

# SD#23 Chess



**SD#23 Chess Championship, Saturday April 6th, 2019 from 9 am to 1:00 pm.**

This event is open to all District 23, neighbouring school districts and independent school students in grades Kindergarten to grade 12. The tournament will be held at **Okanagan Mission Secondary**, 4544 Gordon Drive, Kelowna, BC. Please email your child's: *name, grade, and school* to the tournament director Chris Laurie.

This is a competitive chess tournament. Parents of primary students are encouraged to stay to encourage and support their child. Four to six rounds will be scheduled depending on how many students register. If fewer than six register, some grades may be combined. An odd number will create a bye each round. Subsequent rounds will not begin until all students have finished. Bring a good book, or craft to keep students occupied during possible 20 minute breaks. Referees will resolve all questions or disputes. Parents are encouraged to always be sympathetic, good-hearted with all children and foster self-confidence for kids to try their best and not to complicate a stressful event.



**\$10 is the cost at the door;** which includes pizza, snacks, tournament fees and participation ribbons for everyone. A school trophy for first place and medals will be awarded to top three finalists who place in each grade.

**RSVP: first, last name, grade, and school**

[chris.laurie@sd23.bc.ca](mailto:chris.laurie@sd23.bc.ca)

**Bring this signed registration 15 minutes early Saturday morning.**

Student name:	Last name:
Grade:	School
Telephone:	Emergency #:
Parents names:	Sex: M / F
Email:	
Parent Volunteer: <input type="checkbox"/> Set Up <input type="checkbox"/> Registration <input type="checkbox"/> Awards <input type="checkbox"/> Snacks <input type="checkbox"/> Photos <input type="checkbox"/> Cleanup	

**PARENT/GUARDIAN CONSENT:**

I have read the description of the activity. Consent is given for (name of student) to participate as described. The organizers will not be held liable for the actions of my child.  
 Medical concerns, allergies, medication requirements \_\_\_\_\_

I do \_\_\_\_ consent to exhibiting, publishing, and broadcasting my child's name and / or photograph.

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



**I will return by 1:00 pm to pick up my child**

no photos thanks