

Northern Little League Safety Awareness Plan

2026

Overview: *To increase awareness of the opportunities to provide a safer environment for children, volunteers and all Little League Participants Northern Little League (here after referred to as "The League") will maintain a safety manual in the facilities board room that shall be reviewed at least annually and will incorporate required guidelines and requirements from Little League. A Safety Awareness Program or ASAP has 15 elements of compliance detailed below.*

1. **Safety Officer**- The League will have an active safety office on file with Little League International. Safety Officer name and contact information will be made public to the league through the publishing of this document on its website and available. Safety Officer is named along with other Emergency Contacts in Appendix A.
2. **Safety Manual Distribution**- All league personnel will be allowed access to the league's safety manual including board members, coaches, managers, concession workers, facilities crew, etc. The Safety Manual will be published on The League's website. A copy will be provided to the District Administrator and to the District Safety Officer upon request.
3. **Emergency Plan**- The League will post and distribute emergency and key officials' phone numbers. This information will be posted in the concession stand, boardroom and press boxes. This will include who to contact to track and report injuries. See Appendix A.
4. **Volunteer Application**- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular service to The League and or have repetitive access to or contact with players or teams must fill out the application form as well as provide government issued photo identification card for ID verification. The League will check name spellings and numbers for accuracy. Anyone refusing to fill out a Volunteer Application is ineligible to be a league member. The League will conduct a background check utilizing SportsConnect. The Official Little League Volunteer Application Form can be found in Appendix B and should be used if the volunteer is not processed through SportsConnect.
5. **Fundamentals Training**- The League will provide access to fundamentals training. Training resources can be found at <https://www.littleleague.org/university>. The Abuse Awareness Training Course is required for all volunteers of The League. The Diamond Leader Training Program is required for Tournament Managers and Coaches; however, all Volunteers are highly encouraged to take these courses.
6. **First Aid Training**- First Aid Training for coaches and managers is encouraged and can be accessed at <https://redcross.org>. Coaches and Managers should familiarize themselves with The Georgia "Return to Play Act" located in title 20 of the Georgia Code which addresses concussions in youth athletes. <http://law.justia.com/codes/georgia/2014/title-20/chapter-2/article-6/part-15/section-20-2-324.1/>
7. **Check for Safe Field Conditions**- Coaches and Umpires are required to observe and inspect fields for hazards prior to practices and games. Any issues will be submitted to The Leagues Safety Officer (or other Board Member) for documentation and tracking of items to be addressed. If a serious safety

concern arises the Board will convene to make a decision to restrict access in the area. Restricting access will occur out of an abundance of caution and with intent to keep all participants safe. For more information see Little League "Hey Coach, Have You:" located in appendix C.

8. **Facility Survey**- The League will complete or update the Annual Facility Survey in the LL Data Center. The Safety Officer with the League President will physically review fields and facilities and for any changes needed. Any safety issues will be documented and tracked for completion.
9. **Concession Stand Safety**- Safety and Menu shall be administered by League Concession Manager. D&D Concession will maintain required Little League Coverage and agrees to the following conditions to ensure safe food and beverage services:
 - a. Only workers are allowed in the concession stand. Workers must be 16 years or older. No children, no students, no friends, etc.
 - b. Workers are told to stay home if they feel sick in any way.
 - c. Encourage employees to cover coughs and sneezes with a tissue (or use the inside of their elbow). Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - d. Workers must wash their hands frequently (e.g. before, during, and after preparing food; after touching garbage) with soap and water for at least 20 seconds and increase monitoring to ensure adherence.
 - e. To avoid injuries and safety issues in the concessions stand, all workers are trained and given clear guidelines on operating equipment and creating a safe environment. Use gloves to avoid direct hand contact with food items.
 - f. There is a designated pick-up window for customers to encourage physical spacing while waiting in line.
 - g. Workers regularly clean and disinfect all touchpads and countertops.
 - h. Items that require refrigeration must be stored in the refrigerators located in the concession stand.
 - i. Trash needs to be disposed of in the trash receptacles and emptied each night.
 - j. All dishes and utensils will be cleaned each night.
 - k. Sanitizing wipes will be used to keep the concession stand clean. Wipes should only be used once before disposal.
 - l. All heating element appliances will be shut off and unplugged at the close of the concession stand.
 - m. Close and lock serving windows each night.
 - n. Concession stand must be cleaned after every event.
10. **Equipment Check**- The League will require regular inspection and replacement of equipment. Player equipment will regularly be inspected by coaches /managers. Broken or damaged equipment should immediately be removed from the playing area and the players' parent/guardian should be notified that items should not be returned to play. Prior to the start of any Little League game, it is the responsibility of each teams' manager to inspect the condition of the playing equipment to be used by the players in the ensuing game. To do so thoroughly and effectively, it is recommended that the managers examine each of the batting helmets that may be worn, and the equipment to be worn by the catcher, including the helmet, chest protector and shin guards prior to the start of the ensuing game and anytime a safety concern arises. If a piece of equipment is deemed to be unsafe it will be removed from play. In addition to Little League Rules the following local safety mechanisms are in place:
 - a. Softball will require players to wear face guards. Baseball is not required to wear face guards, only recommended. Players are also encouraged to wear protective cups and mouth pieces.

- b. Netting has been added to extend backstops to help prevent foul balls from reaching spectators.
- c. Double first bases are used on minor league fields and softball fields.
- d. Reduced impact balls will be used in Tee Ball.
- e. Field Lighting is evaluated twice per year.
- f. A facilities safety inspection and walk through is conducted annually in partnership with the Columbus Parks and Recreation Office.
- g. The Manager on Duty will act in accordance with all safety plan guidelines and will consult the Safety Officer for the handling of significant events.

11. **Accident Reporting-** The League requires that accident forms be completed and turned into the safety offices within 48 hours of the event. Any injury claim submitted will be debriefed with the board after submission. The league will make an effort to track and regularly discuss with the board near misses to avoid future injuries. Managers/Coaches and volunteers can access information on How to Handle a Player After Injury here: <https://www.littleleague.org/university/articles/how-to-handle-an-injured-player-returning-to-play-after-injury/>. A copy of the Accident Claim Form, Instructions and Tracking Tool can be found in Appendix D.

12. **First Aid Kits-** The League will provide a first-aid kit that will be accessible to all teams. The contents available in the first-aid kit can be found in Appendix F.

13. **Enforcement of Little League Rules-** Most Little League rules have a basis in safety and The League will make all efforts to follow them. The League will specifically ensure that:

- a. All players have required equipment including catchers warming up on the field.
- b. Coaches and Managers will enforce the rules at practices as well as games.
- c. Make sure all fields have bases that dis-engage their anchors as required by Little League rules.
- d. In tournament play, coaches and managers are not allowed to catch/warm up pitchers pursuant to Little League rule 3.09.

14. **Player Coach Data-** The League will utilize SportsConnect to send all team registration information. The Leagues Safety Manual will not be approved until registration data has been fully submitted.

15. **Required Survey-** The League will participate in the required survey located in the Data Center as it is available.

Northern Little League Safety Awareness Plan 2026

Appendix A

Northern Little League Emergency Contact List

League President-	Jason Burdette	706.566.2124
Safety Officer-	Brittany Jones	706.566.9419
Player Agent-	Brad Starling	706.604.6624
Emergency Services, Fire, EMS		911
Poison Control		1.800.222.1222

In the event of a medical emergency please contact 911.

All non-emergent injuries or accidents should be reported to the Board Member on Duty or the Safety Officer listed above for additional instructions on handling the event. Events must be reported within **48 hours** to the Safety Officer.

First-Aid Kit is located in the Board Room for all league guests.

Northern Little League Safety Awareness Plan

Appendix B



Little League® Volunteer Application – 2025

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. 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 _____
 First _____ Middle Name or Initial _____ Last _____ Date _____

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 Little League International.)
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 any youth organization ineligible list? _____ Yes No

If yes, explain: _____

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

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 automatic 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 _____

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

JDP Background Check Completed (Includes review of the US. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

*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.

Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness



HEY COACH, HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

Northern Little League Safety Awareness Plan

Appendix D

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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

**LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS**



Accident & Health (U.S.)

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.			
PART 1				
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 Yes No School Plan Yes No
Individual Plan Yes No Dental Plan Yes 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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO

If YES, are they Mandatory or Optional At what levels are they used?

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

Date

League Official Signature

For Local League Use Only
Activities/Reporting

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

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: 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 Minor Major Intermediate (50/70)
 Junior Senior Big League
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 being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

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