



March 22, 2024

Dear Coach,

Here's the registration packet for the **Annual CYO Grade School Track & Field Meet on Sunday, May 19, 2024 at Hope Academy, 721 S. Washtenaw Ave. (Chicago, IL). Check-in will begin at 7:45am and the meet will start at 8:30am. Set up an account with Athletic.net and enter athletes into their 4 events BY WEDNESDAY, MAY 15th.** Athletes may compete in **FOUR (4) events ONLY (relays count as 1). JV athletes can run the 1600 as one of their 4 events. Events are limited to 5 athletes / div., except 800, 1600, Long Jump & Shot Put.**

6th Grade & Under

100 Meter (limit 5)
200 Meter (limit 5)
400 Meter (limit 5)
800 Meter (unlimited)
4 x 100m Relay (limit 2 teams)
4 x 200m Relay (limit 2 teams)
4 x 400m Relay (limit 2 teams)
High jump (limit 5)
Long jump (unlimited)
Shot Put (unlimited)

7th & 8th Grade

100 Meter (limit 5)
200 Meter (limit 5)
400 Meter (limit 5)
1600 Meter (unlimited)
4 x 100m Relay (limit 2 teams)
4 x 200m Relay (limit 2 teams)
4 x 400m Relay (limit 2 teams)
High jump (limit 5)
Long jump (unlimited)
Shot Put (unlimited)

COACH REQUIREMENTS: Anyone who wishes to Coach at the CYO Meet **must submit the documents / certificates for the following requirements by Wednesday, May 15, 2024.**

- **VIRTUS (Catholic schools ONLY)** - http://www.virtusonline.org/virtus/reg_0.cfm?theme=0
Virtus is **FREE** and is currently offered **online OR** as a **3-hour, LIVE class**

The cost for the CYO Meet is **\$200 per parish (up to 20 athletes) and \$300 (21 athletes or more).** Each parish is required to bring at least **2 volunteers** to help with the meet.

If you have any questions, contact me at williamsk4@maryvilleacademy.org or **(312) 491-3534.**

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

*** IMPORTANT MEET INFORMATION ***

The **link with instructions for creating your Athletic.net online account** is listed below. Once you have an account, you'll be able to input your rosters and enter athletes into their events, starting April 19th. **JV can run in Varsity events, but it would count towards their 4 events.**

NOTE: If you attended the 2023 CYO Track or CYO Cross Country Meets, the Windy City meets @ Hope Academy, or any other meet that uses Athletic.net, then you already have an account.

Athletic.net will send invitations to each school with an account. You will enter the **athlete and their times** into **FOUR (4) events ONLY**. Track events will be seeded based on the times you enter for your athletes. When you input athletes into **Field events - do not enter distances** because the field events aren't seeded. Coaches will receive a spread sheet for all events via Athletic.net. **WRITE each athlete's event info on their bib / sticker BEFORE ARRIVING AT THE MEET.** This will allow the stagers to set up the heats quickly.

All races are FINALS! Starting blocks can be used for the **3 fastest 100m & 200m heats ONLY**.

Parking in the School Lot is \$20/car (Coaches are FREE). North Lots & street parking is free.

IMPORTANT DEADLINES FOR THE CYO MEET:

- 1) **Create an online account with Athletic.net**
https://support.athletic.net/article/2ngw43npwr-creating-your-account-on-athletic-net?utm_campaign=header&utm_source=header&utm_medium=search
- 2) **Enter your roster & put athletes in events (include their Times) starting April 19th**
https://support.athletic.net/article/g3l6e4jp3z-uploading-a-roster?utm_campaign=header&utm_source=header&utm_medium=search
 - **Enter ONLY 4 events for each athlete (relays count as an event)**
 - For each event, **enter the athlete's fastest time** for this season
 - DO NOT enter distances for field events (no seeding necessary)
 - **JV athletes can run the 1600 as one of their 4 events.**
- 3) **FINAL DAY TO EDIT YOUR ROSTERS & EVENTS IS WEDNESDAY, MAY 15th at 12:00PM**
 - **Last day to add athletes or switch athletes to a different event**
 - **If athletes drop, there's no need to update after this date**
 - **Remember, each athlete gets 4 EVENTS ONLY, including relays!**
 - **NO ON-SITE REGISTRATION WILL BE ALLOWED!**
 - **If schools & athletes aren't in Athletic.net, they CANNOT participate.**
 - **Seeding & heating for the races will be completed on May 16th**
- 4) **EMAIL CYO to CONFIRM your Volunteers on WEDNESDAY, May 15th**
 - Volunteers choose where they work
 - Starter = 1-2 pp; Race Stagers = 4 pp; High Jump = 3 pp; Long Jump = 3-4 pp
 - Shot Put = 3-4 pp; Hip Number Clerks = 3 - 4 pp
 - **Without enough volunteers, we must eliminate field events!**
 - PLEASE email your 3 Coaching Certificates
- 5) **USE TEAM SPREAD SHEET TO WRITE HEAT INFO ON BIBS / STICKERS**
 - **Track events:** write athlete's Name, School, Events w/ Heat & Lane for each
 - **Field events:** write the athlete's Name, School & Division (JV Boy, JV Girl, etc.)

NO NEW ACCOUNTS / REGISTRATIONS ACCEPTED AFTER MONDAY, MAY 15th @ 12:00 NOON.



2024 C.Y.O. TRACK & FIELD MEET

TEAM REGISTRATION FORM

SCHOOL: _____

COACH'S NAME: _____

ADDRESS: _____

CITY: _____ **ST** _____ **ZIP** _____

CELL # () _____ **ALTERNATE # ()** _____

Email: _____

Catholic School ONLY

VIRTUS Certification Date: _____ (Attach copy of certificate)

TOTAL # OF PARTICIPANTS (up to 20 athletes): \$200 (Ck # _____)

TOTAL # OF PARTICIPANTS (21 athletes or more): \$300 (Ck # _____)

Make **Checks Payable To:** **CATHOLIC YOUTH OFFICE (or CYO)**

1658 W. Grand Avenue

Chicago, IL 60622

ATTN: Kimberly Williams

VOLUNTEERS:

1. _____

2. _____

CHOICE OF EVENT:

1st _____

2nd _____

1st _____

2nd _____

*** MUST BE COMPLETED & TURNED IN AT THE 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 Championship Meet on May 19, 2024, at Chicago Hope Academy** in Chicago. (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. 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, Chicago Hope Academy, and the Catholic Bishop of Chicago, a corporation sole, from all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

Participant's School

PRINT Name of Parent/Legal Guardian

Date of Birth

Age

SIGNATURE of Parent/Legal Guardian

Circle GENDER IDENTITY: Female Male

Address (include Apt. #, if applicable)

Circle GRADE: 3 4 5 6 7 8

City, State, and ZIP CODE

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

(_____) _____

CELL Phone - PARENT/ LEGAL GUARDIAN

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 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. **If my child has symptoms / tests positive for COVID-19 or any other infectious disease, I will follow CDC guidelines and notify the Team Coach(es) immediately.**

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:** _____