

## ST FRANCIS XAVIER CYO CODE OF CONDUCT

The Catholic Youth Organization (CYO), through the vehicle of sports, provides opportunities for young people to be involved in competition to develop physical fitness, self-discipline, mental alertness and attitudes of sportsmanship, based on Christian principles of fair play and cooperation, under well organized and properly supervised forms of athletics. The guiding principle behind the enforcement of this code is that the behavior of everyone involved in CYO should not detract from the children's enjoyment of the sport.

### 1. COACHES

Acceptable standards of coaching behavior include:

Set a good example for participants and fans to follow, exemplifying the highest moral and ethical behavior;

Respect the judgment of officials; abide by rules of the event;

Treat opposing coaches, participants and fans with respect;

Instruct participants in sportsmanship and demand they display good sportsmanship;

Coach in a positive manner, reflecting Christian values;

Penalties:

Any coach ejected from a game/match because of unsportsmanlike conduct will be suspended for the next games/matches and may be subject to additional penalties.

Any coach who physically abuses another person may be suspended for the remainder of the season and may be disqualified from CYO participation

Any coach who physically abuses an official will be suspended for the remainder of the season and may be disqualified from CYO participation.

### 2. PLAYERS

Acceptable standards of participant behavior include:

Treat opponents with respect; shake hands prior to and after contests;

Respect the judgment of officials and abide by the rules of the contest;

Accept seriously the responsibility of representing the school or parish by displaying positive behavior at all times;

Play in a positive manner, reflecting Christian values. Do not bait or taunt opponents.

Penalties:

Any player ejected from a game/match because of unsportsmanlike conduct will be suspended from the next game and may be subject to additional penalties.

Any player who physically abuses another player, participant or official may be suspended from play for the remainder of the season and may be disqualified from CYO competition.

### 3. SPECTATORS

Acceptable standards of spectator behavior include:

Remember that the players are children and are playing for their enjoyment, not yours.

Remain seated in the spectator area during the games;

Respect decisions made by contest officials;

Be a role model by positively supporting teams and by not shouting instructions or criticism to the players, coaches or officials. Do not coach from the stands;

Make no derogatory comments or gestures to players, coaches, parents of the opposing team, officials or league administrators.

Penalties:

Participating teams and their coaches are responsible for the conduct of their spectators.

Any spectator who displays poor sportsmanship may be removed from the facility by an official, their team coach, a league official or the host gym person-in-charge.

Any spectator who interferes with the conduct of a CYO activity may, at the discretion of the official, host site, parish/school representative, or the CYO, be barred from attendance at subsequent CYO activities.

Player Name \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

**SAINT FRANCIS XAVIER ATHLETIC ASSOCIATION  
BASKETBALL/CHEERLEADING REGISTRATION 2011-2012  
PARENTAL PERMISSION AND CONSENT TO TREAT FORM**

Participant's  
Name: \_\_\_\_\_ BirthDate: \_\_\_\_\_

Participant's  
Address: \_\_\_\_\_

Parish: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address: (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for  
\_\_\_\_\_ to (parent/guardian name) (student name) participate in **ST. FRANCIS ATHLETIC ASSOCIATION BASKETBALL/CHEERLEADING FOR THE 2011-12 SEASON**. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergic reactions (medications, foods, insects, etc.) \_\_\_\_\_

(Medication(s) currently being taken: \_\_\_\_\_

My child has special medical/mental conditions: Yes \_\_\_ No \_\_\_ (if yes, please describe)

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

**\*\*Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child (ren) to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\*Adult participants need only provide contact information and medical information SAINT FRANCIS XAVIER

No child will be permitted to participate in practices or games without a current "Permission to Treat" form on file with St Francis Xavier CYO.

# St Francis Xavier CYO Athletic Association

## BASKETBALL/CHEERLEADING/VOLLEYBALL REGISTRATION 2011-2012

**It is preferred that an online registration be completed but you may register by completing this form if necessary.**

To register online please follow this link: <https://spreadsheets.google.com/spreadsheet/viewform?formkey=dDVvODM3QV9nNXRBBFFqa2ZLb19uSWc6MQ>

If using a paper registration please complete the family registration form and a permission form for each student-athlete and return to Xavier Room by Wednesday, September 18, 2011. \*\*Volleyball deadline is November 30<sup>th</sup>.

Any registration submitted after September 18<sup>th</sup> is **SUBJECT TO REJECTION** and will also be assessed a \$10 late fee per player.

### ACTIVITIES OFFERED:

BIDDY BASKETBALL for Boys & Girls in Pre-K(4's) - 2<sup>nd</sup> grades  
INTRAMURAL BASKETBALL for Boys & Girls in 3<sup>rd</sup> & 4<sup>th</sup> grades  
CYO BASKETBALL: Junior Varsity for Boys & Girls in 5<sup>th</sup> & 6<sup>th</sup> grades,  
Varsity for Boys & Girls in 7<sup>th</sup> & 8<sup>th</sup> grades,  
High School for Boys in 9<sup>th</sup> - 12<sup>th</sup> grades  
BASKETBALL CHEERLEADING Junior Varsity (4<sup>th</sup> - 6<sup>th</sup> grades) and Varsity (7<sup>th</sup> & 8<sup>th</sup> grades)  
GIRLS VOLLEYBALL Junior Varsity (5<sup>th</sup> & 6<sup>th</sup> grades) and Varsity (7<sup>th</sup> & 8<sup>th</sup> grades)

### FAMILY INFORMATION:

Print: Father's Name		Print: Mother's Name	
Address		Address	
City/State/Zip		City/State/Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	E-mail	Cell Phone	E-mail

Emergency Contact (if unable to reach a parent at above phone numbers) Phone

### VOLUNTEER SIGN-UP:

As a volunteer organization, we need the assistance of every family in order to offer our programs. A volunteer schedule for the concession / admissions for home games will be distributed at the beginning of the season. Every family is required to participate. In addition, we need volunteers in the following leadership positions in our organization. Please prayerfully consider your participation.

\_\_\_ COACHING SPORT(S): \_\_\_\_\_ LEVEL(S): \_\_\_\_\_  
\_\_\_ CONCESSION COORDINATOR \_\_\_ RUN GAME CLOCK \_\_\_ SCOREKEEPER  
\_\_\_ AWARDS BREAKFAST COMMITTEE \_\_\_ TOURNAMENT COMMITTEE

### VOLUNTEER ASSESSMENT FEE:

All families are to required participate in our major fundraiser, the Girls Varsity Basketball Tournament held at Gettysburg College on January 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>. You will be asked to volunteer 2 hours of time during one of those three days. The funds raised through this tournament allow us to keep our registration fees lower than other programs. Every program receives direct benefit from the fundraiser. If you are unable to assist with this program, you must pay a \$75 assessment fee to help recover our costs.

### PARTICIPATION/REGISTRATION FEE:

\_\_\_ Bidy Ball - per athlete is \$25  
\_\_\_ Intramurals -per athlete is \$25  
\_\_\_ JV / Varsity / HS Basketball- per athlete is \$40  
\_\_\_ Volleyball -per athlete is \$40 (\$30 if second sport for the year)  
\_\_\_ Cheerleading- per athlete is \$25  
\_\_\_ Total (The maximum registration fee per family for all athletes and activities is \$150 )

*If the registration fees are a financial hardship for your family please let us know and we will gladly make accommodations.*

\_\_\_ \$10 late fee per athlete/activity (submission after 9-18-2011)  
\_\_\_ \$75 Volunteer Assessment fee (If unable to volunteer during the Gettysburg College Tournament)

Total enclosed \_\_\_\_\_ Check number \_\_\_\_\_ (no cash please) [CYO Use: Amt Rcv'd  
\_\_\_\_\_]

Please make checks payable to St. Francis Xavier Athletic Association.

Questions: please contact [lesabird@gmail.com](mailto:lesabird@gmail.com) (Lesa Bird 338-0824), [mjames@msmary.edu](mailto:mjames@msmary.edu) (Mary Catherine James) or Bob Witt 321-5492.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM.**

**SAINT FRANCIS XAVIER CYO  
BASKETBALL/CHEERLEADING/ VOLLEYBALL REGISTRATION 2011-2012**

**Athlete's Name:** (Last First M.I. ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

Participating in: \_\_\_ Basketball \_\_\_ Cheerleading \_\_\_ Volleyball ( \_\_\_JV \_\_\_Varsity)

Medical Conditions:

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**Athlete's Name:** (Last First M.I. ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

Participating in: \_\_\_ Basketball \_\_\_ Cheerleading \_\_\_ Volleyball ( \_\_\_JV \_\_\_Varsity)

Medical Conditions:

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Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

Participating in: \_\_\_ Basketball \_\_\_ Cheerleading \_\_\_ Volleyball ( \_\_\_JV \_\_\_Varsity)

Medical Conditions:

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**Athlete's Name:** (Last First M.I. ) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ School \_\_\_\_\_

Participating in: \_\_\_ Basketball \_\_\_ Cheerleading \_\_\_ Volleyball ( \_\_\_JV \_\_\_Varsity)

Medical Conditions:

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**You must submit a completed Permission to Treat and Code of Conduct slip for each participant.**

