The Warehouse Athletic Facility Presents
The 10th Annual AAU Thanksgiving Turkey Shoot Basketball Tournament
November 25th-27th, 2011

LOCATION: 800 North Hamilton, Spokane, Washington 99202
(Directly across from Gonzaga University)

DIVISIONS: Boys & Girls, 6th-8th Grade

ENTRY FEE: $250.00 (Make checks payable to The WAREHOUSE)

GAMES: Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Friday, November 25th and continue through Sunday, November 27th, 2011.

AAU CERTIFICATION: The WAREHOUSE AAU “Turkey Shoot” basketball tournament is sanctioned by Inland Empire AAU. All participating players and coaches must have a 2012 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: www.ieaaau.org or by phone:(509) 453-2696. The card fee is not included in registration. All rosters will be checked. Individuals without cards will result in team disqualification from the tournament.

REGISTRATION: Team registration form and entry fee, must be submitted by Monday, November 14, 2011.

Registrations and fees shall be sent to:

The WAREHOUSE
P.O. Box 9786
Spokane, WA 99209
Phone: (509) 484-2670
Fax: (509) 484-2669

Please Note: Team roster may be modified at any time prior to the first game by written notice to the tournament director. No additions or changes will be permitted following the start of the first game. The use of a non-registered player will result in disqualification of the team for the entire tournament.

AWARDS: Awards will be given for 1st and 2nd place in each division.

REFUND POLICY: Tournament cancellations made prior to November 14, 2011 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after November 14, 2011. This refund policy will be enforced in order to ensure the continued integrity of our tournaments. If you have any questions, please contact Jared at (509) 484-2670 or jared@warehouseathletics.com.

REGISTRATION DEADLINE: MONDAY, NOVEMBER 14, 2011
### Team Registration Form

**Turkey Shoot 2011**  
**Team Registration Form**  
**Registration Deadline: Received by November 14, 2011**

**PLEASE PRINT CLEARLY**

**Contact Person:** ___________________________  
**Cell Phone:** (___)__________

**Address:** ___________________________  
**City:** __________  
**State:** _______  
**Zip:** _______

**Head Coach:** ___________________________  
**Cell Phone:** (___)__________

**Coach/Contact Email Address:** (REQUIRED):

**Head Coach 2012 AAU #**

**Team Name:** ___________________________  
**City Representing:** ______________________

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**Friday, November 25th - Sunday, November 27th, 2011**

**Division (check one):**

<table>
<thead>
<tr>
<th>GIRLS</th>
<th>BOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th Grade Girls</td>
<td>6th Grade Boys</td>
</tr>
<tr>
<td>7th Grade Girls</td>
<td>7th Grade Boys</td>
</tr>
<tr>
<td>8th Grade Girls</td>
<td>8th Grade Boys</td>
</tr>
</tbody>
</table>

All AAU registration numbers will be verified through your local Association.

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**Player Name**  
**School**  
**2012 AAU #**

1. ___________________________  
2. ___________________________  
3. ___________________________  
4. ___________________________  
5. ___________________________  
6. ___________________________  
7. ___________________________  
8. ___________________________  
9. ___________________________  
10. ___________________________  

**Assistant Coach:** ___________________________

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Teams will be accepted into the tournament on a first come- first served basis. Please note: teams are considered FULLY registered when COMPLETE roster and entry fee have been received.

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**Registration Payment**

**SEND REGISTRATIONS AND FEES TO:**

**The WAREHOUSE**  
**P.O Box 9786**  
**Spokane, WA 99209**  
**Phone:** (509) 484-2670  
**Fax:** (509) 484-2669

**Registration Fee**  
$250.00

**Total Enclosed**  
$________

**Payment By:**  
___Check ___Money Order ___VISA ___MasterCard

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**Cardholder’s Name**__________________________  
**Account No.**__________________________  
**Expiration Date**__________________________  
**Signature**__________________________

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*This event is sanctioned by the Amateur Athletic Union of the U.S., Inc.*

*All participants 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.*
AAU Member Club Compliance Form

CONCUSSION LAW REQUIREMENTS
Required by AAU Event Operators to participate in AAU sanction events.

HB1824, otherwise known as the Zachary 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).

Warehouse Athletic Facility
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 Warehouse Athletic Facility.

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 ___________________________