



March 26, 2018

Dear Coach,

Here's the registration packet for the **Annual CYO Grade School Track & Field Meet on Saturday, May 19, 2018 at Loyola Academy**, 1100 Laramie Avenue (Wilmette, IL). **Check-in** will begin at **7:45am** and the **meet will start at 9:00am**. Participants may enter **THREE (3) events (any combination)**. **Coaches must ENTER A TEAM ROSTER ONLINE with Lakeshore Athletics by Wednesday, May 9. You will receive email instructions from them.**

6th Grade & Under

100 Meter dash
200 Meter dash
800 Meter run
4 x 100 Meter relay
4 x 200 Meter relay
High jump
Long jump
Shot Put

7th & 8th Grade

100 Meter dash
400 Meter run
Mile run
4 x 100 Meter relay
4 x 400 Meter relay
High jump
Long jump
Shot Put

COACH REQUIREMENTS: Anyone who wishes to coach at the CYO Meet **must complete the following requirements by May 16, 2018.**

- **Play Like a Champion** - This **NEW** requirement is a **3 hour, LIVE class** that enables the athletic experience to be a missionary tool to develop youth physically, socially, morally and spiritually. **The course costs \$25.**
- **Concussion** - <http://www.cdc.gov/headsup/youthsports/training/index.html>
Per the *Youth Sports Concussion Safety Act*, this **FREE** course is **Mandatory** for all coaches.
- **Virtus / Protecting God's Children** - http://www.virtusonline.org/virtus/reg_0.cfm?theme=0
Virtus is a **FREE, 3 hour LIVE class** that is offered almost every day.

The cost for the meet is **\$35.00 per parish plus \$5.00 per runner**. Each parish is required to bring at least **2 volunteers** to help with the meet. An **IMPORTANT Coaches' Meeting** will be held on **Wednesday, May 2nd at 7:00pm**, at the **CYO office, located at 1658 W. Grand Ave (Paulina & Grand)**. The **new timing procedures** will be addressed at this meeting. **PLEASE make sure that there is a representative from your school at this meeting.**

If you have any questions, contact me at **(312) 491-3534** or williamsk4@maryvilleacademy.org. I look forward to your presence at the meeting on the May 2nd!

Sincerely,

Kimberly Williams
Coordinator, Athletics

MARYVILLE/CYO • 1658 W. Grand Avenue • Chicago, Illinois 60622
PH (312) 491-3534 • FAX (312) 491-3531 • williamsk4@maryvilleacademy.org



2018 C.Y.O. TRACK & FIELD MEET
TEAM REGISTRATION FORM

SCHOOL: _____

COACH'S NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

CELL # () _____ ALTERNATE # () _____

Email: _____

Play Like A Champion Certification Date : _____ (Attach copy of certificate)

Concussion Certification Date: _____ (Attach copy of certificate)

Virtus Certification Date: _____ (Attach copy of certificate)

Coaching Coaches Certificate #: _____ (Attach copy of certificate)

TOTAL # OF PARTICIPANTS: _____ @ \$5.00 each = \$ _____

PARISH FEE \$ 35.00 _____

TOTAL \$ _____

Make checks payable to: **CATHOLIC YOUTH OFFICE (or CYO)**

**1658 W. Grand Avenue
Chicago, IL 60622
ATTN: Kimberly Williams**

VOLUNTEERS:

CHOICE OF EVENT:

1. _____

1st _____

2nd _____

2. _____

1st _____

2nd _____

CYO TRACK & FIELD MEET
JV BOYS (6th GRADE & UNDER)

SCHOOL: _____

COACH: _____

PRINT the FULL NAME of the participant entered in each event.

100 METER DASH _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 200 METER RELAY _____

1. _____
2. _____
3. _____
4. _____

200 METER RUN _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

HIGH JUMP _____

1. _____
2. _____
3. _____
4. _____
5. _____

800 METER RUN _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LONG JUMP _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 100 METER RELAY _____

1. _____
2. _____
3. _____
4. _____

SHOT PUT _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CYO TRACK & FIELD MEET
JV GIRLS (6th GRADE & UNDER)

SCHOOL: _____

COACH: _____

PRINT the FULL NAME of the participant entered in each event.

100 METER DASH _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 200 METER RELAY _____

1. _____
2. _____
3. _____
4. _____

200 METER RUN _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

HIGH JUMP _____

1. _____
2. _____
3. _____
4. _____
5. _____

800 METER RUN _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LONG JUMP _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 100 METER RELAY _____

1. _____
2. _____
3. _____
4. _____

SHOT PUT _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CYO TRACK & FIELD MEET
VARSIY BOYS (7th & 8th GRADE)

SCHOOL: _____

COACH: _____

PRINT the FULL NAME of the participant entered in each event.

100 METER DASH

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

400 METER RUN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

1600 METER RUN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 100 METER RELAY

1. _____
2. _____
3. _____
4. _____

4 x 400 METER RELAY

1. _____
2. _____
3. _____
4. _____

HIGH JUMP

1. _____
2. _____
3. _____
4. _____
5. _____

LONG JUMP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SHOT PUT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

CYO TRACK & FIELD MEET
VARSIY GIRLS (7th & 8th GRADE)

SCHOOL: _____

COACH: _____

PRINT the FULL NAME of the participant entered in each event.

100 METER DASH

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

400 METER RUN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

1600 METER RUN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4 x 100 METER RELAY

1. _____
2. _____
3. _____
4. _____

4 x 400 METER RELAY

1. _____
2. _____
3. _____
4. _____

HIGH JUMP

1. _____
2. _____
3. _____
4. _____
5. _____

LONG JUMP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SHOT PUT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

*** MUST BE COMPLETED & TURNED IN AT CYO MEET ***

PARENTAL / LEGAL GUARDIAN AUTHORIZATION - Required for ALL Participants

I hereby give permission for my child _____ to participate in the **Catholic Youth Organization Grade School Track & Field Meet on May 19, 2018 at Loyola Academy** in Wilmette. (I understand that this event includes running, jumping, & other skills.) There is an inherent risk in track & field. Injuries include but are not limited to sprained ankles, muscle pulls, injury to joints, brain, bones, ligaments & tendons, neck & back injuries and even death. In an effort to make the event run more safely, it is vital that all athletes follow the directions given.

I hereby release and indemnify the Catholic Youth Organization, its Track & Field Program, its staff, volunteers, _____, Maryville Academy, Loyola Academy, and the
(Fill in your School)
Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Participant's Date of Birth _____

PRINT Name of Parent/Legal Guardian _____

Participant's Age _____

SIGNATURE of Parent/Legal Guardian _____

Circle GENDER: Female Male

Address (include Apt. #, if applicable) _____

Circle GRADE: 1 2 3 4 5 6 7 8

City, State, and ZIP CODE _____

Circle DIVISION JV (6U) V (7&8)

(_____) _____
CELL Phone - PARENT/ LEGAL GUARDIAN

EMAIL Address -PARENT/ LEGAL GUARDIAN _____

MEDICAL PERMISSION AUTHORIZATION ** this section must be completely filled out

I grant permission for the administration of first aid to my child, _____
BY THE PEOPLE IN CHARGE OF THE CYO MEET and those transporting my child to and from the program as their judgment deems advisable. I grant the people in charge of the event the permission to make the necessary referrals to qualified physicians for treatment of illnesses or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when a delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parent/legal guardian of the participant. In the event I cannot be reached, I hereby grant permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary, for my child.

Signature of Parent/Legal Guardian: _____ Date: _____

Family Physician: _____ Phone (_____) _____

INSURANCE INFORMATION ** this section must be completely filled out

Policy in the Name of: _____

Insurance Company: _____ Policy Number: _____