



2012 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.)

Stacker's Name _____	Home PH# (____) _____	Please Print
Date of Birth (Month/Day/Year) ____/____/____ Age on 3/3/12 _____		
Age Division (circle one) 4 & under, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 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) _____	

I'm on a Relay Team I'm not on a team. Please call me if you are able to place me on a team. 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)
Note: u = under

EARLY REGISTRATION FEE (Must be received by tournament director by February 20th)

\$15 Applies to all competitors

\$10 Additional late registration fee (if received by tournament director after February 20th)

\$_____ **TOTAL amount included**
(Please make checks payable to **Orems 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 2012 WSSA Mid-Atlantic Sport Stacking Championships."

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 Monday, February 20, 2012.**

Mail to: Orems Elementary School, Attn Scott Saffron, 711 Highvilla RD, Baltimore, MD 21221

Questions? Call your P.E. Teacher or email Scott Saffron at ssaffron@bcps.org

Information may also be acquired by visiting the www.worldsportstackingassociation.org

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

