



BayAreaChess Summer Camp (with a Twist!!)

Our program is a "fun first" combination of chess and academia (Language Arts & Math)
July 7 – August 1 (1 to 4 week options)

www.bayareachess.com

Santa Clara Location: Granada School (MCA building), 3003 Scott Blvd, Santa Clara, CA 95054.
Curriculum & Instruction : **Dr. Salmar Azhar** (Duke & Wake Forest ex-professor), **Ms. Tessa Kwan** (ex-Principal),
Dr. Wasim Azhar (current Stanford & Berkeley faculty), **Dr. Eric Schiller** (linguist); *Coordinator: Ayesha Waheed.*
Coaches: Ted **Castro**, Mark **Shelton**, Ricardo **De Guzman**, Frisco **Del Rosario**, Tom **Langland**, JP **Donovan**,
Francisco **Anchondo**, Alicia **Fulk**, & others. Final assignments based on the level of the students.

A public service organization

Sample Morning Session			Sample Afternoon Session			
Time	Activity	Instructor(s)	12:00-12:45	Time	Activity	Instructor(s)
9:00-9:15	Drop off & Roll Call	Coordinator		12:30-12:45	Drop off & Roll Call	Coordinator
9:15-10:00	Math or Language Arts	Instructor	L	12:45-1:30	Chess	Coach
10:00-10:15	Recess and Snacks	Coordinator	U	1:30-1:45	Recess	Coordinator
10:15-11:00	Chess	Coach	N	1:45-2:30	Chess	Instructor
11:00-11:15	Recess	Coordinator	C	2:30-3:15	Recess	Coordinator
11:15-12:00	Chess	Coach	H	3:15-3:30	Math or Language Arts	Instructor
12:00-12:05	Morning Pick-up			3:30-3:45	Afternoon Pickup	Coordinator

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Student Name:		Birth date:		School:		Grade:	
USCF Member?	<input type="checkbox"/> No... indicate level*: <input type="checkbox"/> Beginner (needs to learn basic moves); <input type="checkbox"/> Intermediate (knows basic moves); <input type="checkbox"/> Advanced (knows some strategy and/or tactics);						
	<input type="checkbox"/> Yes... USCF ID:		Rating:				
Parent/Guardian Name:							
Address:		City/State/Zip:		Emergency Contacts (Name & cell)			
Allergies, Dietary Restriction, etc.:							
Health Insurance (Provider & ID)				Doctor (Name, Tel)			

	1 week	2 weeks	3 weeks	4 weeks	Specify Dates
Standard Full Day (9am-3:15pm)	<input type="checkbox"/> \$349	<input type="checkbox"/> \$649	<input type="checkbox"/> \$899	<input type="checkbox"/> \$1,099	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1
Half Day (9am-noon or 12:30-3:15pm)	<input type="checkbox"/> \$189	<input type="checkbox"/> \$369	<input type="checkbox"/> \$539	<input type="checkbox"/> \$699	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1
Early Drop-off (8am-3:15pm)	<input type="checkbox"/> \$374	<input type="checkbox"/> \$699	<input type="checkbox"/> \$974	<input type="checkbox"/> \$1,099	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1
Late Pick-up (9am-6pm)	<input type="checkbox"/> \$419	<input type="checkbox"/> \$789	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$1,349	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1
Early Drop-off & Late Pick-up (8am-6pm)	<input type="checkbox"/> \$439	<input type="checkbox"/> \$829	<input type="checkbox"/> \$1,249	<input type="checkbox"/> \$1,399	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1
Add Lunch (Free Snacks Provided)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> 7/7-11; <input type="checkbox"/> 7/14-18; <input type="checkbox"/> 7/21-25; <input type="checkbox"/> 7/28-8/1

++ _____ Subtotal
 ++ _____ Discounts (/ week): \$10 for siblings; \$10 for BayAreaChess tournament players; \$5 registering before 5/31
 ++ _____ Late fee (/week): \$25 if enrolling less than 2 weeks before start date
 - _____ Financial Aid request I can't afford to pay & request discount (subject to funds and availability; additional info may be reqd)
 + _____ Donation I would like to donate an additional amount
 = _____ **TOTAL** Cash Check (Make checks to Azleena Azhar, 1551 Garvey Pl., San Jose, CA 95132)
 I have already paid via Paypal to sazhar~at~yahoo.com (replace ~at~ with @)
 I am emailing/mailling the entry form to events~at~bayareachess.com (replace ~at~ with @); Invoice me via Paypal

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 BayAreaChess and MCA, 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 _____ 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 the above event.

It is understood that the BayAreaChess 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.

Date: _____ Signature: _____ Name: _____ E-mail: _____ Phone: (____) _____

Date: _____ Signature: _____ Name: _____ E-mail: _____ Phone: (____) _____