



# 2020 L.A. SUPER CITY CHESS CHAMPIONSHIPS

## Sunday, February 9th, 2020

**Maple Park Community Center**  
**820 East Maple Street in Glendale, C 91205**



**1st Place Winners in RATED sections win FREE ENTRIES to the 2020 Super States.**

**PLUS: 60 trophies will be awarded including Top 10 for each section and bonus trophies.**

**and...1st and 2nd place team trophies will be awarded per section!**

**6 Sections:** Unrated K-4 U300 K-6 U600 K-8 U900 K-12 U1200 K-12 Open

**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 February 3rd.** *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 or those with expired US Chess Federation memberships must also pay a fee on site.



**Food and beverage tickets for sale at the event!**

Pay by check or PayPal to: [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)

Checks made payable to: American Chess Academy

**Mail entries to 411 N. Jackson St., apt# 101, Glendale, CA 91206**

Contact:

**[www.achessaademy.org](http://www.achessaademy.org)**

Email: [americanchessacademy@gmail.com](mailto:americanchessacademy@gmail.com)

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

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: \_\_\_\_\_