

2010 WSSA Maryland 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.)

Please Print

Stacker's Name _____ Home PH# (____) _____
Date of Birth (Month/Day/Year) ____/____/____ Age on 3/13/10 _____
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# _____
Home Cell PH#(____) _____ Email Address _____

I'm on a Relay Team I'd like to join a Relay Team and will see my Instructor for help
Relay Team Name _____
Relay Team Division (circle one) 6u, 7u, 8u, 9u, 10u, 11u, 12u, 14u, 18u, Open (19 & above)
Note: u= under
Coach _____ Coach PH#(____) _____ Email _____

EARLY REGISTRATION FEE (Due to Scott Saffron by March, 5th or your Sport Stacking Instructor by February, 26th)

- \$ 15 Applies to all competitors except Special Stackers
 \$ 10 Additional late registration fee (if received after March 5th, 2010)

\$ _____ TOTAL amount included (Please make all checks payable to **Featherbed Lane PTA**)

PARENT AGREEMENT: "I understand that my child will need to be supervised during the competition. Either my child's coach or myself 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 stackers date of birth is accurate, 3) I verify that the stacker resides in the State/Province/County 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 Maryland Sport Stacking Championship."

SIGNED _____ **DATE** _____

Please give this Individual Registration form and fee, along with any "Doubles" forms to your Team Coach. Team coaches will collect all your team members' Individual, "Doubles" forms, fill out the Relay Team Registration form and turn them all in to Scott Saffron by March 5, 2010.

Mail to: Scott Saffron Tournament Director Featherbed Lane Elementary School 6700 Richardson Rd. Baltimore, MD 21207
Tournament Questions: e-mail cpowell@bcps.org or visit www.worldsportstackingassociation.org.

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

