

*Wisconsin Scholastic Chess Federation*

# Fourth Annual March of Champions

## Milwaukee Area



## Chess Tournament



*Saturday March 28, 2009*

**Host: Mother Kathryn Daniels Conference Center.** The MKDDC has become a leader in Milwaukee in hosting quality youth events in the month of March. ("March of Champions") The cornerstone of this event will be a 64 Middle School Team NCAA style basketball tournament. Other leadership events include a chess tournament

**Location:** 3500 W. Mother Daniels Way, Milwaukee WI, 53209

### Chess Tournament Format: Four Divisions

WSCF	<b>K – 3,</b>	Five round Swiss G30
WSCF	<b>K – 6,</b>	Five round Swiss G30
WSCF	<b>Open (K–12)</b>	Five Round Swiss G30
USCF	<b>Open (K–12)</b>	Five Round Swiss G30

**Awards:**  
**K – 3:** Five Team Trophies. Individual trophies to top 5 players; and medals to all.  
**K – 6:** Five Team Trophies. Individual trophies to top 5 players; and medals to all.  
**WSCF Open :** Two Team Trophies. Individual Trophies to top 5 players and medals to all.  
**USCF Open:** Two Team Trophies. Individual Trophies to top 5 players and medals to all.

**Scholarships:** \$500 scholarships to Champions of WSCF Open and USCF Open

### Entry Eligibility and Fees

Tournament is only open to those students attending school in schools in the city of Milwaukee. Entry is **Free** for those students who register in advance on [www.wisconsinscholasticchess.org](http://www.wisconsinscholasticchess.org) or mail to WSCF. \$5 for all entrants who register on site the day of the tournament. Advance registration must be done on line by Thursday March 26 at 11:00 pm or post marked no later than Tuesday March 24<sup>th</sup>.

**Times:** On site registration from 8:00 to 8:45 Round 1 begins at 9:30. Advance registrations are free, but students still need to check in to verify attendance. USCF participants must present their USCF ID cards or magazine labels.

**Lunch:** Available on Site.

**Inclement Weather:** In case of inclement weather please go to the WSCF website after 6:30 am and verify for start time delay, postponement or cancellation.

# Mail in Registration Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parent(s) /Guardian(s) Name \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School of Attendance \_\_\_\_\_  
Phone(s) \_\_\_\_\_ email \_\_\_\_\_

**Division:** Circle One **K – 5, K – 8, K – 12**, (Free for MPS Students, MPS area charter and parochial schools in city of Milwaukee) All others, \$10  
Paid only of day of tournament. Checks payable to MKDCC USCF members not eligible for K – 8 and K – 12 divisions.  
**USCF Open** (\$15 in advance on line or by mail) \$20 on 3/29

**For USCF Division:** USCF ID # \_\_\_\_\_ **Expiration Date.** \_\_\_\_\_

**Mail to:** **WSCF P.O. Box 170843** (post marked by March 24)

**Milwaukee, WI 53217**

Questions to [byoung@hrcenter.info](mailto:byoung@hrcenter.info) or [td@wisconsinscholasticchess.org](mailto:td@wisconsinscholasticchess.org) or 262-573-5624

## PARENTAL CONSENT AND RELEASE

I request that my child be permitted to participate in this event. If I am not the parent or legal guardian of this child, I represent that I have been given the authority by the parent or legal guardian of this child to agree to the following provisions. I fully understand that it is my or my representative's responsibility to supervise my child during this event. I hereby give permission for the Wisconsin Scholastic Chess Federation (WSCF) and its assignees to photograph, videotape or otherwise record my child during this event and to use such images for future publicity, including in printed promotional materials and on WSCF's website. I acknowledge that I will not receive any compensation or have any claims in connection with such use. I further consent to the publication of my child's individual tournament results/scores. I hereby agree to release, discharge, indemnify and hold harmless WSCF, Mother Kathryn Daniels Conference Center, and each of their respective officers, directors, employees, volunteers, and agents from and against any and all claims, damages, loss, liability, injury, charges or expenses in any way arising out of my child's participation in this event. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the supervisory personnel permission to use their judgment in obtaining medical services for my child, and I give permission to the physician selected by such personnel to render medical treatment deemed necessary and appropriate.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_