



## St. Monica Summer Chess Camp

What: **15 hours** of quality chess instruction

Who: All levels, from total beginner to advanced, entering 1<sup>st</sup>-8<sup>th</sup> grade

When: July 25-29, 1:15-4:15pm

Where: St. Monica's Franciscan Room

Why: Chess develops memory, concentration, and logical reasoning, as well as a sense of healthy competition!

The Wisconsin Scholastic Chess Federation (WSCF) will provide instruction for the camp. Students will be divided by skill level and work to complete their pawn, knight, and bishop certificates. There will be a 5-round, Swiss-style tournament, and every student will earn a medal. Check out the WSCF website for more information:

<http://www.wisconsinscholasticchess.org/>.

To enroll, please fill out the registration form, attach payment, and mail to the WSCF by July 21. Because St. Monica is hosting the camp, our students receive a discount and pay just **\$40** (plus \$25 for each successive sibling). To receive that discounted rate, you must register by mail rather than online. Contact the WSCF about possible scholarships.

Questions? Contact Natalie Nolan ([nnolan@wi.rr.com](mailto:nnolan@wi.rr.com)), Enrichment



# WSCF Summer Camp Registration

**Camp Info:** Camp Name: St. Monica      Camp Date: July 25-29      Time: 1:15-4:15

**Student Info :** Name \_\_\_\_\_ Gr \_\_\_\_\_

School \_\_\_\_\_ School City \_\_\_\_\_

Student Address \_\_\_\_\_

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

Additional Siblings Attending Camps \_\_\_\_\_

Please check if you do not want to receive our monthly email newsletter \_\_\_\_\_ Entry Date \_\_\_\_\_

## Parent/Coach Consent and Release

Parent Name \_\_\_\_\_ Cell phone \_\_\_\_\_

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 in connection with 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 any and 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/Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail a form and payment postmarked no later than the Wednesday before the camp to:**

**WSCF P.O. Box 6685 Milwaukee, WI 53206**

**(\$50 per entrant, \$40 if from host school, and \$25 for each successive sibling ) ( please arrive 10 to 15 minutes early on first day of camp)**