

SACRAMENTO VALLEY SCHOLASTIC CHESS LEAGUE

Student Membership Application



Student Name: _____

Date of Birth: _____ Grade: _____ Gender: (circle one) **Boy / Girl / Decline**

USCF ID# (if current member) _____ **Expiration Date:** _____

School: _____ Teacher: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

*The Sacramento Valley Scholastic Chess League (SVSCL) is open to all public, private and home-schooled students. We provide the opportunity for students to play chess competitively as individuals and/or part of a school team. In order to play in SVSCL tournaments, a student must be a member of the United States Chess Federation (USCF) and the SVSCL. Annual memberships are valid for one year and allow students to participate in SVSCL and/or USCF sanctioned tournaments. A combined federation and league membership fee of **\$40** is required of each player. This fee must be renewed annually.*

Please check ONE of the two options below.

a) _____ I would like my child to become a member of the *United States Chess Federation* and the *Sacramento Valley Scholastic Chess League*! Attached is a **check made out to the SVSCL** in the amount of **\$40**.

b) _____ My child is currently a member of the *USCF* and will renew on the expiration date listed above. Attached is a **check made out to the SVSCL** in the amount of **\$20**.

PLEASE CHECK ONE: Do you give permission for the chess league and/or local print and television media to publish or air your child's picture or name for the purposes of showcasing the Sacramento Valley Scholastic Chess League?

_____ **YES** _____ **NO**

parent/guardian signature

date