



NOVA SCOTIA SCHOLASTIC CHESS ASSOCIATION

TEAM REGISTRATION FORM

SCHOOL NAME: _____
(School name in full. If multiple teams in same division, use "Team A", "Team B", etc.)

DIVISION: ___ P - 4 ___ 5 - 6 ___ 7 - 9 ___ 10 - 12
(Select one division, note that players may play up in a higher grade level, but cannot play down.)

Ratings and CMA ID numbers can be found on the Chess 'n Math website (www.chess-math.org).
Students do not require a CMA ID number or rating to participate.

PLAYER 1 (top ranked player)

PLAYER NAME (First and Last): _____

GRADE: _____ **CMA ID:** _____ **RATING:** _____

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

PLAYER 2 (second ranked player)

PLAYER NAME (First and Last): _____

GRADE: _____ **CMA ID:** _____ **RATING:** _____

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

PLAYER 3 (third ranked player)

PLAYER NAME (First and Last): _____

GRADE: _____ **CMA ID:** _____ **RATING:** _____

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

PLAYER 4 (fourth ranked player)

PLAYER NAME (First and Last): _____

GRADE: _____ **CMA ID:** _____ **RATING:** _____

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

E-mail chris.felix@nssca.ca to register the team for the event and then bring this completed form with you to the event! Use a separate form for each team. Note that each player must also have a signed waiver form, see www.nssca.ca or e-mail chris.felix@nssca.ca for more information.