



September 22, 2022

Dear Coach/Moderator:

The Annual **CYO High School Basketball Leagues** 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 CANNOT turn 19 yrs old BEFORE DECEMBER 1, 2022.

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

The season will **begin the weekend of December 3, 2022**. There is a break of Christmas, before league play resumes on January 7<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 28:**

- **VIRTUS / Protecting God's Children** - [http://www.virtusonline.org/virtus/reg\\_0.cfm?theme=0](http://www.virtusonline.org/virtus/reg_0.cfm?theme=0)
- **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 **\$30.00 per player** + **a separate, \$50.00 forfeit fee**, which will be refunded **IF** the team does not forfeit any games. Each team pays a **\$40.00 referee 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 14, 2022.** The entry fee increases to **\$40.00 per person after Nov. 15<sup>th</sup>**. **Rosters, permission forms, and coaching certificates are due Nov 28.**

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

I look forward to another successful season!

Sincerely,

Kimberly Williams  
Coordinator, Athletics  
Catholic Youth Organization

---

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



## CYO HIGH SCHOOL BASKETBALL LEAGUE RULES

- TEAMS WILL NOT PLAY UNTIL THEIR ENTRY FEE HAS BEEN PAID AND THEIR ROSTER & PERMISSION / MEDICAL FORMS HAVE BEEN RECEIVED.**
- EVERY TEAM MUST BE **COACHED BY AN ADULT** (21 YEARS OR OLDER).
- 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.**
  - VIRTUS** (Online or Live) - [http://www.virtusonline.org/virtus/reg\\_0.cfm?theme=0](http://www.virtusonline.org/virtus/reg_0.cfm?theme=0)
  - Concussion Course** - <http://www.cdc.gov/headsup/youthsports/training/index.html> OR
  - Coaching Coaches**- <http://els.coaching-coaches.com/user/register?regcode=chiarch> **\$20 fee**  
**NOTE:** 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.**
  - 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.
  - 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.
- 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 28<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).**
- ANY PLAYER LISTED ON A HIGH SCHOOL ROSTER AS OF DECEMBER 1<sup>st</sup> IS INELIGIBLE FOR CYO.** Violations of this rule may warrant ejection from the league.
- 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).
- 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)
- OVERTIME:** 2 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.
- Forfeit time is fifteen (15) minutes** after the scheduled game time. **Each team must start the game with five (5) players.** Exceptions may be made in cases of extreme weather. If a team **receives 2 forfeits,** they will be **ejected from the league.** **Fees WILL NOT be refunded.**
- Players must participate and be listed on the roster for ONE CYO TEAM per season.** Each player must be listed in the official score book **BEFORE** the start of the game.
- NO NEW player(s) may be added to any roster AFTER THE TEAM'S FIRST GAME.**

12. The upper age limit for the **Prep division** is 16 yrs old. G.E.D. students must be 14 or 15 yrs old to play in the Prep Division. In the **Varsity & Girls Divisions**, players must be 18 yrs old or younger AS OF DECEMBER 1<sup>st</sup>. Grade school, IHSA, and college players are **Ineligible**.
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 **player must obtain written permission from the coach of that team**. 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 **Commissioner** (see schedule) **to cancel/reschedule a game at least 48 hrs.** in advance or the game may be **considered a forfeit**. If you forfeit a game, your **\$50 fee will be deposited** and used to pay the referees.
16. **NO DUNKING IS ALLOWED!!!** The player will be **ejected from the game** and the coach will receive a warning. **After the 3<sup>rd</sup> violation**, the entire team may be ejected from the league
17. 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. **SPORTSMANSHIP** is a key ingredient at ALL CYO events. **EVERYONE** is expected to **ALWAYS behave appropriately!** This rule includes profanity, taunting, running up the score, etc. **Aggressive/abusive language and/or behavior, fighting, excessive arguing, etc. are grounds for IMMEDIATE EXPULSION OF THE TEAM FROM THE LEAGUE.**  
  
**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. **If a Player or Coach has been exposed to a confirmed positive case OR has tested positive for COVID-19, submit the COVID REPORTING FORM to CYO ASAP!**  
**The QR code will be included on your CYO schedule.**
21. Contact **Kimberly Williams** at the CYO office, if you have any questions, **(312) 491-3534** or email [williamsk4@maryvilleacademy.org](mailto:williamsk4@maryvilleacademy.org).
22. **HAVE A GREAT TIME!**



**2022 - 2023 CYO HIGH SCHOOL BASKETBALL  
REGISTRATION FORM**

**Please PRINT all information COMPLETELY and LEGIBLY!!**

PARISH: \_\_\_\_\_

**BOYS PREP DIVISION (FROSH-SOPH):** **Need a 'BYE' DATE?** YES \_\_\_\_\_  
NO \_\_\_\_\_

*(Date you CANNOT Play)*

COACH'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # ( ) \_\_\_\_\_ ALTERNATE # ( ) \_\_\_\_\_

Email: \_\_\_\_\_ 2021-22 CYO Coach? Yes No

VIRTUS Course Date: \_\_\_\_\_ (include certificate) Vaccinated? Yes No

Play Like a Champion Date: \_\_\_\_\_ **or** Coaching Coaches # \_\_\_\_\_

Concussion Course Date: \_\_\_\_\_ (include a copy of your certificate)

**BOYS VARSITY DIVISION (JR-SR):** **Need a 'BYE' DATE?** YES \_\_\_\_\_ NO \_\_\_\_\_

*(Date you CANNOT Play)*

COACH'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # ( ) \_\_\_\_\_ ALTERNATE # ( ) \_\_\_\_\_

Email: \_\_\_\_\_ 2021-22 CYO Coach? Yes No

VIRTUS Course Date: \_\_\_\_\_ (include certificate) Vaccinated? Yes No

Coaching Coaches # \_\_\_\_\_ **OR** Play Like a Champion Date: \_\_\_\_\_

Concussion Course Date: \_\_\_\_\_ (include copy of certificate)

TOTAL # OF PLAYERS \_\_\_\_\_ @ **\$30.00**/PLAYER = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

TOTAL # OF PLAYERS \_\_\_\_\_ @ **\$40.00 (after Nov. 14)** = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

TOTAL # OF FORFEIT FEES \_\_\_\_\_ @ \$50.00/TEAM = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

**Make all checks / money orders payable to "CYO"**

**Mail registrations to:** CATHOLIC YOUTH OFFICE  
1658 W. Grand Avenue, Chicago, IL 60622  
ATTN: Kimberly Williams

**\*\* REMINDER: ENTRY FEE INCREASES TO \$40.00 AFTER NOVEMBER 14<sup>th</sup> \*\***





**2022 - 2023 CYO HIGH SCHOOL BASKETBALL LEAGUE**  
**REGISTRATION FORM**

**Please PRINT all information COMPLETELY & LEGIBLY!!**

GIRLS DIVISION (FR - SR)

PARISH: \_\_\_\_\_

**NEED A 'BYE' DATE?** YES \_\_\_\_\_ NO \_\_\_\_\_  
*(List the date you CANNOT Play)*

COACH'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # ( ) \_\_\_\_\_ ALTERNATE # ( ) \_\_\_\_\_

Email: \_\_\_\_\_

VIRTUS Course Date: \_\_\_\_\_ (include certificate)      Vaccinated? Yes No

Coaching Coaches # \_\_\_\_\_ **OR** Play Like a Champion Date: \_\_\_\_\_

Concussion Course Date: \_\_\_\_\_ (include copy of certificate)

TOTAL # OF PLAYERS \_\_\_\_\_ @ **\$30.00**/PLAYER = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

TOTAL # OF PLAYERS \_\_\_\_\_ @ **\$40.00 (after Nov. 14)** = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

TOTAL # OF FORFEIT FEES \_\_\_\_\_ @ \$50.00/TEAM = \$ \_\_\_\_\_ (CHECK # \_\_\_\_\_)

**Make all checks / money orders payable to "CYO"**

Mail registrations to: **CATHOLIC YOUTH ORGANIZATION**  
1658 W. Grand Avenue  
Chicago, Illinois 60622  
ATTN: Kimberly Williams

**\*\* REMINDER: ENTRY FEE INCREASES TO \$40.00 AFTER NOVEMBER 14<sup>th</sup> \*\***



## 2022 - 2023 CYO BASKETBALL ROSTER

**MUST BE COMPLETED & RECEIVED AT CYO BY NOVEMBER 28<sup>th</sup>**

**PLEASE PRINT ALL INFORMATION LEGIBLY!!**

TEAM NAME: \_\_\_\_\_ DIV: \_\_\_\_\_

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

It is strictly understood that all basketball activity is undertaken at our own risk, with the permission of the parents or legal guardians of the players listed above. It is further understood that the Maryville/CYO is not in any way responsible for any damages or injuries caused while playing or practicing, while being transported to or from any game or practice, or for any injuries received during any game or practice.

I HEREBY SIGNIFY THAT THE ABOVE ARE ELIGIBLE TO COMPETE, ACCORDING TO THE CYO RULES.

COACH'S SIGNATURE: \_\_\_\_\_

**\* THIS ROSTER MUST ACCOMPANY THE PERMISSION/MEDICAL FORMS \***



**PLEASE PRINT ALL INFORMATION LEGIBLY!!**

**\* MUST BE COMPLETED & RECEIVED AT CYO BY NOVEMBER 28<sup>th</sup> \***

**PARENTAL / LEGAL GUARDIAN AUTHORIZATION - Required for ALL Participants**

I hereby give permission for my child, \_\_\_\_\_, to participate in the **C.Y.O. High School Basketball League** from **December 3, 2022 – May 15, 2023**. (I understand that this event includes running, jumping, throwing, and other skills.) There is an inherent risk in basketball. Injuries include but are not limited to concussions, bruises & contusions, sprained ankles & knees, jammed wrists & fingers, muscle pulls / tears, injury to joints, bones, ligaments & tendons, neck and back injuries, and even death. To make the event run more safely, it is vital that all athletes follow the directions given. **Coaches, players, and spectators should follow COVID guidelines, set forth by IDPH.**

I hereby release and indemnify the Catholic Youth Organization (CYO), its Basketball program, staff, volunteers, Maryville Academy, and the 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. I also authorize and give consent to Maryville Academy and Catholic Youth Organization (CYO) to photograph and take video images of my child(ren) for educational and / or publicity purposes. I agree to hold Maryville Academy and the Catholic Youth Organization (CYO) harmless from any claims of damage or harm regarding the use any such photographs or video images.

\_\_\_\_\_  
**PARISH / TEAM NAME**

\_\_\_\_\_  
**PRINT Name of Parent/Legal Guardian**

\_\_\_\_\_  
**Participant's High School**

\_\_\_\_\_  
**SIGNATURE of Parent/Legal Guardian**

\_\_\_\_\_  
**Participant's Age**                      **Date of Birth**

\_\_\_\_\_  
**ADDRESS (include Apt #, if applicable)**

**Circle Gender:** Male    Female

\_\_\_\_\_  
**PRINT City, State, and ZIP CODE**

**Circle Division:** Prep      Varsity      Girls  
                                 (Fr-So)      (Jr-Sr)      (Fr-Sr)

(\_\_\_\_\_) \_\_\_\_\_  
**CELL Number PARENT/ LEGAL GUARDIAN**

**Circle Grade:** 9    10    11    12

**Circle T-Shirt Size:** S    M    L    XL    2X    3X

\_\_\_\_\_  
**EMAIL for PARENT/ LEGAL GUARDIAN**

**MEDICAL PERMISSION AUTHORIZATION \*\* This section must be filled out COMPLETELY!**

I grant permission for the administration of first aid to my child, \_\_\_\_\_  
BY THE PEOPLE IN CHARGE OF THE CYO LEAGUE 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 filled out COMPLETELY!**

**Policy in the Name of:** \_\_\_\_\_

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