



Grades 1-2

Rec Basketball League

Coaches Packet



Dear Grade 1/2 Basketball Coaches,

Thank you for taking the time to volunteer for such an important role. Being a youth coach is one of the most demanding yet rewarding positions you can hold. As a coach, you have the opportunity to teach, learn, give back, and create wonderful memories for young players while instilling a lifelong love for the game.

The main purpose of our Recreational Basketball Program is to provide a safe, fun, and supportive environment where players can enjoy learning basketball. We strongly believe that all players deserve equal opportunity to participate and that skill development—not winning—should be our ultimate goal.

Please do not hesitate to contact me if you have any questions or concerns throughout the season. I look forward to working with you, and thank you again for your time, dedication, and enthusiasm!

Sincerely,

Brianne Maloney

Youth Programs Manager

(207) 767-7650 ext. 7511

bmaloney@southportland.gov

**South Portland Parks and Recreation
Youth Sports Philosophy**

South Portland Parks & Recreation is committed to providing a high quality youth sports experience for our participants, parents, coaches, and spectators. All of our youth sports leagues are driven by the same core philosophy, to introduce and develop the skills needed for lifelong enjoyment of sports in a setting that is inclusive, engaging, and centered on promoting sportsmanship and having FUN! We feel strongly that all players should have the chance to participate, and that player development, not winning, should be the ultimate goal.

"Team sports teach you how to get along with other people. A true mark of your character will be in how you treat the person who is the weakest link when you are the strongest link."

Free resource for basketball drills & activities: www.breakthroughbasketball.com

COVID Protocol

If a participant tests positive, they should not attend practice or games until 5 days after the test date.

Practice Times

Grades 1/2 teams may practice once per week in one-hour slots held at South Portland Elementary Schools. Practices do not occur on early release days, school holidays, or vacation days; if you would like to schedule a practice during a break, please contact us for gym availability. Practices begin the week of November 9th.

Games

Games are played on Saturdays. Scheduled game dates are 11/21, 12/5, 12/12, 12/19, 1/2, 1/9, and 1/16, with make-up dates reserved for 1/23 and 1/30.

Roster & Equipment

Each facility will be stocked with basketballs, pinnies, and a first-aid kit, which must remain on site. Every player will receive a team jersey with a unique number. Players must wear their jerseys to all games. Team rosters include player jersey sizes to assist with distribution, as well as any allergies, medical conditions, or developmental needs parents have shared.

Incidents/Accidents

Report any major accidents (injuries) or incidents (unacceptable parent or child behavior) to the Recreation Coordinator as soon as possible. Please fill out the appropriate incident or accident form and return it to the Recreation Department office promptly.

Post-Season Tournaments

Although we encourage continued play after the season ends, South Portland Parks & Recreation does not cover entry fees for post-season tournaments. Teams may wear their South Portland jerseys for these events, but coaches must notify the Recreation Department of any tournament registrations.

Cancellation Procedure

- Game cancellations will be determined no later than 7:00 AM on Saturday mornings (or late Friday afternoon when possible). Coaches will be notified via email and are responsible for contacting their team members promptly. Cancellations will also be posted on our website (www.sopoparksrec.com) and Facebook page.
- When school is cancelled (e.g., due to snow), practices at school facilities are also cancelled. Practices at the Community Center or Redbank will run as scheduled unless severe weather forces facility closures, in which case coaches will be notified directly.
- If a coach chooses to cancel a practice independently, please notify the Recreation Coordinator so staff can answer parent inquiries accurately.
- Coaches do not have the authority to cancel games; official game cancellations are made strictly by Recreation Department staff.

IMPORTANT: You are responsible for contacting your team, notifying them of when practices will be held, distributing game schedules, and forwarding any other pertinent information. Good communication with your team is crucial to having a smooth and successful season.

Coach's Code of Conduct

- **Respect the Golden Rule**

Treat players, parents, and officials with the same respect you expect. Avoid yelling, sarcasm, or embarrassing anyone publicly. Respect must be given to be earned.

- **Be Everyone's Coach**

Ensure every player gets to contribute. If coaching your own child, treat them the same as all other team members without showing favoritism or overly critical focus.

- **Focus on the Fundamentals**

Help players master core basketball skills. Wins and losses are temporary, but skill development lasts a lifetime. Emphasize that hustle and effort are essential skills.

- **Teach—and Enforce—Good Sportsmanship**

Teach team expectations before and after games. Good sportsmanship prohibits trash talking or taunting. Encourage positive interactions with officials and address any poor behavior immediately.

- **Understand the Rules of the Game**

Review the rulebook and familiarize yourself with league-specific policies. You cannot teach rules to your players if you do not know them yourself.

- **Have a Positive Rapport with the Officials**

Treat officials with professionalism and courtesy. Seek clarification constructively, and set a positive example for your team by accepting calls respectfully without arguing.

- **Promote Fun**

Maintain a fun and encouraging environment. Avoid overemphasizing winning and ensure every participant enjoys their experience.

- **Be Patient**

Understand that young players will make mistakes, miss shots, and commit turnovers. Allow them the space to learn and grow through constructive feedback and patience.

- **Talk to the Parents and Understand Their Goals**

Communicate your coaching philosophy with parents at the start of the season. Listen to concerns openly and ensure every child has an opportunity to participate in games.

Suggested Format for Practices

Practices should follow a consistent format while varying specific activities. Avoid excessive scrimmaging, as it does not adequately teach foundational skills. Below is a recommended outline for your practices:

1. **Free Practice:** Allow controlled free play as team members arrive. Use this time to work individually with players and build rapport.
2. **Announcements:** Gather the team to outline the plan for practice and share any upcoming game or schedule updates.
3. **Warm-Up:** Perform light stretching and jogging routines before drills. Incorporate simple skill warm-ups like layups or dribbling relays.
4. **Individual & Small Group Drills:** Prioritize fundamental skill instruction during each session. Scrimmages should serve as a reward for practice effort rather than the primary focus.
5. **Scrimmage:** Emphasize teamwork, passing, and positioning. Ensure every player gets equal opportunity to participate, and rely on positive reinforcement to guide players.
6. **End of Practice Meeting:** Review announcements, compliment effort, confirm the next practice time, and always end on a positive note.

Program Objectives

- Provide a safe, positive, and enjoyable basketball experience for all children.
- Allow players to participate without unnecessary pressure from coaches or parents.
- Focus on player development over competitive winning in this instructional league setting.

Important Rules & Guidelines:

- Only water is permitted in the gymnasium. Juice, soda, and sports drinks are prohibited; coaches must assist in enforcing this rule.
- For player safety, all coaches and participants must refrain from wearing wet footwear on the court.
- Player allergies, medical conditions, and physical limitations will be noted on team rosters. Contact parents or the Recreation Department for accommodation guidance.

GRADES 1/2 REC BB LEAGUE RULES

1. This is an instructional league designed for players to learn about the game and have fun.
2. The league enforces a Zero Tolerance Policy regarding unsportsmanlike behavior from coaches, players, or spectators.
3. Play will be 5v5. If a team is short players, games may be played 4v4.
4. Coaches officiate games (ideally one coach from each team).
5. Coaches will help match up players based on size and skill.
6. Four 8-minute periods – running time.
7. Substitutions occur every 4 minutes, and players must check in at the scorer's table.
8. Fouls will be called and explained by officials to teach proper play.
9. Violations will be called as necessary to help teach rules of the game.
10. Scores will not be kept.
11. Games use a size 27.5 basketball and 8-foot hoops.
12. Man-to-man defense only (zone defense is prohibited).
13. No full-court pressing; defenders must retreat inside the 3-point arc on defense.
14. Three-point shots are not utilized.
15. **No jewelry may be worn (including earrings). Hair ties made of soft elastic or cloth are allowed; hard barrettes are prohibited.**
16. Coaches must lead by example. Address questions for officials during timeouts, between quarters, or at halftime in the presence of the game supervisor. Coaches are responsible for team behavior from arrival through departure.

Weekly Skill Focus:

Week 1: Game Organization

- Inbounding the ball
- Dribbling up the court with one player
- Retreating inside the 3-point arc on defense
- Reporting to the scorer's table to substitute in

Week 2: Man to Man Defense

- Matching up at the start of quarters/substitutions and staying with your player
- Defending one-on-one on the ball
- No double-teaming

Week 3: Travels

- Avoiding walking or running while holding the ball

Week 4: Double Dribbles

- Passing or shooting once the dribble ends

Week 5: Fouls

- Keeping hands off offensive players
- Moving feet to stay positioned between the player, ball, and basket

Week 6: All

Week 7: All

Youth Sports Development by Age Group

A Guide for Coaches: Understanding Player Abilities & How to Plan Drills

1st-2nd Grade (Ages 6-8)

Developmental Overview:

- **Attention Span:** Short (~5-10 minutes); easily distracted.
- **Coordination:** Still developing balance and basic motor skills.
- **Hand-Eye Coordination:** Limited; catching and striking are inconsistent.
- **Speed & Quickness:** Not refined; more effort than efficiency.
- **Social Development:** Learning how to share, take turns, and follow basic rules.

Coaching Tips:

- Keep instructions **very short** and **visual**.
- Use **fun, imaginative games** to teach movement patterns.
- Focus on **individual skills** (e.g., running, jumping, catching).
- **Avoid competition-heavy drills**; emphasize participation and fun.
- Keep things **moving** – avoid long lines, lectures, or standing still.

Drill Examples:

- Animal movement races (bear crawl, crab walk)
- Balloon toss (improves hand-eye coordination)
- Red light/Green light (teaches start-stop control)
- Simon Says (teaches following instruction/mimicking proper technique)
- Obstacle courses with simple motor skills
- ANY tag game, add the given sports if able (dribble a basketball while playing tag on court, dribble a soccer ball with freeze tag)

Final Notes for Coaches

- Kids aren't mini-adults. **Meet them where they are developmentally.**
- Encourage effort, improvement, and **love for the game**—not just performance.
- Adjust drills **on the fly** based on the group's energy and focus.
- Keep it **positive**, keep it **moving**, and keep it **fun**!

Please email this report within 24 hours of the incident to bmaloney@southportland.gov or return it to the SPCC front desk.



CITY OF SOUTH PORTLAND

ACCIDENT/INJURY FIRST REPORT GUIDELINES AND REMINDERS

I. PURPOSE

As stated in the Personnel Policy, all accidents or injuries to City employees arising out of or during the course of employment must be reported to the employee's supervisor and Human Resource's Office. All reports must be in writing which can be accomplished by filling out the City's Accident/Injury First Report. In addition, any vehicle accidents or other accidents causing damage to City property under the direct care and control of a City employee must be reported to their supervisor and the Executive Office. The Executive Office shall also be informed of any injuries or loss of property arising out of or during the course of City events, activities, or City operations.

II. GUIDELINES

1. After an Incident - After an incident occurs, employees should ensure that everyone involved is safe. If there are injuries, employees should call 911 for assistance.

For all vehicle accidents where a City vehicle is involved, it is strongly encouraged that employees call the local police department and employees are required to call the local police station for damages estimated to be more than \$1,000. The officer should present the employee with a crash report number that should be included on the Accident/Injury First Report. If under certain circumstances this does not take place, employees may be required to fill out an Automobile Questionnaire and/or answer follow up questions.

If an employee is injured, they should seek medical attention as soon as possible. This may be a band-aid or a visit to the City's occupational health provider. Employees should check with their immediate supervisor. If the injury is severe and a danger to life, employees should call 911 immediately. Contact information for the City's workplace occupational healthcare providers are below:

CONCENTRA (SOUTHBOROUGH DR.)
400 SOUTHBOROUGH DR. #1, SOUTH
PORTLAND, ME 04106
(207) 761-1100
M-F: 8:00 AM - 5 PM

CONCENTRA (WESTERN AVE.)
85 WESTERN AVE., UNIT 6, 7, 8, SOUTH
PORTLAND, ME 04106
(207) 774-7751
M-F: 7:30 AM - 5 PM

BAYSIDE EMPLOYEE HEALTH
50 SEWALL ST. # 301, PORTLAND, ME
04102
(207) 780-6631
M-F: 7:30 AM - 5 PM

It is important to note that contact information for everyone involved is very important. At the very least, employees should note any witnesses (including contact information) or other individuals who were directly affected by the incident.

2. Filling Out the Accident/Injury First Report - the Accident/Injury First Report must be completed within 24 hours and no later than 48 hours after an incident occurs. Timely reporting is important and required.
3. Post Reports - In some cases, employees may be asked follow-up questions or asked to fill out supplemental forms. To ensure a quick resolution for any claim filed after the initial incident, employees are asked to complete these reports and answer any follow up questions in a timely manner.

ACCIDENT REPORT INSTRUCTIONS



CITY OF
**SOUTH
PORTLAND**

IN OFFICE USE ONLY

INCIDENT #: _____

CLAIM #: _____

DATE OF NOTIFICATION: _____

ACCIDENT/INJURY FIRST REPORT

**EMPLOYEES WHO ARE INJURED OR ARE INVOLVED IN AN ACCIDENT SHOULD COMPLETE THIS FORM
(NOT FOR PUBLIC USE)**

COMPLETE ALL SECTIONS THAT APPLY

EMPLOYEE INJURY CONTACTS - SEE OCCUPATIONAL ACCIDENT AND INJURY FLOW CHART FOR MORE INFO.

CONCENTRA (SOUTHBOROUGH DR.)
400 SOUTHBOROUGH DR. #1, SOUTH
PORTLAND, ME 04106
(207) 761-1100
M-F: 8:00 AM - 5 PM

CONCENTRA (WESTERN AVE.)
85 WESTERN AVE., UNIT 6, 7, 8, SOUTH
PORTLAND, ME 04106
(207) 774-7751
M-F: 7:30 AM - 5 PM

BAYSIDE EMPLOYEE HEALTH
50 SEWALL ST. # 301, PORTLAND, ME
04102
(207) 780-6631
M-F: 7:30 AM - 5 PM

If the provider above is not open/available or there is a serious employee injury, call 911 for immediate assistance.

GENERAL INFORMATION (REQUIRED)

DATE, TIME, AND LOCATION

INCIDENT DATE: ____/____/____ TIME WHEN INCIDENT OCCURRED: ____:____ AM [] PM []

STREET ADDRESS OR NEAREST INTERSECTION: _____

CITY: _____ STATE: _____ ZIP: _____ CITY FACILITY (if applicable): _____

SUPERVISOR: _____ SUPERVISOR'S EMAIL: _____

WITNESSES

This section allows you to document at least three (3) witnesses to the incident. Please provide names AND contact information.

WITNESS 1

NAME: _____ PHONE: _____

WITNESS 2

NAME: _____ PHONE: _____

WITNESS 3

NAME: _____ PHONE: _____

MOBILE EQUIPMENT OR VEHICLE (IF APPLICABLE)

VEHICLE INFORMATION

If you were involved in a vehicle accident causing \$1,000 or more in damages, you are REQUIRED to call the nearest police station for assistance. This section is intended for you to provide the City with basic information about the damaged City vehicle as well as information about any other vehicle damaged in the accident.

CRASH REPORT NUMBER: _____

CITY VEHICLE

DRIVER NAME: _____ PHONE: _____

VIN (Last 5 Digits): _____ MAKE: _____ MODEL: _____

DESCRIBE DAMAGES: _____

OTHER VEHICLE

DRIVER NAME: _____ PHONE: _____

OWNER NAME: _____ PHONE: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

MAKE: _____ MODEL: _____ PLATE #: _____

DESCRIBE DAMAGES: _____

PRIVATE/PUBLIC PROPERTY DAMAGES (IF APPLICABLE)

PROPERTY INFORMATION

PROPERTY STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PROPERTY OWNER (IF KNOWN): _____
PROPERTY OWNER PHONE: _____ PROPERTY OWNER EMAIL: _____

EMPLOYEE INJURIES (IF APPLICABLE)

INJURY/ILLNESS INFORMATION

NAME: _____ PHONE: _____
JOB TITLE: _____ DEPARTMENT: _____
SUPERVISOR NAME: _____ WAS THIS AN: INJURY ☐ ILLNESS ☐ NEAR MISS ☐
DATE SHIFT STARTED: ____/____/____ TIME SHIFT STARTED: ____:____ AM ☐ PM ☐
DID THE EMPLOYEE RETURN TO WORK DURING THE SHIFT WHEN THE INCIDENT OCCURRED? YES ☐ NO ☐
WAS FIRST AID PROVIDED?: YES ☐ NO ☐ BY WHOM?: _____
DID THE EMPLOYEE SEEK MEDICAL TREATMENT? YES ☐ NO ☐ IF YES, WHERE? _____
DESCRIBE THE INJURY/ILLNESS: _____

NON-EMPLOYEE INJURIES (IF APPLICABLE)

If the injured person is under 18, provide their parent/guardian contact information. Injuries resulting from a vehicle accident should also be included here.

INJURED 1

NAME: _____ PHONE: _____ Under 18? Yes ☐ No ☐
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Parent or Guardian (if applicable)

NAME: _____ PHONE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INJURED 2

NAME: _____ PHONE: _____ Under 18? Yes ☐ No ☐
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Parent or Guardian (if applicable)

NAME: _____ PHONE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BRIEF NARRATIVE OF WHAT HAPPENED (REQUIRED) - USE ADDITIONAL SHEET, IF NECESSARY.

FILER'S NAME FILER'S SIGNATURE DATE

PLEASE ATTACH ANY PHOTOS OF DAMAGES TO PROPERTY, EQUIPMENT, OR VEHICLES TO THIS REPORT.

THIS REPORT MUST BE SUBMITTED DIRECTLY TO ACCIDENT@SOUTHPORTLAND.ORG