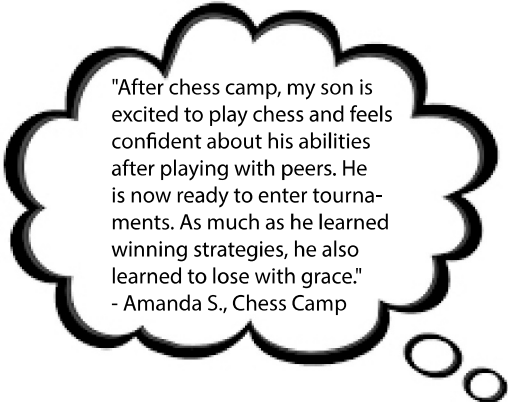


WSCF CHESS CAMP

Beginners Class: This class is for those new to chess or with ratings (WSCF or USCF) from 0 to 600. Students will focus on chess fundamentals. These include opening strategy, the 7 basic checkmates, and tactics such as Forks, Pins and Discovered Check. Students will experience a balance of chess play and instruction. Students will compete in a 5-round tournament with the top 3 winning trophies and everyone else receiving a medal. Each student will also receive a free Gold Membership to Chesskid.com.

Intermediate Class: This class is for students who have played two to 3 years and those with ratings from 600 to 1000. All phases of the game will be covered including chess notation and game analysis. Students will participate in a 5-round tournament with the top 3 winning trophies and everyone else receiving a medal. Each student will also receive a free Gold Membership to Chesskid.com.

Day: Monday - Friday
Location: Nicolet High School - Room C111
Grade: Open to all ages starting in 2nd grade (grade as of Fall 2019)
Fee: \$90.00R/\$100.00NR
Min/Max: 12/24
Instructor: Wisconsin Scholastic Chess Federation Staff



"After chess camp, my son is excited to play chess and feels confident about his abilities after playing with peers. He is now ready to enter tournaments. As much as he learned winning strategies, he also learned to lose with grace."
- Amanda S., Chess Camp

Session:	Date:	Level:	Time:	Program#:
I	June 24 - 28	Beginner	9:00am - 12noon	312160-01
II	June 24 - 28	Intermediate	1:00 - 4:00pm	312160-02
III	August 12 - 16	Beginner	9:00am - 12noon	312160-03
IV	August 12 - 16	Intermediate	1:00 - 4:00pm	312160-04



WISCONSIN SCHOLASTIC
CHESS FEDERATION
GROWING YOUNG MINDS FOR THE FUTURE

register with:



Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us

On-line registration: <https://rec.nicolet.k12.wi.us>



Find us on
Facebook

Nicolet Recreation

PROGRAMMING: AGES 4 - 18



Registration Form



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 6701 N. Jean Nicolet Rd.
 Glendale, WI 53217

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Nicolet Recreation

Household Information: _____ Date: _____ Alumni _____

Name (person filling out form): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Unless otherwise notified, assume that you are enrolled in the program.

Name	Sex	Birthdate	Grade	Program#	Program Name	Fee

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child's class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. "I certify that my child/children is/are eligible for the reduced fee school meal program"

Signature _____

Subtotal Fee: _____

Less Reduced Fee: _____

Total: _____

Waiver and Release of Claims

"As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I/my child may ward or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to waive and relinquish all claims I/my child may ward or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I do hereby fully release and discharge the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I/my child may ward or may have or which may accrue to me/them on account of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me/them and arising out of, connected with, or in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of all claims."

For the activities that apply:

Concussion & Head Injury Disclosure

"As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury."

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Cash ___ Check ___ / # ___ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ___ Visa ___ Expiration Date _____

Card number _____ - _____ - _____ - _____

Cardholder Name _____

Signature _____ Date _____

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box

