

# ***A A U Basketball Tournament***

## **2nd Annual "The Best Never Settle Shootout"**

***DATES: May 18-20, 2012***

***Location: Wapato, Washington***

**CONTACT:** Raul Alvarado # 509-985-6255 Bobby Cordova # 509-307-8809

**Email:** [Alvarado.raul@yakimaschools.org](mailto:Alvarado.raul@yakimaschools.org)

**AGE GROUPS:** (GIRLS) 2<sup>nd</sup>- 8<sup>th</sup> Grade (BOYS) 2<sup>nd</sup>-8<sup>th</sup> Grade

**DEADLINE:** \$200 May 11th

**AWARDS:** First and Second place awards

**FORMAT:** 4 Game minimum. Pool Play followed by bracket play

**Game Times:** Friday: 5:30pm, 6:45, 8:00, 9:15 Saturday & Sunday: 9:00am, 10:15, 11:30, 12:45pm, 2:00, 3:15, 4:30, 5:45, 7:00 (Due to Change Depending on How Many Teams)

**RULES:** Tournament will follow current AAU Basketball Rules (If Team is up by 20pts during the 4<sup>th</sup> quarter, running clock will occur. (Rules will be included in Packet)

**MAKE CHECKS PAYABLE TO: Wapato Basketball Booster Club**

**MEMBERSHIP:** All athletes and coaches must have a current AAU Membership Card, purchased in advance, to participate. Cards cost \$12.00 for players and \$14.00 for coaches, and are available at [www.aausports.org](http://www.aausports.org).

\*Please advise parents that entry fee will be charged and t-shirts will be available for purchase. Friday \$3 Adult \$2 Student, Saturday & Sunday \$4 Adult, \$3 Student.

**The Lystedt Law:** Washington State has passed a law requiring youth coaches, athletes and parents/guardians complete certain criteria regarding the recognition and treatment of head injuries during sporting events. All participating teams must complete the attached form and return it with the entry form.

**ROSTER:** The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted. Players must have cards purchased in advance to participate. No player may participate on more than one team within the same grade level.

**OFFICIALS:** AAU Certified

# 2nd Annual "The Best Never Settle Shootout"

## Team Registration Form

May 20-22, 2012 Entry Fee: \$200

Mail this form and \$200 entry fee to: The Best Never Settle Shootout, P.O. Box 966 Wapato, WA 98951

Make checks payable to: Wapato Basketball Booster Club

CONTACT PERSON \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
FAX NUMBER ( ) \_\_\_\_\_ WORK NUMBER ( ) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ (GAME SKED WILL BE EMAILED TO THIS ADDR.)  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COACH NAME \_\_\_\_\_ AAU # \_\_\_\_\_  
HOME PHONE ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_ WORK NO. ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TEAM NAME \_\_\_\_\_ CITY REPRESENTING \_\_\_\_\_

DIVISION (Circle One):

2G-3G- 4G- 5G- 6G- 7G- 8G / 2B- 3B- 4B- 5B- 6B 7B- 8B

PLAYER NAME (First and Last)	JERSEY #	HEIGHT	2012 AAU CARD #	SCHOOL
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

Teams without AAU numbers listed above will be rejected. List any **SPECIAL SCHEDULING** requests/comments:

Team ranking for seeding (check one): Strong \_\_\_\_\_ Average \_\_\_\_\_ Weak \_\_\_\_\_ Unsure \_\_\_\_\_

Comments:

# 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).

### Wapato Basketball Booster 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 the Wapato Basketball Booster 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