



WSSA Non-Sanctioned Tournament Registration

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 (specify date) _____	
Age Division: (circle one) 6u, 7-8, 9-10, 11-12, 13-14, 15-18, Open	
Home Address _____	
City _____ ST/PV/Country _____ Zip/Postal Code _____	
School/Organization _____ Sport Stacking Instructor _____	
Parent/Guardian _____ WK PH#(____) _____	
Hm/Cell PH#(____) _____ Email Address(required) _____	

<input type="checkbox"/> I'm on a Relay Team Relay Team Name _____
Relay Team Division (circle one) 8u, 10u, 12u, 14u, 18u, Open (19 & above) <i>Note: u = under</i>
Coach _____ Coach PH#(____) _____ Email _____
<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 put on a Relay Team

EARLY REGISTRATION FEE (Due to your Instructor by (specify date))

\$XXXX registration fee _____

\$xxxx Additional late registration fee (if received after (specify date)) _____

\$ _____ TOTAL amount included

(Please make checks payable to (your organization here))

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 Sport Stacking Tournament."

SIGNED _____ DATE _____

Please give this Individual Registration form and fee, along with Team and Volunteer Registration forms to your Sport Stacking Instructor by (specified date)

Mail to: (your organization)

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

For Office Use	Date entered: _____ Entered by: _____
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ Team: Y N	



WSSA Non-Sanctioned Tournament Registration

RELAY TEAM Registration Form One form per Team please!

To be completed by the Coach.

RELAY TEAM NAME _____	Please Print
Coach _____ Home PH# (____) _____	
Work PH# (____) _____ Cell PH# (____) _____	
Email address (required) _____	
School/Org. _____ Sport Stacking Instructor _____ ST/PV/Country _____	
AGE DIVISION <i>(circle one)</i> 8u 10u 12u 14u 18u Open (19 & above) <i>(Note: u = under)</i>	
RELAY EVENTS: Each Relay Team can compete in one Timed 3-6-3 Relay.	
<input type="checkbox"/> Timed 3-6-3 Relay <input type="checkbox"/> 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
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(#5 optional)

Date entered: _____ Entered by: _____ PAID: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<p>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 look forward to a very positive and encouraging day at the (insert location).</p> <p>Coach Signature _____ Date _____</p> <p>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.</p>
--	---



WSSA Non-Sanctioned Tournament Registration

SPECIAL STACKERS* Individual Registration Form One form per participant please!

Please Print

Stacker's Name _____ Home PH# (____) _____

List disability* _____

Date of Birth (Month/Day/ Year) _____ Age on (specify date) _____

Age Division (circle one) SS 6 & under SS 7-10 SS11-14 SS15-18 SSOpen(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(required) _____

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".

3-6-3 Qualifying Times

Level 1=15.99 seconds or under

Level 2=16.00 seconds or over

First Try _____, Second Try _____,

Third Try _____, Best Time _____

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

Adult Signature _____

Date _____

EARLY REGISTRATION FEE (Due to your Instructor by (specify date))

\$XXXX Special Stackers division registration fee

\$xxxx Additional late registration fee (if received after (specify date))

\$_____ TOTAL amount included

(Please make checks payable to (your organization))

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 World Sport Stacking Championships."

SIGNED _____ DATE _____

Please give this Individual Registration form and fee, along with Team and Volunteer Registration forms to your Sport Stacking Instructor by **Friday, April 3rd.**

Mail to: (your organization)

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