

State College Little League

Coaching Playbook – Safety Basics

Safety Basics

Safety is a primary concern of parents while their children are participating in youth sports. SCLL takes safety seriously. Safety is an integral part of performing your duty as Manager or Coach. Our job as Managers and Coaches is to provide a safe environment for the kids to enjoy baseball. Safety starts with Team Managers. To accomplish this, the SCLL has created the following guidelines:

- All Managers and Coaches must have basic first aid training and CDC Heads Up Concussion Training Certification for Concussion
- **Medical Release Forms.** All SCLL players must have a completed Medical Release form before participating in any practice or games.
[LITTLE LEAGUE Medical Release Form](#)
- **Medical Release Forms kept with Managers/Coaches at all times.** Managers and Coaches must have completed Medical Release forms with them at all practices and game locations. These forms should be reviewed by Managers so they are aware of any special medical needs of their players. It is recommended that a copy of the Medical release forms be kept in the equipment bag, so a copy is on the field at all times. Originals are kept in the Manager's Notebook. These forms are important because they provide:
 - Contact information, in case of an emergency
 - Specific information about medical providers & conditions
- **First Aid Kits.** Kits are issued to Managers and are required to be kept with the equipment bag. Each of the playing fields has first aid kits in the snack shacks.
- **AED Device.** One is at every field. In case of emergency follow operating instructions provided by the AED Device.
 - **Montresor/Gill Press Boxes**
 - **Halfmoon Concession Stand**
 - **API Concession Stand**
 - **Sichler Press Box**
 - **Ferguson Equipment Shed**
- **Authorized Little League activities are covered by insurance provided that a Manager or Coach is present.** Teams may not begin practice or games without a Manager or Coach present.

In event of an emergency or injury

If a Little Leaguer® is injured during a game, practice, or other league-approved activity that may or may not require medical attention, league officials (manager/coach, Safety Officer, Player Agent, etc.) should follow these steps:

- Administer any initial first aid treatment (if necessary)
- If a player sustains a life threatening injury, call 911 immediately.
- Be sure to have the player's medical release onsite or easily accessible so anyone who may treat the player is aware of any allergies or special conditions.
- Contact the player's parent or legal guardian if they are not onsite at the time of the incident.
- Notify the SCLL Safety Officer and Player Agent as soon as possible.
- Document the incident with as much detail as possible using any league-created form [LITTLE LEAGUE ACCIDENT NOTIFICATION FORM](#)
- If medical attention is needed, be sure to have Accident Notification Claim Forms on hand to provide to the family (only for those leagues enrolled in the AIG Accident coverage for Little League) and explain the local league's Accident Insurance, whether they have it through the AIG group program for Little League or through another source.
- If a player misses seven (7) or more continuous days of participation, a physician or other accredited medical provider must give written permission for a full return to baseball/softball activity.
- In cases involving a possible concussion, the league must adhere to their respective state law with respect to removal of the player and return to play protocols after being released by a physician. It is recommended that a player suspected of sustaining a concussion be removed for at least the remainder of that day and then comply with PA CDC Heads up Concussion Management Program.

All injuries are to be taken seriously, and volunteers serving as managers and coaches are responsible for making the health and safety of the players the top priority. During all Little League functions, where a team of players is participating as a group, it is the responsibility of the manager and coaches to be advocates for safe behavior for each of the players on their team.

A team Little League games, if a player sustains an injury and is removed from the game, a team manager is not permitted to return said player to the game without first having a medical

professional at the game site clear the player. If the player does return to the game after being removed due to injury, he/she is required to complete mandatory play, if applicable.

Safety Reminders & Tips

Be observant. Inspect fields and play areas. Look for hazards such as water bottle tops, glass, divots, or rocks. Report any issues to the Field Committee. Get into a habit of checking the field and looking for potential hazards every time you step on the field.

Batting helmets. Batters and Runners must wear batting helmets at all times

- In batting cages
- On Deck areas
- Running Bases

Batting areas. Only Batters are allowed in the On Deck areas, no other players.
Throwing equipment. Do not throw equipment, bats, helmets, and gloves. Umpires are advised to warn managers, subsequent events result in outs.

Equipment storage. Designate areas to store equipment, bags, and gear during games, keep bats and other equipment out of the way when not in use; improper use of equipment can cause injury.

Live pitching in cages. Pitchers in the batting cages must use the L Screens.
Catcher's gear. Players warming up pitchers must wear full catcher's gear.
Warming up pitchers. Adults working with pitchers must wear a facemask.
Jewelry. No jewelry is allowed, except for medical ID bracelets.

Pets and Others. Only players on your roster are permitted on the field during practice time. No siblings or friends. No pets (dogs) are allowed on the fields at any time.

Concussion Training

[CDC Heads Up Concussion Training Certification](#) is free and takes less than 30 minutes to complete.

Concussion Basics

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a blow to the head or body, such as:
 - Another player
 - Hard surface (ground, dugout, walkway, fence, etc)
 - Object (ball or bat)
- A concussion can occur even if the person is NOT knocked unconscious

What to do if you suspect a concussion has occurred:

1. **Immediately remove the player from the game/practice or activity** and do not allow them to continue the activity. “When in doubt, sit them out”, don’t assume the player is ok. Follow Emergency Protocol listed above from Page 2, In Event of an Emergency.
2. **Notify the player’s parents**(see Team Manager for listing of Parents or Guardians listed on the Medical Release form).
3. **Ensure the player is evaluated by a healthcare professional.**
4. **Ensure the player has a medical release before returning back to practice/games or activity.** The player is not allowed to participate until “ok’d” by a qualified medical professional.

Signs observed by others, a that player may have a concussion:

- Dazed, stunned
- Confused
- Forgets, can’t recall events prior to incident, unsure of game, date, etc
- Shows behavior changes

Symptoms reported by the player that may have a concussion:

- Headache, pressure in the head
- Vomiting, nausea (sick to stomach)
- Dizziness, loss of balance
- Vision issues, blurry
- Sensitivity to light or sound
- Sluggish
- Problems concentrating

Managers and Coaches can minimize safety risk by being observant of the players, practice/game fields and conditions.

A FACT SHEET FOR Youth Sports Coaches



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury 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 brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.³ Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and “don’t feel right.”

Focus on safety at games and practices:

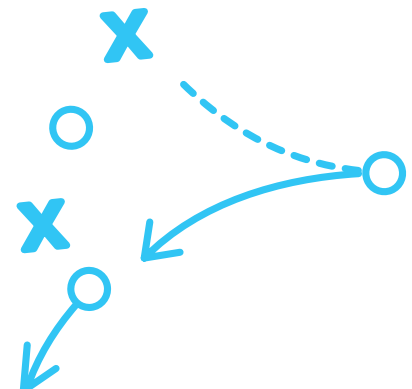
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.^{1,2}

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.⁴



How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who 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. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can’t remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not “feel right”

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Some athletes may not report a concussion because they don’t think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.⁵⁻⁷

What should I do if an athlete has a possible concussion?

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

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

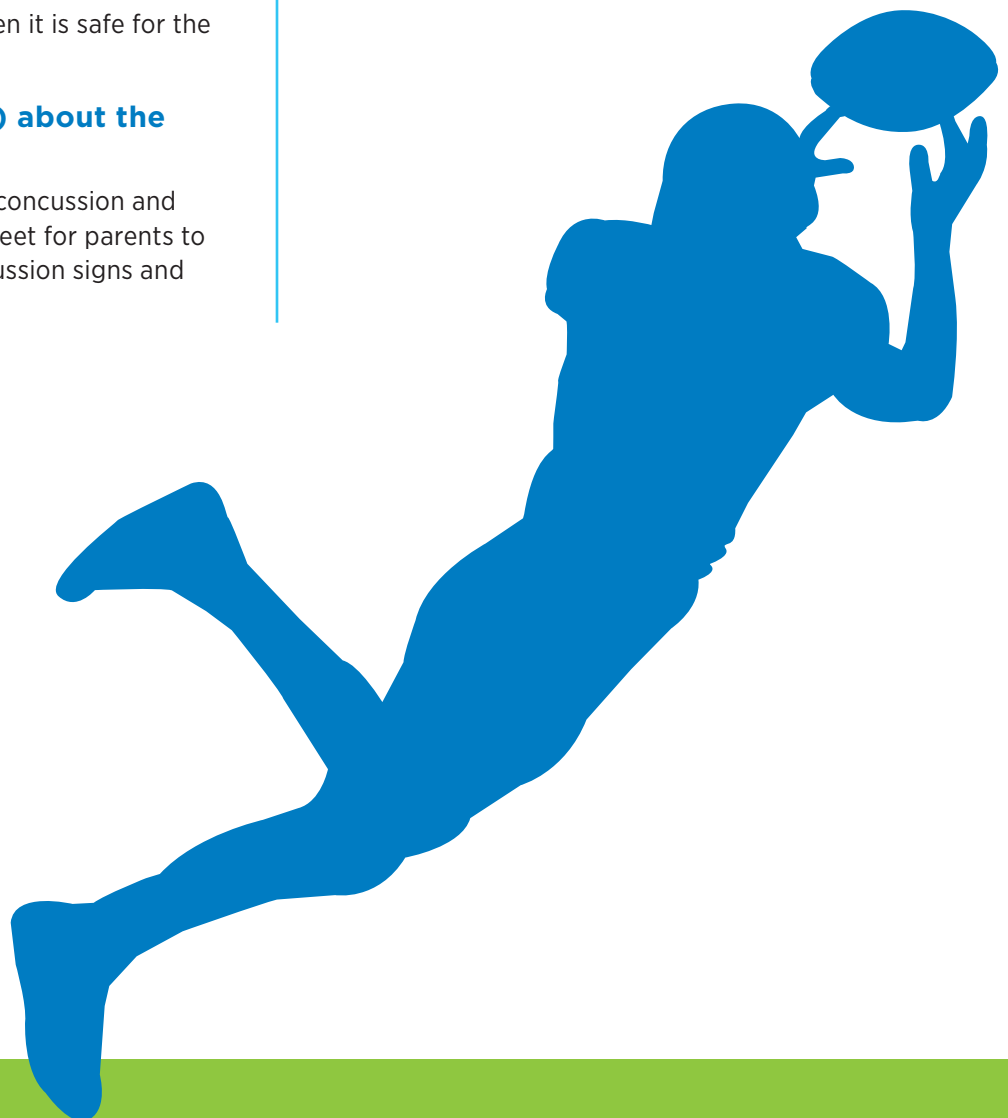
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



1. Chrisman SPD, Lowry S, Herring SA, et al. Concussion incidence, duration, and return to school and sport in 5- to 14-year-old American football athletes. *J Pediatr*. 2019;207:176-184. doi:10.1016/j.jpeds.2018.11.003.

2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

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 healthcare provider.

Revised August 2019

How to Create an Account in CDC TRAIN

1. Use your preferred internet browser and go to <https://www.train.org/cdctrain/>.
2. If you already have a TRAIN account (TRAIN National, or a state TRAIN account), enter your login name and then your password and select **Login**. If you do not have a CDC TRAIN account, click the **Create an Account** link.

The screenshot shows the CDC TRAIN homepage. On the left is a login box with fields for 'Login Name' and 'Password', a 'Login' button, a 'Keep me logged in' checkbox, and a 'Create an Account' link. The main content area has a 'Welcome to CDC TRAIN' message, a description of the TRAIN Learning Network, a collage of healthcare images, and a paragraph about the 1,000+ courses available. Below this is a 'First time to TRAIN?' section with instructions on account creation. At the bottom are four blue buttons: 'Learn how to use TRAIN', 'Learn more about CDC TRAIN', 'Find courses that offer continuing education (CE)', and 'Become a CDC TRAIN Course Provider'.

Account Creation

- Create your log in name. Your login name must be unique (with letters and numbers only), and you must enter a minimum of four characters.
 - Your password must contain at least six characters with at least one capital letter and one number.
 - Enter your work email address. If you don't have one, enter your school or personal email address.
 - Enter your first and last name.
 - Select your time zone. Your time zone should be the same area your zip code is located in.
 - Enter your work zip/postal code. If you do not have one, enter your school or personal zip/postal code instead.
 - You must agree to all of CDC TRAIN policies. It is recommended that you read through the policies. Be mindful that you cannot use CDC TRAIN until you agree to the policies.
 - After agreeing, click the **Next Step** button.
3. You will be prompted to select a more detailed group selection for CDC TRAIN. From the menu, select a Community of Practice/Group that aligns with your job role or work setting. Select **Other** if there are no matches for you. Select **Continue**.

CDC TRAIN

CDC TRAIN requires more detailed group selection. Please refine your selections below

Location / CDC

(Click any level to return to it)

Select: Community of Practice

Group search

[Academia & Research](#)

[DSTDP Workforce Enhancement Development Unit Learning Group](#)

[Environmental Health](#)

[HEADS UP Concussion Training](#)

[Health Educators & Learning Professionals](#)

[Laboratory Training](#)

[Leadership & Policy](#)

[Migration Health \(Private Group\)](#)

[Other](#)

[Practitioners & Clinicians](#)

[Preparedness & Emergency Response](#)

[Prevention & Promotion](#)

[Preventive Medicine and Population Health](#)

4. You will be asked to confirm your selection. Select the green button to confirm.

CDC TRAIN

CDC TRAIN requires more detailed group selection. Please refine your selections below

Location / CDC / [Academia & Research](#)

(Click any level to return to it)

Please review the group selections above for accuracy and make changes as necessary.

✓ Confirm these selections

Continue

Back

This will say HEADS UP Concussion Training

5. If you are in a TRAIN state you might be asked to select a group for the state. Make the best selection and then select the confirm button. Most states have a “not a state employee” option or something similar.
6. Once the selections are confirmed, select the blue Finish Creating Account button.

Join By Group Search

CDC

National/CDC
↓ HEADS UP Concussion Training

National/Pennsylvania
↓ Other (my organization isnt listed)
↓ Centre
↓ Non-EMS

7. The system will automatically log you in. Please use the **Your Profile** link either in notifications or in the top right corner (click on your name) to complete any required account information. You can search CDC TRAIN for courses without all required information, but in order to register and take a course you will need to complete your profile.

Classic TRAIN Administrator

CDC TRAIN

HOME
COURSE CATALOG
YOUR LEARNING
ADMIN
HELP

What do you think of the new site? Your opinion is important to us!

Announcements

[How to Become a TRAIN Affiliate](#)
Jan 26, 2017

Your Profile
Log Out, ADMINISTRATOR

8. Areas of your profile that need to be updated will have a red exclamation mark next to it. Select the exclamation mark to update each field. Once you have completed each field, you will need to save the entry by selecting the **Save** button on the top right corner of the page. Continue this action until all fields have been updated.
9. Select **Save** and your account is now set up! You can close this section and register for your course.

Cancel Save

Your Profile

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete. (Fields marked below are required)

Manage Groups	Organization	
Account	Organization Name	Department / Division
Contact	State College Little League	Baseball
Address		Bureau / Section
Organization		
Professional License Number		Title
Professional Role		Coach
Work Settings		
Demographic Information		
FEMA Student ID Number		
Professional Organization ID Number		

Registering for a HEADS UP To Youth Sports Course:

1. Select the appropriate link below to go to the course you need to take for HEADS UP:
 - a. Coaches version: <https://www.train.org/cdctrain/course/1089818/>
 - b. Parents version: <https://www.train.org/cdctrain/course/1089862/>
 - c. Sports Officials and Athletic Trainers version: <https://www.train.org/cdctrain/course/1089861/>
 - d. All others: <https://www.train.org/cdctrain/course/1089855/>
2. The course details will load for the course. Please read carefully for any instructions.
3. To register, select the green **Pre-Assessment** tab.

HEADS UP to Youth Sports: Online Training for Coaches



◀ Back

Pre-Assessment Save For Later

Web-Based Training - Self-Study ID 1089818 Skill Level: Introductory

0.45h

☆☆☆☆☆

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE

Coaches: Changing the Culture of Concussion Starts with You! By taking this free, online course and using what you learn, you will be well positioned to improve the culture of concussion. Your actions can help create a safe environment for young athletes so that they can stay healthy, active, and thrive – both on and off the playing field.

4. The pretest will load in a new tab. Please select the **Start Assessment** button.
5. When you have completed the pre-assessment, please exit the tab. CDC TRAIN will still be open in another tab. Please select the **Launch** course button to begin the course.
6. If you need to leave the course prior to completing it, TRAIN will hold you in progress. You can return to the course by logging back into CDC TRAIN and selecting **Your Learning** on the home page. Your course will be listed here. Click on the **In Progress** link to re-launch the course.
7. Once you have completed the course, select the course exit button to close the course.
8. CDC TRAIN will still be open in the browser. Please select the Assessment Pending button to begin the post assessment.
9. One you have completed to post assessment, close the tab to return to CDC TRAIN. If you passed the post assessment with an 80 or higher, a certificate will be placed in your certificates in CDC TRAIN (Your Learning/Your Certificates).
10. If you fail, you may retake the post-assessment.



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

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	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) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <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

- ☐ 01 1ST
☐ 02 2ND
☐ 03 3RD
☐ 04 BATTER
☐ 05 BENCH
☐ 06 BULLPEN
☐ 07 CATCHER
☐ 08 COACH
☐ 09 COACHING BOX
☐ 10 DUGOUT
☐ 11 MANAGER
☐ 12 ON DECK
☐ 13 OUTFIELD
☐ 14 PITCHER
☐ 15 RUNNER
☐ 16 SCOREKEEPER
☐ 17 SHORTSTOP
☐ 18 TO/FROM GAME
☐ 19 UMPIRE
☐ 20 OTHER
☐ 21 UNKNOWN
☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
☐ 02 BITES
☐ 03 CONCUSSION
☐ 04 CONTUSION
☐ 05 DENTAL
☐ 06 DISLOCATION
☐ 07 DISMEMBERMENT
☐ 08 EPIPHYSES
☐ 09 FATALITY
☐ 10 FRACTURE
☐ 11 HEMATOMA
☐ 12 HEMORRHAGE
☐ 13 LACERATION
☐ 14 PUNCTURE
☐ 15 RUPTURE
☐ 16 SPRAIN
☐ 17 SUNSTROKE
☐ 18 OTHER
☐ 19 UNKNOWN
☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
☐ 02 ANKLE
☐ 03 ARM
☐ 04 BACK
☐ 05 CHEST
☐ 06 EAR
☐ 07 ELBOW
☐ 08 EYE
☐ 09 FACE
☐ 10 FATALITY
☐ 11 FOOT
☐ 12 HAND
☐ 13 HEAD
☐ 14 HIP
☐ 15 KNEE
☐ 16 LEG
☐ 17 LIPS
☐ 18 MOUTH
☐ 19 NECK
☐ 20 NOSE
☐ 21 SHOULDER
☐ 22 SIDE
☐ 23 TEETH
☐ 24 TESTICLE
☐ 25 WRIST
☐ 26 UNKNOWN
☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
☐ 02 BATTING
☐ 03 CATCHING
☐ 04 COLLIDING
☐ 05 COLLIDING WITH FENCE
☐ 06 FALLING
☐ 07 HIT BY BAT
☐ 08 HORSEPLAY
☐ 09 PITCHED BALL
☐ 10 RUNNING
☐ 11 SHARP OBJECT
☐ 12 SLIDING
☐ 13 TAGGING
☐ 14 THROWING
☐ 15 THROWN BALL
☐ 16 OTHER
☐ 17 UNKNOWN

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 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)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal 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
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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/Legal 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.