

Wisconsin Scholastic Chess Federation
Presents

Shorewood

*Beginners and New Players
Chess Camp*



July 7 – 11th, 2008



Location: Shorewood Intermediate School 3830 N. Morris Blvd , Shorewood, WI 53211

What: Pawn/Knight Camp

When: Monday – Friday 1:00 to 4:00 pm

Instructor: Ruslan Ahundav and Bob Patterson-Sumwalt

Students participating in this course will experience a variety of chess learning activities led by Fide Master Ruslan Ahundov. Mr. Ahundov is the highest rated player in Wisconsin. The course will also be led by Bob Patterson-Sumwalt, organizer and founder of the Wisconsin Scholastic Chess Federation. Mr. Patterson-Sumwalt has over 20 years of classroom teaching experience and has been teaching chess to students since 1994 and has coached over 6 national award winning chess teams as well as Kansas 5a State Champions twice.

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 these skills will work on Knight and Bishop level skills. A theme through out the course will be activities to increase student's board vision. 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.wisconsinscholasticchess.org , click on Chess School.

Students will study famous games of Russian Grandmasters and learn about winning opening and endgame strategies, as well as solve chess puzzles every day. Students will participate in a tournament and earn or improve upon their 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: Register via the Shorewood Recreation department. In person , on line at www.shorewoodschoools.org or call 414- 963 – 6913

Cost : \$ 90 to Shorewood Recreation Department

For information from the instructors call 262 573-5624 or email td@wisconsinscholasticchess.org

WSCF Entry Form: Mail to WSCF P.O. Box 170843 Milwaukee, WI 53217
(or bring to the first day of class)

Name _____ BD ____/____/____

Home Address _____

City _____ State ____ Zip _____ Grade _____

Parent Emergency Contact Phone Number _____

Complete School Name _____

School City _____ State _____ Zip _____

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, Shorewood Recreation Department, 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: _____