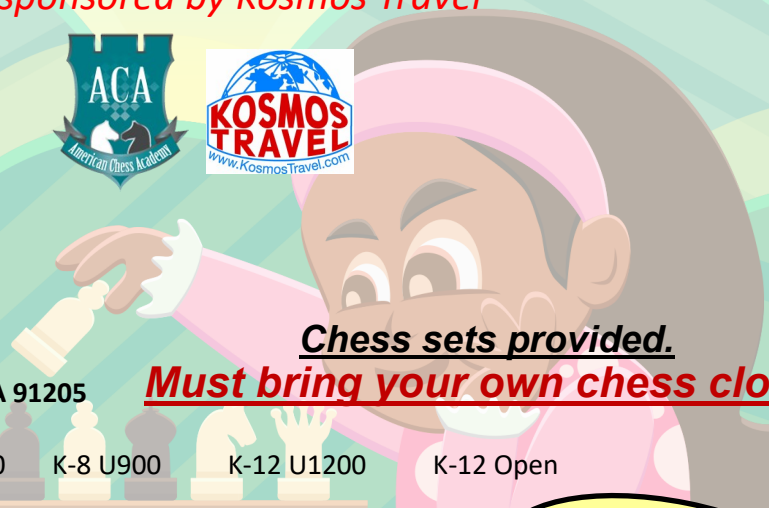


# 8th Annual L.A. Spring Scholastic Championship

## Sunday, April 26, 2020

Event sponsored by Kosmos Travel



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

**Chess sets provided.**

**Must bring your own chess clock.**

**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.

**Food and Beverage for sale at event**

**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:** \$40 if received before April 20th. *Late entry fee of \$55 if received later or on site from 9am-9:30am only.* No telephone entries. After 9:30am, entrees will be given a 1/2 point bye the first round. Must have active US Chess Federation membership. April supplement ratings will be used.

Payment types accepted:

- Check:** make payable to ACA
- PayPal:** by April 25th, [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)
- Venmo:** American Chess Academy

Mail check with entry to:

411 N. Jackson St., Apt. # 101, Glendale, CA 91206

Contact:

Phone: 818-640-5974  
Email: [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ USCF ID \_\_\_\_\_

Email: \_\_\_\_\_ Rating: \_\_\_\_\_ Byes: 1 2 3 4 5 6

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: \_\_\_\_\_