www.midatlanticstacking.com

2010 WSSA Mid-Atlantic Sport Stacking Championships Presented by Wonderful Pistachios

RELAY TEAM Registration Form

One form per team please! Completed by the Coach.

Please Print

RELAY TEAM NAME_____

Coach_____Home PH#(___)_____

Work PH# (___)_____Cell PH# (___)_____

Email address_____

School/Organization_____Sport Stacking Instructor_____ST/PV/Country_____

AGE DIVISION *(circle one)* 6u 7u 8u 9u 10u 11u 12u 14u 18u Open (19 & above)

(Note: "u" = under)

TEAM RELAY EVENTS: Our team will compete in the following **checked** Relays. *The 6 & under Division participates in the* 3-3-3 Head-to-Head Relay and the 3-6-3 Timed Relay. *All other divisions are encouraged to participate in the* 3-6-3 HTH Relays. *(6 & under stackers who wish to compete in the3-6-3 HTH Relay may "play-up" into the 7u age division.)* Make sure your team signs up for the Timed 3-6-3 Relay!!

❑3-3-3 HTH Relay(6u only) ❑3-6-3 HTH Relay

❑Timed 3-6-3 Relay ❑Special Stackers Timed 3-6-3 Relay

Teams must field a complete roster of at least 4 Stackers to compete. Teams with less than 4 Stackers will be disqualified. (Teams of 5 are encouraged, but not required, to assure participation in case a team member cannot attend the competition. If all 5 are present, the 5th Stacker can be rotated in.)

TEAM MEMBERS *(list all team members)*

	First & last name	Age	Typical 3-6-3 time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(#5 optional)

Coach Checklist:

❑Read the Registration Packet thoroughly.

❑Complete your child's Individual & "Doubles" Registration forms; assist with other team members Individual & "Doubles" Registration forms.

❑Complete **one** Relay Team Registration Form.

❑Call the parents of Stackers on your team; confirm each Stacker's participation. (Remember you must have at least 4 members to compete.)

❑Gather up the Individual & "Doubles" Registration Forms and fees from the Stackers on your team.

❑Turn in one completed Relay Team Registration Form, along with all Individual & "Doubles" Registration Forms, and fees to your Sport Stacking Instructor by Friday, January 15th. (The sooner the better.)

❑Read through the WSSA Rule Book and understand all the rules.

❑Work with your team to create a fun and coordinated team t-shirt (optional).

Date entered:_____
Entered by:_____
PAID: 1_____
2_____
3_____
4_____
5_____

COACH AGREEMENT: I understand I'm responsible for the team and will supervise them during the competition. I commit to field at least four team members. (A team may consist of five members with substitutions.) I understand our team will be disqualified if less than four compete. I will read the WSSA Rule Book and understand all the rules of the competition including the use of the StackMat®. I look forward to a very positive and encouraging day at Laurel HS.

Coach Signature_____Date_____

Thanks so much for volunteering to be a Coach! Your leadership and support are instrumental in making our tournament a successful and positive experience for all involved.