



www.midatlanticstacking.com

2010 WSSA Mid-Atlantic Sport Stacking Championships

Presented by Wonderful Pistachios



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 1/23/10 _____		
Age Division (circle one) SS 6 & under SS 7-10 SS 11-14 SS 15-18 SS Open (19 & above)		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.
Level (circle one) 1 2 (Based on "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 15th)

\$15 Special Stackers division registration fee

\$10 Additional late registration fee (if received after January 15th)

\$_____ 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 2010 WSSA Mid-Atlantic Sport Stacking Championships."

SIGNED _____

DATE _____

Please give this Individual Registration form and fee, along with any Doubles /Team Relay forms to your
Questions? Call your P.E. Teacher or email Garrett Lydic at garrett@wssa.org
 Information may also be acquired by visiting the www.midatlanticstacking.com website.

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 _____

*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