



Desert Hoop Classic

January 30, 31 & Feb 1, 2015



LOCAL SPONSOR: Moses Lake AAU

LOCAL CONTACT: Susan Schwiesow, City of Moses Lake
Phone: 764-3810 **Email:** sschwiesow@cityofml.com

NATIONAL SANCTION: Sanctioned by the Inland Empire AAU

DIVISIONS: Girls 3rd Grade, 4th Grade, 5th Grade and 6th Grade

ENTRY FEES: \$295.00 per team with **no gate fee throughout tournament**, Make Checks payable to Moses Lake AAU

MAIL TO: Moses Lake AAU, C/O Javier Loera, PO box 1484, Moses Lake WA 98837.

GAME: All teams will play at least four (4) games.

ENTRY DEADLINE: Need a roster with AAU Numbers, concussion and entry money by January 23, 2015

AAU MEMBERSHIP: All athletes and Head Coach that participate in an AAU Event must have and 2014-2015 AAU Card. Athlete membership card costs \$14.00 and Coach is \$16.00, and it is good until August 31, 2015 for all sanctioned AAU Tournaments. Cards may be purchased at www.aausports.org or through Inland Empire Association.

RULES OF PLAY: 2014-2015 High School Rules will be played.

1. Regular women's ball
2. Quarters: 7 Minute Quarters
3. **Special Rule:** Any Technical foul, the award will be, automatic two points awarded to team plus award of ball out of bounds.
4. One Technical Foul: on a coach and he is ejected from gym
5. The Bench Rule: Coaches must sit on the bench during the game except to applaud a good play, call time out, to get a sub into the game.
6. All Overtimes: 2 minutes each.
7. Boys cannot play on girls teams

AWARDS: Team awards will be given to top two teams in each division.

FORFEIT TIME: Game Time

SCOREKEEPER: Each team is to have one person to keep the individual score.

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 connection.
- Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

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TEAM ROSTER

Name	Birthdate	School	2014-2015 AAU Card
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Team Name		
Grade Division		
Coaches Name		
AAU Membership Number		
Address		
City	State	Zip
Home Phone	Cell Phone	Fax Number
Email		

Return this page completed with entry fee of \$295.00 with no gate fee throughout tournament.

Deadline January 23, 2015, Moses Lake AAU, C/O Javier Loera, PO Box 637, Moses Lake WA 98837.

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).

Moses Lake AAU

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 Moses Lake AAU.

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