



2009 WSSA Mid-Atlantic Sport Stacking Championships

SPECIAL STACKERS* Individual Registration Form

One form per participant please!

Stacker's Name _____ Home PH# (____) _____	Please Print
List Disability* _____	
Date of Birth (Month/Day/ Year) _____ Age on 1/24/09 _____	
Age Division (circle one) SS 6 & under SS 7-10 SS 11-14 SS 15-18 SS Open (19 & above) Level (circle one) 1 2 (Based on "Best Time"/Leveling Time below)	Note: Special Stackers compete in one of ten categories determined first by their age and second by their current stacking ability based on their "Best Time"/Leveling Time below.
Home Address _____	
City _____ ST/PV/Country _____ Zip/Postal Code _____	
School/Organization _____ Sport Stacking Instructor _____	
Parent/Guardian _____ WK PH# (____) _____	
Hm/Cell PH# (____) _____ Email Address _____	

EARLY REGISTRATION FEE (Due to your Instructor by January 9th)

\$15 Special Stackers division registration fee

\$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 myself or another adult (which I choose) will assume this responsibility. By signing this registration: 1) 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, in perpetuity, 2) I verify that the stacker's date of birth is accurate, 3) I verify that the stacker resides in the State/Province/Country stated above. The consideration I am to receive for my granting such rights is the right for my child to participate in the 2009 WSSA Mid-Atlantic Sport Stacking Championships."

SIGNED _____

DATE _____

LEVELING TIMES

Special Stackers will qualify to compete in one of two "Levels" in their age division. We have patterned qualifying for each Level after the Individual competition itself. We ask that an adult oversee (or time) the Stacker for three tries, record each time in the spaces below and then fill in the Best Time. If using a StackMat, the Stacker will start and stop the timer and correct all fumbles. If using a stopwatch the Stacker should: start with hands flat on the table; have no false starts; correct all fumbles; and be timed to the 1/100 of a second. Timer says "Ready...Get Set...Go!" and starts the stopwatch on the word "Go".

First Try _____, Second Try _____,
Third Try _____, Best Time _____

Level 1=15.99 seconds or under

Level 2=16.00 seconds or over

Stacker has qualified for Level: 1 2 (circle one)

Adult Signature _____

Date _____

Please give this Individual Registration form and fee, along with any Doubles /Team Relay forms to your Sport Stacking Instructor by Friday, Jan 9th 2009

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

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

*Definition of a Special Stacker: A "Special Stacker" is one that has a diagnosed Physical and/or Mental disability that would impede with the "normal" functioning necessary to perform a variety of physical skills. A Special Stacker must be identified by an agency or professional as having one of the following conditions: intellectual disabilities, cognitive delays as measured by formal assessment, or significant learning or vocational problems due to cognitive delay that require or have required specially designed instruction.



For Office Use

Date entered: _____ Entered by: _____

Check # _____ Cash _____ Team: Y N