



LTRC CHESS CAMP–Youth SUMMER 2010

Lutherville Timonium Recreation Council



For boys and girls: Age 8 (entering 3rd) - Age 14 (entering 9th) For beginning and experienced players

Session 1: July 6 – 9 (4 days) **9 a.m. - 3 p.m., Mon. - Fri. at Ridgely Middle School, Room 120**
Session 2: July 12 – 16 (5 days) **Session 3: July 19 – 23 (5 days)**

Make your move and capture some fun this summer with chess! This camp is designed to teach and improve your game of chess with a strong foundation of the game's fundamentals. Instruction includes various checkmates, draws and stalemates, tactics, the end game, and opening development of pieces. Camp instructors include Senior Master William "The Exterminator" Morrison, Arkadiy Frenkel, and Cockeysville Middle School Chess coach, Glenn Segal.

Registration Donation: **Session 1: \$150** **Sessions 2 or 3: \$185**
 Sessions 1 and 2: \$315 **Sessions 1 and 3: \$315** **Sessions 2 and 3: \$350** **All Sessions: \$480**

Program Includes:

Highly qualified instruction for all different levels (beginner, intermediate, and advanced)
 Strategy/Tactics Sessions Game Analysis Daily Games (formal and informal)
 Adult/Child Tournament Recreational Activities and more!!

Every Participant Receives:

Instruction (group and individual) Free board, bag and pieces Pizza Lunch on last day
 Instructional folder Daily snacks and drinks Score book Tee shirt

***Participants will need to bring their own lunches daily.

Mail Pre-Registration form and check by **June 18** to:
 Summer Chess Camp
 Lutherville Timonium Recreation Office
 121 E. Ridgely Rd., Lutherville MD 21093

Register early - limited enrollment!
 Low student/instructor ratio. For questions, email glennsegal@msn.com

Baltimore County Department of Recreation and Parks

The Baltimore Co. Dept. of Recreation and Parks does not provide background checks on volunteers. Should you require special accommodations (i.e. sign language interpreter, etc.) Please give as much notice as possible by calling the Rec. Office at 410-887-7684 or the Therapeutic Office at 410-887-5370 (voice), or 410-887-5319 (TT/Deaf).

Registration Form SUMMER YOUTH CHESS CAMP – 2010

CHILD NAME _____ GRADE (in fall) _____ BIRTHDATE _____

PHONE (H) _____ (CELL/OTHER) _____

Email (print neatly) _____

ADDRESS _____ CITY _____ ZIP _____

Participant's Name: _____ Activity: _____

NUMBER OF YEARS EXPERIENCE _____ USCF RATING (if applicable) _____

Choose Session(s) 1) July 6-9 _____ 2) July 12-16 _____ 3) July 19-23 _____ Amt. Encl.\$ _____

T-Shirt Size: YMed (10-12) _____ YLg (14-16) _____ Adult S _____ A Med _____ A Lg _____ A XLg _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature Parent/Guardian : _____ Date: _____

Print Name of Signatory _____ Relationship to Participant _____

