



March 15-16, 2019
 Paul Brown Stadium Club West
Student Registration Form



Please return your completed form with payment to:
 Queen City Classic Chess Tournament; 5400 Kennedy Avenue, Cincinnati, OH 45213

SAVE A STAMP! YOU CAN ALSO REGISTER BY:

- Visiting us online at our secure website www.queencityclassic.org
- Faxing this completed form with credit card payment to 513-352-9370

PART I. PLAYER INFORMATION

Email address _____

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Gender _____

Chess Team (No Abbreviations) _____

Emergency Contact Name _____ Phone Number _____

T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL
 (Circle One)

PART III. SECTION INFORMATION. PLEASE CHECK THE SECTION YOU ARE PLAYING IN.

No section changes can be made after Friday, March 8, 2018.

NON-RATED

- __Grade K Non-rated
- __Grade 1 Non-rated
- __Grade 2 Non-rated
- __Grade 3 Non-rated
- __Grade 4 Non-rated
- __Grade 5 Non-rated
- __Grade 6 Non-rated
- __Grades 7 – 9 Non-rated
- __Grades 10 – 12 Non-rated

RATED (must be USCF member)

- __K – 3 Open
- __4 – 6 < 800 (4-6 Rated Under 800 or Non-rated)
- __4 – 6 Open
- __7 – 9 Open
- __K – 12 Open

Non-rated sections are open to non-rated or provisionally rated players with 10 or fewer rated games as of March 16th.

Rated sections are open to all player with a USCF membership, rated and non-rated.

PART II. RATING INFORMATION

***COMPLETE THIS SECTION ONLY IF PLAYER IS PLAYING IN A RATED SECTION**

USCF No. _____ Expiration Date _____ Rating _____

**USCF Memberships MUST BE CURRENT (not expired) in order to play in any of the RATED sections. All participants are responsible for updating and paying for their own USCF membership dues. To obtain or renew a USCF membership, visit www.uschess.org or call 1-800-903-USCF.*

Questions? Please call 1-866-PS-CHESS (772-4377).



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Part IV. SIMUL REGISTRATION FOR FRIDAY, MARCH 15.

Simul Participation is first come, first serve, and pre-registration is required.

- __Yes, I wish to play in the SIMUL and will pay the \$5 SIMUL registration fee for tournament participants.
- __Yes, I wish to play in the SIMUL, but I am a non-tournament participant and will pay a \$20 fee to play.
- __No, I do not wish to play in the Friday evening SIMUL.

Part V. PAYMENT INFORMATION

Check one of the following boxes:

- __\$40 if postmarked by February 15, 2019.
- __\$50 if postmarked after February 15, 2019.

REGISTRATION ENDS MARCH 8, 2019 OR WHEN SOLD OUT.

Credit Card Payment: (Circle One) VISA MASTERCARD DISCOVER AMEX

Number _____ Exp: ____/____ V-Code (3 or 4 digits) _____

Print Name _____ Signature _____

Check No. _____ (Make checks payable to Queen City Classic)

Part VI. WAIVER AND RELEASE

The waiver and release must be completed by participant OR by parent or legal guardian of student participant if student is under the age of 18. Participants will not be eligible to play without a signed waiver and release on file.

In consideration of the benefits of my/my child's participation in the activities of the Cris Collinsworth ProScan Fund ("CCPF"), an Ohio nonprofit corporation, including but not limited to, the activity or activities described below (the "Activity"), I hereby forever voluntarily waive, release, hold harmless, and agree to indemnify CCPF, Queen City Classic Chess Tournament and the Cincinnati Bengals, along with all the owners, affiliates, members, directors, officers, employees, volunteers and agents of each of these entities, from and against any and all liability, claims, causes of action, or demands, arising out of, or in any way related to, my participation in the Activity or related to any loss, damage or injury (whether direct, consequential, in consequential or otherwise) that I/my child might sustain or that my/my child's property might sustain while participating in the Activity. I expressly waive any defense to enforcement of this Agreement arising from any claim of lack of consideration and understand that this Agreement constitutes a legal, valid and binding waiver of my rights and shall be enforceable against me, my family, heirs, successors and estate for any and all purposes. This Liability Release Agreement extends to all activities involved in the Program including, but not limited to, all activities in the ballpark areas.

VIDEO/PHOTOGRAPH/MEDIA RELEASE: By signing below, I hereby authorize and grant the Cris Collinsworth ProScan Fund, the absolute and irrevocable right and permission to use, print, or publish in any medium any photographs, film, videos and all other visual media taken or produced of me/my child associated with the Queen City Classic Chess Tournament for purposes of promotional, marketing, and/or publicity materials of CCPF (including but not limited to use on the Fund's letterhead and website).

By signing below, I acknowledge that I have carefully read and understand the information stated above and accept all the terms and conditions of this Agreement.

Activity: Queen City Classic Chess Tournament Date _____

Printed Name of Participant or Parent/Legal Guardian if under 18: _____

Signature of Participant or Parent/Legal Guardian if under 18: _____

Questions? Please call 1-866-PS-CHESS (772-4377).