

2010 WSSA Maryland Sport Stacking Championships

SPECIAL STACKERS Registration Form

(One form per participant please!)

Please Print

Stacker's Name _____ Home PH#() _____

Date of Birth (Month/Day/Year) ___/___/___ Age on 3/13/10 _____

Age Division (Circle one) SS 6&u, SS 7-10, SS 11-14, SS 15-18, SS Open (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 _____

EARLY REGISTRATION FEE (Due to Scott Saffron by March 5th)

\$10 Special Stackers registration fee

\$10 Additional late registration fee (if received after March 5th)

\$ _____ 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 Team Coach or I 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/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 Maryland Sport Stacking Championships."

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.

For Office Use

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

