**The Warehouse Athletic Facility Presents** 

# On **Summer's Edge**

## An AAU Basketball Tournament Friday, May 22<sup>nd</sup> –Sunday, May 24<sup>th</sup>, 2015

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

**DIVISIONS**: Boys & Girls- 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, High School Level 1 (Elite teams) & High School Level II (non-elite & community based teams)\*\* \*\*Please note: Players participating in high school divisions must be 18 years or younger and be currently enrolled in high school.

**ENTRY FEE:** \$300.00 (Make checks payable to The WAREHOUSE)

**GAMES:** Teams will be guaranteed at least four (4) games. Games will be scheduled beginning Friday, May 22<sup>nd</sup> and continue through Sunday, May 24<sup>th</sup>, 2015

**AAU SANCTIONING:** The WAREHOUSE AAU Summer's Edge basketball tournament is licensed by the Amateur Athletic Union of the U.S., Inc.. All participating players and coaches must have a 2015 AAU Card. For information on obtaining a membership card, please go to the Inland Empire website: <a href="http://www.ieaau.org">www.ieaau.org</a> 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, May 11<sup>th</sup>, 2015.

### Please send tournament registration form and entry fee to:

The WAREHOUSE

P.O. Box 9786 Phone: (509) 484-2670 Spokane, WA 99209 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 1<sup>st</sup> and 2<sup>nd</sup> place in each division.

**REFUND POLICY:** Tournament cancellations made prior to May 11<sup>th</sup>, 2015 will receive a 75% refund of the tournament entry fee. No refunds will be given for team cancellations made after May 11<sup>th</sup>, 2015. <u>This refund policy will be enforced in order to ensure the continued integrity of our tournaments.</u> If you have any questions, please contact Jared at (509) 484-2670 or jared@warehouseathletics.com.

#### **REGISTRATION DEADLINE: MONDAY, MAY 11, 2015**



	ON/Summer's	s Edge 2	015		
	Team Regist	-			
Rec	jistration Deadline: <u>Re</u>				
		-	-		
Contact Person:					
Contact Person: Address: Head Coach:	Ceil Filone. ( Citv:	/St	 ate: Zin		
Head Coach:	Cell Phone	:()			
Coach/Contact Email Address: (REQU	JIRED):	< <u></u> ,,,,,,,	· · · · · · · · · · · · · · · · · · ·		
Head Coach 2015 AAU #					
Team Name:	City Re	epresenting:_	<b>Ath</b>		
Friday, I	May 22 <sup>nd</sup> – Su	nday, M	ay 24''', 2	2015	
Division (circle one): 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup>	BOYS GIRLS				
$\underline{4^{\text{th}}} \underline{5^{\text{th}}} \underline{6^{\text{th}}} \underline{7^{\text{th}}}$	_8 <sup>th</sup> 9 <sup>th</sup> HS Lev	/el I (Elite) _	HS Level II	(Non Eli	ite)
All AAU registration numbers will be v requested.	Perified through your loc	al Associatio	n. Please prov	/ide all in	formation
	School	2015 A	AU #		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Assistant Coach:					
Assistant Coach:					
Teams will be accepted into the tourn considered FULLY registered when <u>C</u>				d.	
SEND REGISTRATIONS AND FEES The WAREHOUSE	TO:	Regist	ration Fee		\$300.00
P.O Box 9786		Total I	Enclosed		\$
Spokane, WA 99209					
Phone: (509) 484-2670 Fax: (509) 484-2669	Payment By: _	Check	Money Order	_VISA_	_MasterCard
This event is licensed by the Amateur Athletic Union of the	Cardholder's Name				
<ul><li>U. S., Inc.</li><li>All participants must have a current AAU membership.</li></ul>	Account No	Expiration Date			
<ul> <li>AAU membership may not be included as part of the entry fee to the event.</li> <li>AAU membership must be obtained before the competition</li> </ul>	Signature				

 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 <u>www.aausports.org</u> 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 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).

#### 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:				
<u>Club</u>	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			