



VIRTUAL
CHESS
CAMP

Monday - Friday
June 28 - July 2
for children ages 7 -12



Chess Camp will be conducted virtually this summer, through a ZOOM protected classroom. Children ages 7-12 may participate in the week long camp, June 28 - July 2, from 9am-noon, everyday.

Your child will learn and enhance their skills in the game of chess by getting to know the names, value, and movement of the pieces. They will develop game strategy, various checkmate combinations, and other tactics through practice, games, and puzzles. Chess is the #1 educational tool you can provide for a child. Exercise your child's mind this summer by playing CHESS!!

HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
Children's CHESS CAMP REGISTRATION FORM - SUMMER 2021

Participant Information:

Name: _____ DOB: _____ Age: _____ 2021-22 Grade: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Program Fee: \$225

Refund Policy:

Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. NO REFUNDS will be granted once a program has begun. A \$35 administrative service charge will be deducted from any refund granted.

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in any of the Hopewell Recreation programs. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ **DATE:** _____

Make checks payable and send to:
Amt. Remitted: _____
Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
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Titusville, NJ 08560