

25TH ANNUAL NORTH SPOKANE CLASSIC AAU BASKETBALL TOURNAMENT



NATIONAL SANCTION:	Inland Empire Amateur Athlet	ic Union of the U.S.		
SITE:	Riverside School Complex 19 Miles north of Spokane on U.S. #2			
DATES:	March 9-11, 2012	SMALL SCHOOL BOYS 5th, 6th, 7th & 8th Grades WA High School classification B, A, & 2A.		
	March 16-18, 2012	SMALL SCHOOL GIRLS 5th, 6th, 7th & 8th Grades WA High School classification B, A, & 2A.		
DEADLINE:	<u>BOYS – FEBRUARY 25</u>	, 2012 OR WHEN BRACKETS FILL		
	<u> GIRLS – MARCH 3, 201</u>	2 OR WHEN BRACKETS FILL		
ENTRY FEE:		<u>LE TO: NORTH SPOKANE CLASSIC</u> ER RD. SPOKANE, WA 99208 ADLINE.		
GAMES:		our (4) games some playing five (5) or more. Most games. PLEASE BE AVAILABLE TO PLAY FRIDAY NIGHT		
GAME TIME:	Saturday 8:00am 9:00am 10 4:00p.m. 5:00pm	n., 7:00p.m., 8:00p.m., 9:00p.m. 0:00am 11:00am 12:00pm 1:00pm 2:00pm 3:00p.m. 6:00pm 7:00pm 8:00p.m. 9:00pm 1:00am 11:00am 12:00pm 1:00pm 2:00pm 3:00pm 4:00pm		
AAU MEMBERSHIP:	All athletes & coaches that participate in any AAU event must have a 2011-12 AAU Card. A membership card costs \$12.00 (athlete) or \$14.00 (coach). (CARDS MUST BE PURCHASED IN ADVANCE AT aausports.org). The membership provides the best supplemental accident insurance for the athlete during official practices and sanctioned competitions.			
ROSTER:	No additions or changes ar	e time of the first game must be used throughout the entire tournament. e permitted. Players may be on only one roster. PLAYERS MUST HASED IN ADVANCE TO PLAY.		
GRADE DETERMINATION:		by the grade participant is in at this time. e from schools feeding the same high school.		
ELIGIBILITY:	determined eligible based of officials.) We are trying to k area small school team who	from schools feeding the same high school, private schools will be n their finish in the Spokane AAU league (determined by tournament eep this tournament competitive at the small school level, any Spokane wishes to participate must first be approved by the North Spokane e AAU teams will be allowed participation upon approval by the tor.		
OFFICIATING:	Only registered association	officials will be used.		
	PLEASE FILL OUT AND F FORM.	RETURN THE HEAD CONCUSSION WAIVER, ATTACHED TO THIS		

RULES: Boys High School Federation Rules 2011-2012. The exception to these rules are: Special Technical Foul Rule: with any technical foul, automatic two (2) points awarded to the other team plus award of ball out of bounds. A technical foul also counts as a personal foul. Tie Breaker Rules have been determined by the North Spokane Classic committee and will be provided in the coaches packets. All teams will play two 20 minute halfs with a stop clock the last minute of the first half and the last 3 minutes of the second half. There will be NO 30-second shot clock. All girls and boys 5th and 6th grade will use the 28.5 inch ball.

AWARDS:

Individual awards to the top four (4) teams in each division.

MOTELS: Quality Inn – Oakwood	(509) 467 4900	1 800 535 4900
Comfort Inn - North	(509) 467 7111	1 800 228 5150
The Apple Tree Inn	(509) 466 3020	1 800 323 5796
Ramada Inn - North Pointe Suites	(509) 468 4201	1 800 888 6630

These motels offer easy access to the Riverside Complex.

If for some reason, you will not be sending a team to the Tournament at North Spokane, PLEASE give this information to someone in your community that might be interested.

Linda Donaghy, DIRECTOR (509) 467-2119 (509) 220-8682- CELL northspokaneclassic@hotmail.com

NORTH SPOKANE CLASSIC c/o Linda Donaghy 1624 E. Center Rd. Spokane, WA 99208



25th ANNUAL NORTH SPOKANE CLASSIC AAU BASKETBALL TOURNAMENT



2012 NORTH SPOKANE CLASSIC AAU TEAM REGISTRATION FORM

OFFICE USE ONLY

RECEIVED ON:

PAID BY CHECK #

CONTACT PERSON:				HOME PHON	IE: ()		
CELL PHONE NUMBER: ()			WORK PHONE: ()				
ADDRESS:		CITY	CITY: STATE: ZIP:				
EMAIL							
CELL # FOR CONTACT D	URING TOURNAMEN	ит <u>()</u>			_		
COACH NAME		AAU#					
ADDRESS				STAT	E ZIP		
HOME PHONE ()	WORK PH	ONE ()	E	MAIL			
TEAM NAME:	C	ITY REPRESE	NTING:	CLUB #			
(CHECK ONE):	MARCH 9-11 TOURN	IAMENT DEAD	LINE FEBRUAR	Y 25, 2011 (C	R WHEN FULL)		
	MARCH 16-18 TOUR			3, 2011			
			BOYS 7th		BOYS 8 th		
GIRLS 5th	GIRLS	6th	GIRLS 7th		GIRLS 8th		
NAME (LAST)	FIRST	BIRTHDATE	SCHOOL	GRADE	AAU #		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
ASST COACH							
MAIL THIS ENTRY To:	-				SPOKANE WA 99208 sic for \$275.00		

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).

North Spokane Classic

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 North Spokane Classic.

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