

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.

Please register and pay on line at the WSCF website at www.wisconsinscholasticchess.org by December 23rd. You can also register by completing the form below and mailing it along with your payment. The fee is \$75 per camper and Onsite registration is \$85 first day of camp. For more information, call WSCF at 262-573-5624. Students may attend 1 day, 2 days or 3 days of the camp. \$25 per day. Register and pay on line or mail this form and a check to: **WSCF 639 N.25th Street, Milwaukee WI 53092**. There is a McDonalds across the street but for safety reasons students will not be allowed to go there without an adult.



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/Coach Consent and Release Mail to: **639 N. 25th Street Milwaukee, WI 53092**

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 Signature _____