



5th Annual Greater California Scholastic Chess Championship

August 10-11, 2019

Register by August 1st
for early bird rate!

Varsity Sections:

K-12 Open
K-12 Under 1500
K-8 Under 1200
6 rounds G/60 d5

Round Times:

Saturday: 10am, 12:30pm, 3pm
Sunday: 10am, 12:30pm, 3pm

JV Sections:

JV K-6 Under 900
JV K-3 Under 600
5 double rounds G/30 d5

(total of 10 games will be played. A double round means players will play 2 games—one as white and the other as black against the same opponent)

Round Times:

Saturday: 10am, 12:30pm, 3pm
Sunday: 10am and 12:30pm

Prizes:

60 trophies to top 12 per section and additional cash prizes to top 3 per section. **\$2000 cash prize guaranteed!**

Maple Park Community Center
800 E. Maple Street, Glendale, CA 91205



Food and drinks available for purchase

Byes: one 1/2 point bye allowed (1-point for double round. Must request before the start of the tournament.)

Entry Fee: \$60. (\$80 after August 1st). Onsite registration \$90. 8:30am-9:15am on August 10.

Pay Pal payments to: americanchessacademy@gmail.com

Mail Entries: ACA 411 N. Jackson Street, apt. 101, Glendale, CA 91206 Checks made payable to American Chess Academy

Must receive paypal and check by 8/8. **Contact:** www.achessacademy.org **Email:** americanchessacademy@gmail.com

Phone: (818) 640-5974

Name: _____ Grade: _____ USCF ID _____ Expires _____

Email: _____ Phone: _____

Rating: _____ Byes: 1 2 3 4 5 6 Team/Club Name: _____

Section: (please circle) **K-12 Open** **K-12 U1500** **K-8 U1200** **JV K-6 U900** **JV K-3 U600**

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: _____