

# 6th Annual L.A. Spring Scholastic Championship

## Sunday, April 29, 2018



Food and Beverage  
Tickets for sale at 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:** 60 trophies will be awarded including Top 10 for each section and bonus trophies.

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

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

**Entry Fee:** \$40 if received before April 26. *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 & players w/ expired US Chess Federation memberships must also .

Payment details:

Pay by Check to ACA or Pay Pal by 4/26

Contact:

Phone: 818-640-5974

PayPal: americanchessacademy@gmail.com

Email: americanchessacademy@gmail.com

Mail Entries to: 411 N. Jackson St., Apt# 101, Glendale, CA 91206

Name: \_\_\_\_\_ Grade: \_\_\_ USCF ID#/Exp Date \_\_\_\_\_

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: \_\_\_\_\_