

2018 L.A. SUPER CITY CHESS CHAMPIONSHIPS

Sunday, February 11th

Win Free 2018
Super States Entry!

Food and beverage
tickets
for sale at the event!

Location: Maple Park Community Center (820 East Maple Street, Glendale, CA 91205)

6 Sections: Unrated K-4 U300 K-6 U600 K-8 U900 K-12 U1200 K-12 Open

Trophies: 1st Place Winners in RATED sections win **FREE ENTRIES** to the 2018 Super States.
PLUS: 60 trophies will be awarded including Top 10 for each section and bonus trophies.
And...Top 2 Club Trophies awarded in Top 2 sections.

Schedule: 10:00am 11:15am 12:30pm 1:45pm 3:00pm

Byes: 1/2 point bye available for all rounds, but must be requested before the start of the previous round.

Entry Fee: **All sections: \$40 if received before February 7.** Late entry fee of \$55 if received later or on site from 9am to 9:30am only. No telephone entries. After 9:30am, entrees will be given a 1/2 point bye the first round. New players or those with expired US Chess Federation memberships must also pay a fee on site.

Pay by check or PayPal to: americanchessacademy@gmail.com

Checks made payable to: American Chess Academy

Mail entries to 411 N. Jackson St., apt# 101, Glendale, CA 91206

Contact:

www.achessaademy.org

Email: americanchessacademy@gmail.com

Name: _____ Grade: _____ USCF ID _____

Email: _____ Rating: _____ Byes: 1 2 3 4 5

Phone: _____ Team/Club name _____

Section: (please circle) Unrated K-4 U300 K-6 U600 K-8 U900 K-12 U1200 K-12 Open

I, as the parent or guardian of the above named child, hereby give permission for my child to participate in the programs and activities offered by the American Chess Academy. I and my child agree to accept and comply with all rules and regulations of the American Chess Academy.

I hereby authorize any agent of the American Chess Academy to act as agent for the understand to consent to any emergency medical treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act, should an emergency arise and I cannot be located in a timely manner. I understand that the American Chess Academy assumes no financial responsibility for any such medical care.

I, on behalf of myself and my child, hereby waive any claim I might have against, and release, and agree to indemnify, save, and hold harmless, the American Chess Academy program, even if my child turns 18.

Date: _____ Signature of Parent/Guardian: _____