



Joplin Softball Little League

2026 Safety Plan

Where Safety is part of our game!

Blinzler Softball Complex | Joplin, Missouri

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JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

SAFETY OFFICER RESPONSIBILITIES

Will inspect the fields with the President, VP and Umpire-in-Chief. They will check equipment before the season starts and during the season to make sure all equipment meets Safety guidelines.

They will keep a First-Aid Kit in the concession stand, where it is easily assessable to everyone.

Will keep a log on all injuries and follow up with families and players to see where they stand in terms of playing and just their overall well-being.

Will hold a required safety meeting for every coach and/or manager to attend to realize the importance of being smart with safety.

They will also hand out the equipment to those that require the use of league equipment, so they can keep track if things get broken or out-of-date.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

ZERO TOLERANCE POLICY

Actions of player, managers, coaches, umpires, and league officials must be above reproach. Anyone who is involved in a verbal or physical altercation, or an incident of unsportsmanlike conduct, at the game site or any other Little League activity, is subject to disciplinary action by the Local Board of Directors.

Disciplinary Action will be voted on by the board in accordance with the guidelines set up by Little League International and accordance with Joplin Softball Little League Softball Little League By-Laws.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

SAFETY CODE

- Only league approved manager and coaches, which have completed a background check, are allowed to be on the fields or in the batting cages with the players. If there is a person with the players that has not passed a background check will be asked to leave, and not be involved with team activities.
- All warming up by players should be conducted in the designated areas, located by their fields of play.
- All helmets need to have an approved face guard, they should bear the NOCSAE helmet, and should have no stickers added to the helmet. If they do have stickers applied the players will be asked to get a new one. Stickers hide damage and voids the factory warranty.
- No on-deck batters are allowed in Tee-Ball, Farm Club, and Minor leagues.
- All catchers must wear the following: a chest protector, shin guards, an NOCSASE approved hockey style helmet, and all helmets must always have a throat protector on their helmet.
- Managers should never leave a child unattended at a practice or a game, they should also never be alone with a child without another grown up present, one they are not married to or, a family member.
- Player will not wear watches, right, pins, jewelry and bows that are distracting while pitching.
- NO alcohol or drugs are allowed on the premises at any time.
- NO playing in the parking lot at any time.
- No playing in the construction areas or on the lawn equipment or machinery at any times.
- No swing or horse play with bats inside the players dugouts. Only in the designated area for warming up.
- No throwing rocks, climbing on fences, or swinging on the dugout roofs.
- No underage person should be allowed in the scorekeepers' boxes.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

CLINICS

Safety Clinic

All managers and coaches must attend a mandatory safety clinic held once a year. You will be given this date at evaluations.

Umpire and Coaches/Managers Clinics

An umpire, coaches, and managers clinics are provided every year by a certified Little League umpire. The clinic must be attended by all umpires, and at least 1 manager or coach from each team.

Scorekeeping Clinic

While this clinic is not mandatory it is helpful to help maintain the records for the park. This clinic will be provided after the umpire clinic and is strongly urged that you have several parents attend. Once they learn to keep score you will have few issues getting volunteers to do this task.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

EVACUATION PLAN

Severe storms, lightning, and fire are all possible in Southwest Missouri. For this reason, JSLL must have an evacuation plan.

Evacuation Procedures:

1. At that time, all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

SEVERE WEATHER PLAN

Weather

Most of our days in Southwest Missouri are warm and sunny but there are those days when the weather turns bad and creates unsafe weather conditions.

Rain

If it begins to rain:

1. Evacuate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evacuate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe – use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

SEVERE WEATHER PLAN — Lightning

Lightning

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flowing in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can *HEAR, SEE OR FEEL A THUNDERSTORM*:

- 1) Suspend all games and practices immediately.
- 2) Stay away from metal including fencing and bleachers.
- 3) Do not hold metal bats.
- 4) Get players to walk, not run, to their parent's or designated driver's cars and wait for your decision to whether to continue the game or practice.

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JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

SEVERE WEATHER PLAN — Hot Weather

Hot Weather

One thing we do get in Southwest Missouri is hot weather. Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

- Suggest players take drinks of water when coming on and going off the field between innings. (Drinking fountain located on the south side of the concessions stand.)
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
- If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

ACCIDENT REPORTING

What To Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first-aid MUST BE reported within 24 HOURS of the occurrence to the JSLL Safety Officer.

The attached Safety Form will be filled out and processed with Little League International. This information should be provided to the Joplin LL Softball Safety Officer when completed:

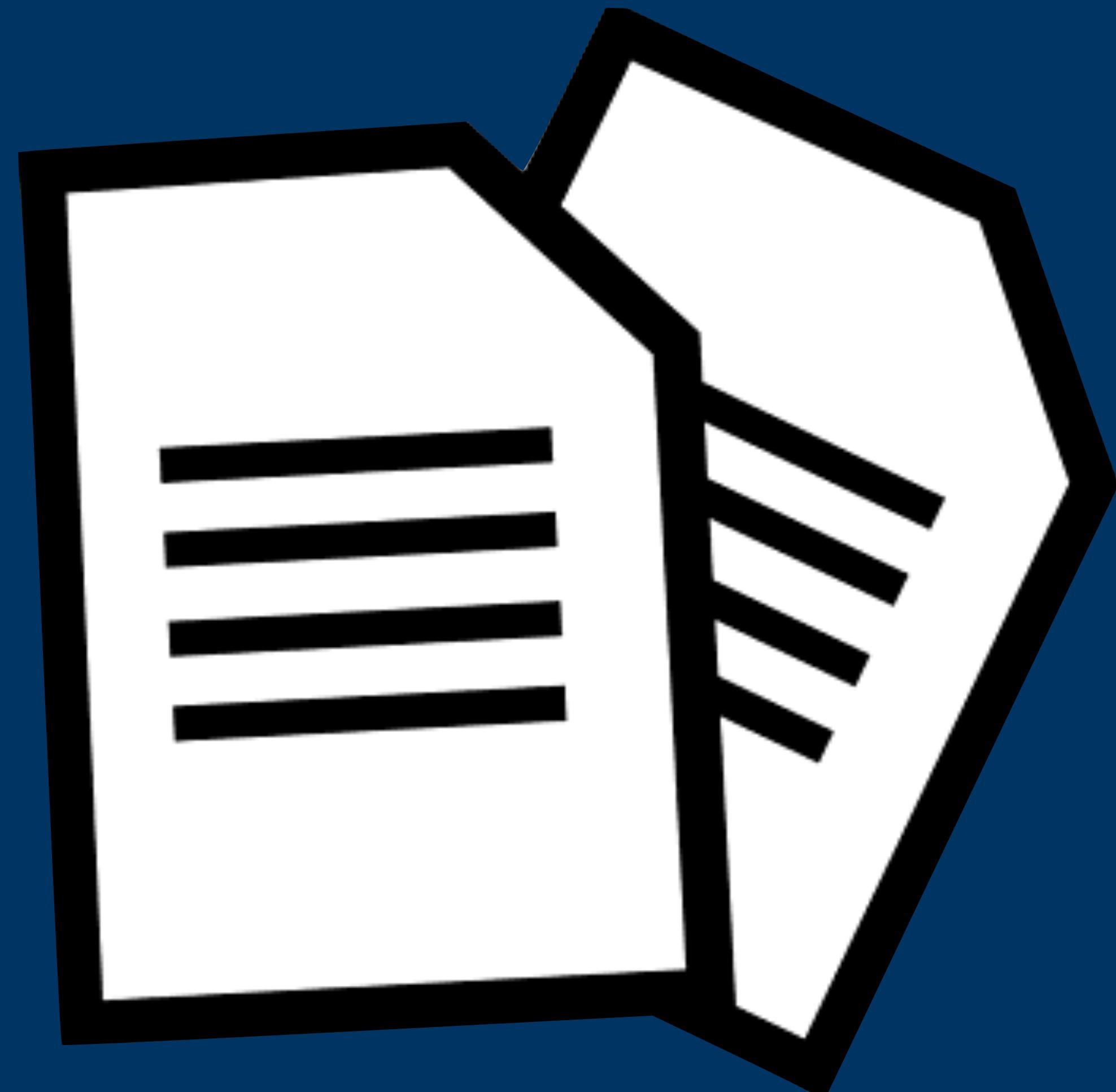
Corey Collett, Safety Officer

Phone – (479) 595-9199

Email – cwcollett@me.com

If the occurrence does not need medical attention please inform the JSLL Safety Officer above so they can keep track of all injuries or by contacting the park.

FORMS



JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

ACCIDENT NOTIFICATION FORM

Next 2 Pages

<https://www.littleleague.org/downloads/accident-claim-form/>

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	PART 1
Name of Parent/Guardian, if Claimant is a Minor		Date of Birth (MM/DD/YY)	Age Sex
		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

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

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

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

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

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

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> (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	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	PARAPLEGIC	<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

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS

ACCIDENT FORM INSTRUCTIONS

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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.

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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.*

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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.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

LOCAL LEAGUE ACCIDENT FORM

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<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's
Incident/Injury Tracking Report

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

City: _____ State: _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City: _____

Incident occurred while participating in:

A.) Baseball Softball Challenger TAD
B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury:

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident:

Could this accident have been avoided? How:

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

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Grounds Defect Volunteer Worker League Activity

Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

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

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

OTHER IMPORTANT MENTIONS

All coaches and managers should warm up their players for 15 minutes before the games or practices begin. Please make sure that no player throws long distant without warming up their arms. This will elevate issues later in life. It is also recommended that the catchers warm up their legs before squatting for long periods of time. Catchers and pitcher should ice their arms and knees (catchers) after games and practices. For more on warmups and other guidelines consult Little League.org.

Blood: if one of your players starts bleeding cover it as fast and as safely as possible. Inside the concession stand will be band aids and wound clean items for you to use.

Concession stand: No one should be in the concession stand without permission of the concession stand manager. There should be no horse playing and "hanging out" inside. This room has hot items and food that is being sold and stored and should be kept from as much contamination as possible.

The concession stand manager will keep the area clean and make sure all health guidelines are complied with. All workers before handling food will wash their hands in accordance with the CDC guidelines. Inside the stand will be a list of tips and requirements they should go by before, during and after games.

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JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

VOLUNTEER APPLICATION INFORMATION

All volunteers must complete a current year Volunteer application and the abuse awareness training. This can be done on our website joplinlittleleaguesoftball.org once you have filled out your application you will be directed to the Abuse Awareness Training that must be completed to be on the fields with the players. A background check will be initiated, and you will be contacted if there are issues.

A copy of the current year Volunteer application is attached; however, it **MUST** be completed online to be accepted.

JOPLIN SOFTBALL LITTLE LEAGUE SAFETY PLAN

VOLUNTEER APPLICATION

Next Page

<https://www.littleleague.org/downloads/volunteer-application/>



Little League® Volunteer Application – 2025

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

Visit [LittleLeague.org/LocalBGCheck](https://www.littleleague.org/LocalBGCheck) for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

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

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No

If yes, explain: _____

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

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

League Official Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStateLaws](https://www.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 _____

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

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

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

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

Mandatory Training Course is available at [LittleLeague.org/AbuseAwareness](https://www.littleleague.org/AbuseAwareness)

Last Updated: 12/4/2024

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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: _____

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Joplin Softball Little League

2026 Board of Directors

Freda Blinzler	President
Shelby Howard	Vice-President
Jim Cox	Treasurer
Donna Blinzler	Secretary
Courtney Buie	Player Agent
Corey Collett, Larry Sofia	Safety Officer, Umpire-in-Chief
Lindsey Howard	Concession Manager
Nate Gillen	League Information, Public Relations
Nick Barnard	League Coaching Coordinator



**THANK YOU FOR SUPPORTING
Joplin Softball Little League**

Where Safety is part of our game!

Blinzler Softball Complex | Joplin, Missouri