

# Arvin Little League



## A Safety Awareness Plan (ASAP)

2025-2026

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# SAFETY IS EVERYONE'S RESPONSIBILITY!

This safety plan will serve as our league-wide safety manual and dictates the manner in which members, volunteers, and other agents of the Arvin Little League should act in the event of an emergency or injury during a league-sponsored event (i.e. games, practices, etc.). It provides detailed contact information for Emergency Medical Services (EMS) in the area(s) where we operate, as well as the e-mail and telephone contact information for each and every elected Board Member for the current year.

A copy of this manual / plan will be provided to all coaches at the beginning of the season, will be published on our league website (or other online presence, such as via Facebook), and will be available at the scorer's booth / concession stand at all game locations. Further, it will also be sent to the local league's District Administrator. Anyone who works on behalf of the Arvin Little League is expected to follow these procedures to the best of their abilities in given situations. This manual is not intended to be all-inclusive. However, we do expect folks to act in the best interest of themselves (first) and then of their friends, family, neighbors, or anyone in their care: Whether that is activating EMS, administering First Aid, or simply putting those folks in the best position to not incur injury or illness. This manual is intended, however, to be a great start in order to have appropriate action taken to ensure the safety and well-being of everyone our program encounters.

First aid kits will be provided by the Arvin Little League at all of our game and practice locations and to each team (in their league-issued equipment bag). These kits will include items such as latex gloves, cold-compress packs, bandages, gauze, and other similar materials commonly found in commercial safety kits.

# EMERGENCY INFORMATION & CONTACTS

**FOR ALL IMMEDIATE SAFETY OR INJURY CONCERNS, DIAL 9-1-1!**

**WHEN IN DOUBT, ALWAYS BE SAFE, NOT SORRY!  
ACTIVATE EMERGENCY MEDICAL SERVICES (EMS) BY CALLING 9-1-1!**

## **Emergency Phone Numbers**

### ***Arvin Police Department***

661.854.5583

### ***Arvin City Works***

661.578.0477 (Pedro)

### ***Arvin Water District***

661.854.2127

### ***Kern County Sheriff's Department***

800.861.3110

### ***Kern County Fire Department***

661.854.5517

### ***Hall Ambulance***

661.322.8741

### ***Poison Control Center***

800.411.8080

Report **ANY AND ALL INJURIES** to Arvin Little League Safety Officer,  
Ralph Contreras 661.662.8737 **IMMEDIATELY!**

# Injury & Illness Reporting – Who? What? When?

## Where? Why?

### We need to know!

Every child in our program – and every parent for that matter – expects to come to and leave from practices & games without having to worry about serious injury. However, this is sports. Injuries and illness do happen. So what do we do in case of an injury? First, in all cases if the situation is dire or if you're unsure, activate EMS and dial 9-1-1! But what do we do if it's not serious or life-threatening?

First, the Arvin Little League requires all players to submit a Medical Release form (below) at the time that they register. The form is required to be completed in full and signed by the parent/guardian. This form allows the Arvin Little League to make contact with the injured person's contacts, to get them to a treatment facility (or to facilitate that transport), and to provide needed medical information quickly!



**Little League® Baseball and Softball**  
**MEDICAL RELEASE**



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 |
|-------|-------|------------------------|
| _____ | _____ | _____                  |
| _____ | _____ | _____                  |

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.

# Injury & Illness Reporting – Who? What?

## When? Where? Why?

# We need to know! (Continued)

If an injury or illness occurs, it needs to be documented! So, after notifying the Arvin Little League Safety Officer, there may be some slight paperwork to complete and sign, just to ensure the injured is covered in case a claim is desired to be made. But first, a basic report for the Arvin Little League Board to review to see how this injury could have been prevented or avoided. The Arvin Little League Safety Officer will be the primary point of contact for all forms and information in the event of an injury or a claim. In the event of any serious injury (beyond basic first aid), reports MUST be filed within 24 hours with the league Safety Officer. Major injuries will be reported to the local league's District Administrator.

## Accident Notification Form

## Insurance Claims Form(s)

**For Local League Use Only**

**Activities/Reporting**

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)  
C.) ☐ Junior ☐ Senior ☐ Big League  
D.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event  
E.) ☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

D.) ☐ Batter ☐ Baseman ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second Base  
☐ Third Base ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dug Out  
☐ 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 C.) Off Ball Field  
☐ Base Path ☐ Running or Sliding ☐ Seating Area ☐ Travel:  
☐ Hit by Ball ☐ Pitched or Thrown or Batted ☐ Parking Area ☐ Car or B  
☐ Collision with: ☐ Player or ☐ Structure ☐ Concession Area ☐ Walking  
☐ Grounds Defect ☐ Volunteer Worker ☐ League Act  
☐ 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 league's insurance policy, please complete the Accident Notification Form available at <http://www.littleleague.org/Assets/form.asp/AccidentClaimForm.pdf> and send to Little League International. For all other claims to non-eligible participants under the league's policy or claims that may result in litigation, please fill out the General Liability Claim Form available here: <http://www.littleleague.org/Assets/form.asp/GeneralLiabilityClaimForm.pdf>.

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

### General Liability Claim Form

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

Telephone immediate notice to Little League® International \_\_\_\_\_ CN \_\_\_\_\_

Insured Name of League \_\_\_\_\_ League ID Number \_\_\_\_\_  
(Use as location code)  
Name of League Official (please print) \_\_\_\_\_ Position in League \_\_\_\_\_  
Address of Insured (Official/Coach/Player/Parent/Other) \_\_\_\_\_

**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 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.

Time and Place of Accident \_\_\_\_\_  
Description of Accident \_\_\_\_\_

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

Send Completed Form To:  
Little League International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 18 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 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 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 of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program. Exclusion provisions of the plan.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and other 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 ID \_\_\_\_\_

Name of Injured Person/Claimant \_\_\_\_\_ SSN \_\_\_\_\_ PART 1 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex ☐ Male ☐ Female  
Home Phone (Inc. Area Code) \_\_\_\_\_ Bus. Phone (Inc. Area Code) \_\_\_\_\_  
Name of Parent/Guardian, if claimant is a Minor \_\_\_\_\_  
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 \_\_\_\_\_  
☐ CHAM ☐ CPM

Describe exactly how accident happened, including playing position at the time of accident: \_\_\_\_\_

Check all applicable responses in each column:

|                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> BASEBALL<br><input type="checkbox"/> SOFTBALL<br><input type="checkbox"/> CHALLENGER<br><input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> CHALLENGER (4-18)<br><input type="checkbox"/> T-BALL (4-7)<br><input type="checkbox"/> MINOR (8-12)<br><input type="checkbox"/> LITTLE LEAGUE (9-12)<br><input type="checkbox"/> INTERMEDIATE (13-15)<br><input type="checkbox"/> JUNIOR (12-14)<br><input type="checkbox"/> SENIOR (13-16)<br><input type="checkbox"/> BIG (14-18) | <input type="checkbox"/> PLAYER<br><input type="checkbox"/> MANAGER, COACH<br><input type="checkbox"/> VOLUNTEER UMPIRE<br><input type="checkbox"/> PLAYER AGENT<br><input type="checkbox"/> OFFICIAL SCOREKEEPER<br><input type="checkbox"/> SAFETY OFFICER<br><input type="checkbox"/> VOLUNTEER WORKER<br><input type="checkbox"/> OTHER (Describe) | <input type="checkbox"/> TRYOUTS<br><input type="checkbox"/> PRACTICE<br><input type="checkbox"/> SCHEDULED GAME<br><input type="checkbox"/> TRAVEL TO<br><input type="checkbox"/> TRAVEL FROM<br><input type="checkbox"/> TOURNAMENT<br><input type="checkbox"/> OTHER (Describe) | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)<br><input type="checkbox"/> SPECIAL GAME(S)<br><input type="checkbox"/> (Submit a copy of your approval from Little League Incorporated) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_

CAUSE OF INJURY

EN ☐ 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

Y ☐ 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  
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☐ 12 SLIDING  
☐ 13 TAGGING  
☐ 14 THROWING  
☐ 15 THROWN BALL  
☐ 16 OTHER  
☐ 17 UNKNOWN

Signature \_\_\_\_\_

# Protecting the Players of Our League From the Start

Current Volunteer Applications are REQUIRED for all League Officials, Coaches, Managers, Umpires, or other Volunteers and national background checks are non-negotiable! League officials will also utilize and review local court records for previous offenses and also government-sponsored child sexual predator database(s) where available.



## Little League® Volunteer Application – 2023

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](http://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? ☐ Yes ☐ No  
If yes, describe each in full: \_\_\_\_\_  
(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.)

|                                          |                                            |                                      |                                           |
|------------------------------------------|--------------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Umpire            | <input type="checkbox"/> Manager     | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> 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/bgcheck](http://LittleLeague.org/bgcheck)

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**

|                                                                                                                                                                               |    |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)* | OR | <input type="checkbox"/> U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List |
| <input type="checkbox"/> National Criminal Database check                                                                                                                     |    |                                                                                                                                                 |
| <input type="checkbox"/> National Sex Offender Registry                                                                                                                       |    |                                                                                                                                                 |

\*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.**

Last Updated: 1/4/23

Background checks will be run using the JDP Program at no direct cost to the volunteer. The Arvin Little League will assume the costs of the background check where they are not covered by Little League International. A valid copy of the applicant's driver's license or identification card is required in addition to the form. The form MUST be completed IN FULL, no exceptions (including Social Security #'s). The entire application will be kept on file with the Arvin Little League for two years.

The Arvin Little League will formally notify any applicant via letter whose background investigation yields information or concerns making them ineligible for participation in the current season. Specifics / details relating to this determination will be made available to the applicant only upon written request and WILL NOT be included in the notification declining participation. The Arvin Little League reserves the right to make such decisions at its sole discretion, as evidenced by a majority vote of the sitting Board of Directors, and an appeals process is available if desired by the applicant and requested in writing within 10 days of the notification declining their application.

# Training for success means training for safety first!

First Aid and basic CPR information is critical for all volunteers who interact with the players of our league. With that in mind, the Arvin Little League will encourage basic first-aid training for all volunteers (especially coaches and managers who interact with the children most frequently). However, in accordance with Little League policy, the Arvin Little League will ensure that at least one adult volunteer for each team has completed said training. Training will be documented and kept on file with the league for three years. The league's District Administrator will also be notified of times, dates, locations, etc. of our annual safety training.

After registration and volunteer application timeframes are complete (likely in early February of each new year) and after teams are assigned / drafted (and managers / coaches are the same), the Arvin Little League will schedule and hold such a training seminar at no cost to the volunteer. Topics covered will be (at a minimum): injury or illness identification, prevention, response, first-aid techniques, detailed information on how to use this safety plan, and even follow up information regarding recovery.

During the volunteer recruitment process, folks with verified CPR certifications will be identified and asked to assist where at all possible during training sessions or in the event of an emergency. The Arvin Little League will also strive to use local experts (Emergency Medical Technicians, Firemen or other First Responders, etc.) to help teach and train.

Players and volunteers will have their respective "Codes of Conduct" made clear (and available) to them during clinics, training sessions, practices, games, etc. Explicit adherence to these codes is REQUIRED and the Arvin Little League reserves the right to act upon defiance in this area to the full extent of their abilities (as outlined in the Operations Manual and Rulebook). These codes are included in the supplements portion of this plan.

**- FIRST AID -**  
**Get Your Coaches Ready!**

Annual first aid training is a requirement for local Little League's safety plans and a critical step in improving safety for your league. Here are some tips to help you get started for this year:

- 1. Know the requirements**  
In addition to covering basic Little League clinic guidelines, many states have passed legislation that provides civil immunity to volunteer coaches that have attended a safety orientation and training skills program. You should determine if your state has any specific requirements that could be incorporated into your first aid training program. Medi-Smart provides an outline of the requirements by state at <http://www.medi-smart.com/gslaw-volunteer.htm>.
- 2. Enlist local experts**  
Leagues have creatively partnered with local organizations and experts to provide low or no-cost training for their coaches. Sports injury professionals, firefighters, EMT's, colleges / universities, hospitals, doctors, nurses, and even community parks and recreation organizations may already have programs available that your coaches could attend. Or you may be able to encourage them to volunteer to conduct a specific clinic for your league, which would help promote safety.
- 3. Cover the basics**  
Little League suggests covering these minimum basic items in your clinic:
  - Prevention:** Provide an overview of prevention efforts already in place such as preseason medical exam requirements, proper equipment, site maintenance, weather condition awareness, and following rules for safe play.
  - Assessment of injuries:** Teach coaches to look for signs and symptoms to differentiate between mild, moderate, and severe injuries. Make sure they understand their limits in knowledge and training as first aid providers, and never go beyond prudent limits.
  - First-aid techniques:** Conduct hands-on practice of appropriate treatment for the common types of injuries that coaches may encounter including contusions; muscle pulls and strains; over-use injuries; sprains; fractures; injuries to small joints, face, teeth or eyes; insect bites and stings; heat illness; plus triage and emergency management. Use the PRICES general guideline for treatment of basic mild injuries. Review what to include in a well-stocked team first aid kit.
  - Emergency plan:** Provide written copies of your league's emergency plan for severe injuries, including emergency numbers.
  - Player recovery:** Review how to determine when a player is ready to practice or play again. If the player sees a medical professional, get a release back to play.
- 4. Check out online resources**  
Little League provides online resources for the ASAP Safety Requirements at: [http://www.littleleague.org/Learn\\_More/programs/asap/SafetyRequirementsExplained.htm](http://www.littleleague.org/Learn_More/programs/asap/SafetyRequirementsExplained.htm). This page provides links to an example **Emergency Plan (Requirement 3)**, more detailed information for a **First Aid Clinic (Requirement 6)**, and suggestions for well-stocked team **First Aid Kits (Requirement 12)**. Once you've completed your annual clinic, your coaches will be better equipped to handle injuries if they occur. Let's make Little League a healthy and enjoyable experience for players and volunteers.

**PRICES**  
**Treatment**

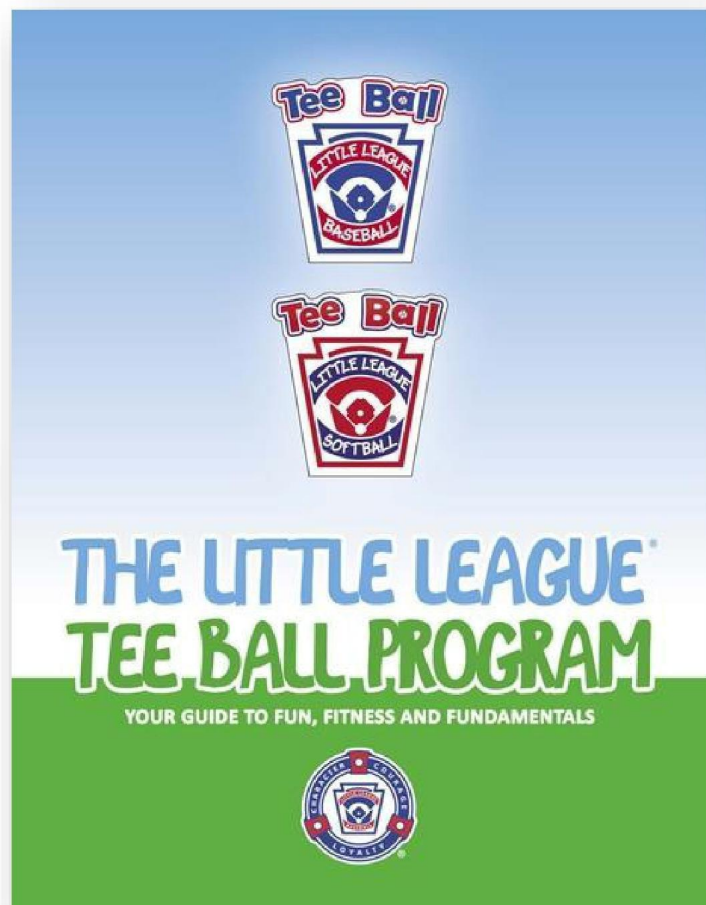
**Protection**  
**Rest**  
**Ice**  
**Compression**  
**Elevation**  
**Support**

# Training Those Who Train Our Players – Coaches Need Coaching, Too!

The Arvin Little League strives to provide the most up-to-date information and training for all coaches, players, and league volunteers in an effort to make sure our players not only learn and grow, but do so in a safe and repeatable manner. To do so, the Arvin Little League will provide Coaching and Players Clinics, leveraging not only the experienced coaches of the league, but also the knowledge of local higher-level baseball and softball programs in our area.

The league will likely conduct these clinics in conjunction with First-Aid safety training or other similar activities in the Spring season but will strive to provide multiple opportunities for clinics – especially in the Fall and Winter months.

The league will leverage resources provided by Little League Headquarters – and encourage their use throughout the year - especially Little League University and the Tee Ball Program Guides, to ensure coaches have access to proven effective information and material. Coaches will be provided tips and tricks from the most seemingly minute details (such as warm-up and stretching techniques), to fundamentals coaching techniques, and even to more advanced topics such as pitching safety (specifically pitch counts and tracking, concerns over “breaking balls” pitches, etc.), game strategy, and weather concerns.



# Pre-Game & Safety Precautions: Walk it. Talk it. Repeat it.

Field and playing surface safety are paramount when it comes to games and practices being conducted safely. With this in mind, prior to each league-sponsored event (games, practice, etc.), a league official, coach(es), manager(s), and/or umpires will walk the field to identify potential hazards or concerns. Any concerns will be relayed to Arvin Little League officials prior to the start of play and, if possible, the situation will be remedied at that time. Should the playing field be acceptable even despite the concerns (which must be deemed minor and inconsequential to game play; no games or other league sponsored activities may proceed if danger is imminent or the potential for injury is serious), the respective teams' coaches or umpires will discuss these items at the time of the pre-game meeting at home plate and coaches will notify players before the start of the game.

The Arvin Little League and league officials will relay all concerns where at all possible to the respective owners of the facilities utilized by the league so that corrective action can be taken as soon as possible.

Equipment will be inspected by league officials, umpires, and/or coaches & managers prior to each game or league activity. Equipment must conform to established Little League specifications and requirements – especially bats or protective equipment for catchers & batters and break-away bases. The Arvin Little League will ensure all coaches, managers, umpires, or other volunteers are made aware of requirements for equipment during coaching clinics, safety trainings, and throughout the course of the season. The league will also strive to educate parents and players to ensure as many eyes are on the prize of safety as possible.



## **HAVE YOU:**

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

# Facilities & Facilities Surveys – Where We Play Matters!

The Arvin Little League will conduct annual facilities surveys (using the applicable forms below) for each and every facility used for league events and will report them as required to the ASAP coordinators in Williamsport.

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

## LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2014



League Name: \_\_\_\_\_  
District #: \_\_\_\_\_  
ID #: \_\_\_\_\_  
(if needed) ID #: \_\_\_\_\_  
(if needed) ID #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Safety Officer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_  
Phone (cell): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

### PLANNING TOOL FOR FUTURE LEAGUE

What are league's plans for improvements?

Next

- a. New fields
- b. Basepath/infield
- c. Bases
- d. Scoreboards
- e. Pressbox
- f. Concession stand
- g. Restrooms
- h. Field lighting
- i. Warning track

### FACILITY MANAGER

40. Which fields have

- a. Amount of

- b. Number of

- c. Scheduling

41. Who owns the field

42. Who is responsible

43. Who is responsible

44. Who is responsible

for the field - ie b

45. What divisions of

46. What divisions of

47. Do you plan to host tournaments on this field?

Major  
Jr., Sr. & Big  
Challenger

Yes

### 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         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 2         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 3         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 4         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 5         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |

### SPECIFIC BALLFIELD 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 2014 Disney® character collector's pin shown at right featuring Duffy at short stop. Or enter data online at: <http://facilitysurvey.musco.com> for your league. Check your email for your



Please answer the following questions for each field:

### GENERAL INVENTORY

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

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

None

1-50

51-100

101 or more

2. How many people can your bleachers seat?

None/NA

1-100

101-300

301-500

501 or more

3. What material is used for bleachers?

Wood

Metal

Other

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

Yes

5. Wood bleachers: Are inspected annually for safety?

Yes

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

Yes

7. Is a handrail up the sides of bleachers?

Yes

8. Is telephone service available?

Permanent

Cellular

9. Is a public address system available?

Permanent

Portable

10. Is there a pressbox?

Yes

11. Is there a scoreboard?

Yes

12. Adequate bathroom facilities available?

Yes

13. Permanent concession stands?

Yes

14. Mobile concession stands?

Yes

38. Which fields were tested/inspected in the last two years?

Electrical System

Please indicate month/year testing was done (example: 3/10)

Light Levels

39. Fields tested/inspected by qualified technician?

Electrical System

Light Levels

# Equipment – Look good, Feel good, Play good... (and be safe!)

League equipment will be inventoried, stored, and inspected at least twice annually for serviceability and safety purposes: once at the time that league equipment is checked out to coaches, managers, and other volunteers and again as it is returned. The Arvin Little League Equipment Manager will review all equipment and will make recommendations to the entire Board for replacement or upgrades as needed to – at the very least – comply with all current Little League rules and regulations.

## Equipment Checklist

### Keep Your Players Safer

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

#### REQUIRED PLAYER EQUIPMENT

##### Defense

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

##### Offense

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

#### REQUIRED FIELD EQUIPMENT

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

#### OPTIONAL PLAYER EQUIPMENT

##### Defense

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

#### Offense

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

#### OPTIONAL FIELD EQUIPMENT

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

## Make Sure Players Wear Helmets When Required

*One concern for any league should be that its players and volunteers follow proper procedures for wearing helmets.*

**Here are some reminders on helmet use, for both practices and games:**

### Catcher's helmet and "dangling" throat guard

- Warming up a pitcher
- Catching during infield/outfield warm-ups
- Playing position of catcher during games or practices (with chest protector, shin guards, and cup for males)
- **NOTE:** Skull caps not permitted

### Batting helmet (facemask optional)

- Batting practice (anywhere on field or in batting cage)
- Batting in games
- Running bases
- Pitching practice (standing in batter's box while pitchers throw to catcher)
- Players coaching first or third bases in coaches' boxes
- *Optional:* Adults coaching first or third bases in coaches' boxes

# Concessions and Food Safety

When and if the Arvin Little League operates concessions of any kind on its own, the Board will ensure at least one member is certified in Food Handling and Food Safety by a nationally-recognized organization and via a nationally-accepted examination process. If the league does not operate the concessions stand, it will require that those who operate such facilities at league-sponsored events have at least the same certifications to ensure food safety for all who attend Arvin Little League events. Certifications will be documented (with supporting licenses, certificates, etc., where applicable) and kept on file for at least two years. The league will not shoulder the cost of said certification if the concessions operations are not operated directly by the Arvin Little League Board.

Where required, municipal Health Department inspections and licensing will be sought out and obtained – and displayed prominently – in any concessions or concessions-like activity, regardless of the operator.

## Concession Stand Tips SAFETY FIRST

### Requirement 9

#### 12 Steps to Safe and Sanitary

*Food Service Events: The following information is intended to help you run a healthful concession stand.*

*Following these simple guidelines will help minimize the risk of foodborne illness.*

*This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

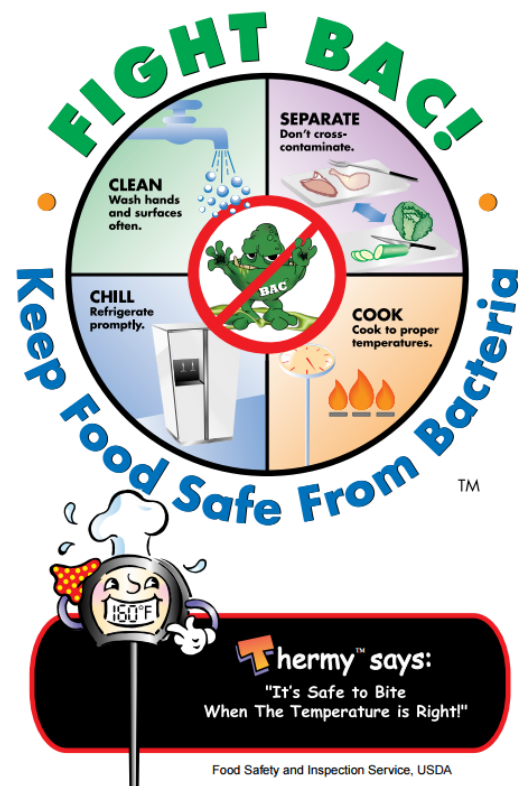
#### 12. Food Storage and Cleanliness.

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

#### 13. Set a Minimum Worker Age.

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

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



# Administration – Players Information, Registration & Volunteer Information Uploads, etc.

The Arvin Little League will ensure that all data compiled during the registration process – including player information, parent & guardian contacts, manager and coach data, etc. – is uploaded to the Little League Data Center as required. Further, the league will ensure this data is maintained for league use for at least two years.

The league Player Agent will take on the compilation and upload functions and the league Secretary will maintain associated records for the league's purposes (contacting parents, documenting membership, etc.).

To formalize and gain approval for this plan, it will be completed and submitted with the "Qualified Safety Plan Registration Form", including details on where ASAP plan requirements are met, league signatures, etc.

**LITTLE LEAGUE® DATA CENTER**



[MAIN MENU ▾](#) **District CA 61** 04056100 (settings) | LOGOUT

**Manage Rosters**

- [Upload Player/Registration Data](#)
- [Upload Manager/Coach/Volunteer Data](#)
- [View Upload History](#)
- [Download LLB Roster Spreadsheet](#)
- [Download Player Registration Data Spreadsheet](#)
- [Download Manager/Coach/Volunteer Data Spreadsheet](#)
- [View Leagues Roster Status](#)

|    | A                                                                                                                                                                                                                                                                                     | C    | D          | E         | F         | G         | H    | I     | J   | K       | L             | N                    | O                   | P               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|-----------|-----------|-----------|------|-------|-----|---------|---------------|----------------------|---------------------|-----------------|
| 1  |                                                                                                                                                                                                    |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 2  | <b>Player Registration Data Spreadsheet - Use this worksheet to input all player registration data</b>                                                                                                                                                                                |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 3  | You may paste your data into the worksheet below following the instructions from the "Directions" page. If you would like to enter your data one person at a time using a form, from the Excel menu select "Data" then "Form". Click "OK" to the message data entry form will appear. |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 4  | Put your mouse on the red triangle on the field names for a list of valid values for that field.                                                                                                                                                                                      |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 5  | Once your data entry is complete, you may create a file suitable for export to the Little League datacenter by clicking on "Export File" below.                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 6  | See "Directions" tab at the bottom of this page for instructions on where to locate your export file!                                                                                                                                                                                 |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 7  | <a href="#">Export File</a>                                                                                                                                                                                                                                                           |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 8  | Division #                                                                                                                                                                                                                                                                            | Role | First Name | Last Name | Address 1 | Address 2 | City | State | Zip | Country | Date of Birth | Parent #1 First Name | Parent #1 Last Name | Parent #1 Email |
| 9  |                                                                                                                                                                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 10 |                                                                                                                                                                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 11 |                                                                                                                                                                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 12 |                                                                                                                                                                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |
| 13 |                                                                                                                                                                                                                                                                                       |      |            |           |           |           |      |       |     |         |               |                      |                     |                 |

# Training Parents, Coaches, Managers, etc., on What to Expect If an Injury Occurs

## WHAT YOU SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE:

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimants must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, 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 after the 52-week time limit when: (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained. (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. a maximum of \$1,500 or 2. Reasonable Expenses 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 occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

# Arvin Little League Site Plan(s)



## **Kovacevich Park** - Game & Practice Site

All coaches have first aid kits in their equipment bag plus 2 full kits are always in the concession stand.



## **DiGiorgio Park** – Game & Practice Site

All coaches have first aid kit in their equipment bag at all plus 2 kits in the equipment building

# Arvin Little League ASAP Plan Supplement

# Coaches Code of Conduct

## CODE OF CONDUCT – Coaches are Role Models

*"Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them."*

**George Colby**  
Easton, Conn., Little League, District 2

*Editor's Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.*

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

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

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

**No Playing in parking lots** at any time.

**No Playing on and around lawn/maintenance equipment.**

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

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

**No throwing balls** against dugouts or against backstop.

**No throwing rocks** and no climbing fences.

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

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

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

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

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

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

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



# Keeping Them Safe

## ***SAFETY CODE – Dedicated to Injury Prevention***

*Responsibility for Safety procedures should be that of an adult member of the \_\_\_\_\_ Little League.*

Arrangements should be made in advance of all games and practices for emergency medical services.

Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager.

No games or practices should be held when weather or field conditions are bad, particularly with lightning.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and 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 endanger 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 during batting practice and games.

Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.

Except when runner is returning to a base, head-first slides are **not** permitted.

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."

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

Managers and Coaches may NOT warm up pitchers before or during a game.

On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).

All managers are required to attend \_\_\_\_\_ Little League-sponsored managers clinic and all coaches are invited as well.

Our \_\_\_\_\_ Little League runs background checks on all of the managers, coaches and other applicable volunteer applicants.

# Volunteer Code of Conduct



## ***Must Understand and Comply with Code***

*(The following is an example of a Volunteer Code of Conduct Contract which Little Leagues may emulate.)*

The \_\_\_\_\_ Little League Board of Directors has mandated the following Code of Conduct. All 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 mail to \_\_\_\_\_, 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 unsportsman-like 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 Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- ◆ Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- ◆ Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- ◆ Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- ◆ 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 manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- ◆ 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 expulsion from the game.

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