

CYO Basketball For St. Norbert Parish:

Please make checks payable to St. Norbert Church in the amount of \$90.00 prior to 10/21/15, \$100.00 after 10/21/15, and submit completed form and payment to:

St. Norbert Church
Attention: Maggie Bruce
1809 Walters Avenue
Northbrook, IL 60062

No forms will be accepted after November 14, 2015.

If you are trying out for a high school basketball team and are interested in CYO Basketball if you do not make the IHSA team, please turn in a form and payment now. Let Maggie know as soon as possible whether you will or will not be playing for CYO.

No checks will be cashed until the end of November.

Completed forms are mandatory for teens to practice in St. Norbert Gym!

Boys Practices – Tuesdays 8:30-10:00

Girls Practices – Wednesdays 8:30-10:00

Practice dates and times are subject to change.

Keep in touch with your Coach and follow St. Norbert's Athletic Calendar at:

<http://www.stnorbertschool.org/page.cfm?p=557>

Please read all C.Y.O. High School Basketball League Rules!

If you have any questions,
contact mbruce@stnorbertparish.org
or call Maggie Bruce at 847-687-7696.



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 ACCOMPANIED 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 complete the following courses to be compliant with League rules:
 - Virtus** - http://www.virtusonline.org/virtus/reg_0.cfm?theme=0
 - Coaching Coaches** - <http://els.coaching-coaches.com/user/register?regcode=chiarch>Site Commissioners will verify the status of ALL coaches, prior to the start of every game.
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 meets BOTH training requirements** the game will be declared a forfeit for the non-compliant team, regardless of the final score.
 - 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:** However, 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 20th.** **COPIES** can be sent via email, mail 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 1st IS INELIGIBLE FOR CYO.** Violations of this rule may warrant ejection from the league.
- Each team will **pay one referee \$30.00 BEFORE THE GAME STARTS**. If only one referee officiates the game, the referee shall receive \$20.00 from each coach (\$40.00 per game).
- Each Game will consist of **two, 15 MINUTE halves**. The clock will stop on free throws and time outs. In the **LAST 2 MINUTES OF THE GAME**, the clock stops on every whistle. If a team **leads by 15+ points**, the **"NO PRESS"** rule begins and the clock will not stop (**2nd half ONLY**). Teams get **FOUR** time outs per game. **BONUS** occurs on the **SEVENTH** and **SUPER BONUS** on the **TENTH** team foul. General rules apply (see current IHSA rule book).
- OVERTIME:** Two minute period, running clock, until the **LAST MINUTE** of the **PERIOD**, when the clock will stop on every whistle. Teams 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. Once teams **receive 2 forfeits**, they will be **ejected from the league** and the fees **WILL NOT** be refunded.
- Players may 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.

11. **NO NEW player(s)** may be added to any roster(s) **AFTER THE 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 1st. **Players cannot be in grade school nor college.**
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 ONLY be listed on this roster.
14. **Game shirts with large, visible numbers must be worn by the SECOND game.** Starting at the 3rd game, a **bench technical foul** will be assessed **for each player without a game shirt.** **NO TEAM will compete in the Playoffs without game shirts.**
15. Contact your **Commissioner** (see your schedule) **to cancel/reschedule a game at least 48 hours** in advance or the game **may be considered a forfeit.** *Ruled on a "case by case" basis.
16. **NO DUNKING IS ALLOWED!!!** Any player in violation of this rule will be **ejected from the game** and the coach will receive a warning. After the 3rd violation, the **entire team may be ejected from the league.**
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 injured players.
18. **Teams WILL NOT advance to the Playoffs without at least one coach who has completed BOTH required training programs (Virtus and Coaching Coaches) and COPIES of the Roster & Permission forms have been submitted to CYO!**
19. **Falsified rosters / violations of player eligibility could mean IMMEDIATE EXPULSION!**
20. **ANY PLAYER, COACH OR SPECTATOR WHOSE BEHAVIOR WARRANTS EXPULSION FROM A GAME MAY BE BANNED FOR THE REMAINDER OF THE LEAGUE,** depending on the seriousness of the infraction. The judgment lies with CYO. All complaints about referee conduct will be handled by C.Y.O. & the Site Commissioners.
21. **PROTESTS** will be heard regarding **CYO rule interpretation and eligibility ONLY.** The referees must be notified of the protest at the time of the incident. Protests must be submitted in writing, **no later than 48 hours** after the game, accompanied by a **\$25.00 fee.** A fee is not required for protests regarding eligibility. **NOTE:** A referee's call **is not** a rule interpretation.
22. **SPORTSMANSHIP** is a key ingredient at all CYO events. All players, coaches, spectators, etc. are expected to behave appropriately **AT ALL TIMES.**
23. Contact **Kimberly Williams** at the CYO office, if you have any questions, **(312) 491-3534,** fax **(312) 491-3531,** or email **williamsk4@maryvilleacademy.org**.
24. **HAVE A GREAT TIME!**

*** MUST BE COMPLETED & RECEIVED AT CYO BY NOVEMBER 20th ***

PARENTAL / LEGAL GUARDIAN AUTHORIZATION - Required for ALL Participants

I hereby give permission for my child, _____, to participate in the **Catholic Youth Organization High School Basketball League** from **December 1, 2015 – May 15, 2016**. (I understand that this event includes running, jumping, and other skills.) There is an inherent risk in basketball. Injuries include but are not limited to sprained ankles, muscle pulls, injury to joints, 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 Basketball program, staff, volunteers, _____, Maryville Academy, and the Catholic Bishop of

(PRINT Name of Parish)

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 or 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 in regard to the use any such photographs or video images.

Participant's High School _____

PRINT Name of Parent/Legal Guardian _____

Participant's Age _____

Date of Birth _____

SIGNATURE of Parent/Legal Guardian _____

Circle Gender: Female Male

PRINT Address (include Apt. #, if applicable) _____

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

PRINT City, State, and ZIP CODE _____

(_____) _____
PARENT/ LEGAL GUARDIAN CELL Number

PRINT PARENT/ LEGAL GUARDIAN Email _____

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 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 completely filled out!

Policy in the Name of: _____

Insurance Company: _____ **Policy Number:** _____