

**Whitmore Bolles**

**ELEMENTARY SCHOOL**

**Chess Team Permission Slip & Commitment Form**

 Winter 2016

**CHESS TEAM INFORMATION**

**WHERE:** Mr. May’s room, 213

**START DATE:**  January 26th, 2016

**TIME:** 3:45pm

**TEAM PRACTICES**

* Tuesdays and Thursdays 3:45 – 4:30 pm (January 26 – March 10)

**TEAM COST**

* The cost is $25. The chess team is open to any third thru fifth grade student. Payment should be made by check. Please make checks payable to *Whitmore Bolles Elementary* and turn them in to Ms. Shannon I the office*.*  All team payments need to be in by February 4th. \*Please know the team fee should not exclude anyone who wishes to play chess. If payment is a problem please see Mr. May immediately.

**STUDENT COMMITMENT:**

I will work hard, show respect to my teammates, and strive to help my team grow. I also understand that my school work comes first and completion of all homework and class assignments is the number one priority.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Name Student’s Signature Date Grade/Teacher

**PARENT COMMITMENT:**

I give permission for my child to practice and complete on the Whitmore Chess Team. I understand that there will be a cost of $25\*. I commit to making sure my child *attends practices for the full time*, and will pick up (or arrange other transportation for) my child from practices promptly at 4:30. I also understand that my child’s school work comes first and completion of all homework and class assignments is the number one priority. If at any time homework is missed or neglected I understand my child will be asked not to attend team practices or matches until all missing assignments are made up. As well, classroom behavior will be the barometer on whether my child is able to attend away matches.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

Parent’s Name Parent’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

Parent’s Name Parent’s Signature Date