

# 2012 AAU Yakima Valley Fall Basketball League

- National Sanction:** Inland Empire District of the Amateur Athletic Union of the U.S.
- Contact:** Shannon Springer, YVSA Event Director / PO Box 9757, Yakima, WA 98909  
509-453-2696 or 509-388-1722 / Email: [Shannon@ieaaau.org](mailto:Shannon@ieaaau.org)
- Dates:** **Game Days (Saturdays):** October 20, 27, November 3, 10, 17, December 1, 8  
Teams will play on **6 of the 7 days** of league play.
- Game Times:** All games on Saturdays: 9:00am, 10:15am, 11:30am, 12:45pm, 2:00pm, 3:15pm, 4:30pm
- Divisions:** Boys: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th Same School, 7th Open, 8th Same School, 8th Open  
Girls: 1st, 2nd, 3rd, 4th, 5th, 6th, 7th Same School, 7th Open, 8th Same School, 8th Open
- Entry Fees:** Early Registration Fee: \$220 received **IN OUR OFFICE** by Friday, September 28.  
Late Registration Fee: \$270 received **IN OUR OFFICE** by Wednesday, October 3. **NO ENTRIES WILL BE ACCEPTED AFTER OCTOBER 3!! NO EXCEPTIONS!! SIGN UP EARLY!**  
AAU Membership fees are **NOT** included in the entry fee. Any checks that are returned NSF will be charged a \$35.00 fee. **No entry fees refunded after the deadline date.** Payments made with VISA or MasterCard will be charged a \$10 convenience fee.
- AAU Membership:** **2013 AAU cards will be used for the league: Player \$14.00 Coach \$16.00.**  
**Memberships must be purchased online: [www.aausports.org](http://www.aausports.org).** All players and coaches must have an AAU Card. If it is found that a player is participating without a current AAU card, your team will be subject to forfeits of games with no refund of league fees paid. **REMEMBER:** Membership cards don't get you into the game for free. Only players that are playing are allowed into the game free.
- AAU CLUB MEMBERSHIPS:** All teams must be a member of an AAU Club. The Club Membership provides a generic practice insurance certificate for you to submit to your school district for practice.
- 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 to the Inland Empire AAU office with the league entry form. We need 1 form per team just once a year.**
- League Rules:**
1. WIAA rules state school coaches may not coach teams of the same sex, grades 7-12.
  2. A player may play for only **ONE** team during league play.
  3. Girls cannot play on boys teams and boys cannot play on girls teams.
  4. Entry fees will not be refunded after the deadline if you drop from the league.
  5. Players must be enrolled in Kindergarten or older. **NO PRE SCHOOLERS.**
  6. Players cannot switch teams once games have started.
  7. Scorekeepers – each team is to have ONE person to keep the individual score sheet that is provided at the score bench. One scorekeeper per team will be allowed into the game free of charge. Please leave scoresheets with the gym supervisor after your game.
  8. Coaches – Only ONE coach per team is allowed into the game free, but more than one may coach.
  9. Admission – The gyms are run by clubs – the proceeds from admissions goes back to their clubs for youth activities. ADULTS - \$3.00 STUDENTS - \$2.00 - PLEASE INFORM YOUR PARENTS!
- Rules of play:** 2012-2013 High School Rules will be played, with the following exceptions.
1. No shot clock.
  2. 1st thru 3rd grade boys and girls divisions will use the junior size basketball (27.5"). Boys 4th thru 6th grade and girls 4th grade thru high school divisions will use the women's size basketball (28.5"). Boys 7th grade and up will use the men's size basketball (30").
  3. Quarters: 1st - 4th grade: 6 minutes / 5th – 8th grades: 7 minutes
  4. Overtime 2 minutes.
  5. Technical or Intentional fouls – 2 points awarded and ball out of bounds.  
One technical foul on a coach or fan and he/she is ejected from the gym. 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 season on a player or a coach, they are removed completely from the league. NO EXCEPTIONS!**
  6. Forfeit time – Game time. Officials MAY run a shortened game (2 20 minute halves).

**2012 AAU Yakima Valley Fall Basketball League**  
 October 20 – December 8, 2012. **All Games played on Saturdays.**

<b>Office Use Only</b>
Date Rec'd: _____
Amt Paid: _____
Ck #: _____

<b>2012/13 Grade (Circle one):</b>							
<b>Boys:</b>	1st	2nd	3rd	4th	5th	6th	
	7th Same School	7th Open	8th Same School	8th Open			
<b>Girls:</b>	1st	2nd	3rd	4th	5th	6th	
	7th Same School	7th Open	8th Same School	8th Open			

Team Name: _____	AAU Club Name/Number (Required): _____
Contact Person: _____	Coach: _____
Address: _____	Coach Address: _____
City/State/Zip: _____	City/State/Zip: _____
E-mail Address: _____	Coach: AAU Card Number: _____
Phone: Home(____) _____	E-mail Address: _____
Phone: Work(____) _____	Phone: Home(____) _____
Phone: Cell(____) _____	Phone: Cell (____) _____
Asst Coach Name: _____ Email _____	Asst Coach: AAU #: _____

Scheduling Request (**LIMIT 1 PER TEAM – must have request by the league deadline date!!**):

<u>Name (First Last)</u>	<u>12-13 Grade</u>	<u>School</u>	<u>2013 AAU Membership #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Return this page with an entry fee of **\$220 by September 28, 2012 / \$270 by October 3** (\$35.00 fee will be charged on NSF checks)

Mail to: **Yakima Valley Sports Authority, PO BOX 9757, Yakima, WA, 98909.** / Fax with a credit card for payment to: **509-457-0931**

Check one:  MC  VISA Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Convenience Fee of \$10 is added to Visa/Master Card Request.**

Signature \_\_\_\_\_ 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: \_\_\_\_\_

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