

# Sauk Prairie Middle School Chess Camp

## August 7 to 11, 2017

9:00 am to 12:00 noon.

This camp will focus on opening principles strategy, and mastery of basic tactics and game analysis. This camp will be led by Joseph Zech.

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 a 10 – 15-minute recess and can bring snacks. The camp is open to players who have completed 1st grade through 11th Grade. Sections are limited to 24 students.

Fee for the camp is \$75.

Location: Sauk Prairie Middle School – Sauk City

Please register with the Sauk Prairie Community Education Department.

Website:

<http://www.saukprairieschools.org/community/classes-and-activities.cfm>

Please Complete this form and bring to the first day of camp.

Name \_\_\_\_\_ Grade (fall 2017) \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Parent/Coach Consent and Release Mail to: **WSCF 2819 W. Highland Blvd Milwaukee, WI 53208.**

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 \_\_\_\_\_

