

# Competitive Chess Beginner and Advanced

with coach Bella Belegradek

Hightower Trail Middle School Foundation presents before-school enrichment program *Competitive Chess Beginner and Advanced*.

Classes will be held in the 8<sup>th</sup> Grade Computer Lab, on Fridays 8:05-8:50am, starting September 6th, 2019.

We will continue with general principles of the game (teach or refresh the rules and basics of chess, if needed), and learn some tactics and strategies for different stages of the game. There will be in-house chess and chess variations tournaments, including bughouse, everybody's favorite game. We will also support those students who wish to participate in official chess tournaments outside of school. In particular, we hope to participate in the State team championship in February. These tournaments are not school sponsored.

There will be 13 classes: 09/06, 09/13, 09/20, 10/4, 10/11, 10/18, 10/25, 11/1, 11/8, 11/15, 11/22, 12/6, 12/13

The course fee is \$208

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## Competitive Chess Beginner and Advanced Registration Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Phones Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Emergency phone \_\_\_\_\_

Course fee \$208 is paid by cash or check written to Bella Belegradek (you can contact me at [bbelegradek@gmail.com](mailto:bbelegradek@gmail.com))

I agree to release, indemnify, and hold harmless Bella Belegradek and all volunteers, as well as Hightower Trail Middle School, HTMS Husky Foundation, Cobb County School District, its Board of Education, and its employees, agents, or assignees, as well as its volunteers from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs, and expenses (including attorney's fees), whether known or unknown, that I, any other parent or guardian of the named student below, or the student may have or may be brought against Bella Belegradek or the District Indemnities arising out of or in any manner relating to the student's participation in this program, including but not limited to the rendering of emergency medical procedures or treatment.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_