



2009 Oregon State Sport Stacking Championships

SPECIAL STACKERS Registration Form

One form per participant please!

(Give this to your Coach to turn in along with each team member's Individual & "Doubles" Registration Forms and fees.)

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

List Disability* _____

Date of Birth (Month/Day/Year) _____ / _____ / _____ Age on 11/21/09 _____

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)

Check your Individual event(s) (as many as apply)

3-3-3 3-6-3 Cycle

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 _____ Zip/Postal Code _____

School/Organization _____ Sport Stacking Instructor _____

Parent/Guardian _____ WK PH#(_____) _____

Hm/Cell PH#(_____) _____ Email Address _____

EARLY REGISTRATION FEE (Due to your Instructor before Friday, Nov. 6th)

\$15 Special Stackers division registration fee

\$10 Additional late registration fee (if received after November 6th)

\$ _____ TOTAL amount included

(Please make checks payable to **Village Baptist Church**)

For your convenience, you may pay by credit card online at www.active.com. Processing fee applies.

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 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 Oregon State 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 BestTime. 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".

First Try _____, Second Try _____
Third Try _____, Best Time _____

Level 1=15.99 seconds or under

Level 2=16.00 seconds or over

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

Adult Signature _____

Date _____

Please give this Individual Registration form and fee, along with any forms ("Doubles" Registration, etc.) to your Sport Stacking Instructor before **Friday, November 6th**.

Forms should be mailed to: Oregon State Stacking, c/o Village Baptist Church, Attn Frank Tan, 330 SW Murray Blvd., Beaverton, OR 97005.

Questions? Call Frank Tan at 503-643-6511 or email at frankt@vbconline.org.

Information may also be acquired by visiting the www.worldsportstackingassociation.org or oregonsportstacking.blogspot.com

*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: _____
Paid by: Check # _____ Cash _____ Team: Yes / No
 Charge _____ (ACTIVE.COM)

