

# WSCF K8 Spring Break Chess Camp

**April 15 – 19** Monday to Friday

## Two Sections

**K8u500** 9:00 am to 12:00

**K8u1200** 1:00 am to 4:00

If not enough players in either division the divisions will be combined into one class.

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.



***Students at Discovery World***

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. Students can bring a snack. K8u1200 will also focus on notation and game analysis.

**Location:** WSCF Office Central United Methodist Church 639 N. 25<sup>th</sup> Street.

Please **register** and pay on line at the WSCF website at [www.wisconsinchess.org](http://www.wisconsinchess.org) by April 13<sup>th</sup>. 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 \$90 first day of camp. For more information, call WSCF at 262-573-5624. Register and pay on line or mail this form and a check to: **WSCF 639 N.25<sup>th</sup> 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. Instructor(s) will not take students to McDonalds.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Parent Cell \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Coach Consent and Release Mail to: **639 N. 25<sup>th</sup> 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 \_\_\_\_\_

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