

BATTLE BASKETBALL



NATIONAL SANCTION: Inland Empire Amateur Athletic Union of the U.S.

SITE: Clarkston, WA, Lewiston, ID and the surrounding areas TBA

DATES: December 5th (Jamboree) Grades B & G 5th – 8th)
January 2-3 (Grades B & G 4th-8th)
January 15 – 17 (Grades B & G 4th – 8th)
February 5-7 (Grades B & G 4th – 8th)

GENDER/GRADES: Boys and Girls, Grades 4 through 8th grade

ENTRY FEE: \$180.00 (Make checks payable to Battle Basketball)

GAMES: All teams will play at least four games

PLAYING TIMES: Friday Begin 5:00 p.m.
(*Subject to change*) Saturday Begin 8:00am, Sunday Begin 8:00am

AAU MEMBERSHIP: All athletes who participate in any AAU event must have a 2009/2010 AAU Card and may be purchased at www.aausports.org Cards must be purchased and reported in advance.

Send your team's membership numbers to:

AAU P.O. Box 9603 Yakima, WA 98909 (509) 453-2696. (*All rosters will be checked. Individuals without cards will cause their team to be disqualified.*)

AGE DETERMINING DATE: Grade the participant is in at the time of the tournament.

ROSTER: The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted.

RULES: 2 twenty minute halves. Clock stops the last 3 minutes of each half. Two (2) thirty second timeouts and one (1) full timeouts per half no carry over. 1 minute overtime if needed.

CONTACT: Holley White, 208-746-1156, jwhite@clearwire.net fax:1-888-257-4878

MAIL ENTRY TO: Battle Basketball, 613 Bryden Ave, ste C #318, Lewiston, Idaho 83501(Entry form and fee must be included.)

FINAL DEADLINE: ALL ENTRIES MUST BE RECEIVED 10 days prior to the tournament.

***PLEASE NOTE: We are Unable to Guarantee the Accommodation of any special scheduling requests.

Battle Basketball Tournament



TEAM NAME: _____
 TEAM RATING: STRONG _____ ABOVE AVERAGE _____ AVERAGE _____ New Team _____
 COACH'S NAME: _____ PHONE NUMBER: (H) _____ (W) _____
 CONTACT PERSON: _____ PHONE NUMBER: (H) _____ (W) _____
 E-Mail: _____
 ADDRESS: _____

Tournament Dates:

December 5 – (*One day Jamboree, Cost \$100, three game running 15 halves guarantee*)

____ Boys 5th, ____ Boys 6th, ____ Boys 7th, ____ Boys 8th
 ____ Girls 5th, ____ Girls 6th, ____ Girls 7th, ____ Girls 8th

January 2 - 3

____ Boys 4th, ____ Boys 5th, ____ Boys 6th, ____ Boys 7th, ____ Boys 8th
 ____ Girls 4th, ____ Girls 5th, ____ Girls 6th, ____ Girls 7th, ____ Girls 8th

January 15 - 17

____ Boys 4th, ____ Boys 5th, ____ Boys 6th, ____ Boys 7th, ____ Boys 8th
 ____ Girls 4th, ____ Girls 5th, ____ Girls 6th, ____ Girls 7th, ____ Girls 8th

February 5 - 7

____ Boys 4th, ____ Boys 5th, ____ Boys 6th, ____ Boys 7th, ____ Boys 8th,
 ____ Girls 4th, ____ Girls 5th, ____ Girls 6th, ____ Girls 7th, ____ Girls 8th

	NAME (FIRST)	LAST	2009-10 AAU CARD#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

****PLEASE NOTE: WE ARE UNABLE TO GUARANTEE THAT WE WILL BE ABLE TO ACCOMMODATE SPECIAL SCHEDULING REQUESTS.**

MAIL ENTRY FEE OF \$180 PLUS ENTRY FORM TO:

Battle Basketball

613 Bryden Avenue, STE C #318, Lewiston, ID 83501

AAU Member Club Compliance Form

CONCUSSION LAW REQUIREMENTS

Required by AAU Event Operators to participate in AAU sanction events.

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).

<BATTLE BASKETBAL>

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 <BATTLE BASKETBALL>.

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