

QUEENS GAMBIT CHESS ACADEMY

(Affiliated to All Bihar Chess Association, Patna)

5th Floor, Hotel Diamant Inn, Gola Road, Patna -801505

Contact: 8873462211/9031859982/9006647362

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REGISTRATION FORM

(Please fill in BLOCK LETTERS)

STUDENT DETAILS

1. Full Name: _____
2. Date of Birth (DD/MM/YYYY): ____ / ____ / ____
3. Age: ____ years
4. Gender: ☐ Male ☐ Female ☐ Other

Paste recent
photograph of
student

PARENT/GUARDIAN DETAILS

5. Parent/Guardian Name: _____
6. Relationship with Student: ☐ Father ☐ Mother ☐ Guardian
7. Contact Number: _____
8. Alternate Contact Number: _____
9. Email ID: _____

ADDRESS DETAILS

10. Residential Address: _____

City: _____ State: _____ Pin code: _____

EMERGENCY CONTACT DETAILS

11. Emergency Contact Name: _____
12. Relationship with Student: _____
13. Emergency Contact Number: _____

CLASS ENROLLMENT DETAILS

14. Type of Class Enrolled: ☐ Group ☐ One-on-One
15. Mode of Class: ☐ Online ☐ Offline
16. Preferred Days (if applicable): ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

DECLARATION & CONSENT I, the undersigned, declare that the details provided above are true and accurate to the best of my knowledge. I have read and understood the Terms and Conditions of Queens Gambit Chess Academy, and I agree to abide by them. I also acknowledge that under no circumstances will the paid fees be refunded. Furthermore, I grant permission for my child's name and photograph to be published on the Academy's social media platforms in case of any achievements.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

For Office Use Only Enrolment Number: _____ Batch & Timings: _____

Fees Paid: ☐ Yes ☐ No Payment Mode: ☐ Cash ☐ UPI ☐ Bank Transfer

Authorized Signatory (Academy Representative) Signature: _____ Date: ____ / ____ / ____

RIGHTS OF ADMISSION RESERVED

TERMS AND CONDITIONS ARE SUBJECT TO CHANGE