

October 5, 2021

#### Dear Coach/Moderator:

The Annual <u>CYO High School Basketball Leagues</u> will be held again this year. There are 3 Divisions: Prep, Varsity and Girls. Specifications for each division are as follows:

**PREP**: Freshmen & Sophomores in High School

**VARSITY & GIRLS**: Freshmen - Senior; An 18 yr old is eligible if enrolled in high school as a Senior and <u>CANNOT</u> turn 19 yrs old <u>BEFORE DECEMBER 1, 2021</u>.

#### \*\* I.H.S.A. PLAYERS ARE INELIGIBLE FOR CYO LEAGUE PLAY \*\*

The season will **begin the weekend of <u>December 4, 2021</u>**. There is a break of Christmas, before league play resumes on January 8<sup>th</sup>. Teams play a minimum of 5 games. Gym space is very limited. Sites are filled "**First Paid, First Served**". **I STRONGLY ENCOURAGE** parishes with available gym time to consider being a host site. Please call for more information.

**COACH INFO**: ALL coaches who wish to sit on the bench during any game (regular season or Playoffs), **must send proof of completion of the following requirements by November 29**:

- <u>VIRTUS / Protecting God's Children</u> <a href="http://www.virtusonline.org/virtus/reg\_0.cfm?theme=0">http://www.virtusonline.org/virtus/reg\_0.cfm?theme=0</a>
- · Concussion Course http://www.cdc.gov/headsup/youthsports/training/index.html
- Coaching Coaches- http://els.coaching-coaches.com/user/register?regcode=chiarch; \$20 fee

**NOTE:** Play Like a Champion, Positive Coaching Alliance and ASEP also fulfill this coaching requirement.

#### Teams cannot advance to Playoffs without at least ONE coach who is compliant.

The entry fee for the league is \$\frac{\$30.00 \text{ per player}}{10.00 \text{ per player}} + \frac{a \text{ separate, \$50.00 forfeit fee}}{10.00 \text{ forfeit fee}}, which will be refunded IF the team does not forfeit any games. Each team pays a \$\frac{\$40.00 \text{ referee fee}}{10.00 \text{ per feree fee}}, before each game. Teams will be added to the schedule AFTER they turn in all payments, permission/medical forms & rosters to the CYO office.

**SUBMIT PAYMENTS BY NOVEMBER 15, 2021**. The entry fee increases to \$40.00 per person after Nov. 15<sup>th</sup>. Rosters, permission forms, and coaching certificates are due Nov 29.

PLEASE READ ALL RULES VERY CAREFULLY! If you have any questions, please contact me at the CYO office, (312) 491-3534, williamsk4@maryvilleacademy.org.

I look forward to another successful season!

Sincerely,

Kimberly Williams Coordinator, Athletics Catholic Youth Organization





#### CYO HIGH SCHOOL BASKETBALL LEAGUE RULES

- 1. <u>TEAMS WILL NOT PLAY</u> UNTIL THEIR ENTRY FEE HAS BEEN PAID AND THEIR ROSTER & PERMISSION / MEDICAL FORMS HAVE BEEN RECEIVED.
- 2. EVERY TEAM MUST BE **COACHED BY AN ADULT** (21 YEARS OR OLDER).
- 3. Any Coach who sits on the bench and/or coaches during any game (regular season or Playoffs), must send the following certificates to CYO, to be compliant with League rules. Each team MUST have at least 1 compliant coach present at EVERY GAME.
  - a) **VIRTUS** (Online or Live) http://www.virtusonline.org/virtus/reg 0.cfm?theme=0
  - b) Concussion Course http://www.cdc.gov/headsup/youthsports/training/index.html OR
  - c) <u>Coaching Coaches</u>- <a href="http://els.coaching-coaches.com/user/register?regcode=chiarch">http://els.coaching-coaches.com/user/register?regcode=chiarch</a> \$20 fee <a href="NOTE">NOTE</a>: Play Like A Champion, Positive Coaching Alliance and ASEP are also accepted When a coach(s) is non-compliant, regular season games will be played but are declared Forfeits, until ALL requirements are fulfilled, INCLUDING submission of paperwork.
  - a) If a team does not have a coach in attendance who has the 3 training requirements the game will be played but it will count as a forfeit for the non-compliant team.
  - b) If neither team has a coach(s) in attendance who is compliant with the requirements, the game will be played and, regardless of the winner, it will be ruled a double forfeit.

    NOTE: Exceptions may be made under extenuating circumstances.
- 4. Teams WILL NOT be added to the schedule until they turn in COPIES of the permission / medical forms and rosters to the CYO office, NOT your game site, by November 29<sup>th</sup>). COPIES can be sent via email or fax, (312) 491-3531. Failure to do so could result in FORFEITURE OF ALL REFUNDABLE FEES (\$50.00 per team).
- 5. ANY PLAYER LISTED ON A HIGH SCHOOL ROSTER AS OF <u>DECEMBER 1<sup>st</sup> IS</u> <u>INELIGIBLE FOR CYO</u>. Violations of this rule may <u>warrant ejection from the league</u>.
- 6. Each team will pay one referee \$40.00 BEFORE THE GAME STARTS. If only one person officiates the game, the referee shall receive \$25.00 from each coach (\$50.00 per game).
- 7. Each Game will consist of two, 20 MINUTE halves. The clock will only stop on time outs, until the LAST 2 MINUTES OF THE GAME, where the clock stops on every whistle. If a team leads by 15+ points, the "NO PRESS" rule begins and the clock will not stop (2<sup>nd</sup> half ONLY). Teams get TWO time outs per half. BONUS occurs on the SEVENTH and SUPER BONUS on the TENTH team foul. General rules apply (see current IHSA rule book)
- 8. OVERTIME: Two-minute period, running clock, until the LAST MINUTE of the PERIOD, when the clock will stop on every whistle. Each team will receive an extra time out.

  SUDDEN DEATH (regular season ONLY) If the game is still tied after the Overtime period, the first team to lead by 2 points wins. In the Playoffs, overtime periods will be used until one team wins the game.
- 9. Forfeit time is fifteen (15) minutes after the scheduled game time. Each team must start the game with <u>five</u> (5) players. Exceptions may be made in cases of extreme weather. If a team <u>receives 2 forfeits</u>, they will be <u>ejected from the league</u>. Fees WILL NOT be refunded.
- 10. Players must participate and be listed on the roster for ONE CYO TEAM per season. Each player must be <u>listed</u> in the official score book **BEFORE** the start of the game.
- 11. NO NEW player(s) may be added to any roster AFTER THE TEAM'S FIRST GAME.

- 12. The upper age limit for the <u>Prep division</u> is 16 yrs old. G.E.D. students must be 14 or 15 yrs old to play in the Prep Division. In the <u>Varsity & Girls Divisions</u>, players must be 18 yrs old or younger AS OF DECEMBER 1<sup>st</sup>. Grade school, IHSA, and college players are <u>Ineligible</u>.
- 13. Players from OUTSIDE the parish may participate, under one of the following conditions: a) The player's parish does not have a team for his/her age group.
  - b) If the player's parish has a team for his/her age group, the <u>player must obtain written</u> <u>permission from the coach of that team</u>. This document must accompany the roster of the team for whom the player will play and the player must be listed on this roster ONLY.
- 14. Game shirts with large, visible Numbers AND the Parish Name must be worn by the FIRST GAME. Starting the 2nd game, a bench technical foul will be assessed for each player without a game jersey. NO TEAM will compete in Playoffs without game shirts.
- 15. Contact your <u>Commissioner</u> (see schedule) <u>to cancel/reschedule a game at least 48 hrs.</u> in advance or the game may be <u>considered a **forfeit**</u>. If you forfeit a game, your \$50 fee will be deposited and used to pay the referees.
- 16. **NO DUNKING IS ALLOWED!!!** Any player in violation of this rule will be <u>ejected from</u> the game and the coach will receive a warning. <u>After the 3<sup>rd</sup> violation</u>, the entire team may be <u>ejected from the league</u>.
- 17. In order to participate in the **Playoffs**, a player must play in at least **three** (3) regular season games. Contact Kim Williams at CYO regarding exemptions for injured players.
- 18. Teams WILL NOT advance to the Playoffs without at least one Coach who has submitted proof of the required trainings (VIRTUS, Play Like A Champion / Coaching Coaches, Concussion) and COPIES of the Roster & Permission forms to CYO. Falsified rosters / violations of player eligibility could mean IMMEDIATE EXPULSION!
- 19. <u>SPORTSMANSHIP</u> is a key ingredient at ALL CYO events. All players, coaches, spectators, etc. are expected to <u>ALWAYS behave appropriately!</u> This rule includes profanity, aggressive/abusive language or behavior, running up the score on opponents, etc.

ANY PLAYER, COACH OR SPECTATOR WHOSE CONDUCT WARRANTS
EXPULSION FROM A GAME MAY BE BANNED FOR THE REMAINDER OF THE
LEAGUE / YEAR, DEPENDING ON THE SERIOUSNESS OF THE INFRACTION.

PLEASE note the following: TECHNICAL FOULS can be extremely detrimental!!

- A. Any team receiving a **2<sup>nd</sup> sportsmanship technical foul** during any game will forfeit that game immediately.
- B. Any team receiving a 3<sup>rd</sup> sportsmanship technical foul will lose their Playoff eligibility.
- C. Any team receiving a 4<sup>th</sup> sportsmanship technical foul for the year will be expelled from the league immediately. NO fees will be refunded. A full report will be made to CYO.
- 20. <u>PROTESTS</u> will be heard regarding <u>CYO rule interpretation and eligibility ONLY</u>. The referees must be notified of the protest at the time of the incident. Protests must be submitted in writing, <u>no later than 48 hours</u> after the game, accompanied by a <u>\$25.00 fee</u>. A fee is not required for protests regarding eligibility. <u>NOTE</u>: A referee's call <u>is not</u> a rule interpretation.
- 21. Contact **Kimberly Williams** at the CYO office, if you have any questions, **(312) 491-3534** or email williamsk4@maryvilleacademy.org.
- 22. HAVE A GREAT TIME!





# 2021 - 2022 CYO HIGH SCHOOL BASKETBALL REGISTRATION FORM

Please PRINT all information COMPLETELY and LEGIBLY!!

PARISH:			
BOYS PREP DIVISION (FROS	SH-SOPH): Need a 'BYE' I	DATE? YES	
NO			
COACH'S NAME:		(Date you <u>CANNOT</u> Play)	
ADDRESS:			
CITY:		ST ZIP	
CELL # <u>(</u> )	ALTERNATE#(	)	
Email:		2019-20 CYO Coach? Yes No	
VIRTUS Course Date:	(include certificate)	Vaccinated? Yes No	
Play Like a Champion Date:	or Coaching Coaches #		
Concussion Course Date:			
BOYS VARSITY DIVISION (J	R-SR): Need a 'BYE' DAT	E? YES NO	
COACH'S NAME:		(Date you <u>CANNOT</u> Play)	
ADDRESS:			
		ST ZIP	
CELL # <u>(</u> )	ALTERNATE#(	)	
Email:		2019-20 CYO Coach? Yes No	
VIRTUS Course Date:		Vaccinated? Yes No	
Play Like a Champion Date:	or Coach	ing Coaches #	
Concussion Course Date:	(include copy of certificate)		
TOTAL # OF PLAYERS	@ \$30.00/PLAYER = \$ _ @ \$40.00 (after Nov. 15)	(CHECK #) = \$ (CHECK #) (CHECK #)	
TOTAL # OF FORFEIT FEES _	@ \$50.00/TEAM = \$	(CHECK #)	
Make all chec	cks / money orders paya	able to "CYO"	
	OLIC YOUTH OFFICE Grand Avenue, Chicago, IL Kimberly Williams	60622	

\*\* REMINDER: ENTRY FEE INCREASES TO \$40.00 AFTER NOVEMBER  $15^{th}$  \*\*





## 2021 - 2022 CYO HIGH SCHOOL BASKETBALL LEAGUE REGISTRATION FORM

Please PRINT all information COMPLETELY & LEGIBLY!!

#### GIRLS DIVISION (FR - SR)

PARISH:			
NEED A 'B	YE' DATE? YES	<u>CANNOT</u> Pla	NO
COACH'S NAME:			
ADDRESS:			
CITY:		ST	ZIP
CELL # ( )	ALTERNATE#(	)	
Email:			
VIRTUS Course Date:	(include certificate)	Vacc	inated? Yes No
Play Like a Champion Date:	or Coachi	ing Coach	es#
Concussion Course Date:	(include copy of co	(include copy of certificate)	
TOTAL # OF PLAYERS TOTAL # OF PLAYERS	@ <mark>\$30.00</mark> /PLAYER = \$ @ <b>\$40.00</b> (after Nov. 15) =	(C	HECK #) _ (CHECK #)
TOTAL # OF FORFEIT FEES	6 @ \$50.00/TEAM = \$_		(CHECK #)
Make all cl	necks / money orders paya	ble to "C	CYO"
1658 Chica	THOLIC YOUTH ORGANIZA W. Grand Avenue ago, Illinois 60622 N: Kimberly Williams	TION	

\*\* REMINDER: ENTRY FEE INCREASES TO \$40.00 AFTER NOVEMBER  $15^{th}$  \*\*





### 2021 - 2022 CYO BASKETBALL ROSTER

#### MUST BE COMPLETED & RECEIVED AT CYO BY NOVEMBER 29th

### PLEASE PRINT ALL INFORMATION LEGIBLY!!

TEAM NAME:	DIV:		
<u>NAME</u>	<b>DATE OF BIRTH</b>	<b>GRADE</b>	
1			
2			
3			
It is strictly understood that a permission of the parents or l that the Maryville/CYO is no	Il basketball activity is undertaken at our overgal guardians of the players listed above. It in any way responsible for any damages of eing transported to or from any game or practice.	wn risk, with the It is further understood or injuries caused while	
I HEREBY SIGNIFY THAT TO THE CYO RULES.	THE ABOVE ARE ELIGIBLE TO COMP	PETE, ACCORDING	
COACH'S SIGNATURE:			





#### PLEASE PRINT ALL INFORMATION LEGIBLY!!

#### \* MUST BE COMPLETED & RECEIVED AT CYO BY NOVEMBER 29th \*

<u>PARENTAL / LEGAL GUARDIAN AUTHORI</u>	<u>ZATION</u> - Required for ALL Participants
event includes running, jumping, throwing, and oth Injuries include but are not limited to concussions,	cember 4, 2021 – May 15, 2022. (I understand that this ner skills.) There is an inherent risk in basketball. bruises & contusions, sprained ankles & knees, ry to joints, bones, ligaments & tendons, neck and back
volunteers, Maryville Academy, and the Catholic E liability arising from claims of any kind or nature will also authorize and give consent to Maryville Acadehotograph and take video images of my child(ren	n) for educational and / or publicity purposes. I agree to rganization (CYO) harmless from any claims of damage
PARISH / TEAM NAME	PRINT Name of Parent/Legal Guardian
Participant's High School	SIGNATURE of Parent/Legal Guardian
Participant's Age Date of Birth  Circle Gender: Male Female  Circle Division: Prep Varsity Girls	ADDRESS (include Apt #, if applicable)  PRINT City, State, and ZIP CODE
(Fr-So) (Jr-Sr) (Fr-Sr)  Circle Grade: 9 10 11 12	() CELL Number PARENT/ LEGAL GUARDIAN
Circle T-Shirt Size: S M L XL 2X 3X	EMAIL for PARENT/ LEGAL GUARDIAN
MEDICAL PERMISSION AUTHORIZATION ** Th	is section must be filled out COMPLETELY!
program as their judgment deems advisable. I gramake the necessary referrals to qualified physiciar serious nature. I understand that I will be promptly and prior to any major surgery, except when a delated a medical emergency, I understand that every expected the participant. In the event I cannot be reached	I to my child,
Signature of Parent/Legal Guardian:	Date:
Family Physician:	Phone ()
INSURANCE INFORMATION ** This section mu	st be filled out COMPLETELY!
Policy in the Name of:	

Insurance Company: \_\_\_\_\_\_ Policy Number: \_\_\_\_\_





#### \* COVID WAIVER - REQUIRED FOR ALL PARTICIPANTS \*

- 1. EVERYONE will wear masks (when required) and MUST stay home if they feel sick or have any of the symptoms of COVID-19 (temperature >100.4F/37C, fevers, chills, cough, muscle aches, headache, sore throat, runny nose, nausea, vomiting, diarrhea, or loss of taste or smell). Spectators / families / fans MUST WEAR MASKS AT ALL TIMES!
- 2. Coaches are expected to set up and adhere to contact tracing & reporting protocols for their team. If an athlete tests positive, their game(s) will be canceled until a negative test result is received by CYO for that person and all teammates & Coaches in contact with the person.
- 3. ALL ATHLETES MUST WEAR MASKS (regardless of vaccination status), when not actively warming up or competing AND must stay on their team's bench until they enter the game. For more information on the basis for our Mask policy, click here: https://www.dph.illinois.gov/sites/default/files/All%20Sports%20Policy%2020210810.pdf

### ASSUMPTION OF RISK AND WAIVER AND RELEASE OF LIABILITY RELATING TO COMMUNICABLE DISEASES, INCLUDING COVID-19

I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates.

The undersigned, in my capacity as parent/legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child participates in the Program.

As such, and in consideration for the Program, the undersigned, for myself and my minor child enrolled in the Program fully assume all the risks associated with participation in the Program, including the possibility of COVID-19 community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING MARYVILLE ACADEMY AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child and that my signature binds each other person having authority to make decisions on behalf of the child.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING MARYVILLE ACADEMY AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

IS PLAYER FULLY VACCINATED? YES	NO	VAX DATE
PRINT NAME OF PLAYER / PARTICIPANT		PARISH / TEAM NAME
SIGNATURE OF PARENT / LEGAL GUARDIA	<u> </u>	DATE