

Wisconsin Scholastic Chess Federation

Presents

Racine Scholastic CHESS Club



Wed May 7 to Wed August 20th



Location: Caesar Chavez Community Center 2221 Douglas Ave Racine , WI 53402

What: **Pawn/Knight/Bishop Chess Club**

When: **Wednesdays at 5:00 pm to 6:30+**

Club Coach : Christian Jensen Chris is a native of Racine and has been playing chess for about 10 years having learned in a local coffee shop. He is an A level player and has played in many parts of the United States in his travels including Washington Square Park in New York and Market Street in San Francisco. He can be reached at 262-939-2833 or 262-635-0676.

Students who attend the club will work on earning their pawn, knight and bishop certificates, compete in club tournament, play blitz and bughouse as well learn under the tutelage of Chris Jensen.

How: Register on line at www.wisconsinscholasticchess.org or download application and mail to P.O. Box 170843 Whitefish Bay, WI 53217 or join on site. Filling out the registration form below. .

Cost: \$75 for Summer Session ; 5 club nights \$30 , \$5 per session on site.
Scholarships and group discounts available.
For info call 262 573-5624 or email td@wisconsinscholasticchess.org

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: \$75 for complete summer session

\$30 for 5 club nights.

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, Mother Kathryn Daniels Conference Center, 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: _____