



2009 WSSA Mid-Atlantic Sport Stacking Championships INDIVIDUAL Registration Form

(One form per participant please!)

Note: Special Stackers, please use the attached "Special Stackers Individual Registration Form".

(Give this to your Coach to turn in along with each team member's Individual & Doubles Registration Forms and fees, and all Volunteer Registration forms.)

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| Stacker's Name _____ Home PH# (____) _____ Date of Birth (Month/Day/Year) ____/____/____ Age on 1/24/09 _____ Age Division (circle one) 4 & under, 5, 6, 7, 8, 9, 10, 11, 12, 13-14, 15-18, Collegiate (19-24), Masters (25-34), (35-44), (45-59), Seniors (60 & above) Home Address _____ City _____ ST/PV/Country _____ Zip/Postal Code _____ School/Organization _____ Sport Stacking Instructor _____ Parent/Guardian _____ WK PH# (____) _____ Hm/Cell PH# (____) _____ Email Address (required) _____ | Please Print |
| <input type="checkbox"/> I'm on a Relay Team <input type="checkbox"/> I'm not on a team. Put me on one and call me. <input type="checkbox"/> I do not want to be on a Relay Team Relay Team Name _____ Relay Team Division (circle one) 6u, 7u, 8u, 9u, 10u, 11u, 12u, 14u, 18u, Open (19 & above) <p style="text-align: center;"><i>Note: u = under</i></p> Coach _____ Coach PH# (____) _____ Email _____ | |

REGISTRATION FEE (Due to your Sport Stacking Instructor before Friday, Jan. 9th)

\$25 Applies to all competitors

\$15 Each Pre-ordered T-shirt (on or before January 9th)

List the quantity in front of the selected size(s): (These are Gildan 100% Cotton preshrunk t-shirts that run large.)

Youth- ____ M, ____ L; *Adult-* ____ S, ____ M, ____ L, ____ XL, ____ XXL (\$17 for XXL)

\$10 Additional late registration fee (if received after January 9th)

\$ _____ TOTAL amount included

(Please make checks payable to **North Laurel Elementary School**)

PARENT AGREEMENT: "I understand that my child will need to be supervised during the competition. Either my child's Relay Team Coach or myself will assume this responsibility. By signing this registration, I am granting the World Sport Stacking Association, Speed Stacks, Inc., and their affiliates permission to film and record my child's likeness, appearance, image, name and/or voice in any media. Such film and/or recordings may be sold or used for promotional, broadcast, or other purposes, worldwide.

SIGNED _____ DATE _____

Please give this Individual Registration form and fee, along with any others to your Relay Team Coach, who will collect all your team members' Individual, & Doubles forms, fill out the Relay Team Registration form and turn them all in to your Sport Stacking Instructor before Friday, January 9th.

Mail to: North Laurel Elementary School, Attn Garrett Lydic, 300 Wilson Street, Laurel, DE 19956

Questions? Call your P.E. Teacher or email Garrett Lydic at garrett_lydic@yahoo.com 302-875-6130

Information may also be acquired by visiting the www.midatlanticstacking.com website.

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| For Office Use | Date entered: _____ Entered by: _____ |
| Check # _____ | Cash _____ Team: Y N |

