

**14TH ANNUAL WENATCHEE VETERANS
WEEKEND AAU BASKETBALL TOURNAMENT
NOV 13th-14th-15th**

- BOYS & GIRLS GRADES:** 5th- 6th -7th -8th
- SITE:** Wenatchee, WA
- ENTRY FEE:** \$ 180.00
DEADLINE: Postmarked Nov 5th
(First eight (8) teams each grade)
- MAKE PAYABLE:** Wenatchee Youth Girls Basketball
1422 Appleridge Dr.
Wenatchee, WA 98801
Ron Stone 509-663-0185 phone fax 509-670-1810 Cell
E-mail ronstone@verizon.net
- GAMES:** All teams will play at least (4) games
- GAME TIME:** Friday 5:00 PM 6:00 PM 7:00 PM 8:00 PM 9:00 PM
Saturday 9:00AM 10:00 AM 11:00AM 12:00 1:00 PM
2:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM 7:00
Sunday 8:30 AM 9:30 AM 10:30 AM 11:30 AM 12:30 PM
1:30 PM 2:30 PM. 3:30 PM 4:30 PM
- AAU MEMBERSHIP:** All participants, including coaches, must have a 2009 – 2010 AAU membership card. AAU cards must be attained by visiting www.aausports.org.
- ROSTERS:** Rosters established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted.
- RULES:** 2009-2010 High School Federation Rules
Technical Foul: Automatic two (2) points and ball out of bounds
Boys 6th grade will use 28 1/2" women's ball
2 - 20 minute running halves (stop clock last 2 minutes of the 2nd half)
- AWARDS:** Individual awards to champions of each division
- NOTE:** Door Charge: FRIDAY, SATURDAY, SUNDAY

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(DEADLINE Nov 5TH)**

ROSTER

TEAM NAME _____

GRADE _____ **GIRLS** _____ **BOYS** _____

CONTACT PERSON _____ **PHONE** _____

E-MAIL ADDRESS _____

ADDRESS _____

NAME	BIRTHDATE	SCHOOL	2009-2010 AAU #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Coaches name _____ **AAU #** _____

Coaches name _____ **AAU #** _____

SEND: \$180.00 Wenatchee Youth Basketball 1422 Appleridge Dr, Wenatchee, Wa 98801

WENATCHEE/E. WENATCHEE AREA MOTELS

CEDARS INN	E. WEN	509-886-8000	1-800-358-2074
HOLIDAY LODGE	WEN.	509-663-3167	1-800-722-0852
BEST WESTERN HERITAGE INN	WEN	509-664-6565	
HOLIDAY INN EXPRESS	WEN.	509-663-6355	
FOUR SEASONS INN	E. WEN	509-884-6611	1-800-223-6611
ORCHARD INN	WEN	509-662-3443	
RIVERS INN		509-884-1474	
WESTCOAST WENATCHEE CENTER	WEN	509-662-1234	
RAMADA	WEN	509-665-8585	
COMFORT INN	WEN	509-662-1700	

ANY QUESTIONS PLEASE CALL RON STONE 509-670-1810
E-mail ronstone@verizon.net

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).

Wenatchee Youth Basketball AAU 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 Wenatchee Youth Basketball AAU 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