



# 2009 WSSA World Sport Stacking Championships

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

Stacker's Name \_\_\_\_\_ Home PH# (\_\_\_\_) \_\_\_\_\_ **Please Print**

List disability\* \_\_\_\_\_

Date of Birth (Month/Day/ Year) \_\_\_\_\_ Age on 4/19/09 \_\_\_\_\_

Age Division (circle one) SS 6 & under 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)

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST/PV/Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

School/Organization \_\_\_\_\_ Sport Stacking Instructor \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ WK PH#(\_\_\_\_) \_\_\_\_\_

Hm/Cell PH#(\_\_\_\_) \_\_\_\_\_ Email Address(required) \_\_\_\_\_

*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.*

### EARLY REGISTRATION FEE (Due to your Instructor by April 3rd)

- \$25 Special Stackers division registration fee
- \$15 Additional late registration fee (if received after April 3rd)
- I am a volunteer and plan to take part in the Volunteer Refund Program as outlined in the handout. I am paying my child's registration fee now and will get my refund at the tournament after volunteering.

\$ \_\_\_\_\_ **TOTAL amount included**  
(Please make checks payable to World Sport Stacking Association (WSSA))

**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 \_\_\_\_\_

### 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 \_\_\_\_\_

Please give this Individual Registration form and fee, along with any Doubles and Volunteer Registration forms to your Sport Stacking Instructor by Friday, April 3rd.  
 Mail to: WSSA, Attn Mark Lingle, PO Box 630526, Highlands Ranch, CO 80163-0526  
 2009 WSSA World Sport Stacking Championships Questions? Call—Mark Lingle at 303-962-5672 or email him at [mlingle@worldsportstackingassociation.org](mailto:mlingle@worldsportstackingassociation.org)  
 Information may also be acquired by visiting the [www.worldsportstackingassociation.org](http://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: _____
	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash _____