

Lake Chelan Apple Classic

AAU Basketball Tournament

Team Registration Form



National Sanction: Inland Empire District of the Amateur Athletic Union of the U.S.

Site: Chelan, WA

Dates and Deadlines:

Postmark Jan.27, 2011	February 5-6, 2011	Boys 7th, 8th
Postmark Feb.3, 2011	February 12-13, 2011	Girls 7th, 8th, Boys 4th
Postmark Feb.10, 2011	February 19-20, 2011	Girls 4th, 5th, 6th
Postmark Feb.17, 2011	February 26-27, 2011	Boys 5th, 6th

Entry Fee: \$180 Make checks out to City of Chelan

Games: 8 team maximum per division
All teams will play 4 games
2 pools of 4 teams, Single Elimination Sunday

AAU Membership All athletes and head coaches that participate in any AAU event must have a 2011 AAU card. These cards are valid Sept. 1, 2010 to August 31, 2011. The membership provides the best supplemental accident insurance for the athlete during the official practices and sanctioned competitions. Go to www.aausports.org and click Join AAU.

Grade Determining Date The grade the participant is in as of Feb. 1, 2011.

Roster: The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes permitted without the ok of the tournament director.

Mail Entries to: City of Chelan Parks Department
c/o Mike Haerling
PO Box 1669
Chelan, WA 98816
mikehaerling@yahoo.com

Entry form and fees must be included.

Lake Chelan Apple Classic Basketball Tournament Team Registration Form



Team Name _____ City representing _____

Contact Person _____ Home Phone _____

Address _____ City, State, Zip _____

Coaches Name _____ Coaches AAU# _____

Coaches Phone _____ Cell Phone _____

Check One:

Feb. 5-6 (deadline Jan 27)

Feb. 19-20 (deadline Feb.10)

_____ Boys 7th grade

_____ Girls 4th Grade

_____ Boys 8th grade

_____ Girls 5th Grade

_____ Girls 6th Grade

Feb. 12-13 (deadline Feb.3)

Feb 26-27 (deadline Feb 17)

_____ Girls 7th Grade

_____ Boys 5th Grade

_____ Girls 8th Grade

_____ Boys 6th Grade

_____ Boys 4th Grade

Name	Grade	School	2011 AAU#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Mail entry fee of \$180 plus this entry form to:
City of Chelan, Chelan Park Department c/o Mike Haerling PO Box 1669, Chelan, WA 98816

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).

CHELAN YOUTH SPORTS 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 Chelan Youth Sports 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