



South Portland High School

Recreational League

Hand Book



Dear High School Basketball Coach:

I would like to thank you for taking the time to volunteer for such an important position. A Youth Coach is one of the hardest, most demanding jobs a person can have. Yet, it is also one of the most rewarding experiences as well. As a coach, you have the ability to teach, to learn, to give back and to create wonderful memories for a child. As a coach, you can instill a lifelong love for sports in the hearts of children in our community.

The main purpose of this Recreational Basketball Program is to provide a safe environment where players have the opportunity to participate and enjoy the game of basketball in a fun and supportive atmosphere. We feel strongly that all players should have the chance to participate, and that player development, not winning, should be the ultimate goal.

Please do not hesitate to call me with any questions or concerns you may have regarding our league. I look forward to working with you throughout the season. Thank you again for your time and enthusiasm!

Sincerely,

Brianne Maloney

Youth Program Coordinator
767-7650
bmaloney@southportland.gov

Whitney Dorsett

Recreation Manager
767-7650
wdorsett@southportland.gov

SOUTH PORTLAND HIGH SCHOOL RECREATIONAL BASKETBALL LEAGUE PHILOSOPHY

South Portland Parks & Recreation has formed a recreational High School aged basketball league for players in our community. The main purpose of this league is to provide a safe environment where players have the opportunity to participate in a competitive program. In addition to the league rules, we feel strongly that all players should have the chance to participate, and that player development, not winning, should be the ultimate goal.

The objectives of this league from a recreational standpoint shall be:

- To instruct players in the rules, techniques and principles of basketball while helping to develop the physical, social and emotional needs of each player.
- To develop a spirit of fair play and sportsmanship for the betterment of youth sports.
- Remembering that these games are for the players, not the adults.

Practices Times

High school teams may practice 1-2 time per weeks, dependent on gym space. One-hour practice slots will be available. Practices will take place at the South Portland Community Center or Red Bank.

Games All games will be played at the South Portland Community Center Gym at 21 Nelson Rd, South Portland .

Roster & Equipment

Each player of a South Portland team will receive a team shirt with a number on the back. They should wear this shirt during games. Every roster will have the shirt size of each player to help when distributing.

Outside Teams All teams participating in this league that were not registered through South Portland Recreation should be associated with another service community organization (ex. non-profit, school, other community's recreation department). Teams entered into the league in this fashion will supply their own jerseys and be subject to a \$400 league fee. This fee will be paid to South Portland Recreation no later than two weeks before the first game of the season.

Incidents/Accidents

Any major accidents (injuries) or incidents (parent and/or child behavior) should be reported to the Recreation Coordinator soon as possible.

Post season tournaments We will be holding an end of year playoff, based upon regular season records. Although we encourage continued play once the season is over, South Portland Parks & Recreation will not pay entry fees for any additional tournaments that teams choose to participate in after the season. Teams may use their South Portland jerseys to participate in added tournaments but we must be notified as to what tournaments you have registered for.

Cancellation Procedure

- Game cancelations will be made no later than 3:00pm on Tuesdays. Coaches will be emailed and then they must contact their team to let them know asap. Cancelations will also be posted on our website (southportlandme.myrec.com) and Facebook page.
- If a coach decides not to have practice for whatever reason, we ask that you please let the Recreation Coordinator know so we may appropriately field any calls we receive from teams.
- The coaches DO NOT have the authority to cancel games – this is left up to recreation staff.

Officials

To the best of our ability, we will try to have two officials on the court for each game. But, due to the short supply of referees, please practice patience if an official has to call a game alone.

Team Rosters

Please confirm your rosters. Anyone not on the roster is not allowed to play **or sit on the bench during games.**

Coach's Code of Conduct

- **Respect the Golden Rule:** Treat your players, parents, and officials the way you want to be treated. That means no yelling, sarcasm, or embarrassing anyone. Give respect to get respect.
- **Coach Everyone:** Remember, "there is no I in TEAM." Make sure every player contributes. If you're coaching your own kid, be extra careful to treat them the same as everyone else—don't give them too much or too little attention.
- **Focus on the Basics:** Help your players master the fundamentals of basketball. Wins and losses come and go, but developing their skills is your big chance. And don't forget to teach them that hustle is a key skill too.
- **Enforce Good Sportsmanship:** Spend time at practice and games teaching the team how to behave whether they win or lose. No trash talk or taunting. Encourage good relationships with the officials and have the guts to address bad sportsmanship when it happens.
- **Know the Rules:** Read the rulebook and understand any special league policies. You can't expect your players to know the rules if you don't.
- **Be Cool with Officials:** Don't try to bully or intimidate the refs. Act like an adult: ask questions politely for clarification during a timeout or break if you need to. Set a positive example by never arguing a call or bad-mouthing an official.
- **Promote Fun:** Don't get too serious or crazy about winning. Make sure you smile, and most importantly, make sure the kids are having fun. If they aren't, something needs to change.
- **Be Patient:** Young players *will* miss shots, turn the ball over, and foul unnecessarily. They need room to make mistakes. It's your job to help them learn from those mistakes, and that takes patience and time.
- **Talk to Parents:** Start the season by talking to parents about your coaching philosophy. Give them a chance to discuss any concerns. They are there to see their kids play, so ensure every player gets a chance to contribute.

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

High School Rec Basketball Rules

1. Play will be 5v5.
2. **2 20min halves running time. The last half under 2 minutes Clock will stop.**
3. 5 personal fouls per player.
4. 7 team fouls will result in 1 and 1, 10 or more team fouls, players will shoot 2 shots.
5. In case of a tie, there will be a 4 minute overtime period. If the score is still tied after the overtime period, the game ends in a tie.
6. Each team will have **two 60 second time outs a half**. One additional 30 second time out for overtime period.
7. **All participants must abide by the Code of Conduct. We reserve the right to discipline the participant, up to and including expulsion from the program.**
8. Coaches must set a positive example for their players at practice and games. If there are questions for the officials, please address them during a time out, between quarters, or between halves, with the game supervisor present. The coach is responsible for the actions of his/her players from the time they arrive at practice or a game until the time they leave.
9. **No jewelry may be worn (This includes earrings) - players may wear rubber bands made of elastic, cloth or other soft material, for long hair. Hard barrettes are not allowed.**
10. Anyone not on the roster is not allowed to play or sit on the bench during games. All coaches must be approved volunteers by the town you are representing.

Program Objectives

- To provide a safe, positive and fun basketball experience for all children.
- To allow players to participate in an environment that does not put any unnecessary pressure on them from parents or coaches.
- Remember that this is an instructional league where the development of players must precede a coach's personal desire to win.

Things to note:

- No drinks will be allowed in the gym. Players are allowed to bring water. Juice, soda, and sports drinks are prohibited. Coaches must help enforce this rule.
- For the safety of the players, all coaches and players must stay off the court with wet shoes.
- If a child has any allergies, conditions or physical limitations, it will be noted on your roster. If you would like further information on how to accommodate that child, please talk to the parent or contact the Rec Dept.

South Portland Recreation High School Recreational Basketball League Code of Conduct

All coaches and players **MUST** sign and fully understand the League Code of Conduct Policy below. This needs to be signed by all players and coaches and returned to the department which you registered with prior to participating. We expect players and coaches to represent themselves and their community in a positive manner and abide by this code of conduct at all times.

There will be a zero tolerance policy for player and/or coach behavior.

By signing below, all coaches and players are agreeing to adhere to the following guidelines...

1. If I use drugs or alcohol at any time during the season, I will be eliminated from the team.
2. If I get a technical foul for misbehavior, I will come out of the game and sit on the bench for the rest of the game without further incident. Two technical fouls in one game will result in sitting out the following game.
3. Anyone using abusive language towards officials, opposing players, teammates, or spectators will be suspended for a minimum of two games.
4. Anyone starting a fight or altercation will be suspended from the league immediately.
5. South Portland Recreation reserves the right to remove a participant, coach, or spectator from this league at any time upon our discretion.

Name: _____ Signature: _____ Date: _____



CITY OF
SOUTH
PORTLAND
Parks, Recreation
& Waterfront

Please Email this report once completed to Bmaloney@southportland.gov or return to SPCC front desk, within 24hrs of the incident.



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