

*13<sup>th</sup> Annual*  
**CASCADE "LEAVENWORTH" CLASSIC**  
*February 6-7, 2010*



- National Sanction:** Sanction by the Inland Empire Association of the Amateur Athletic Union of the US Inc.
- DATES:** February 6<sup>th</sup> & 7<sup>th</sup> Girls 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup>  
Limited to 8 teams per grade level.
- ENTRY FEE:** \$175.00 Checks payable to Cascade AAU Basketball
- GAMES:** All teams will have at least four games.  
Games will begin Saturday morning. You will be notified of game times.
- ADMISSION CHARGE:** There will be an admission charge at the gym.  
Family passes for \$10.00 for the weekend may be purchased.
- AAU MEMBERSHIP:** All participants in AAU events must have a 2010 AAU card.  
Go to [www.aausports.com](http://www.aausports.com) or call Inland Empire AAU (509)453-2696
- ROSTERS:** This is a grade level tournament. Athletes should be from one high school attendance area and can be on one roster only. Exceptions should be cleared with the tournament director. Rosters will be submitted to the AAU office in Yakima for verification of AAU numbers.
- RULES:** High school federation rules. No press rule after 20 points. Eight minute quarters stopped time. Technical foul rule will be an automatic 2 points to the opposing team and possession of the ball.
- AWARDS:** Team plaque for 1<sup>st</sup> and individual awards for 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>.
- MAIL ENTRY:** Cascade AAU Basketball, P.O. Box 414, Leavenworth, WA 98826
- CONTACT:** Randy Alexander (509)548-2464 or [alexfam@hotmail.com](mailto:alexfam@hotmail.com)

# 2010 AAU TEAM REGISTRATION FORM

Contact Person \_\_\_\_\_ Home Phone(    ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone:(    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach E-mail address: \_\_\_\_\_

Coach Home Phone(    ) \_\_\_\_\_ Coach AAU# \_\_\_\_\_

Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

Check One:

\_\_\_\_\_ Girls 6<sup>th</sup>

\_\_\_\_\_ Girls 7<sup>th</sup>

\_\_\_\_\_ Girls 8<sup>th</sup>

Name(FirstLast)	Birthdate-Grade	School	2010 AAU Card
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

# 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).

### Cascade Youth Basketball Club 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 Cascade Youth Basketball Club.**

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