

2018 L.A. Back to School Chess Championship



Sunday, October 7th



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

5 Sections: K-12 Unrated K-4 Under 400 K-6 Under 700 K-8 Under 1000 K-12 Open

Prizes/Trophies: 50+ 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, but must be requested before the start of the previous round.

Entry Fee: All sections: \$40 if received before October 4th. Late entry fee of \$55 if received later or on site from 9am to 9:30am only. No telephone entries. After 9:45am, entrees will be given a 1/2 point bye the first round. New players or those with expired US Chess Federation memberships can purchase membership online at: www.uschess.org or for fee on site. **Paypal:** americanchessacademy@gmail.com OR mail entries to 411 N. Jackson St., apt# 101, Glendale, CA 91206. Checks made payable to: American Chess Academy

Contact: Coach Armen (818) 640-5974 / www.achessacademy.org / americanchessacademy@gmail.com

Name: _____ USCF ID (required) _____ Exp. Date: _____

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

Phone: _____

Section: (please circle) K-12 Unrated K-4 Under 400 K-6 Under 700 K-8 Under 1000 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: _____