**CYO Athletics - Archdiocese of San Antonio**

**2023 JBL (JUNIOR BASKETBALL LEAGUE)**

Registration for Boys & Girls ages 14 – 16

**League Information: *CYO Basketball Rule exceptions are highlighted and underlined***

* Registration opens Wednesday November 2nd and closes Wednesday November 30th.
* No player eligibility guidelines will be enforced except player age requirement (**Coaches must bring in 1 method of payment (check preferred) and all team/player paperwork and roster, checks made out to CYO Athletics, Inc. and shirt sizes to the Chancery when registering team. Credit/Debit card transaction are accepted with an additional 3% transaction fee.**)
* TEAM registration only (first come first serve) – individual registration will not be accepted
* Space is limited – Team acceptance and league formation is contingent on gym availability
* Copy of Birth Certificate only required for players not currently in SportsPilot. (Coach needs to present Birth Certificates at time of registration.)
* All Teams must be a minimum of 7 players
* **1 Quarter minimum player participation (1 complete uninterrupted quarter)**
* Season will consist of 8 league games. Double headers may be utilized if required. End of season tournament qualification and format will be determined based on number of teams in the league.
* Season & tournament games may be scheduled on Friday nights, Saturday or Sunday afternoons from January 6th to March 5th.
* Practice facilities will not be provided
* Zero tolerance for coaches, parents, and players will be enforced
* Player eligibility based on 2022-2023 CYO age requirements.
  + Junior (14yr – 16yr) September 2005 – August 2008
* **Registration Fee & Uniforms:** $85 registration fee per player includes a sport shirt. Shorts not included, participants must have shorts *without pockets* to participate. ***\*If entire team does not require shirts; registration will be reduced to $70 per player (all outside uniforms must be approved by the CYO Office, have a CYO patch and legal numbers).***
* CYO Coach’s Certification required. Follow coaching certification instruction on the CYO Website @ https://www.archsa.org/cyo/Coach-Certification



**Prayer will be said before and after each game**

**Opening Prayer**

Father in Heaven, we ask your blessing on the game we are about to play. Give each one of us the courage to play this game in a manner by which our words and our actions is pleasing to you. Let us enter into this competition in a spirit of sportsmanship and with a respect for the members of the opposing team. We ask you, Father, to bless each one of us and especially the coaches, officials and players. Keep us under the protection of Your Son, Jesus Christ, and help us to be aware of His presence with us in this game. Amen

**Closing Prayer**

Thank you Lord for this game, we hope we played and will always play in a manner that is pleasing to you. Amen

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Registration for Boys & Girls ages 14 – 16

**BOYS\_\_\_\_\_\_ GIRLS \_\_\_\_\_\_**

**ROSTER SHEET**

***(Head Coach to complete for entire team)***

**Head Coach (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parish Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Player Name** | **Birth Date** | **Age**  **(as of 8/31/2022)** | **Jersey**  **Size** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

**Team Minister (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assistant Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***One (1) single method of payment required for each team:***

**Make checks payable to: *CYO Athletics, Inc.***

**PAYMENT METHOD: CASH CHECK # VISA MASTERCARD**

**AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** If paying with credit card, ***add a 3% transaction fee*** and fill out the following:

Name on **Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSV \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Registration for Boys & Girls ages 14 – 16

**BOYS\_\_\_\_\_\_ GIRLS \_\_\_\_\_\_**

***Adult: XS* SM Med L XL 2XL**

**Player Information**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Information**

**Legal Guardian #1 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Legal Guardian #2 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Emergency and Medical Information**

**Emergency Contact** *(other than legal guardian)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disabilities, Handicaps, allergies, medication, etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFUND POLICY:** Refunds requested before January 2, 2023 will be honored with a $25 processing fee deducted. No refunds will be issued due to inability or unwillingness to attend/participate. Prorated refunds will only be considered for players when a medical/physical injury/illness, verified by a physician’s written statement, preludes participation or attendance in practice/game. I/We understand that NO REFUNDS will be issued other than stated above.

**PERMISSION TO PARTICIPATE:**  I, the undersigned parent or legal guardian of the child named on the reverse side of this form, authorize the participation of my child in CYO Athletics. I understand that this Program is a non-profit, faith-based sports ministry program for youth and that my child’s participation is voluntary. I understand that the program is conducted by CYO Athletics, and its associated Churches, volunteers and staff, including parents of other participating children.

**CONSENT TO MEDICAL TREATMENT:** I, the undersigned parent or legal guardian of the child named on the reverse side of this form, a minor, hereby authorize the coaches, CYO officials and/or the Emergency Contact to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent on my behalf of medical, surgical or dental examination and/or treatment. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child.

**CONSENT TO USE PHOTOGRAPHS AND VIDEOS:** I, the undersigned parent or legal guardian, consent to the use of photographs and videos of my child by CYO Athletics for promotional purposes, and without compensation.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** In consideration of being allowed to participate in CYO Athletics, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby waive, release, absolve, indemnify and agree to hold harmless the CYO Athletics, participating Churches, and their directors, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

If any provisions of this agreement are deemed invalid, the remaining provisions shall remain in full force and effect.

**I have read the above statements, I understand that I and the player have given up substantial rights by signing this form and agreeing to these terms, and I agree to these terms freely and without inducement.**

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Zero Tolerance Act**

**(adopted 2011 – revised 2021)**

* 1. **Coaches/Players/Parents/Spectators**
     1. May not yell any form of criticism
     2. May not make derogatory comments
     3. May not use profanity, taunt, criticize, or jeer
     4. May not badger, name call, or use foul language
     5. May never approach a player, coach, spectator, official, scorekeeper, league administrator, or site coordinator at any time before, during, or after game to question or comment negatively
     6. Will respect all game officials and scorekeepers and refrain from abruptly questioning their decision. There will be no extensive discussion, comments or gestures regarding any judgment calls.
     7. May not approach an official or scorekeeper in an abrasive or negative manner at any time before, during, or after game to question or comment negatively
  2. **Consequences** 
     1. Individuals who engage in the above behaviors will be subject to ***immediate*** ejection from facility/property.
        1. Individuals who engage in the above behaviors, will be ***automatically*** suspended for a minimum of fifteen (15) days from ***all CYO events.*** The suspension will begin once advised by a league official of the suspension. This may occur verbally on site or with follow up communication from the Zone or your Parish/School Leadership***.***
           1. Elevated occurrences may require a more severe penalty which will be determined, as appropriate, by the offending parties Parish Pastor or School Principal. Such occurrences may disqualify team from advancement to post season play (Zone Play-off and City Tournament)
           2. All CYO Events include but are not limited to attendance at any practice, game or team function/celebration as a coach, assistant coach, team/sport minister, board member, parent, spectator or volunteer.
        2. Individuals ejected from a second game within the same sport year (July - June) will ***automatically*** serve a minimum 1-year suspension from all CYO events. This suspension will begin ***immediately***.
        3. If the ejected individual chooses not to leave facility/property when asked, the authorities will be called to have the individual removed.
  3. **Game Officials** – must pledge to live up to high standards of ethics and training
     1. Have authority to stop the game when coaches, parents, or spectators are displaying inappropriate disruptive behavior that hinders the game. The officials have the authority to remove these types of individuals when warranted. For lessor offensives or concerns official should identify the violator(s) to Site Coordinator for observation and possible removal.
     2. If, in the sole opinion of the official, the situation cannot be remedied by removal of offending person(s), the game will be stopped and the offending team will forfeit.
     3. Encourage good sportsmanship by demonstrating positive support of all players, coaches, fellow officials, and CYO administrators at all times.
     4. Ensure knowledge of rules of each sport officiated, and apply those rules equitably to all participants, teams, and coaches.
     5. Will not allow personal friendships and associations to influence their decisions during a contest.
     6. Refrain from the use of tobacco and alcohol products when in the youth sports environment.
     7. Remember that youth sports are an opportunity for children to learn and have fun.
     8. Place the children’s safety above all else.
     9. Display patience and professionalism in the performance of their duties.
  4. **Site Coordinator Responsibilities**
     1. Responsible for supporting game officials’ decision 100% by:
        1. Removing coaches from games
        2. Observing parents/spectators at all times

Making decision to remove parents/spectators when violating Zero Tolerance Act.

* + 1. Cannot be performing any other onsite duties such as gate, concession, etc.
    2. Any Zone Board member or any Parish/School Board member from host site that is present has the authority and responsibility to enforce the Zero Tolerance Policy.
    3. All ejections are to be reported to the Parish/School and Zone for immediate review and forwarded to the CYO Office and the Parish Pastor or School Principal to determine if additional suspension is warranted. Report must be submitted via email to the Parish/School/Zone Board Members and [cyo@archsa.org](mailto:cyo@archsa.org).
  1. **Abusive Behavior & Safety** - CYO Athletics will not tolerate any abusive behavior towards players, officials, or other spectators. We are committed to maintaining a safe and positive atmosphere in our programs.
  2. **Appeals Process** - Appeal request for all suspensions in regard to the Zero Tolerance Act, must come from the Parish/School Office with knowledge and consent of the Pastor/Principal. The appeal should be emailed to [cyo@archsa.org](mailto:cyo@archsa.org). Appeal will be reviewed by the Zone Board and the CYO Office for all 15-day suspension. Appeal will be reviewed by the Executive Council for all suspensions greater than 15 days (such as season long or 1 year suspension).