance with standard medical practice by licensed emergency and medical personnel. Furthermore, I agree to accept any and all financial responsibility resulting from such emergencies or their treatment.

Signed: _____ **Date:** _____

Parent or Guardian

Return this form to center.

C&O Family Chess Center

Summer Chess Program

Student Responsibility and Consent Form

(This completed form is required for participation)

Student Responsibilities:

ALL students should bring a morning snack and bottled water or a fruit drink (no soda please). Please make sure it is in a *resealable plastic* container such as a thermos, or having a sipper-top or screw-on cap (no glass containers, juice boxes, or soft packs).

FULL-DAY STUDENTS must bring snacks, lunch and a drink(s). Chess & Activities students must bring a backpack and must wear shoes suitable for running and hiking in the woods (NO flip-flops, open-toed sandals, Crocs, etc.). **LABEL EVERYTHING!!**

Students **SHOULD NOT** bring toys, electronic games, or other such equipment. Students may bring lap-tops, or other portable computers that can access Chess.com.

I understand that it is MY responsibility to get ready for activities each morning, and to bring all the things I need for the day. I agree to take responsibility for myself each day. I will abide by the rules of normal chess etiquette and all additional program rules and regulations, as instructed or directed by coaches and other program staff. **I also understand that rude, offensive, or dangerous behavior, or other failure to comply with program rules may result in my removal from the program. In this event, tuition will NOT be refunded.**

Signed: _____ Date: _____
Student

I have read this form and explained it to my child if necessary

Signed: _____ Date: _____
Parent or Guardian

Return this form to center.

RELEASE OF LIABILITY

PARENTS PLEASE READ CAREFULLY: THIS AFFECTS YOUR LEGAL RIGHTS!

In exchange for participating in the 2018 Summer Chess Program, organized by C&O Family Chess Center, at 217 West Diamond Ave, Gaithersburg, MD 20877 and /or use of the property facilities and vehicles and services of C&O Family Chess Center, I agree (for myself and child(ren)) to the following:

1. My child(ren) agree to observe and obey all posted rules and warnings and further agree to follow all oral instructions or directions given by Center Instructors and the C&O Family Center employees, representatives, or agents of the C&O Family Chess Center.

2. I recognize that there may be certain inherent risks associated with the program activities and I assume full responsibilities for personal injury to my child(ren) and further release and discharge C&O Family Chess Center and any employee for injury, loss, or damage arising out of my child(ren)'s use of, or presence at, the facilities or outings of C&O Family Chess Center.

3. I agree to indemnify and defend C&O Family Chess Center against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my child(ren)'s use of or presence at outings or at the facilities of C&O Family Chess Center.

4. I agree to pay for all damages to the facilities/property of C&O Family Chess Center and/or facilities/property at afternoon activities caused by my child(ren)'s negligent, reckless, or willful actions.

5. I give my permission for my child(ren) to be transported by private van or car to all outdoor activities.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Name of child(ren): _____

Parent Signature: _____ Date: _____

Participants: C&O Family Chess Center
Address: 217 West Diamond Ave
Gaithersburg, MD 20877

Return this form to center.

C&O Family Chess Center



2018 Summer Chess Program – Registration Form June 18-Aug 31, 2018

Student's Name: _____ M/F _____ D.O.B.: _____

School & Current Grade: _____

Parents' (Guardian's) Names: _____

Street Address: _____

City: _____ State & Zip: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Ph: _____

Previous Chess Experience (check the one that best describes student):

New Beginner (Knows the moves) Plays regularly School, Club or USCF player

Sec. A or B (full day) \$270.00 (\$250 additional weeks)

Sec. C & D (1/2 day chess only) \$150.00 (\$130 additional weeks)

Circle Weekly Sessions:

Wk. 1, Sec. A B C D; Wk. 2, Sec. A B C D; Wk. 3, Sec. A B C D; Wk. 4, Sec. A B C D;

Wk. 5, Sec. A B C D; Wk. 6, Sec. A B C D; Wk. 7, Sec. A B C D; Wk. 8, Sec. A B C D;

Before /After-Care Requested (additional charge)

Circle Days: M T W Th F (8 AM to 9 AM) \$15 a day

Circle Days: M T W Th F (4 PM to 6 PM) \$25 a day

Circle Days: M T W Th F (AM & PM) \$30 a day

Amount Enclosed: _____ Deposit, _____ Full Payment

Return with minimum \$50/week deposit, or full payment. Make checks payable to:

C&O Family Chess Center

Or, fax to **240-912-7456** or, email to cbpancoast@gmail.com (mail form & payment)