

Wisconsin Grade Level Championships



March 7, 2009



Location: Marion Center for Non-Profits: 3195 S. Superior Street Milwaukee 53207

Friday March 6th

5:00 – 7:00 On Site / Late Registration for all events. No registration after 7:00 pm.

Saturday March 7th Main Event - 5 Round Swiss K – 8, 4 Round Swiss 9 – 12.

Format/Awards

13 Divisions:

Kindergarten Three individual trophies, medals to all. Two team trophies.
Grades 1 – 6 Five individual trophies, medals to all. Four team trophies.
Grades 7 - 8 Combined divisions. Three individual trophies, medals to all.
One team trophy each grade. **\$100** scholarship to combined division champion.
Grades 9 – 12. Combined divisions. 1st place trophy for each grade, medals to all. No
team trophies. **\$200** scholarship to champion of combined section, **\$100** to 2nd, **\$100** to 3rd
Rnd Times: K–8 1: 8:45 G30 2: 10:00 G30 3: 11:15 G30 4: 12:30 G45 5 - 2:15 G45
Rnd Times: 9–12 1: 8:45 G45 2: 10:30 G45 3: 12:15 G45 4: 2:00 G60

Registration Procedures. Registration is not complete until payment is made on line via pay pal or mail registration to WSCF P.O. Box. 170843 Milwaukee, WI 53217 \$15 by Feb 15, \$20 by Feb 28, \$25 by March 5th. Registration closes at 11:00 pm on each date. On site registration will take place only from 5:00 pm to 7:00 pm on Friday March 6th. \$30 entry fee. No refunds. Round 1 pairings will be posted at 9:00 pm on Friday March 6th. Players may go straight to their boards at 8:30 for opening announcements. Play will begin at 8:45. **No on site registrations on Saturday. No post marked entries after March 3rd. Registrations postmarked after March 3rd will need to register on Friday March 6th and pay on site registration fee.** No shows for round 1 will have a clock started when the round begins and opponent will receive a forfeit when time expires.

Questions: Email td@wisconsinscholasticchess.org . **Volunteer at** volunteer@wisconsinscholasticchess.org .

Lunch: Available on site. **Bring: Clocks and pencils.** Chess notation books available. Coaches and parents please teach some notation before tournament. Primary grades will be expected to take notation for at least first 10 moves of each game. Grades 4 and above will be expected to take notation for each match.

Team Rooms: Contact Marian Center directly at 414-483-2430.

Inclement Weather: In case of winter storm go to the WSCF website after 6:30 am to see if the event as been delayed, postponed or cancelled. In case of cancellation all fees will be returned.

Mail in Registration Form

Student Name _____ 2008-2009 Grade _____

Parent/Guardian Name _____

Email _____

Address: _____

Complete School Name _____

WSCF Rating _____ USCF Rating _____ Birth Date _____

Phone(s) _____

Main Event

Grade Level Entry _____ \$15/\$20/25/\$30 _____

Total Due: _____

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, its 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: _____

Makes Checks Payable to: WSCF and mail to P.O. Box 170843 Milwaukee, WI 53217-9998