WSCF K8 Winter Break Chess Camp

December 26, 27 and 28

10:00 am to 4:00 pm. (Wednesday, Thursday, Friday)

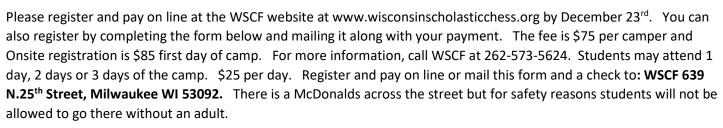
This camp will focus on opening principles strategy, mastery of the 7 basic mates and tactics and game analysis. Prior club and tournament participation are helpful but not required.

In WSCF Chess camps students experience a balance of instruction and competition tailored to their ability level and chess experience. Students will participate in a Swiss style tournament and receive trophies and medals.

Students will have short breaks each in the morning and afternoon sessions. There will be a 30-minute break for lunch. Student's should bring their own lunch

The camp is open to players in Kindergarten through 8th grade.

Location: WSCF Office Central United Methodist Church 639 N. 25th Street.



Will attend:	3 days	2 days	1 day; Please identify which days					
Name			Grade					
Parent/Guardian Name			School					
Phone	Email		Parent Cell					
Home Address			City	Zip				
Parent/Coac	h Consent and	Release M	eil to 620 N. 25th Stroot Milwould	00 M/LE2002				

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 about 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 each of their respective officers, directors, employees, volunteers, and agents from and against 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.

Parent/	Coach Si	gnature					