



SAFETY MANUAL

2021

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INTRODUCTION

The intent of this safety program is to provide all league officials, managers, coaches and volunteers of the guidelines, policies and procedures that can help assure a safe environment for all who participate in the program.

With all league participants following the guidelines in the safety manual, the ideals of baseball and softball can be attained while promoting and practicing good safety awareness.

COMMITMENT TO SAFETY

Before the start of each season each manager and coach will be provided with a copy of *The Complete Safety Program*. This will include the safety and first aid information with which all managers and coaches should be aware. All managers and coaches will be provided with the ***Safety Code*** that they must fill out and return to the safety officer.

League Name: Doral Little League

Location: Doral, Florida

League Identification #: 00146565

Safety Program for: Doral Little League

FOR DISTRICT USE ONLY

The District Safety Officer has reviewed this Safety Plan.

04/17/21

JS

Date

Initials

SAFETY OFFICER RESPONSIBILITIES

- Inspecting the fields before and during playing season.
- Acting immediately to resolve any safety violation once it has been brought to his/her attention.
- Making sure that all first aid kits are fully stocked and kept in the designated areas.
- Keeping a log of all injury reports.
- Supplying the Board of Directors, at season end, with a recap of all safety related incidents, near misses and corrective actions taken.
- Following up on injury reports, if necessary, by getting all pertinent information needed from managers, players and player's parents so insurance claims may be filled out in correct fashion.
- Working with the Board of Directors to insure that all safety concerns are resolved in a timely fashion.
- Insuring each team receives its safety manual at the beginning of each season.
- Providing a copy of relevant sections of the League's Safety Plan to the requisite volunteers.
- Keeping the District Safety Officer informed whenever an accident or near miss occurs – this will help all leagues improve their safety program.
- Providing the District Safety Officer a copy of every *Activities/Reporting ASAP Incident/Injury Tracking Report* (attached to this Safety Plan). These reports can be sent via any means: at District Administrator League President meetings, email, fax etc.

LEAGUE CLINIC DATES

League Clinic(s) will be held in
Morgan Levy Park, Doral, FL

The date of the first clinic will be February 17th, 2021

with an alternate date of February 24th, 2021

A schedule of **District** Clinics as well as League clinics open to all leagues is available at the District web site:

<http://fldist8.org>

Remember, at least one manager and/or coach from each team must be present.

Use the attached *Safety Tracking Form for Little League ASAP* as a sign-in sheet and to confirm that all managers and coaches have attended this training.



Safety Tracking Program Form for Little League ASAP

Year	League Name	League ID Number	First Aid (FA) Required Triennially and One per Team Annually Fundamentals Training (FT) Required Triennially and One per Team Annually
2021	Doral Little League	00146565	

Manager or Coach							
Last Name	First Name	Team Name	Division	Last Year Completed First Aid Training	Last Year Completed Fundamentals Training	Needs to Recertify First Aid Training	Needs to Recertify Fundamentals Training
Santiago	Jose	President					
Rodriguez	Armando	Chief Ump					
Ferrara	Salvador	Rec Tball	Teeball				
Ferrara	Rafael	Rec Tball	Teeball				
Diaz	Ellis	Rec Tball	Teeball				
Garcia	Manuel	Rec Tball	Teeball				
Oxford	Rolando	Rec Tball	Teeball				
Fernandez	Adrian	Rec Tball	Teeball				
Monsalve	Victor	Rec Tball	Teeball				
Rodriguez	Luis Alberto	Rec Tball	Teeball				
Rangel	Humberto	Braves	Teeball				
Troconis	Abelardo	Braves	Teeball				
Rodriguez	Rafael	Braves	Teeball				
Ricardo	Angela	Braves	Teeball				
Salazar	Daysi	Braves	Teeball				
Farfan	Luis	Royals	Teeball				
Gomez	Andrey	Royals	Teeball				
Villalobos	Pablo	Royals	Teeball				
Perez	Cesar	Royals	Teeball				
Mendoza	Juan	Royals	Teeball				

Safety Tracking Program Form for Little League ASAP

Year	League Name	League ID Number	First Aid (FA) Required Triennially and One per Team Annually
2021	Doral Little League	00146565	Fundamentals Training (FT) Required Triennially and One per Team Annually

Manager or Coach							
Last Name	First Name	Team Name	Division	Last Year Completed First Aid Training	Last Year Completed Fundamentals Training	Needs to Recertify First Aid Training	Needs to Recertify Fundamentals Training
Ortega	Evelyn	Royals	Coach Pitch				
Conde	Jaime	Royals	Coach Pitch				
Martin	Lourdes	Blue Jays	Coach Pitch				
Nin	Victor	Astros	Coach Pitch				
Moreno	Alex	Astros	Coach Pitch				
Albi	Luis	Astros	Coach Pitch				
Angulo	Ricardo	Astros	Coach Pitch				
Silva	Jesus	Astros	Coach Pitch				
Vivas	Luis	Astros	Coach Pitch				
Urbino	Alexander	Tigers	Coach Pitch				
Gutierrez	Roger	Tigers	Coach Pitch				
Salazar	Diego	Tigers	Coach Pitch				
Acosta	Doel	Tigers	Intermediate				
Gonzalez	Reynaldo	Tigers	Intermediate				
Recuset	Richard	Tigers	Intermediate				
Arguello	Carlos	Tigers	Intermediate				
Crego	Carlos	BlueJays	Coach Pitch				
Alvarez	Carolina	Tigers	Coach Pitch				

Safety Tracking Program Form for Little League ASAP

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[illegible]

Safety Tracking Program Form for Little League ASAP

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2021	Doral Little League	00146565	Fundamentals Training (FT) Required Triennially and One per Team Annually

[illegible]

IMPORTANT PHONE NUMBERS

Police **Emergency** 911

Police – Non Emergency 305-471-3220

Fire Department. 911

Emergency Services 911

LEAGUE PHONE NUMBERS

Ball Park Phone Number 305-593-6606

Safety Officer

Name Jose Santiago

Home Phone

Cell Phone 305-216-3790

Fax

E-mail President@dorallittleleague.org

Doral Little League Board of Directors

<u>Title</u>	<u>Name</u>	<u>Cell Phone</u>	<u>Email</u>
President/Safety Officer	Jose Santiago	305-216-3790	president@dorallittleleague.org
Vice President	Hector Beltran	786-897-5959	whalermarine@gmail.com
Treasurer	Iraq Pacheco	786-586-7405	treasurer@dorallittleleague.org
Secretary	Adrian Perez	305-742-3012	Adrian@lmptc.com
Player Agent/Ump in Chief	Israel Pacheco	786-395-6438	playeragent@dorallittleleague.org

CODE OF CONDUCT

The board of directors of Doral Little League has mandated the following Code of Conduct. All parents, coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and return to the Safety Officer.

Little League Code of Conduct

No Board Member, Manager, Coach, Player or Spectator shall:

- At any time lay a hand upon, push, shove, strike or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls or any other forceful, unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands or anywhere on the league complex while in an intoxicated state at any time. Intoxicated will be defined as any alcohol odor or behavior issue.
- Smoke while on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas, which will be 20 feet from dugouts.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the Doral Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

.....
I have read the Doral Little League Code of Conduct and promise to adhere to its rules and regulations.

Print Name of Parent 1 (above)	Print Name of Parent 2 (above)	Print Name of Player (above)
Parent 1 Signature (above)	Parent 2 Signature (above)	
Team Name (above)	Team Division (above)	

SAFETY CODE

The Board of Directors of Doral Little League has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the *Safety Code*. Tear the signature sheet on the dotted line and return to Safety Officer.

- Responsibility for safety procedures belongs to every adult member of the local league.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- **IT WILL BE MANDATORY FOR ALL MANAGERS AND COACHES TO ATTEND ALL CLINICS.**
- First-aid kits will be available at every field site.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as live ball territory.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practices.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team's manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first slides are not permitted. This does not apply to ages 13 and above.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted, except in Junior division and above.
- All male players will wear athletic supporters during games. Managers should encourage that cups be worn at practices also. Catchers must wear a cup.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Junior and above baseball and all softball catcher's may wear either the long or short model chest protector.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up and games. Note: Skullcaps are not permitted.
- Players will not wear bands, watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- Arrange to have a cellular phone available when a game or practice is at a facility that does not have public phones.

SAFETY CODE (con't)

- Speed Limit should be observed while driving around the facility.
 - No alcohol or drugs are allowed on the premises at any time.
 - No playing in the parking lots at any time.
 - No playing in construction areas at any time (this includes the sand bins).
 - No playing on and around lawn equipment, machinery at any time.
 - No smoking within twenty feet of the dugouts.
 - No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
 - No throwing rocks.
 - No climbing fences.
 - No swinging on dugout roofs.
 - Managers and coaches must remember they are not permitted to warm up pitchers.
 - Observe all posted signs.
 - Players and spectators should be alert at all times for foul balls and errant throws.
 - All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
 - Use crosswalks when crossing roadways. Always be alert for traffic.
 - There is no running or climbing allowed on the bleachers.
-

I have read or been read this Doral Little League Safety Code and promise to adhere to its rules and regulations.

Print Name of Manager (above)	Print Name of Coach (above)	Print Name of Coach (above)
Manager's Signature (above)	Coach's Signature (above)	Coach's Signature (above)
Team Name (above)	Team Division (above)	

WEATHER

In Florida, weather changes quickly and can create unsafe playing conditions.

Rain

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If a game, consult with the other manager and the umpire to formulate a decision.



playing

Lightning



- The average lightning stroke is 5-6 miles long with up to **30 million volts** at 100,000 amps flow in less than a tenth of a second.
- The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.
- On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you.

• **By the time you can hear the thunder, the storm has already approached to within 3-4 miles!**

INJURY REPORTING AND MONITORING

Managers and coaches will be provided with Accident Notification Forms and AIG Insurance Claim Forms. **Carry these forms to all games.**

Managers and coaches will turn in any reports to the safety officer within 24 - 48 hours of the incident.

The safety officer will have a mailbox where the managers and coaches may put their completed forms.

The Accident Notification Form is included in this Safety Plan. Additional Accident Notification Forms will be available at the park as needed.

The safety officer will keep an injury tracking report for the season that will be turned in to the Board of Directors at the end of the season so the board may be aware of the recurrence of injury types.

If the injured player's parents need assistance with completing the AIG Claim Form, the League Safety Officer should provide any assistance required. In addition, the League Safety Officer will ensure that the Accident Notification Form is filled out properly by the player's manager and forwarded to Little League Williamsport.

Remember to submit a copy of every *Incident/Injury Tracking Report* to the District Safety Officer regularly.

FIRST AID KITS



First aid kits will be available at all concession stands and playing fields.

The safety officer will replenish all kits at the start of each season and be sure they are fully stocked throughout the playing season.

Clinics

There will be a mandatory Fundamentals Clinic for managers and coaches each season at the local league complex. The Fundamentals Clinic is an annual requirement for one manager or coach from each team, who will then be qualified for three years. Each season there must be one representative from each team even if they have previously attended during the last three years.

There will be a mandatory Safety Clinic for managers and coaches each season at the local league complex. This clinic will be an overview of the rules and guidelines in the safety plan. Again, this meeting will require one manager or coach to attend yearly and will qualify him/her for three years. Each season there must be one representative from each team even if they previously attended during the last three years.

Use the *Safety Tracking Form for Little League ASAP* to ensure all managers and coaches are compliant with mandatory training

The District Staff and Southern Region Headquarters will hold umpire clinics that you are encouraged to attend.

A concession safety clinic will be held for all concession volunteers at the local league at the start of the playing season. This will be an overview of food safety as outlined in the Safety Plan.

EQUIPMENT

At the start of each season, all teams of Doral Little League will be provided with equipment that has been examined by the equipment manager and safety officer to be sure that it complies with the Little League Rules and Regulations.

Any equipment that falls below the standards outlined in the Little League rulebook during the playing season will be immediately turned in to the equipment manager for replacement. The below standard equipment will then be destroyed so that no child may use it in the future.

No chemicals or potentially dangerous materials will be stored in or by the equipment room.

Managers and/or coaches will inspect equipment before practices and games. The umpires will also inspect all equipment before the game begins. Inspections will include all bats, batting helmets and catcher's gear, whether league supplied or a player's personal property. All equipment not meeting safety requirements will be removed from the playing field and dugouts.

The manager or coach will inspect all batting cage equipment and machines before use by his/her team. An adult will supervise the players using the batting cages at all times.

***** Doral Little League has been using BREAK AWAY BASES since the Fall 2007 season on all its fields, as mandated by Little League rules and regulations.**

FIELD HAZARDS

The safety officer will check each field before the start of each season to insure that it is a safe playing environment; if not, he will notify the proper authority to have the problems resolved before the season starts.

The safety officer will walk each field on a weekly basis, checking for any unsafe conditions such as holes, rocks, glass, etc. and submit a report to the Board of Directors.

Managers, coaches and umpires will walk the field before the start of their game checking for any safety violations on the field, such as glass, rocks, sharp objects and standing water. Anything that is considered a hazard or risk will be resolved before the start of the game or before the game continues if any hazard is noticed during play.

Checklist for Managers, Coaches and Umpires

The following checklists can serve as reminders to managers, coaches, umpires and volunteers before practices or games to help prevent an accident.

✓ Safe Playing Areas

Regular safety inspection of the field, practice fields, structures and dugouts is the best way to eliminate conditions that cause accidents.

Managers, coaches and umpires should routinely check playing areas for:

- Holes, damage, rough or uneven spots, slippery areas and long grass;
- Glass, rocks and other debris and foreign objects;
- Damage to screens or fences, including holes, sharp edges or loose edges;
- Unsafe conditions around the backstop, pitchers mound or warning track;
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice.
- Keep dugouts clean and free of debris.

✓ Safe Equipment

All equipment should be inspected before each use. Regular safety inspection of equipment is essential.

Managers, coaches and umpires should:

- Be sure that all equipment is Little League approved;
- Inspect bats and other equipment on a regular basis. Cracked or broken bats should never be used;
- Check to see that all personal protective equipment fits players properly. This includes helmets, masks, catcher's pads and shoes. A plastic cup supporter is required for all catchers and is recommended for all male players in addition to a regular athletic supporter;
- Keep loose equipment such as bats, gloves, masks, balls, helmets, etc. properly stored;
- Have players remove personal jewelry, watches, pins, rings or other metallic items;
- Parents of players who wear glasses should be encouraged to provide "safety glasses;"
- Repair or replace all defective equipment.

✓ Safe Procedures

Managers and coaches must:

- Have the players' medical release forms at all practices and games (copy included in the Safety Plan);
- Have a first aid kit at all practices. First aid kits are provided by the league. The concession stand has a fully stocked first aid kit at all games;
- Have access to a telephone at all games and practices in case of an emergency (cell phone, neighbor, etc.) No fewer than two coaches should be present at a game or practice in case of an emergency;
- Know where an appropriate shelter is in case of severe weather;
- Stress the importance of being alert and attentive during all activities;
- Ensure that appropriate warm-up for players has been completed before each game and practice;
- Stress "no horseplay" with players;
- Check to see that all jewelry, watches, rings, etc. have been removed prior to a game or practice;
- Instruct players on the proper fundamentals of the game to ensure safe participation.

Attitude



1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for good coaching should be carried down to all players to spark them in the development of better skills.

2. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.

3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so it is not cheapened by too much repetition. After all, a good try rewarded by a word of encouragement may be a good play on the

next attempt.

4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Good training is the most effective weapon against accidents caused by unsafe acts.

Warm Up Drills

Use of the term "warm up drills," in connection with safety, refers to ball handling practice rather than calisthenics. Misdirected balls can result in serious accident exposure. The following practices will help reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to a minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled so continuously that it becomes a reflex action.
3. Throwing and catching drills should be set up with players in two lines facing one another.

Control of Horseplay

Horseplay includes any type of youthful, distracting behavior that could even remotely be the cause of an accident. Team play requires 100% cooperation among players. If showoffs and smart-alecks cannot find sufficient outlet for their high spirits in a game, then quick and impartial disciplinary action must be taken.

General Inattention

Going back to the "why" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice the basics of skillful and safe play, such as:

1. Encourage otherwise idle fielders to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the-ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less, if interest begins to lag.
5. Idle players along the sideline can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting, defense and sliding.

Collision Safety

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors in judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these moves and patterns become familiar to the players. The responsible player should call out his/her intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls that are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
3. The shortstop should call all balls reachable that are hit behind third base.
4. The fielder at second base should call all balls reachable that are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand, it is easier for the shortstop than the fielder at second to catch fly balls over second base.
6. The center fielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen to be unreachable by the center fielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their third base player to field all ground balls they can reach, including cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls that can be reached except when there is a force play or a squeeze play at home plate.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as the player "hits the dirt".

1. Long grass has been shown to be better than sand or a sawdust pit for teaching sliding.
2. The bases must not be anchored down.
3. Sliding pads are recommended.
4. The player should keep in mind that on approach hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills. Base runners should have on long pants.
7. Keep in mind that head first sliding has been eliminated for ages 12 and under, except when returning to a base.

Safe Ball Handling

8. Misjudging the flight of a batted ball may be corrected by drilling with fly balls which begin easy and are made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
9. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move, if needed.
10. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. In addition, by moving forward, the player is in a better position to make a throw.
11. It is safer for a player to knock a ball down and re-handle it than to let the ball determine the play.

Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. The best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Major rather than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever countermeasures are necessary.

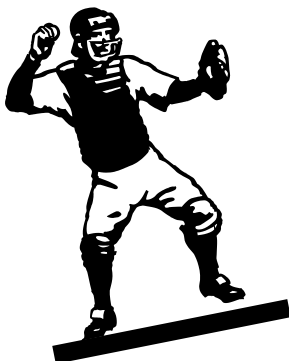
1. A well-fitted NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rally the pitcher should not occur. This could endanger the batter if it causes the pitcher to lose control.
4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat.
5. When the batter becomes a base runner, the player should be taught to run outside the foul lines when going from home plate to first base and from third base to home plate to reduce the risk of being hit by a thrown ball.



Catcher Safety

The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League play than in Minor League play. This bears out the fact that the more proficient the player the less chance of injury.

1. Assuming the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
 - A. relax;
 - B. always have the back of the throwing hand toward the pitcher when in position to catch;
 - C. hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it when runners are on base.
2. The catcher should be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly. The catcher should hold the mask and flip it away at the last moment
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this distance as one foot farther from the batter than the ends of the outstretched fingers.
4. The best protection is keeping the eye on the ball.



Safe Handling of Bats

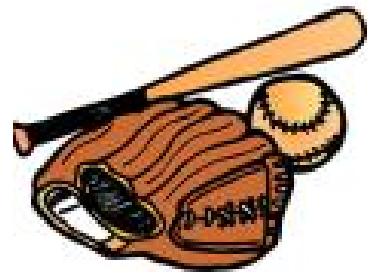
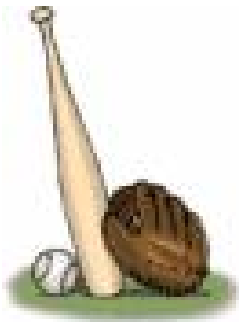
The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:

1. Having the player drop the bat in a marked-off circle near where running starts;
2. Counting the player "out" in practice whenever the player fails to drop the bat correctly;
3. Providing bats with grips that are not slippery.

Managers, coaches and umpires should be on the alert to correct batters who have a tendency to step into the catcher as they swing.

A more serious injury that might occur is when a player inadvertently walks into the swing of a coach's bat when the coach is hitting fly balls or when the player inadvertently walks into the swing of a player swinging a bat. These situations demonstrate the need for everyone to become safety-minded, for their own good and the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catch balls for the coach hitting fly balls, should also be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around batters swinging a bat. The ingrained safety habit of keeping clear may save someone a painful injury.



SPORT PARENT CODE OF CONDUCT

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 our Little 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. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. 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.
10. I will praise my child for competing fairly and trying hard and make my child feel like a winner every time.
11. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
12. 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.
13. 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.
14. 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.
15. 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.
16. 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.

Player's Name

Date

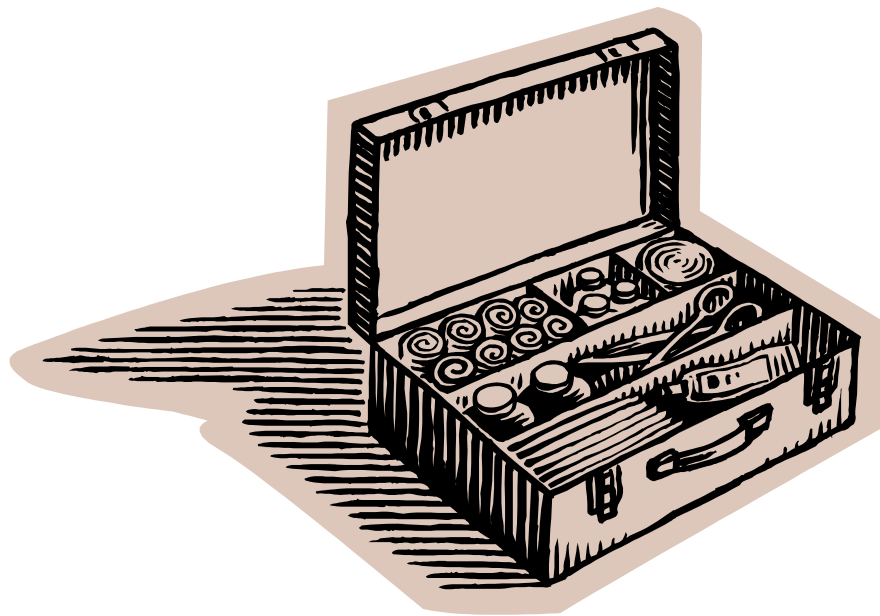
Parent/Guardian's Name

Parent/Guardian's Signature

Parent/Guardian's Name

Parent/Guardian's Signature

First Aid



Emergency Plan

Serious injuries, which could be considered life threatening, occur infrequently. However, a manager or coach must be prepared. An adequate emergency plan must be developed to assist in handling an emergency. The following should be included in your emergency plan.

Always have with you at games and practices:

- Players' Medical release forms
- First Aid Kit
- A cell phone or access to a telephone



Maintain a complete team roster, which includes the following:

- Players' names
- Parents' home telephone number and work telephone number
- Emergency contact person and phone number (try and get two)
- Doctor's name and telephone number
- Any religious restrictions, if known
- Any disabilities, medications or allergic conditions, if known
- Any special conditions

Emergency Action

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
- Look for signs of injury: bleeding, fractures, deformities, shock
- Follow Infectious Disease Procedures if blood is present.
- Listen to the injured describe what happened and what hurts
- Feel the injured area gently and carefully for signs of swelling or broken bones
- Contact Professional medical help quickly (9-1-1)
- Contact parents as soon as possible
- Keep the player calm, warm, still and comfortable

DO NOT

- Administer any medication
- Allow the player to move if a neck or back injury is suspected (wait for professional help to arrive)
- Provide food or beverages other than water
- Hesitate to give aid when it is needed
- Be afraid to ask for help if you are 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 League Safety Officer



Bites and Stings

Bites or stings can be received from a number of different circumstances. Stings are usually caused by bees and other bugs. Bites can come from cats, dogs, spiders, ticks, bats, snakes, chiggers, ants or mosquitoes. All of these should be evaluated and treated when a player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated as soon as possible. It is important that coaches and managers are aware of any members on their team that have reactions to stings and that the proper emergency equipment is available at all times.



Stings

If a player complains of a sting, the manager or coach should look for:

1. Swelling in the area
2. Signs of allergic reactions (if any condition exists, call 9-1-1)
 - Nausea
 - Severe swelling
 - Breathing difficulties, including coughing and wheezing
 - Bluish face, lips, fingernails
 - Signs of shock
 - Unconsciousness
3. The stinger or venom sac still in the skin

Treatment

Bee Stings

1. Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife. Do not squeeze the stinger or venom sac.
2. Wash the area and apply a Band-Aid to cover the area.
3. For multiple stings, soak area in cool water.
4. Check for allergic reactions (if any condition exists, call 9-1-1).

Ant Bites

1. Wash area thoroughly with clean water.
2. Apply sting lotion or a paste made of baking soda and water.
3. Cover the bite with very cold water to avoid swelling.
4. Watch for any signs of an allergic reaction.

Animal Bites

1. Control any bleeding that may occur.
2. Flush the area with cool clean water.
3. Cover the area with a sterile pad or clean cloth.
4. Contact parents and notify police.

Snake Bites

1. Get medical attention immediately (call 9-1-1).
2. Keep the player calm and as still as possible.
3. Be alert for shock conditions.

Contusions

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood vessels in the area rupturing and bleeding into the tissue around the injury. The bleeding may cause swelling, which is the second sign of a contusion. The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player or running into a hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

1. Look for swelling in the area and/or discoloration of the body tissue in the area.
2. Feel the area for tenderness.
3. Have the player try to move the injured area. Try to determine how much pain is associated with the movement. Extreme pain could indicate a severe injury.
4. Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

Treatment

1. Apply ice or a cold pack to the area.
2. Notify parents.
3. Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

External Bleeding

External bleeding from a player can be caused by many sources in Little League Baseball and Softball. A player being hit by a pitched ball, taking a bad hop in the infield or sliding into a base, may cause bleeding. Communicable diseases are a major concern. Refer to the Infectious Disease Policy in this Safety Manual for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding. Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied by the league to each team.

Treatment

1. Act quickly. Have the player lie down, if needed. Elevate the injured area higher than the heart, if possible.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
3. Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.
4. If pressure is ineffective in stopping the bleeding – CALL 9-1-1. The bleeding can usually be controlled by applying strong finger pressure to one of the following pressure points:
 - Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides).
 - Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
 - Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the airway where the injury is located. Locate the pulsating artery, then squeeze it toward the thumb. Do not compress both sides of the neck.
 - Arm: Place flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
 - Hand: Place your thumb on the inner side of the wrist, press toward bone.
 - Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand
5. Apply a tourniquet as a last resort.
6. Call 9-1-1 if it is an emergency.

Shock

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. **Shock is a life-threatening medical emergency** and can result in serious damage or even death. If a person develops signs of shock, **CALL 911** or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin.
- Shallow, rapid breathing.
- Thirst, nausea or vomiting.
- Faintness, weakness, dizziness or loss of consciousness.
- Weak, rapid pulse.
- Low blood pressure.
- Confusion, anxiety, restlessness, irritability.

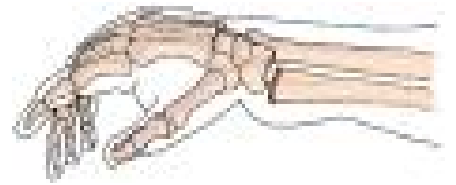
Treatment

Prompt treatment can save the life of a person who is in shock. Try the following:

- Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, neck, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth. Use care if there could be a spinal injury.
- Control any bleeding and splint any fractures.
- Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
- Take and record the person's pulse every 5 minutes.
- Comfort and reassure the person to relieve anxiety.
- Give victim no food or drink, even though he/she is likely to be thirsty.

Fractures

Fractures (broken bones) are not a frequent injury in Little League Baseball and Softball. Many circumstances can cause a player to fracture a bone. A batter being hit by a pitched ball, an improper slide, a collision with another player or a fall while attempting a play are just a few of the situations that could cause a fracture. A fracture must be treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go into shock.



Treatment

1. Act quickly; treat for shock, if necessary.
2. Have someone notify parents.
3. Call 9-1-1 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.
4. If the bone is suspected to be broken, but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.
5. If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.
6. If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes or

anything soft and clean. Tie the splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

Heat Illness

Children are more susceptible to heat illness than adults are, so managers and coaches need to be especially alert in the younger age groups. Heat exhaustion may lead to heat stroke, so it is important to treat heat exhaustion as quickly as possible. Heat stroke can be fatal. The outcome for the player is related to how quickly the body temperature can be brought down to a safe level.

The following measures should be taken to reduce the risk of heat illness during competition or practice:

1. Before the activity begins, drink 8 ounces of fluids.
2. During the activity, drink at least 4 ounces of fluids every 20 minutes.
3. After the activity, drink 16 ounces for every pound of weight lost.



EARLY SIGNS OF DEHYDRATION

- Fatigue
- Loss of appetite
- Flushed skin
- Light-headedness
- Dark urine with strong odor

SEVERE SIGNS OF DEHYDRATION

- Muscle spasms
- Clumsiness
- Sunken eyes/dim vision
- Delirium

Prevention

As temperature and humidity go up, managers and coaches must encourage their players to drink adequate amounts of fluids. Plain water is best, but one of the salt-containing sports drinks is acceptable. Recommend to players that they get plenty of salt in their diet. Managers and coaches must pay attention to weather conditions. The danger zone is present whenever the temperature is above 90F or the humidity is above 95%. Give the players plenty of rest time in a cool area. Under these extreme conditions, no player should be allowed to catch more than three innings.

Report any cases of heat illness to the League President or the Safety Officer.

Most severe heat illness can be divided into three categories depending on its severity: heat cramps, heat exhaustion and heat stroke. A summarization of these conditions appears below.

Type	Symptoms	Physical Findings
Heat Cramps	Muscle tightening and spasm with intense pain, usually in lower leg, but may be abdominal or rib cage.	Muscle spasms, either seen or felt, that usually does not respond to kneading or massage.
Heat Exhaustion	Severe fatigue, weakness, light headedness; may also include flu-like symptoms: headache, muscle aches, nausea, vomiting, diarrhea	<ul style="list-style-type: none">• Elevated temperature (98.6 to 103 F)• Elevated pulse rate• Loss of consciousness is rare
Heat Stroke	Confusion, disorientation, some agitation in milder cases; there may be delirious behavior or coma, if severe.	<ul style="list-style-type: none">• Temperature of at least 105F• Hot, flushed, dry

Heat Illness (con't)

Look and listen for any of the complaints noted on the chart above. Determine if there is a history of recent illness, especially if the player is taking medication. Feel for:

- Cool and damp skin, which might indicate heat exhaustion
- Warm and dry skin, which might indicate heat stroke
- Pulse

Treatment

Move the player immediately out of the sun and into a shady area. If for some reason this is not possible, adults should stand close to the player to provide shade with their bodies.

For heat cramps

- Rest, cooling
- Gentle stretching
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth

For heat exhaustion

- Have the player lie down in a cool, shaded area, elevate feet and massage legs toward heart
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth if the player is awake
- Call 9-1-1 for emergency medical assistance
- Notify parents
- Be alert for progression to heat stroke

For heat stroke

- Call 9-1-1 for emergency medical assistance
- Cool the body; remove clothing, pack in ice; wet and fan the victim
- Do not give beverages such as coffee, tea or soda
- Notify parents and league president or safety officer
- Do not try to force a player to drink fluids unless you are sure he/she is conscious.
- Allow the player to drink only if his eyes are open and he/she can hold the cup.

HEAT STROKE IS A LIFE-THREATENING EMERGENCY

***Report any cases of heat illness to the League President or the Safety Officer.**

Protection from the Sun

The FDA has new labeling requirements; sunscreens cannot claim to have an **SPF** (Sun Protection Factor) greater than 30. Anything higher has little more UV protection. Not all sunscreens completely protect against UVA rays, even if the front of the label says so. The only way to know you are completely protected is to check the back of the label. Look for one of these three active ingredients: titanium dioxide, zinc oxide or parsol 1789 -- also known as avobenzone.

Sunscreens, Tanning Products and Sun Safety

Skin damage from sunlight builds up with continued exposure, whether sunburn occurs or not. In addition to skin cancer and sunburn, effects related to premature aging can include wrinkling and, in time, an almost leathery appearance of the skin. Research also suggests that excessive exposure to UV radiation may interfere with the body's immune system.

Sunburn is associated with the shorter ultraviolet wavelengths, known as ultraviolet B (UVB). The longer wavelengths, known as ultraviolet A (UVA), however, can penetrate the skin and damage connective tissue at deeper levels, even if the skin's surface feels cool. It is important to limit exposure to both UVA and UVB.

Sunscreens play an important role as one part of a total program to reduce the harmful effects of the sun that first includes limiting sun exposure and wearing protective clothing. Sunscreens are labeled with SPF numbers. SPF stands for "Sun Protection Factor." The higher the SPF number, the more sunburn protection the product provides. Experts recommend using sunscreens with an SPF number of 15 or higher that also provide protection from UVA rays. Remember, sunscreen use alone will not prevent all of the possible harmful effects of the sun.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply a sunscreen liberally before going outside and reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply 30 minutes before going outside and to reapply at least every two hours thereafter. Remember that the sun's rays are the strongest from 10:00 a.m. to 4:00 p.m., especially during the late spring and summer. It is equally important to protect your eyes from the sun. Too much UV radiation can damage the cornea and lead to cataracts, a clouding of the lens of the eye that can cause blindness. Not all tinted glasses - even very dark ones - protect against UV radiation. The UV filtration results from an invisible chemical applied to the sunglasses. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.



COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV /AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited, to the following:

1. The bleeding must be stopped, the open wound covered and, if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids, wash hands immediately after removing gloves,
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. This disinfectant is available in the concession stand.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, a barrier shield for CPR use is available in the First Aid kit located in the concession stand,
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athlete care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.



CONCESSION STAND



POLICIES AND PROCEDURES

Concession Stand Guidelines

- Signs will be posted in concession stands regarding hand washing.
- Signs will be posted in concession stand listing location of first aid kit.
- A listing of all important phone numbers, including board member list, will be posted in concession stand.
- 3 to 5 bags of ice will be prepared and kept ready in freezer for potential injury use.
- Operating procedures for safe handling of food will be posted in concession stand.
- Communicable disease procedure list will be posted.
- The league safety officer will meet with concession manager at season start to ensure his/her understanding and compliance of the above conditions.



Keep It Clean: Concession Stand Tips

Top Six Causes

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

- **Inadequate cooling and cold holding.**
- **Preparing food too far in advance for service.**
- **Poor personal hygiene and infected personnel.**
 - **Inadequate reheating.**
 - **Inadequate hot holding.**
- **Contaminated raw foods and ingredients.**

‘12 Steps to Safe and Sanitary Food Service Events’

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 the 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. *Ideally*, dishes and utensils should be washed 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 or 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 ½ 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 at least six inches off the floor. After your event is finished, clean the concession area and discard unusable food. *(Remember: Training your concession stand volunteers is one of the 13 requirements for a qualified safety plan.)*

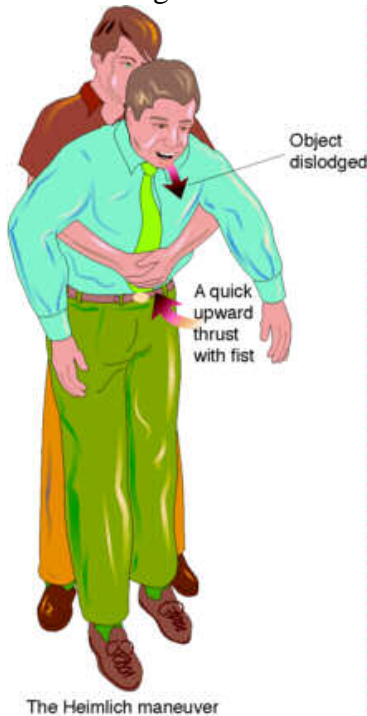
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Top Six Causes of Food-Borne Illnesses

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.
 - Inadequate reheating.
 - Inadequate hot holding.
- Contaminated raw foods and ingredients

The Heimlich Maneuver

An emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.



To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (bellybutton). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp).

These will be violent thrusts, as many times as it takes.

For a child:



- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

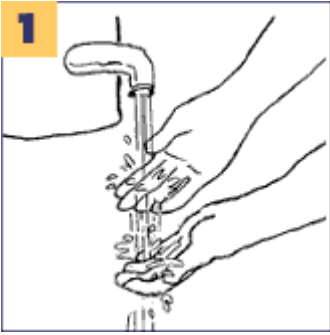
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Most individuals are fine after the object is removed from the airway.

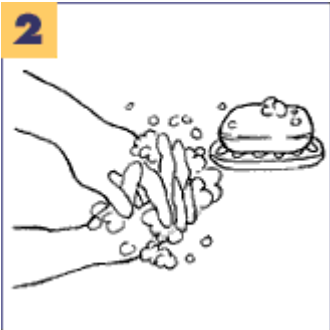
However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

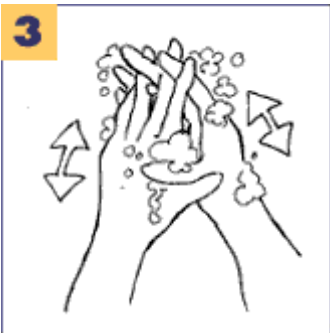
Steps of Handwashing



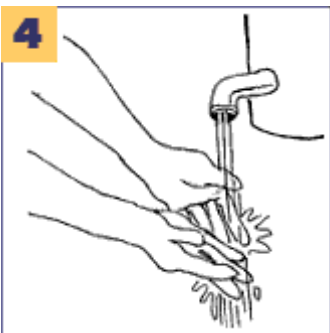
1. Wet hands with running water.



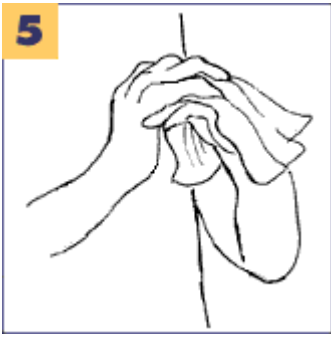
2. Rub hands together with soap and lather well, covering all surfaces.



3. Weave fingers and thumbs together and slide them back and forth.



4. Rinse hands under a stream of clean, running water until all soap is gone.



5. Blot hands dry with a clean towel.

VOLUNTEER APPLICATION FORMS

All managers, coaches, board members, umpires, concession helpers and any other person who comes in repeated contact with the children of the Little League Program will fill out and return to the local league a volunteer application form.

The volunteer will be agreeing to a background check by signing the application.

The local league using the information supplied on the application form will do a background check to comply with the policy of Little League Baseball.

It is the responsibility of the safety officer or a board-approved individual to ensure that all forms have been turned into the local league.

This Little League uses the US Department of Justice National Sex Offender Public Registry ([First Advantage](#)) to verify ALL volunteers meet the requirements of Little League International's background check.

See the following page for a sample 2021 Volunteer Application Form.



Little League® Volunteer Application – 2021

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? ☐ Yes ☐ No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

3. Do you have a valid driver's license? ☐ Yes ☐ No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ ☐ Yes ☐ No
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or
☐ National Sex Offender Registry ☐ USA Baseball Ineligible List Sex Offender

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

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: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)
☐ Senior (14-16) ☐ Big League (16-18)
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field
☐ Base Path: ☐ Running *or* ☐ Sliding
☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
☐ Collision with: ☐ Player *or* ☐ Structure
☐ Grounds Defect
☐ Other: _____
- B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area
C.) Concession Area
☐ Volunteer Worker
☐ Customer/Bystander
- D.) Off Ball Field
☐ Travel:
☐ Car *or* ☐ Bike *or*
☐ Walking
☐ League Activity
☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: (____) _____
Signature: _____ Date: _____



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.



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

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.
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.
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.
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.
5. **Limited** 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.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

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		

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.

Does the insured Person/Parent/Guardian have any insurance through:

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:

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <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) | |

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.

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.

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.

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? ☐ Yes ☐ 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

- ☐ 01 1ST
☐ 02 2ND
☐ 03 3RD
☐ 04 BATTER
☐ 05 BENCH
☐ 06 BULLPEN
☐ 07 CATCHER
☐ 08 COACH
☐ 09 COACHING BOX
☐ 10 DUGOUT
☐ 11 MANAGER
☐ 12 ON DECK
☐ 13 OUTFIELD
☐ 14 PITCHER
☐ 15 RUNNER
☐ 16 SCOREKEEPER
☐ 17 SHORTSTOP
☐ 18 TO/FROM GAME
☐ 19 UMPIRE
☐ 20 OTHER
☐ 21 UNKNOWN
☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
☐ 02 BITES
☐ 03 CONCUSSION
☐ 04 CONTUSION
☐ 05 DENTAL
☐ 06 DISLOCATION
☐ 07 DISMEMBERMENT
☐ 08 EPIPHYSES
☐ 09 FATALITY
☐ 10 FRACTURE
☐ 11 HEMATOMA
☐ 12 HEMORRHAGE
☐ 13 LACERATION
☐ 14 PUNCTURE
☐ 15 RUPTURE
☐ 16 SPRAIN
☐ 17 SUNSTROKE
☐ 18 OTHER
☐ 19 UNKNOWN
☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
☐ 02 ANKLE
☐ 03 ARM
☐ 04 BACK
☐ 05 CHEST
☐ 06 EAR
☐ 07 ELBOW
☐ 08 EYE
☐ 09 FACE
☐ 10 FATALITY
☐ 11 FOOT
☐ 12 HAND
☐ 13 HEAD
☐ 14 HIP
☐ 15 KNEE
☐ 16 LEG
☐ 17 LIPS
☐ 18 MOUTH
☐ 19 NECK
☐ 20 NOSE
☐ 21 SHOULDER
☐ 22 SIDE
☐ 23 TEETH
☐ 24 TESTICLE
☐ 25 WRIST
☐ 26 UNKNOWN
☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
☐ 02 BATTING
☐ 03 CATCHING
☐ 04 COLLIDING
☐ 05 COLLIDING WITH FENCE
☐ 06 FALLING
☐ 07 HIT BY BAT
☐ 08 HORSEPLAY
☐ 09 PITCHED BALL
☐ 10 RUNNING
☐ 11 SHARP OBJECT
☐ 12 SLIDING
☐ 13 TAGGING
☐ 14 THROWING
☐ 15 THROWN BALL
☐ 16 OTHER
☐ 17 UNKNOWN

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® 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.

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 BI/PD:		Med. Pay: None		Elevator: Yes	Products: Yes
	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
				Phone No. (Bus)		
	Employers Name and Address					
	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.

2020



District #: 08

ID #: 00146565

(if needed) ID #:

(if needed) ID #:

City: Doon State: FL

President: JOSE SANTIAGO

Address: 1830 N. University Dr

Address: #210

City: Providence

State: FL ZIP: 33322

Phone (work): _____

Phone (home): _____

Phone (cell): 305-216-3790

Email: president@corallittleleague.

Safety Officer: JOSE SANTIAGO

Address: 1830 N. University Dr

Address: #210

City: PLANTATION

State: FL ZIP: 33322

Phone (work): _____

Phone (home): _____

Phone (cell): 305-216-3790

Email: president@coralreefleague.org

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?

Indicate number of fields in boxes below.

- New fields
- Basepath/infield
- Bases
- Scoreboards
- Pressbox
- Concession stand
- Restrooms
- Field lighting
- Warning track
- Bleachers
- Fencing
- Bull pens
- Dugouts
- Other (specify):

Next 12 mons.	1-2 yrs.	2+ yrs.
O	O	O
G	O	O
E	O	O
O	G	O
O	O	O
G	G	O
G	G	O
G	O	O
O	O	O
O	O	O
O	O	O
O	O	O
G	G	O
O	G	O
O	O	O

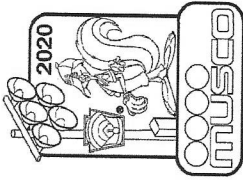
SPECIFIC. ALLFIELD QUESTIONS

Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.

ASAP - A Safety Awareness Program

Limited Edition 10-year Pin Collection



This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2020 Disney® character collector's pin shown at right featuring Windup the pitcher.

Please answer the following questions for each field:

GENERAL INVENTORY

(For the following questions, if the answer is "No" please leave the space blank.)

1. How many cars can park in designated parking areas?

None

1-50

51-100

101 or more

None/NA

1-100

101-300

301-500

501 or more

3. What material is used for bleachers?

Wood

Metal

Other

Yes

Yes

Yes

Yes

Permanent

Cellular

Permanent

Portable

Yes

Yes

Yes

Yes

Yes

4. Metal bleachers: Ground wire attached to ground rod?

5. Wood bleachers: Are inspected annually for safety?

6. Is a safety railing at the top/back of bleachers?

7. Is a handrail up the sides of bleachers?

8. Is telephone service available?

9. Is a public address system available?

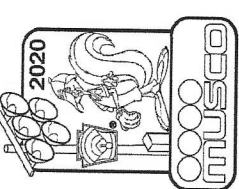
10. Is there a pressbox?

11. Is there a scoreboard?

12. Adequate bathroom facilities available?

13. Permanent concession stands?

14. Mobile concession stands?

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.																				
<div><div>2020</div><div></div></div> <div><p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2020 Disney® character collector's pin shown at right featuring Windup the pitcher.</p></div>																				
Please answer the following questions for each field:																				
GENERAL INVENTORY																				
Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
(For the following questions, if the answer is "No" please leave the space blank.)																				
1. How many cars can park in designated parking areas?																				
				</																

FIELD	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
15. Is field completely fenced?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
16. What type of fencing material is used?	Chainlink	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Spray paint																				
	Commercial marking		<input checked="" type="checkbox"/>																		
19. Is your the infield surface grass?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
20. Does field have conventional dirt pitching mound?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
21. Does field have a temporary pitching mound?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
22. Are there foul poles?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
23. Backstop behind home plate?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
30. Is a first aid kit provided per field?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
31. Do bleachers have spectator foul ball protection?	Overhead screens	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	Fencing behind	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
33. Is the field lighted?	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Don't know																				
	Wood*																				
	Steel				</																

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	6.00	295.0	295.0	295.0	25.0	23.50	23.50	23.50	23.50	23.50	23.50
2	6.00	200.00	200.0	200.00	24.0	24.0	24.0	24.0	24.0	24.0	24.0
3	6.00	324.0	315.0	324.00	23.0	23.0	32.0	32.0	23.0	38.00	
4	7.00	195.0	195.0	195.0	25.0	24.0	25.0	39.0	39.0	25.0	35.00
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19											
20											

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

OPERATING GUIDELINES FOR DORAL LITTLE LEAGUE DURING THE COVID-19 PANDEMIC

SPRING 2021 (rev 10/28/2020)

General

Waivers

- All parents must complete the City of Doral Communicable Diseases Protocol – Release of Liability and Assumption of Risk Agreement. This shall be completed during the registration process.

Face Masks

- A cloth face covering will be required for all players, coaches, volunteers, independent contractors and spectators including visiting teams.
- Players/teams MUST have facial coverings to enter the complex – and players must have them on at all times (including dugouts) – only exception for Players is while playing or warming up on the field.

Social Distancing

- All players, coaches, volunteers, independent contractors, and spectators should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas.
- Avoid close contact with people who are sick.

Self Monitoring

- All individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each activity. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any DLL activity until cleared by a medical professional. The Doral Little League President must be notified by the parent, if a player is exposed to a person with Covid-19 or has tested positive to Covid-19 immediately.
- Any individual, including players, at risk for severe illness or with seriously underlying medical or respiratory condition should only attend DLL activities with permission from a medical professional.
- The League and the City reserve the right to randomly perform body temperature checks using contactless technology (i.e. infrared thermometers, etc.) at the baseball field.

On-Field

All on-field activities will be in accordance with Miami Dade County New Normal Guidelines/Emergency Orders and City of Doral Emergency Orders.

No Handshakes/Personal Contract Celebrations

- Players and coaches should take measures to prevent all but the essential contact necessary to practice. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc.
- Hat tipping is allowed.
- Players and families should vacate the park/facility immediately after the conclusion of their practice to minimize unnecessary contact with players, coaches, and parents.

Drinks and Snacks

- Players will bring individual drink containers to all activities. There should be no use of shared or team beverages.
- Teams should not share any snacks or food. Players should bring individual, pre-packaged food, if needed.

Personal Protective Equipment (PPE)

- All managers/coaches, independent contractors, volunteers, should wear a mask at all times while at the park (before, after and during practice), such as cloth face coverings.
- Players should wear cloth face coverings when in close contact areas and in places where recommended social distancing is challenging or not feasible, and before and after practice.
- Players should not wear protective medical gloves on the field during practice.
- Players are not required to wear a cloth face covering while on the field during practice.
- Players will be permitted to wear a cloth face covering on the field during practice, if physically able to do so and they desire to wear one.

Dugouts

- Dugouts will be open for games and practices. Anyone sitting inside the dugout must wear a mask.

Player Equipment

- No personal player bat bats/equipment bags shall be allowed in the dugout. Player equipment should be spaced accordingly (6') outside the dugout to prevent direct contact.
- Players shall have their own individual batter's helmet, glove, bat, and catcher's equipment.
- No equipment sharing shall be allowed.
- Player's equipment (i.e.bags, helmets, bats, gloves, etc.) should be cleaned and disinfected after each use by the parent/guardian.
- Players should not share towels, clothing, or other items that may use to wipe their face or hands.

Spitting, Sunflower Seeds, Gum

- Sunflower seeds, gum, etc. are not allowed in dugouts or on the playing field.
- All players and coaches are to refrain from spitting at all times anywhere in the Park.

Limit Onfield – Players, Coaches and Volunteers

- Practices shall be limited to the managers/coaches/independent contractors and players.
- Players/teams will remain separate from other players/teams to limit possible transmission.
- Parents/spectators shall follow all social distancing practices and will not be allowed to be on the field during practice unless they are registered volunteers.
- With the exception of Tballers, 6U and 7U players, all players will be dropped off and picked up for practice at the entrance to Doral Meadow Park.
- With the exception of Tballers, 6U and 7U players, all parents shall wait for their child in their vehicle.
- Tballers, 6U and 7U players will only be allowed with one adult to be picked up and dropped off at the gate of their assigned field.
- Tballers, 6U and 7U parents will have designated points where they can observe and wait for their players. These points will be at least 6 ft apart.
- Parents/spectators should bring their own seating or portable chairs when possible.

Bleachers/Seating

- **Bleachers shall remain closed in accordance with Miami Dade County New Normal Guidelines/Emergency Orders and City of Doral Emergency Orders.**
- Parents/spectators should bring their own seating or portable chairs when possible.
- Parents/Guardians ONLY – (Siblings are allowed) – Parents/Guardians MUST use facial coverings at all times and sit outside of the baseball complex – along the left field and right field foul lines outside of the baseball field, and behind the outfield fences – while maintaining 6ft+ social distancing between different households.