



# Whitman Basketball Fall Shootout

**DATES:** Saturday – Sunday, November 7<sup>th</sup> - 8<sup>th</sup>

**LOCATION:** Sherwood Athletic Center - Whitman College, Walla Walla

**DIVISIONS:** GIRLS: 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade. Four game guarantee.

**ENTRY FEE:** \$200.00 Make checks payable to:

Whitman Women's Basketball

## WHY WHITMAN BASKETBALL TOURNAMENTS?

- **THE BEST FACILITIES:**

Four recently renovated, full size courts– all under one roof!

- Players have the opportunity to play in the same college level facilities as Whitman's Men's and Women's Basketball teams.

- Games officiated by Whitman Women's Basketball players and coaches.



- All proceeds go towards helping fund the Whitman Women's Basketball programs.

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Women's Basketball  
Whitman College  
345 Boyer Ave. • Walla Walla, WA • 99362



# TOURNAMENT RULES



**NATIONAL SANCTION:** Inland Empire District of the Amateur Athletic Union of the United States

**LOCAL SPONSOR:** Whitman Basketball

**AAU MEMBERSHIP:** All players and coaches must have a 2016 AAU Card. Anyone who coaches the team from the bench must also have an AAU card. Memberships can be purchased online at [www.aausports.org](http://www.aausports.org)

**ROSTER:** The roster established at the time of the first game must be used throughout the entire tournament. No additions or changes are permitted

**COACHES:** Only ONE coach per team is allowed in to the game free, but more than one may coach, but must pay admission and have a 2016 AAU card to sit on the bench.

**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 YVSA office with the entry form.

**RULES:** 2015-16 High School Federation Rules. Exceptions will be noted in coaches packet (coaches will get this on day of tournament at check in station).

**SCOREKEEPER:** Each team is to have ONE person to keep the individual score sheet that is provided by event director.

**ADMISSION:** The gyms are run by Whitman Basketball. The money from admissions goes directly to support the Whitman College Women's Basketball program. Please inform parents of the prices:

Adults: \$4 Saturday/Sunday

Seniors: \$2 Saturday/Sunday

Students (High School and younger): \$2 Saturday/Sunday Weekend Tournament

Passes: \$5 & \$3

Children 4 and under: Free



**WHITMAN BASKETBALL FALL SHOOTOUT**  
**NOV. 7<sup>th</sup> & 8<sup>th</sup>**  
 2015 Team Registration Form



**Division (Circle one):**  
**Girls:** 5th    6th    7th    8th

**Office Use Only**  
 Total Paid: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_

Team Name \_\_\_\_\_ Coach: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Coach Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Coach AAU Card #: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
 Phone (Cell): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Asst. Coach: \_\_\_\_\_ Email: \_\_\_\_\_ AAU#: \_\_\_\_\_

| Name (First, Last) | 15-16 Grade | School | AAU Card Number |
|--------------------|-------------|--------|-----------------|
| 1.                 |             |        |                 |
| 2.                 |             |        |                 |
| 3.                 |             |        |                 |
| 4.                 |             |        |                 |
| 5.                 |             |        |                 |
| 6.                 |             |        |                 |
| 7.                 |             |        |                 |
| 8.                 |             |        |                 |
| 9.                 |             |        |                 |
| 10.                |             |        |                 |
| 11.                |             |        |                 |
| 12.                |             |        |                 |

Return this page completed with an entry fee of \$200 by October 23, 2015  
 Mail to: **Whitman College Women's Basketball, 345 Boyer Ave, Walla Walla, WA, 99362.**  
**FAX 509-527-5960**

Payment must be made by cash or check. Checks made out to: Whitman College Women's Basketball  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

# AAU MemberClub Compliance Form

## CONCUSSION LAW REQUIREMENTS

### Club Compliance Statement

#### 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).

## 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 Whitman Basketball, 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