

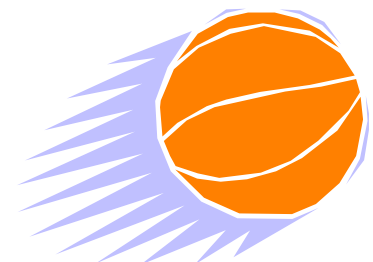


# 9th Annual Desert Hoop Classic

## January 28 - 30, 2011



- LOCAL SPONSOR:** Moses Lake AAU
- LOCAL CONTACT:** Susan Schwiesow, City of Moses Lake  
**Phone:** 766-3603 **Fax:** 766-9243  
[sschwiesow@ci.moses-lake.wa.us](mailto:sschwiesow@ci.moses-lake.wa.us)
- NATIONAL SANCTION:** Sanctioned by the Inland Empire AAU
- DIVISIONS:** 7<sup>th</sup> Grade & 8<sup>th</sup> Grade Girls  
7<sup>th</sup> Grade & 8<sup>th</sup> Grade Boys
- ENTRY FEES:** \$190.00 per team, Make Checks payable to Moses Lake AAU
- MAIL TO:** Moses Lake AAU, C/O Javier Loera, 601 S Pioneer Way, Suite F PMB 346,  
Moses Lake WA 98837.
- GAME:** All teams will play at least four (4) games.
- ENTRY DEADLINE:** Need a roster with AAU Numbers, concussion form and entry money by  
January 19, 2011
- AAU MEMBERSHIP:** All athletes and Head Coach that participate in an AAU Event must have and 2010-  
2011 AAU Card. Athlete membership card costs \$12.00 and Coach is \$14.00, and it  
is good until August 31, 2011 for all sanctioned AAU Tournaments. Cards may be  
purchased at [www.aausports](http://www.aausports) or though Inland Empire Association.
- RULES OF PLAY:** 2010-2011 High School Rules will be played.  
1.Regular women's ball  
2.Quarters: 8 Minute Quarters  
3.**Special Rule:** Any Technical foul, the award will be, automatic two points awarded  
to team plus award of ball out of bounds.  
4.One Technical Foul: on a coach and he is ejected from gym  
5.The Bench Rule: Coaches must sit on the bench during the game except to applaud  
a good play, call time out, to get a sub into the game.  
6.All Overtimes: 2 minutes each.
- AWARDS:** Team awards will be given to top two teams in each division.
- FORFEIT TIME:** Game Time
- SCOREKEEPER:** Each team is to have one person to keep the individual score.



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### TEAM ROSTER

Name	Birthdate	School	2010-2011 AAU Card
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

<b>Team Name</b>		
<b>Grade Division</b>		
<b>Coaches Name</b>		
<b>AAU Membership Number</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Fax Number</b>
<b>Email</b>		

Return this page completed with entry fee of \$190.00.

**Deadline January 19, 2011**, Moses Lake AAU, C/O Javier Loera, 601 S Pioneer Way, Suite F PMB 346, Moses Lake WA 98837.

# 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).

### AAU Event Operator 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 AAU Sanction event operator.**

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