

Chess Summer Camp 2015

Wesleyan Christian Academy • 1917 N. Centennial Street • High Point,
NC 27262



- Learn how to play
- Learn strategies and techniques
- Compete/Play with other students everyday
- No experience required



Research has shown that chess improves cognitive abilities, rational thinking and reasoning among students.

Check one: ___ Novice ___ Beginner ___ Intermediate ___ Expert

Monday – Thursday, June 1- 4, 2015 9am-12noon (Room 305)

Child's Name: _____ Age: _____
School: _____ Male: _____ Female: _____
Parent's Name(s): _____ Email Address: _____
Home Address: _____ City/State/Zip: _____
Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____
Medical Insurance Co.: _____ Policy #: _____

Are there any medical restrictions the staff should be aware of? (If yes, attach explanation.)

Yes: _____ No: _____

Amount enclosed: \$ _____ (\$75.00 if received by 5/1/15. \$80.00 if received on 5/2/14 or after.)

Questions: Email Jaime Cebollero JCebollero@wesed.org (Wesleyan Chess Club Advisor)

CAMP IS LIMITED TO 20 STUDENTS-MAX. FIRST 20 DEPOSITS TURNED IN DIRECTLY TO MR.

CEBOLLERO ARE GUARANTEED A SPOT. (MAKE CHECKS PAYABLE TO WCA-memo chess camp)

As parent/guardian of the above camper, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in camp. I agree to hold harmless Wesleyan Christian Academy and its agents, employees, counselors and volunteers. I hereby release them from any liability on account of injuries sustained by camper while participating in camp activities. I give permission for camper to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse the Wesleyan Christian Academy for medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.

I have read the above.

Signature of Parent / Guardian Date