

3rd Annual Greater California Scholastic Chess Championship

August 12-13, 2017

5 Sections:

K-12 Open

K-12 Under 1500

JV K-8 Under 1200

JV K-6 Under 900

JV K-3 Under 600

Maple Park Community Center

800 E. Maple Street, Glendale, CA 91205

K-12 Sections:

6 rounds G/60

Round Times:

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

Sunday:

10am, 12:30pm, 3pm

Trophy Ceremony at 5:15pm



JV Sections:

5 double rounds G/30

(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

Trophy Ceremony at 3pm

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



Food and drinks available for purchase



Entry Fee: \$60. (\$75 after August 9th).

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.

Contact: www.achessacademy.org **Email:** americanchessacademy@gmail.com **Phone:** (818) 640-5974

Name: _____ Grade: _____ USCF ID _____

Email: _____ Phone: _____

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

Section: (please circle) K-12 Open K-12 U1500 JV 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: _____