

# 19<sup>th</sup> ANNUAL WALLA WALLA YMCA SHOOTOUT



**NATIONAL SANCTION:** Amateur Athletic Union of the U. S., Inc.

**LOCAL HOST:** Walla Walla YMCA Basketball

**SITE:** Walla Walla, WA

**DATES:** February 10-12, 2012

**GENDER/GRADES:** Boys and Girls, Grades 5 through 8

**ENTRY FEE:** \$170.00 (MAKE CHECKS PAYABLE TO YMCA)  
\$195.00 (IF RECEIVED AFTER January 27)

**GAMES:** All teams will play at least three games

**PLAYING TIMES:** Friday Begin 5:30pm  
(Subject to change) Saturday Begin 8:00am  
Sunday Begin 8:00am

**AAU MEMBERSHIP:** All athletes who must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU web site [www.aausports.org](http://www.aausports.org) to obtain their membership.

**AGE DETERMINING DATE:** Grade the participant is in at the time of the tournament.

**ROSTER:** The roster established at the time of the first Shootout game must be used throughout the entire tournament. No additions or changes are permitted.

**RULES:** 7 minute quarters

**AWARDS:** Individual awards for players of top two teams in each division.

**CONTACT:** Abel Hernandez, (509) 525-8863, [ahernandez@wwymca.org](mailto:ahernandez@wwymca.org)

**MAIL ENTRY TO:** Walla Walla YMCA, PO Box 1637, Walla Walla, WA 99362  
(Entry form and fee must be included.)

**FINAL DEADLINE:** ENTRIES MUST BE RECEIVED BY FEBRUARY 3rd, 2012.

**\*\*\*PLEASE NOTE: THIS IS A 3 DAY TOURNAMENT BEGINNING FRIDAY AT 5:30 P.M.  
IF YOUR TEAM IS UNABLE TO COMPETE EACH DAY PLEASE DON'T ENTER.**

# WALLA WALLA YMCA SHOOTOUT

February 10<sup>th</sup>, 11th & 12<sup>th</sup>

TEAM NAME: \_\_\_\_\_

TEAM RATING: STRONG\_\_\_\_ ABOVE AVERAGE\_\_\_\_ AVERAGE\_\_\_\_ BELOW AVERAGE\_\_\_\_ WEAK\_\_\_\_

COACH'S NAME: \_\_\_\_\_ PHONE NUMBER: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

(CHECK ONE)

BOY'S 5<sup>TH</sup> GRADE  
 BOY'S 6<sup>TH</sup> GRADE  
 BOY'S 7<sup>TH</sup> GRADE  
 BOY'S 8<sup>TH</sup> GRADE

GIRL'S 5<sup>TH</sup> GRADE  
 GIRL'S 6<sup>TH</sup> GRADE  
 GIRL'S 7<sup>TH</sup> GRADE  
 GIRL'S 8<sup>TH</sup> GRADE

	NAME (FIRST)	LAST	20011-12 AAU CARD#	GRADE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

**PLEASE NOTE: THIS IS A 3 DAY TOURNAMENT BEGINNING ON FRIDAY AT 5:30 PM.  
IF YOUR TEAM IS UNABLE TO COMPETE EACH DAY PLEASE DON'T ENTER.**

**MAIL THIS FORM AND ENTRY FEE OF \$170 (\$195 after January 27) TO:  
WALLA WALLA YMCA  
PO BOX 1637 WALLA WALLA, WA 99362**

# AAU Member Club Compliance Form

## CONCUSSION LAW REQUIREMENTS

Required by AAU Event Operators to participate in AAU sanction events.

HB 1824, 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).

### Walla Walla YMCA

#### Compliance Statement for HB 1824 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 Walla Walla YMCA.**

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