



Lake Chelan Apple Classic Basketball Tournament

2017 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: _____

Please Check One:

February 11-12 (Deadline February 3rd)	February 18-19 (Deadline February 10th)
_____ Boys 7 th Grade	_____ Girls 6 th Grade
_____ Boys 8 th Grade	_____ Girls 7 th Grade
	_____ Girls 8 th Grade
February 25-26 (Deadline February 17th)	
_____ Boys 5 th Grade	
_____ Boys 6 th Grade	

Name	Grade	School	2017 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 Parks Department c/o Mike Haerling, PO Box 1669, Chelan, WA 98816

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: _____ Grade Level: _____ Boys / Girls (Circle One)

Club Name: _____ Club Number: _____

Coach Name (printed): _____

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