FALL COACHES HANDBOOK

HPR Contact Information:
Recreation Office: 643-5315

Department Web Site:
www.hanoverrec.com

Online Game & Practice Schedule:
www.leaguelineup.com/hanoverparksandrec
COACHES INFORMATION

1. Forms
   a. Accident Form

2. Department Policies
   a. Concussion Policy
   b. Equal Playing Time Philosophy
   c. 7/8 Grade “A” Team Selection Process
   d. Uniform Deposit Fee

3. How to Draft Your Team
   a. www.hanoverrec.com

4. Parent Contact Duties

5. Upper Valley Rec Association (UVRA) Rules 3/4 & 5/6 Teams
   a. Soccer
   b. Field Hockey
   c. Jewelry Rule & Zero Tolerance Policy

6. Game Schedules: www.leaguelineup.com
   a. Online source for all game & practice schedules
## ACCIDENT REPORT (27 Oct 15)

| Date of Accident: ______________________________ Time of Accident: _____________ |
| Specific Location of Accident: ________________________________________________ |
| Location Address: ____________________________________________________________ |

| Name of Injured Person: ______________________________ Birth Date: _____________ |
| Address: __________________________________ City/State/Zip: ____________________ |
| Parent/Contact Name: ______________________________ Home Phone: ______________ |
| Parent/Contact Phone: (C) ___________________________ (W) _____________________ |
| Parents Notified: Yes ____ No ____ By Whom: ___________________________________ |

| Part of body injured: _________________ Nature of injury: _________________________ |
| Brief factual summary of incident (no opinion or speculation): |

| Did injured person make any statements? Yes ____ No ____ |
| If so, what was said? ________________________________________________ |

| Was First Aid administered? Yes ____ No ____ By Whom: ____________________________ |
| What First Aid was given? _____________________________________________________ |
| 911 Called: Yes ____ No ____ Responding Agency: _________________________________ |

| Witness Information: Name: __________________________ Phone: (H) ________________ |
| Address: __________________________________ City/State/Zip: ________________ |
| Statement: _________________________________________________________________ |

| Employee of Hanover Parks and Recreation? Yes ____ No ____ Position: ______________ |
| Name: ________________________________ Phone: (H) ____________________ |
| Address: __________________________________ City/State/Zip: ________________ |
| Statement: _________________________________________________________________ |

| Employee of Hanover Parks and Recreation? Yes ____ No ____ Position: ______________ |
| Name: ________________________________ Phone: (H) ____________________ |
| Address: __________________________________ City/State/Zip: ________________ |
| Statement: _________________________________________________________________ |

| Any Property Damage: Yes ____ No ____ Nature of Damage: ___________________________ |

| Report Completed: ___________ By: ___________________________ Position: ______________ |
| Parent/Contact Signature: __________________________________ Date: ___________ |
Player safety is the Department’s primary concern. It is expected that everyone connected with an event -- coaches, officials, program staff and parents -- shares responsibility in identifying any student displaying the symptoms of a concussion and/or brain injury. However, while it is not expected that the official, coach, or staff member will make the determination that a concussion/brain injury has occurred, it is their responsibility to remove a student from the event, as outlined in the procedure below, if the student shows signs or symptoms listed at the bottom of this page.

Effective immediately, the following procedure will be followed (please note: steps 1-3 refer to the same day an injury or potential injury occurred and step 4 applies the following day):

1. When a coach, official, staff member, or parent suspects a student of having a concussion/brain injury, the student will be removed from participating in the event (removed from the field or court in an athletic situation or removed from the activity in a non-athletic situation).

2. Once removed from an event, the student with a suspected concussion/brain injury may only re-enter the event after examination and with approval by one of the qualified medical professionals listed below.

3. For a student to “return to play” (RTP) on the same day, a Concussion/Brain Injury Return to Play Permission Form must be signed by the medical professional who has ruled out that a concussion occurred. A student who has been removed for suspected concussion/brain injury may not RTP on the same day without being evaluated and cleared by an appropriate medical professional. If no medical professional is present, then the student may not RTP.

4. If the medical professional determines that the student may not RTP that day, the student will need to have the Concussion/Brain Injury Return to Play Permission Form signed by an evaluating medical professional and a parent signature will also be required before the student can rejoin the team.

Qualified Medical Professional: For the purposes of this policy, an approved medical professional means one of the following (who are assumed to have proper licenses and certifications and are trained in identifying and treating concussions/head injuries). If none of these medical professionals is present and a concussion/brain injury is suspected, then the student should be sent for medical treatment. RTP must not occur for any reason until approved medical clearance is obtained.

   1. Licensed Physician
   2. Certified Athletic Trainer
   3. Licensed Physician’s Assistant
   4. Registered Nurse
   5. Registered Nurse Practitioner
   6. Board Certified Sports Physical Therapist

Sings of a Concussion: Appears dazed or stunned, Confused about positions, Unsure of the game, Moves clumsily, Can’t recall events prior to the hit or fall, Answers questions slowly, Shows mood, behavior or other changes, or loses of consciousness.

Symptoms of a Concussion: Headache or “pressure” in head, Nausea or vomiting, Balance problems or dizziness, Double or blurry vision, Feeling sluggish, hazy, or groggy, Sensitivity to light and or noise, Concentration or memory problems, Not “feeling right “ or “feeling down”, or Confused.
Concussion/Brain Injury Return to Play Permission Form

This form must be completed in order for a student to return to play after a suspected concussion/brain injury. This form is meant to be filled out in addition to an Accident Report Form. This form must be completed by one of the following: a Certified Athletic Trainer, Licensed Physician, Licensed Physician’s Assistant, Registered Nurse, Registered Nurse Practitioner, or a Board Certified Sports Physical Therapist. The form must be returned to the Hanover Parks & Recreation Department, 48 Lebanon Street, Hanover, NH. Phone 603-643-5315/Fax 603-643-0724.

__________________________________(Student Name) has been evaluated on ______________(Date)
and has been found clear _____  or not clear _____  to continue to play/participate.

Please list any restrictions that must be followed in order for the student to return to play:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Additional Comments or Concerns:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

_________________________________________
Signature of Evaluating Medical Professional

_________________________________________
Medical Professional’s Printed Name & Title

_________________________________________
Signature of Coach/Staff present at time of injury

____________________  ______________________
Primary Guardian’s Signature  Date
The goal of our team sports programs is to provide a safe, fun experience that can instill a lifelong passion for sports. The outcome on the scoreboard is not our primary objective.

HPR offers these programs in the hopes that your child will have fun, make new friends, and get healthy exercise. Most of all, we want the kids to have the experience of learning about teamwork, good sportsmanship, self-discipline, and the joy that comes from hard work and cooperation with others.

To be part of a team is an individual commitment to oneself and to each player on the team. This means each player is expected to be on time, attend practices and make a positive contribution to the team. This is mentioned as it directly relates to playing time during games.

Each player will have equal playing time in games averaged out over the course of the season in accordance with the below guidelines.

1. Playing time does not depend on skill level but rather on effort, attention, good sportsmanship and a willingness to learn and improve.

2. If a player does not participate in practices, playing time will be adversely affected.

3. Few players want to play defense or goalie in particular. As a result, those who do play in these positions may get more playing time. (sport applicable)
At the 7/8 grade level our recreation sports program changes slightly. As the SAU 70 Middle School does not offer any sports programs as part of their curriculum the Hanover Parks & Recreation Department functions as the Athletic Department for the school. To be consistent with the surrounding middle schools we offer a competitive “A” team in which tryouts are required. If there are enough participants to make additional teams these teams are broken up evenly based on players skill levels. The benefit of HPR managing middle school teams allows all who enjoy a sport the ability to play and not be cut from a more competitive process that does not allow for multiple teams each season.

As the “A” team is a competitive team the expectations are also higher.

1. Players choose whether or not they want to try out for the “A” team each season.

2. Players on the “A” team are expected to make this team their primary extracurricular commitment for the season.

A selection committee will select the “A” team. The committee will evaluate and rank players and the top players will make up the “A” team. Coaches will select from the pool of remaining candidates to make up their equally skilled B level teams.
UNIFORM DEPOSIT POLICY (10AUG17)

To maintain the inventory of all HPR athletic uniforms (jerseys, shorts, pants, etc.), the following procedures will be required of all athletes participating in HPR sports.

1. A refundable uniform deposit of $65.00 per uniform will be required before the first scheduled game/meet of every HPR athletic season.

2. Deposits will be collected and processed at time of uniform pick up by the family at the R.W. Black Community Center.
   a. No uniforms will be issued without first receiving the uniform deposit.

3. Family members will be required to pick up all uniforms at the R.W Black Community Center at the beginning of each sports season.
   a. In order to maximize their life expectancy athletic uniforms are issued for the sole purpose of program participation.

4. At the end of each athletic season, all uniforms should be cleaned and returned to the R.W Black Community Center, within two weeks of the season ending to receive your refund.
   a. Uniforms may only be dropped off during business hours and given to an HPR employee to ensure accurate accounting of returned items.

5. The uniform deposit will be refunded (minus any credit card fees) by the Town of Hanover by check and mailed to your address on record once uniforms are returned and are in satisfactory condition.
   a. Uniform deposit fees will not be refunded for any lost or damaged uniforms.

This policy does not apply to sports programs that issue a t-shirt as they are intended to be kept by the participants.
### How to Draft Your Team

#### Register Jeanne Now (Change)

**Vieten Household**

#### Team Management > Soccer K - 4 - 1st Grade Coed Soccer 2017 > Yellow -

(09/09/2017 - 10/28/2017)

#### Registrations Not Assigned to Yellow -

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<th>Registrant</th>
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<th>Reg Date</th>
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Only secure content is displayed. What's the risk? Show all content

#### Additional Registrations

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<th>Reg Date</th>
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Add Selected
PARENT CONTACT RESPONSIBILITIES

The general responsibilities of the parent contact are to act as a liaison between the parents and the Parks and Recreation Department and to create e-mail lists to facilitate communication between players and the coaches.

Specific responsibilities include:

1. Assisting the coaches with notifying players if practices or games are changed or cancelled.
   a. All team schedules can be found at www.leaguelineup.com/hanoverparksandrec
   b. When changes or cancellations are known, HPR will (a) e-mail the coach and Parent Contact, (b) post notice at the schools, (c) posted on the Cancellation Hotline, and (d) post notice on www.Hanoverrec.com & www.leaguelineup.com/hanoverparksandrec

2. Parent Contacts will have access to the roster online. The first thing you should do is email your team to confirm that all households are on the email list. Some families have set up their accounts to receive only cancellation emails and not general email. Therefore, they will not get any team info from you. Once they reply, you will know who is not getting your info.

3. Facilitating carpooling and encouraging player attendance.
   a. The player’s family is responsible for his/her transportation to events. Where possible, the Parent Contact can help generate carpooling opportunities among the various families through the use of e-mail or through other methods.

4. Helping to secure uniforms at the end of the season.
   a. All players must turn in their uniforms directly to you at the end of the last game of the season. You should remind them to bring a change of clothes to go home in. Parent contacts should bring the bag of uniforms here along with a check list of those who turned them in. We can wash them here. Some Parent Contacts use a season-ending banquet to help facilitate the return of uniforms.

5. Serving as a resource to parents to keep the coach focused on coaching.
   a. To act as a liaison between the coach and parents to avoid or to help with any problems that might come up during the season. If this process isn’t productive, the Recreation Director should be contacted.

6. Lastly, we would like you to coordinate getting a team picture, with all team members and coaches in uniform. This is best done at the beginning of the season. The first row of players should be kneeling in front with the second row standing behind. Please email the photo to Jeanne.vieten@hanovernh.org.
### UVRA YOUTH SOCCER GUIDELINES for 1st thru 6th Grade

<table>
<thead>
<tr>
<th>Grades</th>
<th>Game Length</th>
<th># of Players</th>
<th>Ball Size</th>
<th>Field Size</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st – 4th</td>
<td>2 - 20 min. halves</td>
<td>7 v 7 (including goalie)</td>
<td>4</td>
<td>180’ x 115’</td>
<td>5’ x 12’</td>
</tr>
<tr>
<td>5th &amp; 6th**</td>
<td>2 - 25 min. halves</td>
<td>9 v 9 (including goalie)</td>
<td>4</td>
<td>245’ x 145’</td>
<td>6’ x 18’</td>
</tr>
</tbody>
</table>

For K-2nd grades, ball size 3 or 4 is recommended.

Field size may vary slightly within the UVRA league but should be within a 10’ range of Guidelines. The goal sizes should be within 6” in height and 1’ in length of what is recommended above.

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No Slide Tackling at ALL Levels

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{ALL GAMES WILL BE PLAYED by High School Federation RULES but with the following modifications}

### For 1st thru 4th Grade

1. No penalty kicks. Games re-start with an indirect kick from point of the foul. No kicks taken closer than 12 yards from goal. For such kicks, opposing team must remain 10 yards from the ball before whistle.
2. One retake allowed on illegal throw-ins, with corrections given by official.
3. Unlimited substitutions on all whistles
4. No off sides called
5. Coaches are allowed on the field
6. No Slide Tackling or Heading is Allowed

ALL 3RD AND 4TH GRADE SCHEDULED GAMES WILL BE 2 GAMES OF 7V7 BEING PLAYED IMULTANEOUSLY

### For 5th & 6th Grades - should only engage in limited heading

SUBSTITUTIONS: On Throw-ins and Corner Kicks, only the team with ball possession may sub players in. If, however the team with possession is subbing (demonstrated to official by player standing at mid-field touchline) then the other team may also sub, unlimited substitutions on goal kicks.

Size 4 soccer ball is to be used for games at this level.

Note: Penalty kicks can be stepped off 12 yards from goal if fields are not regulation size, or not marked.

FOR ALL GRADES: Mouth Protectors Are Strongly Recommended
UVRA SOCCER FIELD Measurements

UVRA FIELD HOCKEY Guidelines

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>LENGTH OF GAME</th>
<th># OF PLAYERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 3-4</td>
<td>2-20 minute halves (5 min. @ half-time)</td>
<td>8 on 8</td>
</tr>
<tr>
<td>Grades 5-6</td>
<td>2-20 minute halves (5 min. @ half-time)</td>
<td>8 on 8</td>
</tr>
</tbody>
</table>

Combined 4th thru 6th grade teams must schedule games with 5th and 6th grade teams. Players must play up!

{ALL GAMES WILL BE PLAYED by High School Federation RULES but with the following modifications}

1. Substitutions can be made at any time. Player on field must come to sideline before substitute can enter.
2. No Overtimes.

MOUTH PROTECTORS ARE STRONGLY RECOMMENDED.

UVRA FIELD HOCKEY Measurements
Jewelry Rule

- The Upper Valley Recreation Association approved the following jewelry rules for all sports teams in K-6th grades.
- This is not to be modified by Departments, Coaches, or Officials.
- This policy has been established to assure student/athletes participate in the safest possible environment.
- No Jewelry shall be worn in any sporting event. *No Jewelry means NO...*

(Earrings, studs, bobby pins, any type of barrettes including plastic ones, wrist or ankle bracelets, and jewelry related to body piercings, necklaces, etc.)

Pierced ears **MAY NOT** be “taped” to play.
Federation Rule: Rule 3 Section 5 ART. 6  “Jewelry shall not be worn”

**Expectations:**
- Religious and medical-alert medals are not considered jewelry.
- A religious medal must be taped and worn under the uniform.
- A medical-alert medal must be taped and may be visible.

Zero Tolerance Policy - *Sportsmanship Is Our Goal*

**Expectations of Spectators:**

The Upper Valley Recreation Association (UVRA)* has agreed that there will be zero tolerance for fan misbehavior at all sporting events. This includes but is not limited to: booing, shouting at officials, or arguing any call. Expressing any negative behavior or comments, threats or obscene gestures to players, coaches or officials is also unacceptable.

Cheering in a positive fashion, for both sides is highly encouraged. Ours is a recreational league with fun as the primary emphasis. Many officials and coaches are volunteers and we should all appreciate their efforts, and support them, setting a good example for the children.

Any spectator who does not behave appropriately {as directed above} will be asked to leave, according to the following steps:

1. Officials will identify violators to the coaches, or vice versa.
2. Officials confer with both coaches, one of whom will then approach the spectator and may give a warning, or ask them to leave. If the spectator is not recognized by either coach, the home coach will speak to him/her.
3. If the decision is made for the spectator to leave, play will not resume until he/she has left the facility. If he/she refuses to leave, his/her team will forfeit, and the game will be over.

Please help us foster good sportsmanship, and encourage positive experiences for our youth.
In accordance with New Hampshire RSA 508:17 (eff. July 1, 1999) any volunteer of a non-profit organization or government entity shall be immune from civil liability in any action brought on the basis of any act or omission resulting in damage or injury to any person if:

- The non-profit organization or government entity has a record indicating that the person claiming to be a volunteer is a volunteer for such organization or entity; and
- The volunteer was acting in good faith and within the scope of his/her official functions and duties with the organization; and
- The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the volunteer.

Fields must be legible and complete

Program or Activity: __________________________________________________________________________________________

Dates of Service: ___________________________________________________________________________________________

Legal Name: ___________________________ SS# __________________________ DOB: _____________

Physical Address: ___________________________________________________________________________________________

Home Ph: _____________________ Cell:________________ Email:_________________________________________

Upon satisfactory completion of the background check you will be recognized as a volunteer of the Town of Hanover Parks and Recreation Department for the following purpose:

Your volunteer status will continue until your resignation or separation by the organization for any reason at any time. The purpose of this letter is to comply with the provision of the New Hampshire RSA 508:17, the volunteer immunity law, as that law may be amended from time to time.

All volunteers are subject to a limited background investigation, to include an inquiry into police contact/involvement, arrests, and prosecution. By signing this form you hereby confirm your knowledge and acceptance of this requirement and process.

_______________________________________________                   _________________________
Signature of Volunteer        Date

_______________________________________________                    _________________________
Director of Parks & Recreation       Date