The Warehouse Athletic Facility Presents The 8th Annual AAU BRING IN SPRING Basketball Tournament Saturday, March 13th & Sunday, March 14th, 2010

LOCATION: 800 North Hamilton, Spokane, Washington 99202

(Directly across from Gonzaga University)

DIVISIONS: Boys & Girls, 4th-6th Grade

ENTRY FEE: \$235.00 (Make checks payable to The WAREHOUSE)

GAMES: Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Saturday, March 13th and continue through Sunday, March 14th, 2009.

AAU CERTIFICATION: The WAREHOUSE AAU "Bring in Spring" basketball tournament is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2010 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: www.ieaau.org or by phone:(509) 453-2696. The card fee is not included in registration. All rosters will be checked. Individuals without cards will result in team disqualification from the tournament.

REGISTRATION: Team registration form and entry fee, must be submitted by Monday, March 1, 2010.

Please send tournament registration and fee to:

The WAREHOUSE

P.O. Box 9786 Phone: (509) 484-2670 Spokane, WA 99209 Fax: (509) 484-2669

Please Note: Team roster may be modified at any time prior to the first game by written notice to the tournament director. No additions or changes will be permitted following the start of the first game. The use of a non-registered player will result in disqualification of the team for the entire tournament.

AWARDS: Awards will be given for 1st and 2nd place in each division.

REFUND POLICY: Tournament cancellations made prior to March 1, 2010 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after March 1, 2010. **This refund policy will be enforced in order to ensure the continued integrity of our tournaments.** If you have any questions, please contact Jared at (509) 484-2670 or identification.

REGISTRATION DEADLINE: MONDAY, MARCH 1, 2010



Bring in Spring 2010 Team Registration Form Registration Deadline: Received by March 1, 2010

PLEASE PRINT CLEARLY

| Contact Person: | Cell Phone: ()_ | | |
|--|---------------------------------|---------------------------------------|---------------------|
| Address: | City: | State:Zip: ₋ | |
| Head Coach: | Cell Phone:(|) | |
| Coach/Contact Email Address: (R | EQUIRED): | | |
| Head Coach 2010 AAU # | | | |
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| GIRLS | | BOYS 4th C | |
| 4 th Grade Girls | | 4 th Grade Boys | |
| 5 th Grade Girls 6 th Grade Girls | | 5 th Grade Boys | |
| All AAU registration numbers will | he verified through your loca | | de all information |
| requested. | be verified tiffodgir your loca | a Association. Thease provi | de all illiornation |
| Player Name | School | 2010 AAU # | |
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| Assistant Coach: | | | |
| Assistant Coach: | | | |
| Teams will be accepted into the to considered FULLY registered who | | ntry fee have been received | l . |
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| SEND REGISTRATIONS AND F The WAREHOUSE | EES 10: | Registration Fee | \$235.00 |
| P.O Box 9786 | | Total Enclosed | \$ |
| Spokane, WA 99209 | | i Otal Elicioseu | Ψ |
| Phone: (509) 484-2670 | Payment By: | _CheckMoney Order | VISA MasterCard |
| Fax: (509) 484-2669 | . aymon by | _55011101109 01001 | |
| (222) 222 | Cardholder's Name | | |
| | Account No | Expiration Date | |
| | Signature | · · · · · · · · · · · · · · · · · · · | |

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).

Warehouse Athletic Facility

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 Warehouse Athletic Facility.

| 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 | | | |