

Borders Book Store Club with Ruslan Ahundov

What: Club for students and adults of all ages.

Where: Borders Bookstore Café at Brown Deer and Port Washington Road on lower level.

Times: June 8 through August 24th. Sunday's 6:00 to 8:00 pm.

Fees: Full 12 week session \$75, 8 weeks - \$60, 5 weeks \$40, drop in - \$10

Registration : Register on line at www.wisconsinscholasticchess.org for full session only. Register via mail for 8 week or 5 week sessions and pay on site for drop in sessions. Register on line prior to June 6th.

Instructor: Ruslan Ahundov. A variety of activities are available for students of all ages and abilities. People can come for a friendly game, can participate in a simul with Ruslan, obtain one – one instruction from Ruslan and play in a USCF rated quad tournaments held over 3 week periods. Look for dates of quad tournaments on WSCF website.

Scholarships Available for families with multiple children and for schools with 4 or more students. Please call 262- 574- 5624.

Entry Form: Mail to WSCF P.O. Box 170843 Milwaukee, WI 53217

Name _____ **BD** ____/____/____

Home Address _____

City _____ **State** ____ **Zip** _____ **Grade** ____

Parent Emergency Contact Phone Number _____

Complete School Name _____

School City _____ State _____ Zip _____ Payment Enclosed: Please Circle \$75, \$60, \$40, \$10

PARENTAL CONSENT AND RELEASE

I request that my child be permitted to participate in this event. If I am not the parent or legal guardian of this child, I represent that I have been given the authority by the parent or legal guardian of this child to agree to the following provisions. I fully understand that it is my or my representative's responsibility to supervise my child during this event. I hereby give permission for the Wisconsin Scholastic Chess Federation (WSCF) and its assignees to photograph, videotape or otherwise record my child during this event and to use such images for future publicity, including in printed promotional materials and on WSCF's website. I acknowledge that I will not receive any compensation or have any claims in connection with such use. I further consent to the publication of my child's individual tournament results/scores. I hereby agree to release, discharge, indemnify and hold harmless WSCF; and Borders Book Stores, and each of their respective officers, directors, employees, volunteers, and agents from and against any and all claims, damages, loss, liability, injury, charges or expenses in any way arising out of my child's participation in this event. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate.

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____