

*The Warehouse Athletic Facility* Presents  
**On Summer's Edge**

**An AAU Basketball Tournament**

**Friday, May 28<sup>th</sup> – Sunday, May 30<sup>th</sup>, 2010**

**LOCATION:** 800 North Hamilton, Spokane, Washington 99202  
(Directly across from Gonzaga University)

**DIVISIONS:** Boys & Girls- 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, High School Level 1 (Elite teams) & High School Level II (non-elite & community based teams)\*\*

\*\*Please note: Players participating in high school divisions must be 18 years or younger and be currently enrolled in high school.

**ENTRY FEE:** \$245.00 (Make checks payable to The WAREHOUSE)

**GAMES:** Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Friday, May 28<sup>th</sup> and continue through Sunday, May 30<sup>th</sup>, 2010

**AAU CERTIFICATION:** The WAREHOUSE AAU Summer's Edge 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.ieaaau.org](http://www.ieaaau.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, May 17<sup>th</sup>, 2010.

**Please send tournament registration form and entry fee to:**

**The WAREHOUSE**

**P.O. Box 9786**

**Spokane, WA 99209**

**Phone: (509) 484-2670**

**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 1<sup>st</sup> and 2<sup>nd</sup> place in each division.

**REFUND POLICY:** Tournament cancellations made prior to May 17<sup>th</sup>, 2010 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after May 17<sup>th</sup>, 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 [jared@warehouseathletics.com](mailto:jared@warehouseathletics.com).

**REGISTRATION DEADLINE: MONDAY, MAY 17, 2010**



**On Summer's Edge 2010  
Team Registration Form**

Registration Deadline: Received by May 17, 2010

**PLEASE PRINT CLEARLY**

Contact Person: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Coach/Contact Email Address: (REQUIRED): \_\_\_\_\_  
 Head Coach 2010 AAU # \_\_\_\_\_  
 Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

**Friday, May 28<sup>th</sup> - Sunday, May 30<sup>th</sup>, 2010**

**Division (circle one):**      BOYS      GIRLS  
 \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ HS Level I (Elite) \_\_\_ HS Level II (Non Elite)

All AAU registration numbers will be verified through your local Association. Please provide all information requested.

Player Name	School	2010 AAU #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

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

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

Teams will be accepted into the tournament on a first come- first served basis. Please note: teams are considered FULLY registered when COMPLETE roster and entry fee have been received.

**Registration Payment**

**SEND REGISTRATIONS AND FEES TO:**

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

**Total Enclosed**      \$ \_\_\_\_\_

**Payment By:** \_\_\_ Check \_\_\_ Money Order \_\_\_ VISA \_\_\_ MasterCard

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