

**WSCF Tournament Entry Form to be signed by parents and kept on file by coach**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade (Sept 1) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Parent Email \_\_\_\_\_

Alternative Email \_\_\_\_\_

Complete School Name \_\_\_\_\_

School Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WSCF Rating \_\_\_\_\_ USCF Rating \_\_\_\_\_

USCF ID # \_\_\_\_\_ USCF Expiration Date \_\_\_\_\_

YOU MUST HAVE A CURRENT USCF MEMBERSHIP TO REGISTER FOR A USCF-RATED SECTION. IF YOU DO NOT HAVE A USCF MEMBERSHIP OR IF YOUR MEMBERSHIP EXPIRES BEFORE the tournament for which you are registering , YOU MAY JOIN OR RENEW AT **USCF's** website or join at the tournament site.

**PARENTAL CONSENT AND RELEASE**

I request that my child be permitted to participate in WSCF events. If I am not the parent or legal guardian of this child, I represent that I have been given the authority by the parent or legal guardian of this child to agree to the following provisions. I fully understand that it is my or my representative's responsibility to supervise my child during this event. I hereby give permission for the Wisconsin Scholastic Chess Federation (WSCF) and its assignees to photograph, videotape or otherwise record my child during this event and to use such images for future publicity, including in printed promotional materials and on WSCF's website. I acknowledge that I will not receive any compensation or have any claims in connection with such use. I further consent to the publication of my child's individual tournament results/scores. I hereby agree to release, discharge, indemnify and hold harmless WSCF and each of their respective officers, directors, employees, volunteers, and agents from and against any and all claims, damages, loss, liability, injury, charges or expenses in any way arising out of my child's participation in this event. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate.

Parent Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_