



2019 ASAP Plan

Sparks National Little League

League # 428-01-15

Sparks, NV

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Qualified Safety Plan Requirements

1. League Safety Officer: Marina Reedy, on file with Little League Headquarters.
2. Sparks National Little League will distribute a paper copy of this Safety Manual to all Managers/ Coaches, League Volunteers and the District Administrator.
3. **Emergency Phone Number: 911**
Local Police Emergency: 775-334-2175
Local Fire Emergency: 775-334-2300
League President:
Hector Aparicio 775-240-4731
League VP:
Marco Micalizzi 775-688-9035
League Player Agent:
Cassandra Aparicio 775-323-9378
League Treasurer:
Marina Reedy 775-338-4266
League Safety Officer:
Marina Reedy 775-338-4266
This list will be posted in the concession area and dugout areas.
4. The Sparks National Little League will use the Official Little League Online **First Advantage** to screen all of our volunteers.
5. **Fundamentals Training:** March 2nd at 2:00 pm at Shadow Mountain. At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years.

6. **First Aid Training:** March 2nd at at Shadow Mountain.
Sparks National Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this training once every 3 years.
7. Coaches will be required to walk/ inspect the fields prior to practices and Games. Umpires will also be required to walk the fields for hazards before each game.
8. Sparks National Little League has completed and updated our 2018 Facility Survey (enclosed).
9. Concession Stand Safety
 - Menu shall be posted & approved by the Safety Officer and the League President.
 - Our Concession Safety Procedures will be posted.
10. The League Safety Officer will inspect all equipment in the pre-season.
 - Managers / Coaches will inspect equipment prior to each game.
 - Umpires will be required to inspect safety equipment and bats prior to each game.
11. Implement Prompt Accident Reporting.
The League will use the provided incident tracking form from the Little League website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident.
Please see copy of accident Reporting form.

12. Each Team will be issued an updated First Aid Kit and is a requirement to have it at every practice and game.
13. Sparks National Little League will require ALL TEAMS to enforce ALL Little League Rules including:
 - Proper Equipment for catchers
 - No On-deck batters
 - Coaches will not warm up pitchers
 - Bases will disengage on all fields
14. Qualified Safety Plan Registration form.
Your Safety Plan Will Not be shown as received without this form.
15. League Player Registration Data or Player Roster Data and Coach and Manager Data.
 - League Player Registration Data or Player Roster Data and Coach and Manager Data may be submitted via the Little League Data Center at www.LittleLeague.org.

Emergency Phone Tree

Person witnessing an emergency will take immediate action and call: Police (775) 334-2175 and/or Medical and Fire (775) 334-2300

If the emergency is an injured player and the parents are not on the scene, notify them immediately.

When it is safe and time permits start the telephone tree and call the Safety Officer, Marina Reedy (775) 338-4266

The Safety Officer will notify the League President, Hector Aparicio (775) 240-4731

The President will notify the District 1 President and Safety Officer.

Little League Incident/Injury Tracking Form web link, example shown below.
http://www.littleleague.org/assets/forms_pubs/asap/injury_tracking_form.pdf

For Local League Use Only

| Activities/Reporting | A Safety Awareness Program's Incident/Injury Tracking Report |
|---|---|
| League Name: _____ | League ID: ____ - ____ - ____ Incident Date: _____ |
| Field Name/Location: _____ | Incident Time: _____ |
| Injured Person's Name: _____ | Date of Birth: _____ |
| Address: _____ | Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City: _____ State _____ ZIP: _____ | Home Phone: () _____ |
| Parent's Name (If Player): _____ | Work Phone: () _____ |
| Parents' Address (If Different): _____ | City _____ |
| Incident occurred while participating in: | |
| A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70) <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____ | |
| Position/Role of person(s) involved in incident: | |
| D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____ | |
| Type of injury: _____ | |
| Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ | |
| Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ | |
| (If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.) | |
| Type of incident and location: | |
| A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____ | |
| Please give a short description of incident: _____ | |
| Could this accident have been avoided? How: _____ | |
| <small>This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.</small> | |
| Prepared By/Position: _____ | Phone Number: (____) _____ |
| Signature: _____ | Date: _____ |

Little League Accident Notification Form web link, example shown below.

<http://www.littleleague.org/Asset161580.aspx>

| LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS | | | | Send Completed Form To: Little League® International 539 US Route 15 Hwy, PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Numbers: Phone: 570-327-1674 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|--|-----------------------------------|--|---------------------------------|--|--|--|---------------------------------------|--|-----------------------------------|--|-------------------------------------|---------------------------------------|---|---|--|---|---|---------------------------------------|------------------------------------|--|--|---|---|--------------------------------------|--|--|---|---|-------------------------------------|--|--|---|---|---|--|--|--------------------------------------|--|--|--|
| Accident & Health (U.S.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.</p> <p>2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.</p> <p>3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.</p> <p>4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.</p> <p>5. <i>Limited</i> deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.</p> <p>6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| League Name | | | League I.D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Injured Person/Claimant | | SSN | Date of Birth (MM/DD/YY) | | Age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Parent/Guardian, if Claimant is a Minor | | | Home Phone (Inc. Area Code) | | Bus. Phone (Inc. Area Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | () | | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of Claimant | | | Address of Parent/Guardian, if different | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Does the insured Person/Parent/Guardian have any insurance through:</p> <table style="width: 100%; border: none;"> <tr> <td>Employer Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>School Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Individual Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Dental Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> | | | | | | Employer Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | School Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | Individual Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | School Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Accident | Time of Accident | Type of Injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe exactly how accident happened, including playing position at the time of accident: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Check all applicable responses in each column:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> BASEBALL</td> <td><input type="checkbox"/> CHALLENGER (4-18)</td> <td><input type="checkbox"/> PLAYER</td> <td><input type="checkbox"/> TRYOUTS</td> <td><input type="checkbox"/> SPECIAL EVENT (NOT GAMES)</td> </tr> <tr> <td><input type="checkbox"/> SOFTBALL</td> <td><input type="checkbox"/> T-BALL (4-7)</td> <td><input type="checkbox"/> MANAGER, COACH</td> <td><input type="checkbox"/> PRACTICE</td> <td><input type="checkbox"/> SPECIAL GAME(S)</td> </tr> <tr> <td><input type="checkbox"/> CHALLENGER</td> <td><input type="checkbox"/> MINOR (6-12)</td> <td><input type="checkbox"/> VOLUNTEER UMPIRE</td> <td><input type="checkbox"/> SCHEDULED GAME</td> <td>(Submit a copy of your approval from Little League Incorporated)</td> </tr> <tr> <td><input type="checkbox"/> TAD (2ND SEASON)</td> <td><input type="checkbox"/> LITTLE LEAGUE (9-12)</td> <td><input type="checkbox"/> PLAYER AGENT</td> <td><input type="checkbox"/> TRAVEL TO</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> INTERMEDIATE (50/70) (11-13)</td> <td><input type="checkbox"/> OFFICIAL SCOREKEEPER</td> <td><input type="checkbox"/> TRAVEL FROM</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> JUNIOR (12-14)</td> <td><input type="checkbox"/> SAFETY OFFICER</td> <td><input type="checkbox"/> TOURNAMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SENIOR (13-16)</td> <td><input type="checkbox"/> VOLUNTEER WORKER</td> <td><input type="checkbox"/> OTHER (Describe)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BIG (14-18)</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) | <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) | <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | | | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | | | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | | | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | | | <input type="checkbox"/> BIG (14-18) | | | |
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> BIG (14-18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.</p> <p>I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.</p> <p>I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Claimant/Parent/Guardian Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

| PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant) | | |
|--|---------------------------------|---|
| Name of League | Name of Injured Person/Claimant | League I.D. Number |
| Name of League Official | | Position in League |
| Address of League Official | | Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: () |
| Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Provide names and addresses of any known witnesses to the reported accident. | | |

Check the boxes for all appropriate items below. At least one item in each column must be selected.

| POSITION WHEN INJURED | INJURY | PART OF BODY | CAUSE OF INJURY |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> 01 1ST | <input type="checkbox"/> 01 ABRASION | <input type="checkbox"/> 01 ABDOMEN | <input type="checkbox"/> 01 BATTED BALL |
| <input type="checkbox"/> 02 2ND | <input type="checkbox"/> 02 BITES | <input type="checkbox"/> 02 ANKLE | <input type="checkbox"/> 02 BATTING |
| <input type="checkbox"/> 03 3RD | <input type="checkbox"/> 03 CONCUSSION | <input type="checkbox"/> 03 ARM | <input type="checkbox"/> 03 CATCHING |
| <input type="checkbox"/> 04 BATTER | <input type="checkbox"/> 04 CONTUSION | <input type="checkbox"/> 04 BACK | <input type="checkbox"/> 04 COLLIDING |
| <input type="checkbox"/> 05 BENCH | <input type="checkbox"/> 05 DENTAL | <input type="checkbox"/> 05 CHEST | <input type="checkbox"/> 05 COLLIDING WITH FENCE |
| <input type="checkbox"/> 06 BULLPEN | <input type="checkbox"/> 06 DISLOCATION | <input type="checkbox"/> 06 EAR | <input type="checkbox"/> 06 FALLING |
| <input type="checkbox"/> 07 CATCHER | <input type="checkbox"/> 07 DISMEMBERMENT | <input type="checkbox"/> 07 ELBOW | <input type="checkbox"/> 07 HIT BY BAT |
| <input type="checkbox"/> 08 COACH | <input type="checkbox"/> 08 EPIPHYSES | <input type="checkbox"/> 08 EYE | <input type="checkbox"/> 08 HORSEPLAY |
| <input type="checkbox"/> 09 COACHING BOX | <input type="checkbox"/> 09 FATALITY | <input type="checkbox"/> 09 FACE | <input type="checkbox"/> 09 PITCHED BALL |
| <input type="checkbox"/> 10 DUGOUT | <input type="checkbox"/> 10 FRACTURE | <input type="checkbox"/> 10 FATALITY | <input type="checkbox"/> 10 RUNNING |
| <input type="checkbox"/> 11 MANAGER | <input type="checkbox"/> 11 HEMATOMA | <input type="checkbox"/> 11 FOOT | <input type="checkbox"/> 11 SHARP OBJECT |
| <input type="checkbox"/> 12 ON DECK | <input type="checkbox"/> 12 HEMORRHAGE | <input type="checkbox"/> 12 HAND | <input type="checkbox"/> 12 SLIDING |
| <input type="checkbox"/> 13 OUTFIELD | <input type="checkbox"/> 13 LACERATION | <input type="checkbox"/> 13 HEAD | <input type="checkbox"/> 13 TAGGING |
| <input type="checkbox"/> 14 PITCHER | <input type="checkbox"/> 14 PUNCTURE | <input type="checkbox"/> 14 HIP | <input type="checkbox"/> 14 THROWING |
| <input type="checkbox"/> 15 RUNNER | <input type="checkbox"/> 15 RUPTURE | <input type="checkbox"/> 15 KNEE | <input type="checkbox"/> 15 THROWN BALL |
| <input type="checkbox"/> 16 SCOREKEEPER | <input type="checkbox"/> 16 SPRAIN | <input type="checkbox"/> 16 LEG | <input type="checkbox"/> 16 OTHER |
| <input type="checkbox"/> 17 SHORTSTOP | <input type="checkbox"/> 17 SUNSTROKE | <input type="checkbox"/> 17 LIPS | <input type="checkbox"/> 17 UNKNOWN |
| <input type="checkbox"/> 18 TO/FROM GAME | <input type="checkbox"/> 18 OTHER | <input type="checkbox"/> 18 MOUTH | |
| <input type="checkbox"/> 19 UMPIRE | <input type="checkbox"/> 19 UNKNOWN | <input type="checkbox"/> 19 NECK | |
| <input type="checkbox"/> 20 OTHER | <input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC | <input type="checkbox"/> 20 NOSE | |
| <input type="checkbox"/> 21 UNKNOWN | | <input type="checkbox"/> 21 SHOULDER | |
| <input type="checkbox"/> 22 WARMING UP | | <input type="checkbox"/> 22 SIDE | |
| | | <input type="checkbox"/> 23 TEETH | |
| | | <input type="checkbox"/> 24 TESTICLE | |
| | | <input type="checkbox"/> 25 WRIST | |
| | | <input type="checkbox"/> 26 UNKNOWN | |
| | | <input type="checkbox"/> 27 FINGER | |

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

| | |
|------|---------------------------|
| Date | League Official Signature |
|------|---------------------------|

Little League Claim Form Instructions web link, example shown below.

http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimFormInstructions.pdf

Little League® Baseball & Softball

CLAIM FORM INSTRUCTIONS

WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

Little League General Liability Claim Form web link, example shown below.

<http://www.littleleague.org/Asset161611.aspx>

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

| | | | | (LEXINGTON USE ONLY) | | | |
|--|--|------|--|---|-------------|---|-------|
| Telephone immediate notice to Little League® International | | | | CN | | | |
| Insured | Name of League | | | League I.D. Number (Used as location code) | | | |
| | Name of League Official (please print) | | | Position in League | | | |
| | Address of League Official (Street, City, State, Zip) | | | Phone No. (Res.) | | | |
| | | | | Phone No. (Bus.) | | | |
| Time and Place of Accident | Date of Accident | Hour | <input type="checkbox"/> AM <input type="checkbox"/> PM | Accident occurred at (Street, City, State, Zip) | | | |
| | Arising out of Operations conducted at | | | | | | |
| | Was Police Report made? If yes, where? | | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Description of Accident | State cause and describe facts surrounding accident (Use reverse side if needed) | | | | | | |
| Who owns Premises | | | | Person in charge of Premises | | | |
| Coverage Data | Limits | | Elevator: | | Products: | | Cont: |
| | BI/PD: | | Yes | | Yes | | Yes |
| | Med. Pay: None | | | | | | |
| | Policy Number | | Policy Dates: | | Begin: End: | | |
| Is there any other insurance applicable to this risk? | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Property Damage | Name of Owner | | | Description of Property | | | |
| | Address (Street, City, State, Zip) | | | Name of Insurance Co. | | | |
| | | | | Nature and Extent of Damages and Estimate of Repair | | | |
| Insured Person and Injuries | Name | | | Phone No. (Res) | | | |
| | Address (Street, City, State, Zip) | | | Occupation | Age | <input type="checkbox"/> Married <input type="checkbox"/> Single | |
| | Employers Name and Address | | | Phone No. (Bus) | | | |
| | Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Attending Doctor's Name and Address | | | |
| Description of Injury | | | | | | | |
| Where was the injured taken after accident? | | | | Probable length of Disability | | | |
| Witnesses: | Name, Address, Phone Number | | | | | | |
| | Name, Address, Phone Number | | | | | | |
| | Name, Address, Phone Number | | | | | | |
| Date of Report: | Signature of League Official: | | | Position in League | | | |

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Little League Medical Release form web link, example shown below. Will be completed for each player during online registration.

http://www.littleleague.org/assets/forms_pubs/asap/medical_release_form.pdf



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

| Name | Phone | Relationship to Player |
|------|-------|------------------------|
| | | |
| | | |

| Name | Phone | Relationship to Player |
|------|-------|------------------------|
| | | |
| | | |

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Concession Stand Tips

SAFETY FIRST

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness. Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.





HAVE YOU:

1. Walked field for debris/foreign objects
Inspected helmets, bats, catchers' gear
2. Made sure a First Aid kit is available
3. Checked conditions of fences,
backstops, bases and warning track
4. Made sure a working telephone is available
5. Held a warm-up drill

Good Procedures to Implement

Checklist for Managers, Coaches, and Umpires

Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

Equipment Checklist

Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- ❑ Athletic supporter – all male players
- ❑ Metal, fiber, or plastic type cup – all male catchers
- ❑ Catcher's helmet and mask, with "dangling" throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- ❑ Catcher's mitt – all baseball catchers
- ❑ Chest protector and leg protectors – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- ❑ Helmet meeting NOCSAE standards – all batters, base runners, and players in coaches boxes
- ❑ Helmet chinstrap – all helmets made to have chinstrap (with snap buttons, etc.)
- ❑ Regulation-sized ball for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- ❑ Regulation-sized bat – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- ❑ Non-wood bats must have a grip of cork, tape, or composite material, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- ❑ 1st, 2nd and 3rd bases that disengage from their anchors
- ❑ Pitcher's plate and home plate
- ❑ Players' benches behind protective fences
- ❑ Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- ❑ Metal, fiber, or plastic type cup – any player, esp. infielders
- ❑ Pelvic protector – any female, esp. catchers
- ❑ Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- ❑ Game-Face Safety Mask – any player, esp. infielders
- ❑ Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- ❑ Helmet – adults in coaches boxes
- ❑ Helmet with Face Guards or C-Flap meeting NOCSAE standards – all batters, esp. in younger divisions
- ❑ Mouth guard – batters, defensive players
- ❑ Goggles/Shatterproof glasses – any player, esp. those with vision limitations
- ❑ Batters vest/Heart Guard/Heart Shield/Female Rib Guard – any batter
- ❑ Regulation-sized reduced impact ball

OPTIONAL FIELD EQUIPMENT

- ❑ Double 1st base that disengages from its anchor
- ❑ Baseball mound for pitcher's plate
- ❑ Portable pitchers baseball mound with pitcher's plate
- ❑ Protective/padded cover for fence tops
- ❑ Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Aero

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THE BASIC APPROACH IN FIRST AID

Never assume the role of a physician. The old saying, "It's better to be safe than sorry," is one the intelligent volunteer coaches will heed. *Whenever there is any doubt, refer to a physician.*

Always remain calm. It's not easy, since the first sight of an injury can be upsetting. Nevertheless, helping to keep the injured player calm can sometimes be the best first aid you can render. This can only be accomplished if you remain calm yourself.

If there is bleeding, find the source and apply pressure-all bleeding will stop with continued pressure. Bleeding injuries often look much worse than they are - scalp, finger and face wounds tend to bleed a lot.

Never move a player who has a potentially serious injury (head, neck, back). This includes sitting up.

Use good judgment by stopping to think. Get to a phone and call parents and an ambulance, if necessary. *(366-3040) or (911)*

STOP playing the game when a serious injury occurs.

We provide ice packs only. Be careful when putting an ice pack on a player's head or face. It is best to put something between the skin and the icepack in case it should leak.

In general, pain is a good reason for a child not to be playing.

COMMON INJURIES AND IMMEDIATE FIRST-AID PROCEDURES

HEAD INJURY without loss of consciousness - No return to play that day if any symptoms(transient confusion, inattention, disorientation, amnesia, visual changes, vomiting, dizziness, delayed verbal and motor responses, slurred speech, incoordination, emotions out of proportion to circumstance). Follow up with their doctor by phone that day for further instructions and return to play recommendations. Many variables and schools of thought on this subject with little data.

NECK OR BACK INJURY - *If the pain is severe, and especially if there is numbness or tingling or weakness in the arms or legs, do not attempt to move or sit the player up. Keep the injured player calm. Send for an ambulance. If the pain is slight, can apply cold to the area.*

HEAT ILLNESS - There is a spectrum of heat illness ranging from post exercise muscle cramps to severe heat stroke. Young athletes can manifest any of the heat related illnesses. Heat exhaustion precedes heat stroke and is caused by water and/or salt depletion. Athletes will feel sick, weak, possibly have a headache and also vomiting. They should stop their activity, rest in cooler shade, and be given fluids, preferably salt containing sport drinks. Any athlete who is very lethargic and ill appearing, warm and/ or unable to drink liquids should have emergency medical care called.

EYE INJURY - Any injured eye should be seen by a doctor. Do not touch or rub an injured eye. Do NOT remove objects stuck into the eye. Cover the injured eye with a paper cup until you can get medical help. An eye injury may require a tetanus booster.

NOSEBLEED - Constant *pressure* at end of nose for 10 minutes. Anterior inferior part of nasal septum is where Kiesselbach's Plexus(place where nasal arteries all meet) is located and where most bleeds originate.

TOOTH TRAUMA - If permanent teeth are knocked out, find the tooth and if dirty, rinse gently. No chemical cleansers. Use milk or cold running water. Place the tooth into clean water or milk to transport it and the child to a dentist or emergency department. If the tooth is broken, save the pieces in milk.

SKIN WOUNDS(abrasions,lacerations)- Wash with clean water. Use direct pressure with a clean cloth to stop bleeding. Apply antibiotic ointment and a bandage. Deep, gaping wounds will require MD evaluation urgently.

SPRAINS and STRAINS - Sprains are injuries to ligaments and strains are injuries to muscles or muscle tendons. Sprains often occur at the ankle, knees and wrist. Strains often occur at the hamstring, back muscles, or inner thigh muscles (groin pull). Symptoms of both are pain, swelling, loss of function, limited motion. Often it is hard to distinguish the two, however acutely the treatment is the same. Treatment for both is RICE = rest, ice, compression, elevation. . *Unlike adults*, children with injuries and pain and *swelling* anywhere are much more likely to have a growth plate injury or occult fracture vs. a sprain or strain. Growth plate injuries or occult fractures are initially treated with RICE, however an injury in a child or young adolescent with pain and swelling will need to be evaluated by an MD.

MUSCLE CRAMPS - A muscle cramp is a contracted muscle that does not relax that causes sudden tight intense pain. This occurs most commonly at the back of the lower leg/calf(charley horse), the back of the thigh(hamstring), or the front of the thigh(quadriceps). A cramp can last a few seconds to 15 minutes or longer. Cause unknown. However, cramps are often related to poor conditioning, inadequate stretching, dehydration, and salt depletion. Gently stretch and massage the muscle. Hold in stretched position until the cramp stops. If the cramp is in the calf, push the foot against an immovable object until the pain is gone.

WIND KNOCKED OUT - This is a description of what happens when a blow to the mid upper abdomen (solar plexus) causes the diaphragm muscle to spasm and therefore one can't breathe. Inhaling and exhaling is dependent on the diaphragm. The spasm lasts seconds. Calm child, can advise to try deep breathing.

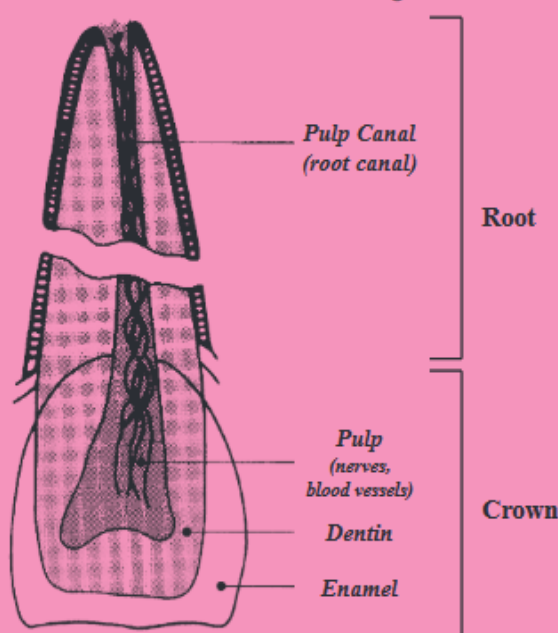
UNCOMMON SERIOUS INJURIES

Call an ambulance FAST for unconscious, not breathing , sudden collapse.
Do not move an unconscious player.
Bystander CPR.

Further Reading:

The Sports Medicine Bible for Young Athletes. Lyle J. Micheli, M.D. 2001

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
3rd best - Wrap tooth in saline-soaked gauze.
4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

**Academy for
Sports Dentistry**
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

**MOUTHGUARDS SHOULD NOT BE
OPTIONAL EQUIPMENT**

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Coaches Code of Conduct

CODE OF CONDUCT – Coaches are Role Models

Speed Limit 5 mph in roadways and parking lots while attending any _____
Little League function. Watch for small children around parked cars.

No Alcohol allowed in any parking lot, field, or common areas within the _____
Little League complex.

No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the _____
Little League complex.

No Playing in parking lots at any time.

No Playing on and around lawn/maintenance equipment.

No Profanity allowed in any parking lot, field, or common areas within the _____
Little League complex.

No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.

No throwing balls against dugouts or against backstop.

No throwing rocks and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

No children under age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the _____
Little League field or complex.



LIGHTNING KILLS

Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- 8 **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- 8 **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- 8 **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- 8 **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- 8 **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- 8 **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- 8 **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- 8 **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- 8 **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- 8 **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- 8 **Do not resume activities until 30 minutes after the last thunder was heard.**
- 8 **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- 8 **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- 8 **Do not lie flat on the ground.**



NOAA

What to do if someone is struck by lightning

- 8 **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- 8 **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- 8 **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- 8 **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at:

National Weather Service
4899 South Complex Drive SE
Grand Rapids, MI 49512-4034

This brochure originally authored by WFO Gray ME

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

LIGHTNING... the underrated killer!

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION

NATIONAL WEATHER
SERVICE



This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

SOME IMPORTANT DO'S AND DON'TS

DO

Reassure and aid children who are injured, frightened or lost.

Provide or assist in obtaining, medical attention for those who require it.

Know your limitations.

Carry your first-aid kit to all games and practices.

Assist those who require medical attention and when administering aid, remember to...

LOOK for signs of injury (Blood, Bruising, Deformity of Joint)

LISTEN to the injured describe what happened and what hurts if conscious. Calm and soothe the child.

FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.

Have your players' Medical Clearance Forms with you at all games and practices.

Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

DON'T

Administer any medication.

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedures.

Transport injured individuals except in extreme emergencies.

Leave an unattended child at a practice or a game.

Hesitate to report any present or potential safety hazard to the Director of Safety immediately.

Storage Shed Procedures

The following applies to all of the equipment boxes and storage shed used by Sparks National Little League and applies to anyone who has been issued a lock code by SNLL to use the equipment boxes and storage shed.

1. All individuals with keys/code to the SNLL storage boxes and shed are aware of their responsibilities for the orderly and safe storage of rakes, shovels, vases, etc..
2. Before the use of any machinery located in the shed, please locate and read the written operating procedures for that equipment.
3. All chemicals or organic materials stored in SNLL shed will be properly marked and labeled as to its contents.
4. All chemicals or organic materials stored within the equipment shed will be separated from the areas used to store machinery and garden equipment to minimize the risk of puncturing storage containers.
5. Any witnessed loose chemicals or organic material within this shed should be cleaned up and exposed of asap to prevent accidental poisoning.

This page confirms the completion of the 2019 online Facility Survey

Sparks National Little League

District#- 01

League ID#- 428-01-015