

HIGH DEFINITION BASKETBALL PRESENTS

THE CENTRAL WASHINGTON

HD Season Tip-Off

National Sanction: This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.

Local Sponsor: High Definition Basketball

Dates: November 4th, 5th and 6th, 2011 – All teams are guaranteed 4 games

Site: Yakima, WA

Contact: Heather Shurtleff / (c) 509-480-2191 (w) 509-494-1520 (email) hshurtleff@firstam.com

Early Registration Deadline: October 21, 2011 - \$180

Late Registration Deadline: October 28, 2011 - \$200

Game Times: Friday: Games start at 5:30pm. Saturday & Sunday: Games start at 9:00am.

Divisions: Boys & Girls: 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th and 12th Grade – based on 2011-12 school

year

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 to obtain their membership.

Roster: Established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted. A player may play for ONE team only. Girls cannot play on boy's teams and vice versa.

Scorekeepers: Each team is to have **ONE** person to keep the individual score sheet.

Coaches: Only **ONE** coach per team is allowed into the game free.

Admission fees: PLEASE INFORM YOUR PARENTS: The gyms are run by local clubs; proceeds from admissions go back into their clubs for local youth activities. Friday: \$3 Adult, \$2 Student. Saturday: \$4 Adult, \$3 Student. Sunday: \$4 Adult, \$3 Student. NOTE: WEEKEND PASSES CAN BE PURCHASED FOR \$10.00 for Adults / \$7.00 for Students.

Rules of play: 2010-2011 High School Federation Rules. Special Technical Foul Rule: Any technical foul or intentional foul, two points awarded and the ball out of bounds. One technical on a player, the player sits on the bench for the remainder of the game. Officials and Gym Administrators have the right to eject a fan, player or coach. Coaches and fans must leave the entire gym. Two technical fouls in the tournament on a player or a coach, they are removed completely from the tournament. NO EXCEPTIONS! Check coach's letter in your packet you will receive at the gym of your first game for additional rules.

HD Season Tip-Off

2011 Team Registration Form

Boys: 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th	Division (Circle one):											
Team Name: Contact person: Address: City/State/Zip: Home Phone: Coach name: Coach email: Coach Address: City/State/Zip: Coach Phone: Coach Address: Coach Phone: Coach Phone: Coach Phone: AAU Club #: Asst Coach Name: Name (First Last) Grade School 2011-12 AAU Card Number 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.				-					9 th		11 th	12 th
Contact person: email: Address: City/State/Zip: Home Phone: Cell Phone: Coach name: Coach email: Coach Address: City/State/Zip: Coach Phone: Cell Phone: Coach AAU#: AAU Club #: Asst Coach Name: Asst Coach: AAU #: Name (First Last) Grade School 2011-12 AAU Card Number 1. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Girls:	2 nd	3^{rd}	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Contact person: email: Address: City/State/Zip: Home Phone: Cell Phone: Coach name: Coach email: Coach Address: City/State/Zip: Coach Phone: Cell Phone: Coach AAU#: AAU Club #: Asst Coach Name: Asst Coach: AAU #: Name (First Last) Grade School 2011-12 AAU Card Number 1. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Toom Nom	0:										
Address: City/State/Zip: Home Phone: Cell Phone: Coach name: Coach email: Coach Address: City/State/Zip: Coach Phone: Cell Phone: Coach AAU#: AAU Club #: Asst Coach: AAU #: Name (First Last) Grade School 2011-12 AAU Card Number 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 11.	Contact person:											
Home Phone:	•											
Coach name: Coach email: Coach Address: City/State/Zip: Coach Phone: Cell Phone: Coach AAU#: AAU Club #: Asst Coach Name: Asst Coach: AAU #: Name (First Last) Grade School 2011-12 AAU Card Number 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 11.												
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Return this page completed with an entry fee of \$180.00 if postmarked by Oct. 21st or \$200.00 after Oct. 28th. NO ENTRIES ACCEPTED AFTER Oct. 28th

Mail to: High Definition Basketball--800 Braeburn Court Selah, WA 98942

Any checks returned NSF will be charged a \$35.00 fee. No entry fees refunded after the deadline date.

Club Compliance Form CONCUSSION LAW REQUIREMENTS Club Compliance Statement

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).

Yakima Valley Sports Authority, 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 the Yakima Valley Sports Authority, an AAU Member Club and event operator.

Team:	Division:
Club	Club Number:
	I coaches, athletes and their parent/guardian have complied with ment of concussions and head injuries as prescribed by HB 1824,
Signed:	
AAU Club Contact / Position with A	.AU Club / Date signed