



## 2025 - 2026 ACADEMIC CHESS PARENT PERMISSION FORM, MEDIA RELEASE, and BEHAVIOR AGREEMENT

I give my child (student name) \_\_\_\_\_

attending (school name) \_\_\_\_\_ permission to participate in the CPS Academic Chess program during 2025-2026 school year and to attend Academic Chess sanctioned tournaments and events that are held at various locations in the city of Chicago, state championship competitions held in Illinois, and national championships held in the United States.

The Chicago Public Schools Office of Student Support and Engagement (OSSE) and the Department of Academic Competitions have high expectations for students participating in each of the Academic Chess Competitions. We expect students to be respectful of peers, coaches, volunteers, and administrators. We also expect students to be mindful of all rules and adhere to them. All students are expected to comply with the Chicago Public Schools' Student Code Conduct at school and during every chess competition.

I understand that participation in the online and over the board tournaments requires that my child's personal data be used for registration, and I hereby give consent for my child's chess coach and/or administrator, and Academic Competition staff to share my child's name, grade, date of birth, school, and any necessary medical condition that the tournament organizer needs to make accommodations for with Renaissance Knights. Furthermore, I authorize Academic Competition staff and Renaissance Knights to use this information as necessary to create ChessKid.com, US Chess, and FIDE memberships for my child as needed, and to register my child for State, National, and other tournaments my child may attend.

I understand that the team coach is the official chaperone and that he/she has full responsibility to make medical or other necessary decisions and that as the child's parent and/or legal guardian, and that I will be held responsible for any damages resulting from the student's behavior.

I, hereby release the Chicago Public Schools, the Office of Student Support and Engagement (OSSE), Renaissance Knights, and the Department of Academic Competitions from all liability and responsibility and hold each of them harmless for any damage or injury which may be incurred or caused by my child before, during or following any such competition, including during travel. I further consent to the release of information about or relative to my participation activities, including scores, photographs, sound video recordings and any other data. The Academic Chess Program shall have full rights to reproduction and use of all such materials as will outside tournament organizers.

By signing this form, the parent/legal guardian and student hereby agree to follow the competition rules, adhere to the student behavior agreement, and accept interpretation and decisions made by the Academic Competition's team.

Signature of student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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



**2025 – 2026 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 \_\_\_\_\_

PARENT 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):

\_\_\_\_\_

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