

# What are your kids doing this summer?

This is  
your Brain!



This is  
your Brain  
on Chess!

# Chess Summer Camp <sup>2011</sup>

Open to ages 4-13 (grouped by age and level)



Quality you can check on!  
BayAreaChess.com

## A Novel "Fun First" Blend of Academia, Chess, and Games!

Each 3 hour instructional block consists of:

1. **Chess puzzles** and **creative exercises** to sharpen the brain.
2. **Group instruction** and **personalized coaching** to improve chess skills.
3. **Casual play** to practice and enjoy Chess.
4. **Hourly breaks** for snacks and recess.

### Top Instructors

- Grand Master Sam Shankland, International Master Emory Tate, and FIDE Masters Dr. Eric Schiller
- National Master Arjoe Loanzon, and Award winning author Frisco Del Rosario
- UC Berkeley Director of Teaching Excellence: Dr. Wasim Azhar
- Distinguished coaches: Kerry Lawless, Rick Wolfrom, Ed Kamin, Chuck Dupree, Eric Steger, Dr. Wolfgang Behm, Dr. Salman Azhar

### Regular Camp Schedule (for Beginners & Intermediates, Grades PK-6)

- Palo Alto & Menlo Park (Duvneck): Weeks of **8/1, 8/8**
- Cupertino/Central San Jose (Harker @ Blackford): Weeks of **6/27, 7/11, 7/18, 7/25, 8/1, 8/8**
- Fremont (Mission San Jose Elementary & Warm Springs): Weeks of **7/11, 7/18, 7/25, 8/1**
- Santa Clara (Granada): Weeks of **6/20, 6/27**

### Master Camp Schedule (for students with 1000+ Ratings)

- Palo Alto & Menlo Park (Duvneck): Week of **8/8**
- Cupertino/Central San Jose (Harker @ Blackford): Weeks of **7/11** and **8/8**
- Fremont (Mission San Jose Elementary & Warm Springs): Weeks of **7/18** and **8/1**
- Santa Clara (Granada): Week of **6/20**

See registration form on the other side or register online at [BayAreaChess.com/camp](http://BayAreaChess.com/camp)

Get more info at [BayAreaChess.com/camp](http://BayAreaChess.com/camp), email [ask@BayAreaChess.com](mailto:ask@BayAreaChess.com), or call **408-786-5515**

Bay Area Chess is a 501(c)(3) non-profit organization serving since 2006!

## Chess - Summer Camp 2011 Registration

Pay/Mail to: Bay Area Chess, 1590 Oakland Rd. , Suite B213, San Jose, CA, 95131

Location	Dates	Schedule AM= 8:30-11:30am MD= 11:30am-2:30pm PM= 2:30-5:30pm Full= 8:30am-5:30pm (Fremont= 8:30am-2:30pm)	Additional Services Early Drop = 8-8:30am: \$15/week Late Pick = 5:30-6pm: \$15/week (Fremont 2:30-3:00 pm) Lunch = 11:30am: \$25/week	Weekly Tuition & Fees
<b>Palo Alto &amp; Menlo Park</b> (Duveneck School) 705 Alester Ave, Palo Alto	Aug 1-5	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	<input type="checkbox"/> <b>Palo Alto</b> AM: \$187 x ____wks MD: \$177 x ____wks Full (8:30-2:30): \$337 x ____wks <input type="checkbox"/> <b>Harker School</b> AM: \$187 x ____wks MD: \$177 x ____wks PM: \$167 x ____wks Full: \$417 x ____wks <input type="checkbox"/> <b>Fremont</b> AM: \$177 x ____wks MD: \$167 x ____wks Full (8:30-2:30): \$317 x ____wks
	Aug 8-12	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
<b>Cupertino &amp; Central San Jose</b>  (Harker School) 3800 Blackford Ave San Jose	Jun27-Jul1	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	<input type="checkbox"/> <b>Santa Clara</b> AM: \$177 x ____wks MD: \$167 x ____wks PM: \$157 x ____wks Full: \$397 x ____wks <b>Master Camp: +\$10/wk for 3 hr session &amp; \$20/wk for full -day x ____wks</b>
	Jul 11-15	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
	Jul 18-22	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
	Jul 25-29	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
	Aug 1-5	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
Aug 8-12	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch		
<b>Fremont</b> (Mission San Jose School) 43545 Bryant St. Fremont , & (Warm Springs School) 47370 Warm Springs Blvd, Fremont	Jul 11-15	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	<input type="checkbox"/> <b>Additional Services</b> Early Drop \$15 x ____wks Late Pick \$15 x ____wks Lunch \$25 x ____wks  Discount: \$ _____ Total: \$ _____
	Jul 18-22	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
	Jul 25-29	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
Aug 1-5	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch		
<b>Santa Clara</b> (Granada School) 3003 Scott Blvd Santa Clara	Jun20-24	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	
	Jun27-Jul1	<input type="checkbox"/> AM <input type="checkbox"/> MD <input type="checkbox"/> PM <input type="checkbox"/> Full	<input type="checkbox"/> Early Drop <input type="checkbox"/> Late Pick <input type="checkbox"/> Lunch	

**Sign up for multiple weeks and get discounts:**  
**Partial day:** Each additional week **\$37 off**  
**Full day:** Each additional week **\$57 off**  
**Sibling Discount:** Each week **\$10 off**

**Parent/Legal Guardian Consent/Medical Release Form:** In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance Bay Area Chess, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent (required if applicant is less than 18 years of age):

I give my consent for my son/daughter named above to participate in the above activity, and I execute the above liability release on his/her behalf.

Consent to Treat (choose one)

I don't give my consent to treat and request that medical or surgical services be withheld.

I hereby give my consent to the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in this event.

It is understood that the Bay Area Chess and its affiliates provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

**Read before Signing** I have read and understood the foregoing registration form, liability release form, parental consent and consent to treat, and agree to all their terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name:	Date of Birth:	Grade:	School:
Parents or Guardians:	Cell:	Cell/Home :	Email:
Street:	City:	Zip:	Home Phone:
Emergency Contact:	Cell:	Home:	Email:
Insurance Company:	Insurance #:	Dr. Tel:	Dr. Name: