

# TRI-CITIES FALCON FLIGHT FASTBREAK FRENZY

## AAU BASKETBALL TOURNAMENT

- LICENSED: Inland Empire District of the Amateur Athletic Union
- HOST: Falcon Flight Basketball Program
- COST: \$285.00 (NO ENTRY FEE) Bring your fans and fill the bleachers!
- DATE & SITE: February 26<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup> 2016 in Richland, WA
- DIVISIONS: Boys & Girls: 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>
- GAMES: All teams will play at least 4 games
- TIMES: Friday: 5:00 pm to 9:00. Saturday: 8:00 am to 9:00 pm. Sunday: 8:00 am to 8:15 pm.
- RULES: 20 minute running clock halves. Clock will be stopped during timeouts, free throws, and last 2min. of the game.
- FORMAT: This event is for teams of all ability levels. The formats will be determined based on the number of teams in each division
- AWARDS: Individual awards, for up to 10 players per team, will be given to the first place teams within each division.
- DEADLINE: No specific date; registration will close when all available gym space is filled. Tournaments in the area fill up fast. The only way to ensure entry is to submit early!
- CONTACT: Marsha Milliken , 509-942-8053; or e-mail: [mkmilliken@msn.com](mailto:mkmilliken@msn.com)
- LODGING: Motel listing with tournament rates is available on request.
- ROSTERS: Players, or teams, may play up a grade but not down a grade. Boys and girls can only play in their division (e.g. girls will only play in the girls division) and a player may only be assigned to **one** team during the tournament. The roster established for the first game will be checked and must be used throughout. Same school is not a requirement.
- AAU MEMBERSHIP: This event is sanctioned by the Amateur Athletic Union of the U.S., Inc. All participants must have a current AAU membership before the event begins. AAU Youth Athlete membership must be obtained before the competition begins. BE PREPARED! Adult and Non Athlete memberships are no longer instant. Please allow at least 10 days for membership to be processed. Participants must visit the AAU website ([www.aausports.org](http://www.aausports.org)) to obtain their membership.

**TRI-CITIES FALCON FLIGHT FASTBREAK FRENZY**

**February 26, 27, and 28, 2016** Entry Fee: **\$295.00** (NO CHARGE AT THE DOOR)

Make checks payable to: **Hanford Flight**

Mail this form and fee to: **Marsha Milliken, 245 High Meadows Street, Richland, WA 99352**

CIRCLE **3B 4B 5B 6B 7B 8B**

DIVISION: **3G 4G 5G 6G 7G 8G** CITY & TEAM NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PREFERRED NUMBER/ CELL: \_\_\_\_\_

COACH: \_\_\_\_\_ AAU CARD NO: \_\_\_\_\_

ASST. COACH: \_\_\_\_\_ AAU CARD NO: \_\_\_\_\_

**CLEARLY PRINT PLAYER NAME (First and Last)      2016 AAU CARD #      SCHOOL**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

List any scheduling requests:

Team Ranking for Seeding (Please Check One):

Strong \_\_\_\_\_ Above Avg \_\_\_\_\_ Average \_\_\_\_\_ Below Avg \_\_\_\_\_ Weak \_\_\_\_\_

# **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).

### **Richland Youth Sports Authority**

### **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 Richland Sports Authority.**

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:

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AAU Club Contact	Position with AAU Club	Date signed
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