

# Lake Chelan Apple Classic

## AAU Basketball Tournament

### Team Registration Form



**Site:** Chelan, WA

**Dates and Deadlines:**

Postmark Feb 5, 2016	February 13-14, 2016	Boys 7th, & 8th
Postmark Feb 12, 2016	February 20-21, 2016	Girls 6th, 7th, & 8th
Postmark Feb 19, 2016	February 27-28, 2016	Boys 5th & 6th

**Entry Fee:** \$200 Make checks out to City of Chelan

**Games:** 8 team maximum per division  
All teams will play 4 games  
2 pools of 4 teams, Single Elimination Sunday

**AAU Membership** All athletes and head coaches that participate in any AAU event must have a 2016 AAU card. These cards are valid Sept. 1, 2015 to August 31, 2016. The membership provides the best supplemental accident insurance for the athlete during the official practices and Licensed competitions. Go to [www.aausports.org](http://www.aausports.org) and click Join AAU.

**Grade Determining Date** The grade the participant is in as of Feb. 1, 2015.

**Roster:** The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes permitted without the ok of the tournament director.

**Mail Entries to:** City of Chelan Parks Department  
c/o Mike Haerling  
PO Box 1669  
Chelan, WA 98816  
[mikehaerling@yahoo.com](mailto:mikehaerling@yahoo.com)

**Entry form and fees must be included.**

This event is licensed 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 Youth Athlete membership must be obtained before the competition begins.

**BE PREPARED! Adult and Non Athlete memberships are no longer instant and cannot be applied for at event.**

**Please allow 10 days for membership to be processed.**

Participants are encouraged to visit the AAU website [www.aausports.org](http://www.aausports.org) to obtain their membership.

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# Lake Chelan Apple Classic Basketball Tournament Team Registration Form



Team Name \_\_\_\_\_ City representing \_\_\_\_\_

Contact Person \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Coaches Name \_\_\_\_\_ Coaches AAU# \_\_\_\_\_

Coaches Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Coaches email \_\_\_\_\_

Asst Coach \_\_\_\_\_ Asst Coach AAU # \_\_\_\_\_

**Check One:**

**Feb. 13-14 (deadline Feb 5)**

**Feb. 20-21 (deadline Feb 12)**

\_\_\_\_\_ Boys 7th grade

\_\_\_\_\_ Girls 6th Grade

\_\_\_\_\_ Boys 8th grade

\_\_\_\_\_ Girls 7th Grade

\_\_\_\_\_ Girls 8th Grade

**Feb. 27-28 (deadline Feb 19)**

\_\_\_\_\_ Boys 5th Grade

\_\_\_\_\_ Boys 6th Grade

Name	Grade	School	2016 AAU#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Mail entry fee of \$200 plus this entry form to: City of Chelan, Chelan Park Department c/o Mike Haerling  
PO Box 1669, Chelan, WA 98816  
[mikehaerling@yahoo.com](mailto:mikehaerling@yahoo.com)

# 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).

### Chelan Youth Sports

#### 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 Chelan Youth Sports.**

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