



**2023 - 2024 ACADEMIC CHESS  
STUDENT DATA SHEET**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GENDER IDENTITY \_\_\_\_\_

US CHESS ID # \_\_\_\_\_ ID look-up at <https://new.uschess.org/player-search>  
*ENTER NONE IF YOU DON'T HAVE ONE*

CHESSKID USERNAME \_\_\_\_\_  
*ENTER NONE IF YOU DON'T HAVE ONE*

PARENT NAME \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Does your child have any medical conditions/allergies of which we should be aware? Yes No

If yes, please specify also include any medication your child is currently taking (prescription and

over-the-counter): \_\_\_\_\_

Please complete and return this form to your school's chess coach by **October 15, 2023**  
Coaches are to retain this form and have a copy of it to all tournaments