

# **BASEBALL**

## **Injured Player**

If you have an injured player please follow these guidelines

1. Ensure player is medically treated
  - a. Basic First Aid
  - b. Call 911 (if needed)
  - c. Transport to hospital (if needed)
2. Have PARENT complete forms package
  - a. Activities / Reporting Form
3. Make sure PARENT signs forms
4. Manager/Coach complete areas of forms package
  - a. Activities / Reporting Form
5. Manager/Coach signs form
6. Contact Uptown Long Beach Baseball Board Member to notify:
  - a. Safety Officer – Mike Sullivan 562-338-4078 text or phone  
OR
  - b. Baseball Director – Robert Weaver 310-994-9808 (If you cannot reach Safety Officer)  
OR
  - c. President - Andy Hernandez 562-412-4498 (only if you cannot reach Safety Officer or Director)
7. Place completed forms in SNACK SHACK envelope
8. Safety Officer will complete the remaining requirements and make contact with player family

Blank Forms will be available in SNACK SHACK envelope

**For Local League Use Only**

## Activities/Reporting

## A Safety Awareness Program's Incident/Injury Tracking Report

**Uptown Long Beach Youth Baseball**

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**
- B.) ☐ **T-Ball**      ☐ **Rookie (Farm)**      ☐ **AA**      ☐ **AAA**      ☐ **Majors 50/70**      ☐ **Juniors 60/90**

**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 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:

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_