

17th ANNUAL WALLA WALLA YMCA SHOOTOUT



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

LOCAL HOST: Walla Walla YMCA Basketball

SITE: Walla Walla, WA

DATES: February 12-14, 2010

GENDER/GRADES: Boys and Girls, Grades 5 through 8

ENTRY FEE: \$160.00 (MAKE CHECKS PAYABLE TO YMCA)
**\$175.00 (IF RECEIVED AFTER JANUARY 29TH)

GAMES: All teams will play at least three games

PLAYING TIMES: Friday Begin 5:30pm
(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 which costs \$14.00 and may be purchased at www.ausports.org. Cards must be purchased and reported on the entry form. All rosters will be checked. Individuals without cards will cause their team to be disqualified. The rosters are copied and mailed to the AAU regional office.

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

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

RULES: 7 minute quarters

AWARDS: Individual awards for players of top two teams in each division.

CONTACT: Susan Anfinson, (509) 525-8863, susana@wwymca.org

MAIL ENTRY TO: Walla Walla YMCA, PO Box 1637, Walla Walla, WA 99362
(Entry form and fee must be included.)

FINAL DEADLINE: ENTRIES MUST BE RECEIVED BY FEBRUARY 4th, 2010.
***PLEASE NOTE: THIS IS A 3 DAY TOURNAMENT BEGINNING FRIDAY AT 5:30 PM. WE ARE UNABLE TO ACCOMMODATE SPECIAL SCHEDULING REQUESTS.

WALLA WALLA YMCA SHOOTOUT

February 12th, 13th & 14th

TEAM NAME: _____

TEAM RATING: STRONG___ ABOVE AVERAGE___ AVERAGE___ BELOW AVERAGE___ WEAK___

COACH'S NAME: _____ PHONE NUMBER: (H) _____ (W) _____

ASSIST. COACH: _____ PHONE NUMBER: (H) _____ (W) _____

CONTACT PERSON: _____ PHONE NUMBER: (H) _____ (W) _____

ADDRESS: _____

(CHECK ONE) _____ BOY'S 5TH GRADE _____ GIRL'S 5TH GRADE
 _____ BOY'S 6TH GRADE _____ GIRL'S 6TH GRADE
 _____ BOY'S 7TH GRADE _____ GIRL'S 7TH GRADE
 _____ BOY'S 8TH GRADE _____ GIRL'S 8TH GRADE

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

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**MAIL THIS FORM AND ENTRY FEE OF \$160 (\$175 after Jan. 29th) TO:
WALLA WALLA YMCA
PO BOX 1637 WALLA WALLA, WA 99362**

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).

Walla Walla YMCA

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 Walla Walla YMCA.

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