

NJ District 12 Little League

To ensure everyone can hear clearly

PLEASE GO ON MUTE

If you have a question during the presentation,
please unmute yourself.

If your screen name does not clearly identify you,
please enter your name and league in the chat.

We will begin momentarily...

THANK YOU!



**New Jersey
District 12**



**Little League
Baseball**



**Little League
Challenger**



**Little League
Softball**



Safety Clinic



SAFETY ADMINISTRATION

NJ District 12 Little League



Long the pacesetter in youth sports safety, Little League has again taken the lead with the development of ASAP (A Safety Awareness Program). With the help of corporate sponsors Musco Lighting and AIG Companies, ASAP has created a network of more than 5600 safety officers working together for safety.

ASAP is a grassroots program based on communication of ideas. Leagues across the country contribute their safety ideas to ASAP News, a colorful, monthly newsletter. Safety officers can then find out what their peers are doing to make things “safer for the kids.” Introduced in 1994, ASAP has already increased Little League’s overall safety awareness and reduced insurance costs for participating leagues.



League Safety Officer

Coordinates all safety activities; ensures safety in player training; ensures safe playing conditions; coordinates reporting and prevention of injuries; solicits suggestions for making conditions safer; reports suggestions to Little League International through the league president and prepares the ASAP plan for submission to Little League International.

NJ District 12 Little League




ASAP Safety Plan 15 Requirements

1. Active Safety Officer
2. Publish and Distribute Safety Plan
3. Post and Distribute Emergency Phone Numbers
4. Volunteer Application Form
5. Provide and Require Fundamental Training
6. Require First Aid / Safety Training
7. Walk Fields Prior to Use
8. Complete Little League Facility Survey
9. Written Safety Procedures for Concession Stand
10. Regular Inspection of Equipment
11. Prompt Accident Reporting
12. First Aid Kit at Every Practice and Game
13. Enforce Little League Rules
14. Upload Player Registration Data
15. Something New

NJ District 12 Little League

Volunteer Application



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/localBOcheck 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.)

☐ 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/lq/statelaws

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 Ineligible/Suspended List
☐ 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

NJ District 12 Little League

Returning Volunteer Application

Little League® "Basic" Volunteer Application – 2023
Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit littleleague.org/local89check for more information.

All RED fields are required.

Name _____
First _____ Middle Name or Initial _____ Last _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Driver's license#: _____

1. 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 1, the local league must contact Little League International.)

2. 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 2, does not automatically disqualify you as a volunteer.)

3. 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 3, does not automatically disqualify you as a volunteer.)

4. 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 4, the local league must contact Little League International.)

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

<input type="checkbox"/> League Official	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Coach	<input type="checkbox"/> Manager	<input type="checkbox"/> Other _____
<input type="checkbox"/> Umpire	<input type="checkbox"/> Scorekeeper	

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

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/2023volley

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 Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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):
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☐ 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 Ineligible/Suspended list

☐ National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the law states where a fully name-match search 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.

NJ District 12 Little League

Volunteer Background Checks

- Little League provides 125 free background checks per league.
- JDP Background Screening is new Little League partner.
- Volunteers can conduct their own background check.
- Background Checks are REQUIRED for all volunteers who will have consistent and repetitive interaction with children.
- Some crimes that exclude a volunteer from participating with Little League:
 - Aggravated Child Abuse
 - Child Abuse/Child Abuse 2nd Degree
 - Felony Child Abuse-Serious Injury
 - First Degree Child Molestation
 - Risk of Injury to Child
 - Sexual Activity with a Child
 - Sexual Conduct with Minor
 - Showing Obscene Material to a Minor
- Local League decision to exclude volunteer based on criminal background.

NJ District 12 Little League


Emergency Vehicle Response Plan

- When calling 911 for an injury or other emergency, know your plan for guiding emergency vehicles.
- Someone should be near an entrance to point the emergency responders in the right direction.
- Make sure that all emergency lanes are clear at all times, to ensure easy access to all fields.



NJ District 12 Little League

Medical Release Form



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.

NJ District 12 Little League

AIG Accident Notification Form

LITTLE LEAGUE, BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

AIG

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.

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

League Name _____ League I.D. _____

Name of Injured Person/Claimant _____ SSN _____ PART 1 Date of Birth (MM/DD/YYYY) _____ Age _____ Sex ☐ Male ☐ Female ☐ Other _____

Name of Parent/Guardian, if Claimant is a Minor _____ Home Phone (Inc. Area Code) _____ Bus. Phone (Inc. Area Code) _____

Address of Claimant _____ Address of Parent/Guardian, if different _____

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐ Yes ☐ No School Plan ☐ Yes ☐ No

Date of Accident _____ Time of Accident _____ Type of Injury _____

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
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> (NOT GAMES)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S)
<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"/> (Submit a copy of your approval from Little League Incorporated)
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG (14-18)	<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 STROKE	<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 _____



SAFETY RELATED RULES

NJ District 12 Little League

Bat Rules – BASEBALL

As of January 1, 2018, the USA Baseball Bat Standard was implemented. USABat Standard bats must be used in the Little League Major Baseball Division and below. Either USABat Standard bats **or** BBCOR bats must be used at the Intermediate (50/70) Baseball and Junior League Baseball Divisions. At the Senior League Baseball Division, all bats must meet the BBCOR standard. Little League-approved baseball bats that were approved for use for the 2017 season ***will no longer be acceptable for use in any Little League game or activity*** as of January 1, 2018. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com.

Important Note: These changes only affect baseball divisions and don't affect any divisions of softball.

- Tee Ball Bat Sticker Program



NJ District 12 Little League

No On Deck Position in Little League

Rule 1.08 - The league shall furnish players' benches, one each for the home and visiting teams. Such benches should not be less than 25 feet from the base lines. They shall be protected by wire fencing.

NOTE 1: The on-deck position is not permitted in **Little League (Major) Division and below**.

A.R. - Fenced-in areas MAY NOT be used for an on-deck batter.

NOTE 2: Only the first batter of each half-inning will be permitted outside the dugout between half-innings in **Little League (Major) Division and below**.

A.R.—The next batter should be ready with a helmet on, but may not pick up a bat until it is his/her turn at bat.

NJ District 12 Little League

Equipment

- All protective helmets (batters and catchers) must meet NOCSAE standards and bear the NOCSAE stamp.
- Catchers must wear a combination helmet and mask. Skull caps are not permitted.
- Catchers must wear a dangling throat guard. This includes on “hockey-style” masks.
- Male catchers must wear a metal, or plastic type protective cup.
- Jewelry of any kind is not permitted to be worn.
 - Medical jewelry is an exception.
- Little League approved break away style bases must be utilized.
- Equipment should be inspected regularly and repaired or replaced as necessary.

NJ District 12 Little League

Pitcher Safety

Pitch Count Limits (**Baseball**)

Age	Pitch Count
13 - 16	95 per day
11 - 12	85 per day
9 - 10	75 per day
7 - 8	50 per day

Days Rest Rules (**Baseball**)

66 or more pitches	4 days rest
51 – 65 pitches	3 days rest
36 – 50 pitches	2 days rest
21 – 35 pitches	1 day rest
20 or fewer pitches	0 days rest

- Under no circumstance shall a player pitch on three consecutive days.

Innings Limits (**Softball**)

- Majors and Minors – Maximum of 12 innings per day.
- One day rest after seven innings.



NJ District 12 Little League

Lightning and Thunder

“If you see it - flee it, if you hear it - clear it”

- The field is cleared at the first sign of lightning or thunder.
- Each delay is a minimum of 30 minutes.
- Subsequent lightning or thunder resets the clock.
- Players **MUST** stay in dugout or protected area.



NJ District 12 Little League



BASIC FIRST AID

NJ District 12 Little League

What is First Aid?

First aid is the immediate care that you give someone with an illness or injury before trained help arrives and takes over. Trained help could be someone whose job is taking care of people who are ill or injured such as EMS responder, nurse, or doctor.

Your actions during the first minutes of an emergency can be critical. What you do may help a victim recover more completely or more quickly.

Most of the time you will give first aid for minor illnesses or injuries.

The first aid you provide may be critical in preventing a minor medical condition turn into a serious situation.

YOU CAN MAKE A DIFFERENCE!

NJ District 12 Little League

First Aid – Common Sense

- Be aware of special health needs.
 - Medical Release Forms - **Have available at all practices and games.**
- Know your own limitations.
- Don't be afraid to ask for help.
- Seek expert care when necessary.
- Always notify / involve parents.
- Use gloves for all open wounds or contact with bodily fluids.

NJ District 12 Little League

Evaluating an Injury

1 - Look

2 - Listen

3 - Feel

4 - Move

- Look for bleeding, discoloration, obvious broken bone
- Listen... what happened?
- Feel for swelling... grating of bone
- Attempt to move CAREFULLY. Never force movement!

P R I C E S

- P – Protect or Prevent
- R – Rest
- I – Ice
- C – Compression
- E – Elevate
- S - Support

NJ District 12 Little League

Breathing Problems

Signs of Breathing Problems

- Breathing is very fast or very slow
- Having trouble with every breath
- Noisy breathing - you hear a sound or whistle as the air enters or leaves the lungs
- Doesn't have enough breath to make sounds or speak more than a few words

Actions to Take

- Ask if the person has medication to help the condition (asthma, for example)
- Call 911 if
 - No medicine available
 - No improvement after taking medicine
 - Breathing gets worse, or person stops responding
- Stay with person until trained help arrives



NJ District 12 Little League

Seizures

Signs of a Seizure

- Lose muscle control
- Fall to the ground
- Have jerky movements of the arms and legs, and sometimes other parts of the body
- Stops responding

Actions to Take

- Protect the person from injury by
 - Moving objects out of the way
 - Placing a pad or towel under the person's head
- Call 911
- After seizure, if the person is not breathing, start CPR
- If head, neck, or spine injury is not suspected, turn person on side
- Stay with person until trained help arrives

Do not hold the person down, or put anything in their mouth!

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Shock

Signs of Shock

- Usually after some traumatic event or injury
- Feel weak, faint, or dizzy
- Skin is pale or grayish
- Acting restless, agitated, or confused
- Cold and clammy to the touch

Actions to Take

- Send someone for first aid kit
- Call 911
- Help person lie on back
- If there is no leg injury or pain, raise the person's legs just above the level of the heart.
- Use pressure to stop bleeding, if necessary
- Cover the person to keep warm

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Bleeding

Actions to Take

- Send someone for first aid kit
- Put on gloves
- Wash the wound well with water and soap, if available
- Apply a dressing or bandage to the wound
- **Apply pressure to the wound until bleeding stops**
- If bleeding is significant, or doesn't stop
 - Call 911
 - Check for signs of shock
 - Stay with person until trained help arrives

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Nose Bleed

Actions to Take

- Send someone for first aid kit
- Put on gloves
- **Press both sides of person's nostrils while they sit and lean *forward*.**
- **Place constant pressure on both sides of the nostrils for a few minutes until the stops.**
- If bleeding continues, press harder
- Call 911 if
 - Bleeding doesn't stop in about 15 minutes
 - The bleeding is very heavy
 - The person is having trouble breathing
- **Do not ask the person to put head back**
- **Do not use an icepack on the nose or forehead**
- **Do not press on the bridge of the nose between the eyes**

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Bleeding From Mouth

Actions to Take

- Send someone for first aid kit
- Put on gloves
- If bleeding is from tongue, lip, or cheek (or another area that can easily be reached), press the bleeding area with sterile gauze or a clean cloth
- If bleeding is deep in the mouth and can't be reached, roll the person on their side
- Check for signs of shock
- Call 911 if
 - The bleeding doesn't stop
 - The person is having trouble breathing

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Tooth Injuries



Actions to Take

- Send someone for first aid kit
- Put on gloves
- Check the person's mouth for any missing teeth, loose teeth, or parts of teeth
- If tooth is loose, have the person bite down on a piece of gauze to keep the tooth in place. Call dentist.
- If tooth is chipped, gently clean the injured area. Call dentist.
- If a tooth is missing, rinse the tooth in water, put the tooth in a cup of milk, then immediately go to dentist or emergency room with tooth.
- **Do not hold the tooth by the root.**
- **Do not try to re-insert a tooth.**

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Head, Neck, Spine Injury

Actions to Take

- Send someone for first aid kit
- Call 911
- Hold the head and neck so that the head and neck do not move, bend, or twist
- **Only turn or move the person if**
 - **The person is in dangerous area**
 - **You need to check breathing or open the person's airway**
 - **The person is vomiting**
- If person does not respond, start CPR
- If you must turn the person, be sure to roll them while the head, neck, and body is supported in a straight line so there is no twist, bend, or turn in any direction. This requires at least two people.
- If person is vomiting, roll onto side using above procedure

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Concussion

Signs of Concussion

- Headache
- Vision change
- Ringing in ears
- Nausea or vomiting
- Confusion or unsteadiness
- Altered emotional state

Actions to Take

- Remove the athlete from play.
- Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
- Do not try to judge the seriousness of the injury yourself.
- Inform the athlete's parents or guardians about the possible concussion.
- Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

<https://www.cdc.gov/headsup/youthsports/coach.html>

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Sprains and Broken Bones

Signs of Sprains and Broken Bones

- Swelling
- Redness
- Painful to touch
- Abnormal bending

Actions to Take

- Send someone for first aid kit
- Check for signs of shock
- Don't try to straighten or move any injured part that is bent, deformed, or possibly broken
- Cover any open wound with a clean dressing
- Put a plastic bag filled with ice on the injured area with a towel between the ice bag and the skin for up to 20 minutes
- Raise the injured part if doing so does not cause the person more pain
- Call 911 if
 - There is a large open wound
 - The injured part is abnormally bent
 - You're not sure what to do

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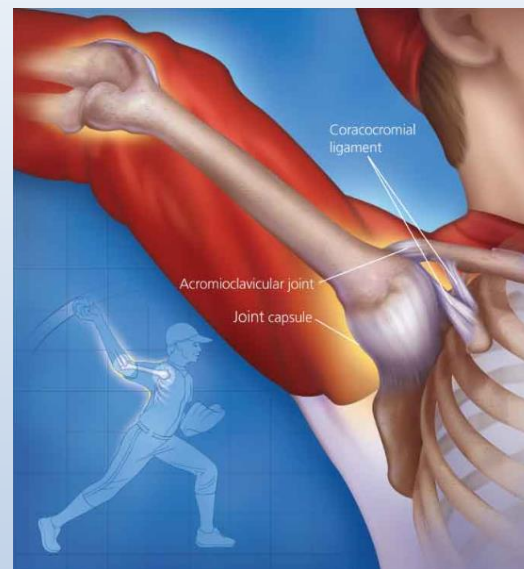
Overuse Injuries

Signs of Overuse Injuries

- Change in mechanics
- Limping
- Rubbing a sore area
- Fatigue
- Tenderness to pressure over area
- May be swelling

Actions to Take

- Stop activity and rest
- Put an ice bag wrapped in a towel or cloth over the affected area to help reduce swelling
- Contact a doctor prior to resuming activity



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Insect Stings



Actions to Take

- Send someone for first aid kit
- Check Medical Form for allergies
- Call 911 if the person indicates they are allergic or shows signs of an allergic reaction
- For a bee sting
 - Look for the stinger
 - Scrape away the stinger and venom sac using something with a dull edge such as a credit card
- Wash the bite or sting area with running water and soap
- Put an ice bag wrapped in a towel or cloth over the affected area to help reduce swelling
- Watch person for about 30 minutes for signs of an allergic reaction

Do not pull the stinger out with tweezers or your fingers. Squeezing the venom sac can release more poison

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Allergic Reactions

Signs of a Bad Allergic Reaction

- Trouble Breathing
- Swelling of the tongue and face
- Fainting

Actions to Take

- Send someone for first aid kit
- Check Medical Form
- Call 911
- Help the person get their epinephrine pen (Epi Pen)
- Remove cap and follow directions
- Hold pen in fist without touching either end
- Press the tip of the pen hard against the person's thigh half way between hip and knee. It can go through clothing.
- Hold pen in place for several seconds
- Remove pen and rub area for a few seconds
- **Write down time of injection and wait for trained help to arrive**



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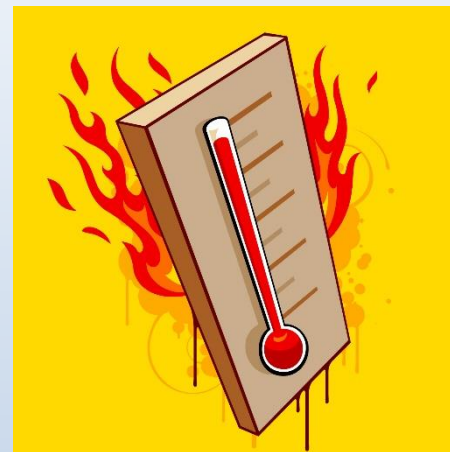
Heat Related Emergency

Signs of a Heat Related Emergency

- Muscle cramps
- Sweating
- Headache
- Nausea
- Weakness
- Dizziness

Actions to Take

- Move person to a cool or shady area
- Loosen or remove tight clothing
- Encourage person to drink water if they can sit and swallow
- Sponge or spray with cool (not cold) water and fan the person
- Call 911 if
 - There are signs of heatstroke
 - Person stops responding or does not get better



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Heatstroke

Signs of a Heatstroke

- Confusion or strange behavior
- Vomiting
- Inability to drink
- Red, hot, and dry skin (the person may stop sweating)
- Shallow breathing, seizures, or no response

Actions to Take

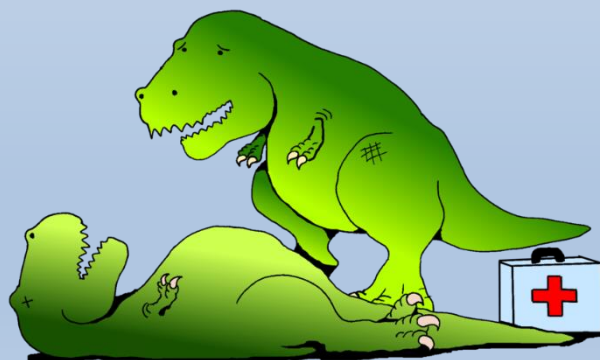
- Call 911
- Move person to a cool or shady area
- Loosen or remove tight clothing
- Sponge or spray with cool (not cold) water and fan the person
- Continue to cool the person until their behavior returns to normal or trained help arrives
- If person stops responding, start CPR if you know how

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CPR

- Strongly suggested to get CPR certified
 - Local hospitals
 - Ambulance squads
 - American Heart Association Classes
- Know who in your league knows CPR
- If person is not breathing, you have nothing to lose to try compressions

T-Rex *hates* **CPR**



Another theory on why they went extinct

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AED – Automated External Defibrillator

- Recognizes cardiac arrest that requires a shock
- Indicates when a shock is needed
- Gives a shock, if needed
- No training is needed to use one
- It is fully automated, there is no chance of delivering an unnecessary shock
- Know where the nearest AED is located

How to Use an AED

- Turn on power
- Attach pads according to printed directions
 - There are different pads for children and adults (over 8 years of age)
 - Place one on upper right chest, and one on left side
- AED will then automatically check heart rhythm
- AED will provide audible directions
- Push the SHOCK button when directed
 - Make sure everyone is away from the victim

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AED – Automated External Defibrillator

Situations to be aware of

- Move victim away from standing water
- Do not place AED pad over a medicine pad. Remove the medicine pad if necessary
- Implanted pacemaker or defibrillator
 - Look for a lump under the skin slightly smaller than a deck of cards
 - Place AED pads at least one inch away from lump
- If the victim has a hairy chest
 - Press down very firmly on pads to make skin contact
 - If AED says to check pads, pull pads off quickly to remove hair
 - If there is still too much hair, there should be razor in the AED carrying case
 - Use a new set of pads, and try again

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References

- American Heart Association Heartsaver First Aid with CPR & First Aid
- Trenton Orthopaedic Group, PA, “The Prevention and Emergency Management of Baseball and Softball Injuries
- <https://www.cdc.gov/headsup/youthsports/coach.html>

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Questions