

Wisconsin Scholastic Chess Federation
Presents

Madison CHESS CAMP



June 30, July 1 and July 2, 2008



Location: Memorial Union, 800 Langdon Street, Madison, WI 53706

What: **Pawn/Knight/Bishop Camp**

When: **Monday – Wednesday 9:00 am to 12:00, 1:00 – 4:00 pm**
Full day option and half day option; am or pm section

Instructors: **Steffen Thieme and Bob Patterson-Sumwalt**

In this camp students will work toward their pawn and knight certificates. Students will build on their current beginning knowledge of chess and learn the fundamentals of setting up the board, check, checkmate, stalemate, castling, pawn promotion, en passant, value of chess pieces and demonstrate basic checkmate with 2 rooks, king and queen. Students will also learn chess notation and learn strategies to take notation effortlessly during chess matches incorporating use of a chess clock. Students already with those skills will work on Knight and Bishop level skills. A theme through out the course will be activities to increase student's board vision skills. Students working on their Knight Certificate will learn more about mating strategies, board vision, end game strategies and introduction to tactics. Bishop Certificates also available. See Chess Curriculum on line at www.wisconsinchess.org , click on Chess School.

Students will study famous games of Russian Grandmasters and learn about winning opening and endgame strategies. Students will participate in a tournament and earn a Wisconsin rating ; every student will earn a medal. Students will play lots of chess and will have their games analyzed. Students who progress will earn the certificate they are working towards and begin on the next certificate.

How: To register go online at www.wisconsinchess.org , click on “Camp, Class, Club Registration” and register on line and pay via paypal **Or** download application and mail to P.O. Box 170843 Whitefish Bay, WI 53217 **Lunch:** Please bring a sack lunch and snacks.

Fees Full Day: \$60 by May 31; \$70 by June 15; \$80 by June 26th; \$85 on site.
Half Day: \$40 by May 31; \$45 by June 15; \$50 by June 26th; \$60 on site.

Scholarships and group discounts available. Call 262-573-5624 or email td@wisconsinscholasticchess.org

Madison Camp Entry Form.

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

Name _____ BD ____/____/____

Home Address _____

City _____ State ____ Zip _____ Grade _____

Complete School Name _____

School City _____ State _____ Zip _____

Payment Enclosed:

Half day option only available via the mail.

Please Circle: Full Day \$60, \$70, \$80, on site \$85
Half Day PM \$40, \$45, \$50, on site \$60
Half Day AM \$40, \$45, \$50, on site \$60

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, Village of Shorewood Hills and their 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: _____