

## A.A.U. TOURNAMENT

# 13TH ANNUAL RIVER CITY INVITATIONAL BOYS' BASKETBALL TOURNAMENT

Dear Coaches:

Please find enclosed information regarding the upcoming Post Falls River City Challenge Tournament. **Dates selected for the upcoming Boys' Tournament are February 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup>.** The tournament is open to those individuals in grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>.

The attached registration form must be postmarked by January 27<sup>th</sup>. Early registration is encouraged, as each grade group will be limited to eight (8) teams.

If you have any questions, please call our office at (208) 773-0539, Mon. - Fri. between the hours of 8:00am and 5:00pm. Our FAX number is (208) 773-7658.

Hope to see you at the tournament!

Sincerely,

Traci Stevenson  
Post Falls Parks & Recreation Department  
[tstevens@postfallsidaho.org](mailto:tstevens@postfallsidaho.org)



**A.A.U.**

**13<sup>th</sup> Annual River City Invitational  
Boys' Youth Basketball Tournament**

**MEDICAL RELEASE FORM**

Plans have been made by the Post Falls Parks & Recreation Department for boys' basketball tournaments to be held in Post Falls, Idaho, on February 10<sup>th</sup> through February 12<sup>th</sup>. I understand that my son cannot participate in the tournament unless he is covered with adequate medical/accident insurance.

In consideration of permitting my child to participate in this tournament, I, the undersigned parent/legal guardian of \_\_\_\_\_, do hereby agree to indemnify and hold harmless the City of Post Falls and the Parks & Recreation Department and the involved individuals for any and all claims for damages or injuries caused directly or indirectly to the above-named child resulting from or out of the above tournament.

The name of the company providing coverage for my child is \_\_\_\_\_.  
I accept full responsibility for the cost of treatment of an injury that results from this tournament.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2006.

\_\_\_\_\_  
Parent/Legal Guardian

**This form is to be reproduced for each player. Each player must have a signed waiver to play in the tournament. All signed forms are to be turned in with the complete packet.**



## RIVER CITY CHALLENGE INVITATIONAL YOUTH BASKETBALL TOURNAMENT

### **RULES:**

1. **NO FOOD OR DRINKS** will be allowed in any of the gyms.
2. A tournament supervisor will be assigned at each gym to answer any questions concerning the tournament, rules, or community.
3. Coaches & parents of all teams are asked to please help police their fans and pick up their own trash at the game.
4. High School Federation rules are in effect except for the following revisions deemed necessary to make the tournament operate smoothly for the personnel and facilities available.
5. Grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> will play 7-minute quarters. Half-time will be 5 minutes. There will be three Full (1 minute) & 2 (30-second) time-outs per game, with one (1) time-out for overtime play, which will last two (2) minutes.
6. The 3-point rule will be in effect at all gyms.
7. Teams will consist of youths in specific grades. You can always play a younger child up into an older division, but youths may not be played down into a division for children younger than their current age.
8. Rosters can only have a maximum of 12 players per team. Rosters will have to show school and a contact person at the school for each member of the team. Rosters are required at the time of registration. Changes can be made by phone on rosters up to 7 days prior to the tournament. A complete packet must include: completed roster with AAU numbers, tournament payment (\$175.00) and completed medical release forms.
9. Using a player deemed illegal will result in forfeit of tournament games **and** any moneys paid for tournament.
10. Technical fouls will result in teams being awarded two (2) points automatically **and** the ball out of bounds.
11. Two technical fouls on any one player or coach in any one game will result in automatic suspension from play or coaching for the remainder of the tournament.
12. Tie games in a pool play game will result in one (1), 2-minute overtime. If at the end of the extra 2-minute period the score is still tied, each team will be awarded ½ game win for pool standings.
13. In eliminations, teams will play 3-minute overtime periods until a winner is decided.
14. Pool play standings that end in a tie will follow the following tie breakers:
  - a) Head-to-head record of teams tied.
  - b) The team that has allowed the least amount of points in the combined games of pool play.
  - c) The team that has scored the most points in the combined games of pool play. (Any games over 20 points will be twenty-one (21) points).
  - d) Points scored minus points against to equal points differential.
  - e) If all else fails, a coin toss will be used to break any tie.
15. Each team will be required to supply one (1) scorekeeper per team. This person will be allowed into all tournament games free.
16. Each team is guaranteed a minimum of 4 games.
17. We reserve the right not to accept more than one team from the same club within the same age division.

***Post Falls Parks and Recreation Department reserves the right to have a team forfeit all games played and moneys if coaches, players, or team fans become unruly and/or unmanageable. Officials and the tournament director will confer with the team coach, and the tournament director will make the final decision. It is important to encourage good sportsmanship at all times. Officials deserve to be treated with respect from coaches, players, and parents attending each game.***





**POST FALLS PARKS AND RECREATION DEPARTMENT** (208) 773-0539 PHONE

(208) 773-7658 FAX

GRADE: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_ Boys Team \_\_\_\_\_ Girls Team \_\_\_\_\_

TEAM COLORS: (Reversible Jersey) \_\_\_\_\_

**A.A.U. 13TH ANNUAL RIVER CITY CHALLENGE YOUTH BASKETBALL TOURNAMENT**

\*\*\* No roster changes will be allowed less than 7 days prior to tournament. \*\*\*

NAME (First & Last)	A.A.U. #	BIRTHDATE	SCHOOL PHONE #	GRADE	HOME CITY	UNIFORM #	HEIGHT
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**PLEASE COMPLETE THIS FORM AND MAIL WITH ENTRY FORM TO:**

Post Falls Parks and Recreation Department  
 ATTN: Traci Stevenson  
 408 Spokane Street  
 Post Falls, ID 83854



Data/Faye/AAUOST

**I CERTIFY THAT ALL INFORMATION IS CORRECT AND EACH ATHLETE LISTED ON ROSTER HAS AN A.A.U. CARD.**

Coach's signature: \_\_\_\_\_

Coach's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

(Fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

(Fax) \_\_\_\_\_ (e-mail) \_\_\_\_\_