

# **Northwest Connecticut Steve Blass Little League A Safety Awareness Program (ASAP)**

The ASAP Mission: To increase awareness of the opportunities to provide a safer environment for kids and all Little League participants

1. League Safety Officer: Dan Odell on file with Little League Headquarters
2. Northwest Connecticut Steve Blass Little League will distribute a paper copy of this Safety Manual to all managers, coaches, league volunteers, board members, and the district administrator. A copy will also be posted in the concession stand and one kept on file with the league administration.

3. **League Board Members**

League President:	Bobby Foley 860-921-1371
League Vice President:	Brian Allyn 860-307-3461
League Safety Officer:	Dan Odell 860-309-1679
Secretary:	Heather Zucco 860-671-0997
Treasurer:	Erin Ohler 860-841-5664
Board Member:	Doug Murray 860-248-9615
Umpire in Chief/Player Agent	Adam Bunce 860-248-0970

#### **Emergency Contacts**

Emergency Phone Number	911
State Police (Troop B)	860-824-2500
North Canaan Fire and Rescue	860-824-7366
Sharon Hospital	860-364-9887
Fairview Hospital	413-528-8606
Charlotte Hungerford Hospital	860-496-6666

All injuries will be reported immediately. An injury report is to be filed (see attached)

4. Northwest Connecticut Steve Blass Little League will use the Official Little League Volunteer Application Form, see attached, to screen all of our volunteers.
  5. Fundamentals training date is TBD. At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years. Training location TBD(training may be via Zoom)
  6. First Aid Training: April 2023 at location TBD. Northwest Connecticut Steve Blass Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this meeting once every 3 years.
  7. Coaches will be required to walk/inspect fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game. Any maintenance issue or defect must be reported to the field maintenance supervisor or safety officer.
  8. Northwest Connecticut Steve Blass Little League has completed and updated our 2023 Facility Survey on-line
  9. Concession stand safety a limited menu shall be posted and approved by the safety officer and the league president. Our Concession Safety Procedures will be posted several times on the stand.
  10. The League Safety Officer will inspect all equipment in the pre-season. Managers/coaches will inspect the equipment prior to each game. Umpires will be required to inspect the equipment prior to each game.
  11. Implement Prompt Accident Reporting. The league will use the provided incident tracking form from the LL website and will provide completed accident forms to the safety officer within 24-48 hours of the incident. Please see the copy of the accident reporting form.
  12. Each team will be issued an updated first aid kit and is required to have it at every practice and game. There is also a first aid kit and ice packs in the umpire storage area behind the visitor's dugout and in the concession stand.
  13. Northwest Connecticut Steve Blass Little League will require all teams to enforce all little league rules including:
    - a. Proper equipment for catchers
    - b. No on-deck batters
    - c. Bases will disengage on all fields
  14. Northwest Connecticut Steve Blass Little League will submit player roster and data and coach manager data via the Little League Data Center at [www.littleleague.org](http://www.littleleague.org)
  15. Northwest Connecticut Steve Blass Little League will include a qualified safety plan registration form with this ASAP.
-



# 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
------	-------	------------------------

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.



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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for 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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# 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 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
		( )	( )
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

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

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (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 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_



## Little League® 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.

**It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.**

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

### **WHAT PARENTS 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 claimant 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.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

**Se sugiere que este memo se reproduzca en el papel membretado de su liga con la firma de su presidente u oficial de seguridad y se distribuya a los padres de todos los participantes en el momento del registro.**

**PRECAUCIÓN:** El equipo de protección no puede prevenir todas las lesiones que un jugador podría recibir al practicar Béisbol /Softbol.

### **LO QUE LOS PADRES DEBEN SABER ACERCA DEL SEGURO DE LAS PEQUEÑAS LIGAS**

El Programa de Seguro de las Pequeñas Ligas está diseñado a producir protección a todos los participantes al costo más económico a la liga local. La Política de Accidentes del Jugador de las Pequeñas Ligas es un plan de cobertura extra solo para accidentes, para usar como suplemento para otros seguros llevados bajo las políticas de una familia o seguro proporcionado por el empleador del padre. Si no existe cobertura primaria, el seguro de las Pequeñas Ligas le proporcionará beneficios por cambios elegibles, hasta permisos Usuales y Acostumbrados para su área, después de un deducible de \$50.00 por reclamo, hasta el máximo de beneficios indicado.

Este plan hace posible ofrecer protección excepcional y alcanzable asegurando a los padres quienes su cobertura adecuada están en función para todos los eventos y programas aprobados por las Pequeñas Ligas asegurados.

Si su hijo tiene una lesión cubierta mientras forma parte de un juego o práctica programada de las Pequeñas Ligas de Béisbol o Softbol, así es como funciona el seguro:

1. Se debe completar el formulario de notificación de accidente de las Pequeñas Ligas de Béisbol por los padres (si el demandante es menor de 19 años) y un oficial de la liga y dirigido directamente a la Sede de las Pequeñas Ligas dentro de 20 días después del accidente. Se debe sacar una copia del formulario y lo debe mantener el padre/demandante. Se debe iniciar el tratamiento médico/dental dentro de 30 días del accidente de la Pequeña Liga.
2. Facturas detalladas, incluyendo la descripción del servicio, fecha del servicio, procedimiento y códigos de diagnósticos para servicios/provisiones médicas y/u otra documentación relacionada a un reclamo por beneficios deben proporcionarse dentro de 90 días después del accidente. De ninguna manera tal prueba debe proporcionarse después de 12 meses a partir de la fecha inicial en que incurrió el gasto médico.
3. Cuando está presente otro seguro, los padres o el demandante debe dirigir copias de la Explicación de Beneficios o Notificación/Carta de Negación de cada cargo directamente a la Sede de las Pequeñas Ligas, aún si los cargos no exceden el deducible del programa de seguro principal.
4. La política proporciona beneficios para gastos médicos elegibles incurridos dentro de 52 semanas del accidente, sujetos a provisiones de Cobertura Excesiva y Exclusión del plan.
5. Beneficios médicos/dentales limitados diferidos pueden estar disponibles para tratamiento necesario después del límite de 52 semanas cuando:

(a) Los beneficios médicos diferidos aplican cuando es necesario un tratamiento requerido para quitar un clavo/placa, aplicada para reconstruir un hueso al año de lesión, o para quitar una cicatriz, se requiere después del límite de 52 semanas. La Compañía pagará el Gasto Razonable incurrido, sujeto al límite máximo de \$100,000 de la Política para cualquier lesión a cualquier asegurado. Sin

embargo, en ningún caso se pagará a ningún beneficiario bajo esta provisión por cualquier gasto incurrido más de 24 meses desde la fecha en que ocurrió la lesión.

(b) Si el asegurado incurre una lesión, a los dientes naturales sanos y requiere un Tratamiento Necesario para esa lesión y se pospone a una fecha mayor a 52 semanas después de la lesión debido a, pero no limitado a, los cambios fisiológicos de un niño en crecimiento, la Compañía pagará al menos: 1. Un máximo de \$1.500 o 2. Gastos razonables incurridos por el tratamiento dental diferido.

Gastos Razonables incurridos por el tratamiento dental diferido solo se cubren si se incurren durante o antes el 23avo cumpleaños del asegurado. Gastos Razonables incurridos por terapia de tratamiento de endodoncia diferido solo se cubren si se incurren dentro de 104 semanas después que ocurrió la lesión.

No se hará ningún pago por tratamiento diferido a menos que el Médico entregue un certificado escrito, dentro de 52 semanas después del accidente, que el tratamiento se debe posponer por las razones antes declaradas.

Los beneficios se pueden pagar sujetos a la Cobertura Excesiva y las provisiones de Exclusiones de la Política.

Esperamos que este resumen escrito haya sido de ayuda para el mejor entendimiento de un importante aspecto de la operación del programa de seguro aprobado de las Pequeñas Ligas.



# Concussion

## INFORMATION SHEET



**CDC HEADS UP**  
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

# A Fact Sheet for YOUTH SPORTS OFFICIALS



One of the main jobs of a sports official is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports official, your actions (including strict officiating) help set the tone for safe play and can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep athletes safe:

### Create a culture of safety at a game or competition:

- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Penalize athletes for unsafe actions such as:
  - Striking another athlete in the head.
  - Using their head or helmet to contact another athlete.
  - Making illegal contacts or checking, tackling, or colliding with an unprotected opponent.
  - Trying to injure or put another athlete at risk for injury.
- At the pre-game or event meeting, remind coaches to talk with athletes about concussion so that athletes feel that it is their job to report a concussion or other injury right away.

## Watch out for possible concussions.

- Use injury timeouts to ensure that an athlete with a possible concussion is removed from play. When in doubt, sit them out!
- Enforce the rule that an athlete with a possible concussion *cannot return to play on the same day of the injury* and until seen and cleared by a health care provider.

### Keep up to date on concussion information:

- Review your state, league, and/or organization's concussion guidelines.
- Take a training course on concussion. CDC offers concussion training at no cost at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.
- Talk with other sports officials and review game film to help learn about the ways to enforce safe and fair play.

### Check out the equipment and sports facilities:

- Work with the game or event administrator to ensure the sports facilities provide a safe playing environment (e.g., remove tripping hazards, ensure goal posts have padding that is in good condition, etc.).
- When appropriate for the sport or activity, work with the game or event administrator and coach to make sure all athletes wear a helmet that fits well and is in good condition. There is no "concussion-proof" helmet, so it is important to enforce rules that protect athletes from hits to the head and when a helmet falls off during a play.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



**CDC HEADSUP**



**Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.** Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

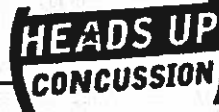
Athlete's Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

# Sportsmanship: Model it. Expect it. Enforce it.



## Enforce Safe Play. You Set the Tone for Safety.

### How Can I Spot a Possible Concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Sports Officials, Parents, or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

#### Symptoms Reported by Athletes

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure that an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs.

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

*The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.*



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

# HEADS UP CONCUSSION



## SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### > SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### > SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"



## ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. Remove the athlete from play.
2. Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider. Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. Record and share information about the injury, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. Inform the athlete's parent(s) or guardian(s) about the possible concussion and refer them to CDC's website for concussion information.
5. Ask for written instructions from the athlete's health care provider about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - > Be back to doing their regular school activities.
  - > Not have any symptoms from the injury when doing normal activities.
  - > Have the green-light from their health care provider to begin the return to play process.

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



For more information and to order additional materials **free-of-charge**, visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

**HEADS UP  
CONCUSSION**

# CONCUSSION IN SPORTS



## STATISTICS

In 2009,  
**NEARLY 250,000  
KIDS AND TEENS**

were treated in emergency  
departments for sports and  
recreation-related TBI,  
including concussion.

WHEN IN DOUBT,  
**>> SIT THEM OUT!**

WHEN APPROPRIATE, MAKE SURE AN  
ATHLETE USES THE CORRECT HELMET  
FOR THEIR ACTIVITY.



Wearing a helmet can  
help protect athletes  
from serious brain or  
head injuries.

THERE IS NO "CONCUSSION-PROOF" HELMET.

## LEARN CONCUSSION SIGNS SYMPTOMS

SEE FULL LIST OF SYMPTOMS @  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

- ☐ Headache
- ☐ Dizziness
- ☐ Blurred Vision
- ☐ Difficulty Thinking Clearly
- ☐ Sensitivity to Noise & Light

**if YOU THINK**  
AN ATHLETE HAS A CONCUSSION

USE THE HEADS UP ACTION PLAN

**1**

Remove the athlete from play.

**2**

Keep the athlete out of play until cleared by a doctor.

**3**

An athlete should not return to play until a physician has approved the athlete's safe participation.

**HELP KEEP ATHLETES SAFE from CONCUSSIONS**  
AND OTHER SERIOUS BRAIN INJURIES



Remind your athletes to tell  
coaching staff and family if  
they take a fall, have a  
repeated blow to the  
head, or experience a  
repeated loss of consciousness.



Make sure that children  
follow the rules for safety  
and the rules of the sport.



Encourage athletes to  
practice good sportsmanship  
at all times.



Keep the head injury  
action plan out  
of your child's pocket.

LEARN more AT:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)



U.S. Department of  
Health and Human Services  
Centers for Disease Control and Prevention





# 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, pled 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 pled 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](http://LittleLeague.org/BGStateLaws)

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

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

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

☐ JDP (includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)\*

OR

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International

☐ National Sex Offender Registry ☐ 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 applicant.



# Concession Stand Tips

## 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.

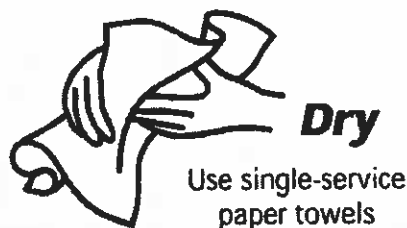
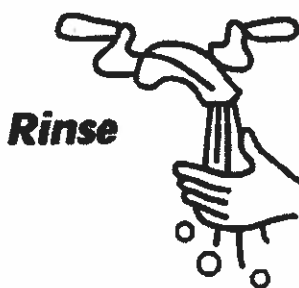
### 13. Set a Minimum Worker Age.

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.***

# Volunteers Must Wash Hands

## HOW



## WHEN

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

**Wash after you:**

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

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

Use gloves, tongs, deli tissue or other serving utensils.  
Remove all jewelry, nail polish or false nails unless you wear gloves.

**Wear gloves.**

when you have a cut or sore on your hand  
when you can't remove your jewelry

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

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



**UMASS  
EXTENSION**



# Good Procedures to Implement

## Checklist for Managers, Coaches, and Umpires

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

### A. Safe Playing Areas

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

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

### B. Safe Equipment

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

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

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

### C. Safe Procedures

Managers and coaches must:

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

### D. Weather Conditions

Before the Storm

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

#### Approaching Thunderstorm

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

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

**If caught outdoors & no shelter exists**

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

**What to do if someone is struck by lightning**

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



## **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**

# Umpire Guidelines

North Issaquah, Washington, Little League

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signaling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"

# Facility and Field Inspection Checklist & Hazard Reporting Form

Facility-Field Name \_\_\_\_\_

Reporting Party \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitcher's mound
- ☐ Warning Track condition
- ☐ Dugouts condition before and after games
- ☐ First Aid Kit Missing Items
- ☐ Bleachers
- ☐ General Garbage clean-up
- ☐ Conditions of restrooms and restroom supplies
- ☐ Other Hazard NOTES/ HAZARDS

---

---

---

---

---

RP Contact \_\_\_\_\_

# 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

**IMPORTANT:**

## BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

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

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

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

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

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

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

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

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

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

**Louisville Slugger – YB31**

**NIKE – Areo**

Spring 2009 5



## NWCTSBL

### Code of Conduct for Coaches, Players and Parents

- All coaches and players must conduct themselves in a sportsman-like manner. Head Coaches will take responsibility for the action of themselves, assistants, players, and parents at all Little League events in which they are participating.
- **Bullying will absolutely not be tolerated!!** Bullying is to be reported directly to NWCTSBL Board of Directors for immediate sanction.
- No profanity or misconduct (i.e., fighting) is permitted or tolerated at Little League sponsored events
- All umpire judgment calls will be honored and are not subject to protests. The Head Coach may protest the decision of an umpire if there is reasonable doubt that the umpire's decision may be in conflict with the Little League Baseball rulebook or provision contained within this document. (See Chapter 4.19 of the Little League Baseball Rules and Regulations regarding protests)
- At the Chief of Umpire's discretion and in accordance with Little League rules, any coach, player, or fan can be ejected or asked to leave the game or playing area. Any person ejected or asked to leave a game must leave the playing field immediately. The Chief of Umpire's will then file a return report to the League Director of Operations. If any coach, player, or fan is ejected, then a mandatory minimum 1 game suspension, to be carried out on the next game, will apply.
- The use of **ALCOHOL** (alcohol on the breath), **TOBACCO** products, or **DRUGS** is explicitly **PROHIBITED** at practices, games, or any other league sponsored events.

#### Players Code of Conduct

As a player in the NWCTSBL I understand that I am expected to abide by the Player's Code of Conduct guidelines described below:

- I will respect the game, my teammates, my coaches and the umpires.
- I will never argue an umpire's call.
- I will not make comments to an umpire from the field or bench.
- I will never argue a coach's decision.
- I will settle disagreements with coaches and other players in a confidential / private manner after games and practices and away from other players.
- I will never fault other players when mistakes occur.
- I will always listen to and look at a coach while they are talking.
- I will always be in control of my temper.
- I understand that swearing, throwing equipment (bats and helmets) or any other actions that detract from the game will result in immediate removal from the game and possible suspension.
- I will work hard for myself and my team.
- I will take pride in myself and everything I do on the ball field.
- I will make ever effort to maximize my playing ability.
- I will lead by being an example for my teammates.

- I will ALWAYS play by the rules.
  - I will always show up on time for games and practices.
  - I understand that the goals of playing NWCTSBLL are to have fun and develop my baseball skills and create team spirit.
- 

### **Coaches Code of Conduct**

As a manager or coach of a NWCTSBLL team, I hereby pledge to provide positive support, care, and encouragement for each child participating in Clark Little League by following this Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive support for all children, managers and coaches (including those of an opposing team). This applies to every game, practice, or any other NWCTSBLL event I will encourage good sportsmanship by demonstrating positive support for all umpires, league officials and parents at every game or event.
  - I will place the emotional and physical well-being of all children on all teams ahead of any personal desire to win.
  - I will ask my players to treat all other players, coaches, umpires, league officials, and parents with respect.
  - I promise to help my players enjoy NWCTSBLL by being respectful to all players, coaches, umpires league officials, and parents.
  - I will insist that my players are in a safe and healthy environment.
  - I will demand a drug, alcohol, and tobacco-free sports environment for my players and agree to assist by refraining from their use at all NWCTSBLL games, practices and events.
  - I will remember that NWCTSBLL baseball is for children and not for adults.
  - I will do all I can to make the game fun and safe for all the children involved in Clark Little League.
  - I understand that NWCTSBLL is a volunteer organization that requires all parents to participate in activities, such as field preparation, umpiring, snack-bar duty, and scorekeeping. I therefore agree to enlist the support of all the parents of my players in this effort.
  - I agree to be trained in the responsibilities of being a NWCTSBLL Manager or Coach, including attending all manager meetings and training clinics.
-



## **Parents Code of Conduct**

As a parent of a child playing in the NWCTSBLL, I agree to and will comply with the Parent's Code of Conduct outlined below:

- I will remember that my child plays for his or her enjoyment, not for mine.
- I will always encourage my child to play by the rules.
- I will always encourage my child to respect the coaches, their teammates and the umpires.
- I will never criticize umpire's judgment or direct negative comments towards them.
- I will not be a "Grand Stand" Manager during games or practices.
- I will always address any questions or concerns to the Coaching staff at the appropriate time, defined as after games or practices and away from the players.
- I will do my best to be a supportive, involved parent without interfering with the operation of the team.
- I realize that I have enrolled my child to have fun, develop their baseball skills and have a positive team experience and will do my best to support these objectives.
- I understand that the game of baseball is very difficult to learn and play.
- I will remember that children learn best by example. I will applaud the good plays by both my child's team and their opponents.
- I will teach my child that trying their hardest despite the score or situation is extremely important.
- I understand that the goals of playing Clark Little League are to have fun, develop my child's baseball skills and create team spirit.
- I understand that MY not abiding by the guidelines of this Parents Code of Conduct or by displaying any other inappropriate conduct will result in my being asked to leave the ball park and may possibly result in my child not playing

