

**High School**

**Rec Basketball League**

**Coaches Packet**



Dear Grades 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,

Breese Reagle Whitney Dorsett

Youth Program Coordinator Recreation Manager
767-7650 ext 7511 767-7650 ext. 7524
jreagle@southportland.org wdorsett@southportland.org

**SOUTH PORTLND RECREATION 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 $350 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 (www.sopoparksrec.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 officals 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.

**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:





**High School Rec Basketball Rules**

1. Play will be 5v5.

2. Four 8-minute quarter– running time. Last period 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 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. 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.**

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. 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.

10. All other high school rules will be followed.

**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.



**High School Rec League**

**Rec Dept Contacts**

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| --- | --- | --- | --- |
| **Name** | **Department** | **Email**  | **Phone** |
| Susan Frost | Cape Elizabeth Community Services  | susan.frost@capeelizabeth.org | 207-799-2868 |
| Travis Grant | Gorham Parks & Recreation | tgrant@gorham.me.us | (w) 232-7071(p) 523-0226 |
| Anthony Martin | Boys & Girls Club | amartin@bgcmaine.org | 207-461-2959 |
| Nick Cliché | Portland Recreation  | nc@portlandmaine.gov  | 207-808-5443 |
| Breese Reagle | South Portland Parks and Recreation | jreagle@southportland.org  | 207-229-0496 |

**Game Cancellation Procedure**

Game cancelations will be made no later than 3:00pm on game day. In either case, coaches will be emailed and then they must contact their team to let them know asap. Cancelations will also be posted on our website (www.sopoparksrec.com) and Facebook page.

**Reporting of game scores**
The winning team must email the game score to Breese Reagle, jreagle@southportland.org by the end of the day of the following Wednesday. If no score is reported, both teams will be credited for a loss.



**SOUTH PORTLAND PARKS AND RECREATION DEPARTMENT**

**PARTICIPANT'S ACCIDENT REPORT**

**This report is to be made on every injury that requires first aid treatment. Inform the Recreation Department by phone at 767-7650 as soon as possible concerning MAJOR accidents that require a doctor's service or when an ambulance is called. In an emergency where an ambulance is needed, call 911.**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/O/B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When/where accident took occurred: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person reporting the accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of injury (where on body/type of injury): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of how injury occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First Aid of other care given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was 911 called: YES/NO

Were other medical professionals contacted: YES / NO

If Yes, Name (s) / Title (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian notified: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Program Director notified: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Name of person completing form: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUTH PORTLAND PARKS AND RECREATION DEPARTMENT**

**PARTICIPANT'S INCIDENT REPORT**

**This form must be completed for an incident with a participant in a South Portland Parks & Recreation Program, in which the responsible staff member or volunteer coach requires additional assistance, but does not involve an injury (see separate Accident Report). The completed form must be provided to South Portland Parks & Recreation office as soon as possible.**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/O/B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (if applicable): \_\_\_\_\_

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When/where accident took occurred: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person reporting the incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of incident and action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian notified: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Program Director notified: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Name of person completing form: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_