

**2013**  
**COLUMBIA RIVER HOOP CLASSIC**  
**13th Annual Eastmont AAU Tournament**

- National Sanction: Inland Empire District of the Amateur Athletic Union of the U.S.
- Site: East Wenatchee, Washington
- Tournament Dates: Friday February 8<sup>th</sup> - Sunday February 10th, 2013  
Deadline: Wednesday January 30, 2013
- Grades: Girls: 4th, 5th, 6th  
Boys: 4th, 5th, 6th
- Entry Fee: \$200.00 Make checks out to: Eastmont AAU Program
- Games: All teams will play a minimum of four games
- Questions: Dan Rookard Home: (509) 886-3574 Business cell: (509) 679-3840
- AAU Membership: All athletes and head coaches that participate in any AAU event must have a 2012/13 AAU card. Athlete membership cards cost \$12 and coach cards are \$14. Cards are valid September 1, 2012 – August 31, 2013 for all sanctioned AAU events in any of the sports that make up the AAU program. The membership provides the best supplemental accident insurance for the athlete during official practices and sanctioned competitions. Go to [www.aausports.org](http://www.aausports.org).
- Grade Determination: The grade the participant is in, as of January 1, 2013.
- Roster: Final roster is due Wednesday February 1, 2013.
- Rules: 2012-2013 High School Federation Rules.  
Special Technical Foul Rule: Any technical foul and Intentional foul, two points awarded and the ball out of bounds.  
Coaches packet can be picked up at the gym where your first game is played in additions to any additional rules.
- Awards: Individual awards pending based upon the number of teams.
- Mail Entries To: Dan Rookard  
115 Spring Hill Drive  
East Wenatchee, WA. 98802

# 2013 COLUMBIA RIVER HOOP CLASSIC

## AAU Team Registration Form

Friday February 8th - Sunday February 10th, 2013

Team Name: \_\_\_\_\_ City Representing: \_\_\_\_\_

**Check One:** \_\_\_\_\_ Girls 4th Grade \_\_\_\_\_ Boys 4th Grade  
\_\_\_\_\_ Girls 5th Grade \_\_\_\_\_ Boys 5th Grade  
\_\_\_\_\_ Girls 6th Grade \_\_\_\_\_ Boys 6th Grade

Contact Person \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Coach E-mail Address: \_\_\_\_\_

Coach AAU #: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name (First Last)	Birth date	- Grade	School	2012/13 AAU Card
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

**Mail Entry Fee of \$200.00 plus this entry form to:**

**Dan Rookard @ 115 Spring Hill Dr. East Wenatchee, WA. 98802**

# 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 nonprofit 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 and submit the required documents along with the tournament entry form:

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. Coaches must sign and return the Concussion Fact Sheet prior to initiating team practice or competition.
2. On a yearly basis, a concussion and head injury fact 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).

**\*Compliance form must be signed and accompany registration form at the time of registration deadline\***

### 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 AAU Event organizer.**

Team: \_\_\_\_\_ Grade Level/Gender: \_\_\_\_\_

Club Name: \_\_\_\_\_ 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

**\*Compliance form must be signed and accompany registration form at the time of registration deadline\***