



NOVA SCOTIA SCHOLASTIC CHESS ASSOCIATION

REGISTRATION FORM

PLAYER NAME (First and Last): _____

DATE OF BIRTH (Year / Month / Day): _____ GENDER: ___ Male ___ Female

CITY: _____ POSTAL CODE: _____

SCHOOL: _____ GRADE: _____

E-MAIL: _____

By supplying an e-mail address, you agree to be added to the NSSCA and Chess & Math e-mail lists.

WAIVER

Supervision

I understand that the NSSCA is a volunteer run organization and does not have the resources to provide supervision to children/youth in between games at events. Hence at least one parent, guardian or authorized adult must be present with children/youth who require supervision. I understand that children/youth who are not accompanied by a parent, guardian or authorized adult will be responsible for their own safety and the safety of their possessions.

Media Release

I understand that NSSCA events are public events where pictures and video/audio recordings (hereinafter referred to as "media") may be taken. I understand that the NSSCA uses media on it's website, Twitter, Facebook and/or other social media accounts for promotion. I understand that the NSSCA may use media for pamphlets, articles, signs, presentations and/or other promotion material. I waive rights to privacy and understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Agreement

I hereby release NSSCA of any responsibility or liability for any direct or indirect loss, damage or injury arising from or in connection with participation in NSSCA events. I agree to waive all and any claims against NSSCA in this respect for the child/youth named above. I declare that if I am not the parent or legal guardian of the child/youth named above, I have authority from their parent or guardian to sign this waiver.

PARENT/GUARDIAN NAME (PRINTED): _____

SIGNATURE: _____ DATE: _____