

For The Love Of The Game AAU Basketball Tournament

February 13th-15th

- Local Sponsor:** Wapato Boys Basketball
- Contact:** Adam Strom, 509-961-8447 or 509-877-9953
Email: adams@wapatosd.org
- Site:** Wapato, WA
- Dates:** February 13th-15th
- Registration Deadline:** Postmark by February 5th, 2010
Teams are guaranteed 4 games
- Game Times:** Games will begin at 1:00 pm Saturday 13th
Sunday 14th / Monday 15th at 8:00 am
- Divisions:** Girls: 3rd, 4th, 5th, 6th, 7th, 8th Grade / Boys: 2nd, 3rd, 4th, 5th, 6th, 7th, 8th
- Entry Fee:** The Early Deadline is January 29th for \$175. The Late Deadline is February 5th and the cost will be \$200. No entry fees refunded after the deadline date.
Make checks payable to: **Wapato Boys Basketball**
- AAU Membership:** All players and coaches must have a valid AAU Card.
- NOTE:** Anyone that coaches the team from the bench must also have an AAU card
Memberships can be purchased online: www.aausports.org.
- Roster:** The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted. Players must have cards purchased in advance to participate.
- Rules:** 2009-2010 High School Federation Rules. Special Technical Foul Rule: Any technical foul or intentional foul, two points awarded and the ball out of bounds. Check coaches letter in your packet you will receive at the gym of your first game for additional rules.
- Scorekeeper:** Each team is to have ONE person to keep the individual score sheet that is provided at the score bench.
- Coaches:** Only ONE coach per team is allowed into the game free. More than one may coach, but must pay admission and have an AAU card to sit on the bench.
- Admission:** SATURDAY-MONDAY: ADULTS \$4.00 STUDENTS: \$3.00

For The Love Of The Game AAU Basketball Tournament

2010 Registration Form

Office Use Only
Date Rec'd: _____
Paid: _____
Ck#: _____

Division (Circle one):

Girls (February 13-15): 3rd 4th 5th 6th 7th 8th

Boys (February 13-15): 2nd 3rd 4th 5th 6th 7th 8th

Team Name: _____

AAU Club Name/Number (required): _____

Contact Person: _____

Coach: _____

Address: _____

Coach Address: _____

City/State/Zip: _____

City/State/Zip: _____

E-mail Address: _____

Coach: AAU Card Number: _____

Phone: Home(____) _____

E-mail Address: _____

Phone: Work(____) _____

Phone: Home(____) _____

Phone: Cell(____) _____

Phone: Cell (____) _____

Asst Coach Name: _____ Email _____ Asst Coach: AAU #: _____

<u>Name (First Last)</u>	<u>09-10 Grade</u>	<u>School</u>	<u>2010 AAU Card Number (required)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Return this page completed with appropriate entry fee. SEE ATTACHED INFO SHEET FOR COST AND DEADLINES!

Mail to: **Wapato Boys Basketball, 1103 South Wasco Ave, Wapato, WA, 98951.**

**ARE YOU PLAYING IN THE YAKIMA VALLEY LEAGUE SAT FEB 13th?
IF SO, WHAT IS YOUR GAME TIME & WHERE _____**

Club Compliance Form

CONCUSSION LAW REQUIREMENTS

Club Compliance Statement

HB1824, otherwise known as the Zachery Lystedt Law, was signed into law on May 14, 2009. It requires, as of July 26, 2009, that additional steps be taken regarding concussions in private non-profit youth athletic programs using school district facilities.

This bill requires training and documentation which AAU Member Clubs must adhere to. AAU players and their parents/guardians must meet these minimum requirements:

1. All AAU member coaches will have to take training on the nature and risk of concussions and head injury including continuing to play after a concussion or head injury.
2. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and athlete's parents/guardian prior to the youth athlete's initiating practice or competition.
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and **Certified** Athletic Trainers).

Yakima Valley Sports Authority, AAU Event Operator

Compliance Statement for HB1824

Youth Sports-Head Injury Policies

This page must accompany each Tournament Entry form. Participation in AAU Sanctioned Events will not be granted until this page is returned and requirements of this application are complete and approved by the Yakima Valley Sports Authority, an AAU Member Club and event operator.

Team: _____ Division: _____

Club _____ Club Number: _____

As the AAU Club contact I verify all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, section 2.

Signed:

AAU Club Contact

Position with AAU Club

Date signed