



2010 NE YMCA Sport Stacking Challenge

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 8/7/10 _____		
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#() _____
Hm/Cell PH#() _____		Email Address (required) _____

<input type="checkbox"/> I'm on a Relay Team	Relay Team Name _____
Relay Team Division (circle one) 6u, 7u, 8u, 9u, 10u, 11u, 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 on a Relay Team	

EARLY REGISTRATION FEE (Due to YMCA by July 24th)

\$20 Applies to all competitors.

 \$5 Additional late registration fee (if received after July 24th)

\$___ **TOTAL amount included**

Please make checks payable to NE YMCA and mail forms to NE YMCA 11088 Knights Rd Philadelphia Pa 19154

Mail all forms and payment to the NE YMCA 11088 Knights Rd Phila. PA 19154

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 stacker's date of birth is accurate, 3) I verify that the stacker resides in the State/Province/Country stated above.

SIGNED _____ **DATE** _____



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