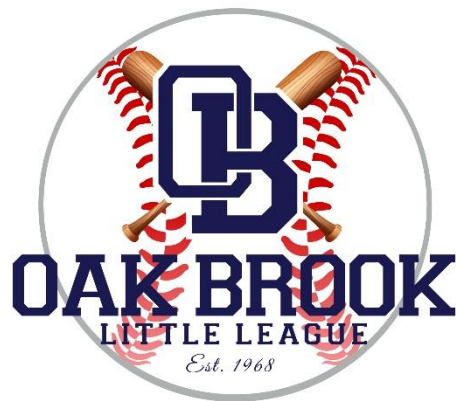
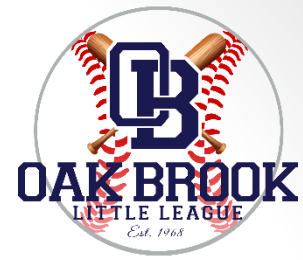


OAK BROOK LITTLE LEAGUE 2020 SAFETY PLAN

Oak Brook , IL
League #1131102
League Safety Plan



Qualified Safety Plan Requirements Compliance



1. League Safety Plan Officer: James Chow on file with Little League Headquarters.
2. Oak Brook Little League will distribute a paper copy of this Safety Plan to all Managers/Coaches, league volunteers and the District Administrator. Distribution will occur internally at February 17th, 2020 board meeting.

3. Emergency and Key Officials Contact Information:

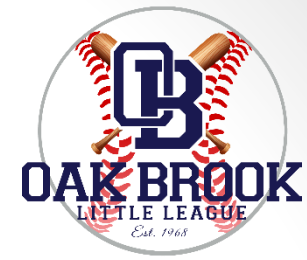
Oak Brook Police	911 (Emergency) 630-990-3030 (Non-emergency)
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Oak Brook Fire Department	911 (Emergency) 630-990-3040 (Non-emergency)
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Oak Brook Park District	630-990-4233
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League President	Leo Danielides	630-699-9423
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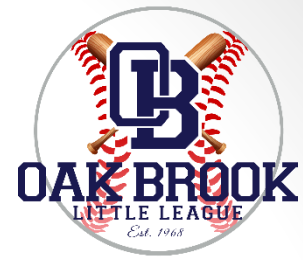
Qualified Safety Plan Requirements



3. Emergency and Key Officials Contact Information: (cont')

League Vice President	Keith Carlson	847 226-5743
League Secretary	Mike Kurkowski	312-961-1469
League Safety Officer	James Chow	312 545-5362
League Treasurer	Mark Iozzo	630 975-5600
League Other Officer	Anthony Calandriello	312 859-1232
League Member	Greg Huck	630 974-6052
League Member	Rick Joutras	847-840-4223
League Member	Lauren O'Connor	708-609-6845
League Member	Brad Beatty	312-933-0096
League Member	Kent Kalish	847-340-1067
League Member	Alan Sandberg	214-636-2385
League Member	Erik Martin	424-789-3827
League Chief Umpire	Joey Skokna	708-595-1782

Qualified Safety Plan Requirements



4. The Oak Brook Little League will use the **Official Little League Volunteer Application** form to screen all of our volunteers (Page 5-6, next 2 slides). This was sent out via email on January 15, 2020 to all board members and staff and sent out to any new volunteers. Background checks to be facilitated through the League website utilization of Sports Engine. The federal sex offender registry at the website: <http://www.nsopr.gov> will also be used as a background check.

5. Fundamentals Training:

At least one manager/coach from each team has attended the training. Every Manager/Coach will attend this training at least once every 3 years. A refresher clinic was conducted on 1/13/2020 and another is being planned at the Oak Brook Park District, 1350 Forest Gate Road. A sign-in sheet will be available at each clinic. In addition, we have contracted Willowbrook-Burr Ridge Baseball Training center for Spring training with every manager/coach to go over fundamentals of hitting, fielding and pitching with the players. There will be 8 sessions for each division prior to start of games. (Page 7-8, next 2 slides)



Little League® Volunteer Application - 2020

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 meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

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.)? Yes No If yes, list: _____

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 the Little League International Security Manager.)

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? Yes No

If yes, explain: _____

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/BeStateLaws

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):
Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

- JDP Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

**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.

Little League® “Basic” Volunteer Application - 2020

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 meet the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information.

All 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?

If yes, describe each in full: _____ Yes No

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager.)

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? Yes No

If yes, explain: _____

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

League Official Field Maintenance Concession Stand
 Coach Manager Other
 Umpire Scorekeeper

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
(used for background check (minimum of one must be checked) Regulation 1(c)9) Mandates all checks include criminal records and sex offender registry records

*JDP Sex Offender Registry Data and National Criminal Records
check, as mandated in the current season's official regulations

*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.

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/ByStateLaws

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.

Fundamentals Training Schedule

Oak Brook Baseball

Advancement Program

The Oak Brook Baseball Advancement Program is a multi-tiered plan to improve the quality of baseball play within the Oak Brook community. The end goal of this program is to improve the quality of play in enough athletes so as to develop our own travel program and prepare our children for their high school baseball experience. Our fallback goal is to prepare this year's roster of players to compete for roster spots within some of the neighboring travel baseball programs.

To accomplish these goals, we must undertake a multi-tiered approach to training both our athletes and coaches. We must be diligent in a consistent, team approach. By training our coaches, we elevate the quality of instruction and player management beyond the time the professional coaches are present. The player development comes from a myriad of clinics, private lessons and professionally-supervised practices.

Diligence and dedication are the keys to your success. The more a player works, the better they will get. If you want to see this improvement, I suggest you take a travel baseball approach to training your Little Leaguers.

Player Development

Player Winter Clinics

December through March

Sundays, 9am – 12pm @ Willowbrook-Burr Ridge Baseball Training Center

General clinic (age specific)

Position specific (pitch, catch, infield, hitting)

Beginner's clinics, "Rookie Ball"

Indoor Team Practices – led by professional coaches (8 per team)

Ancillary Professional Coaching Experiences

Fundamentals Training Schedule

Baseball 101 – A classroom of baseball for coaches and kids at OBPD 1 night/week for 4 weeks.

AGENDA

Rules

History

Players

Social decorum of the game

Highlights

How to keep score, chart, etc.

Coaching Development

Practice Management – show coaches how to set up a practice and keep Players on task.

Drills to improve skills.

Coaching today's child.

 Show how to motivate without coddling or enabling inappropriate behavior.

 Teach how to get the most out of players.

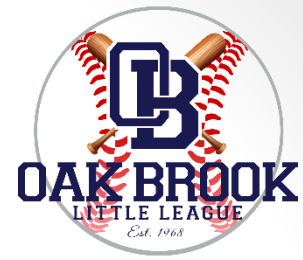
 Teach competitive edge.

 Understand sportsmanship.

Teach the game: understand the simplicity as well as the complexities.

Foundational Teaching Strategy – teach one concept at a time and then marry complementary skill sets.

Qualified Safety Plan Requirements

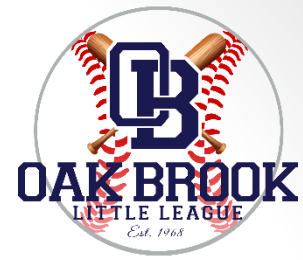


6. First Aid Training: **March 18, 2020**

The Oak Brook Little League will require at least one manager/coach from each team to attend the First Aid training. Every Manager/coach must attend this training once every 3 years. **Dr. Andrea Carlson** will conduct the training at the Oak Brook Park District on March 18th , 2020. Time is TBD.

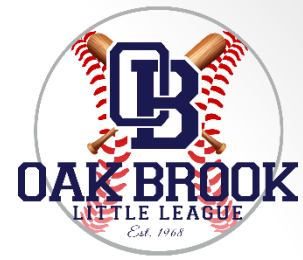
In addition to general first aid practices, as in the past, a special Concussion Specific Awareness and Required Action Plan will be presented and discussed.

Qualified Safety Plan Requirements



7. Coaches will be required to walk and inspect the fields prior to practices and games. Umpires will also be required to walk the field for hazards before each game. (Coach reminder sheet is attached to the end of document).
8. Oak Brook Little League has completed and updated the 2020 Facility Survey. (Attached to end of document).
9. Concession Stand Safety: NOT APPLICABLE
Since 2014, there has been no concession stand at Oak Brook Little League. Due to the lack of volunteers to operate it as well as its lack of proximity to the fields. At times the concession stand is now used as the equipment/uniform storage for the league.
10. The League Safety Officer will inspect all equipment in the pre-season.
 - All Equipment is cleaned and sanitized after each season
 - Managers/Coaches will inspect equipment prior to each game.
 - Umpires will be required to inspect equipment prior to each game.

Qualified Safety Plan Requirements



11. Prompt Accident Reporting

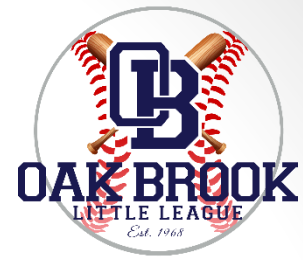
The Oak Brook Little League will use the provided incident tracking form from the Little League website and will provide completed accident forms to the Safety Officer or another Board member within 24 – 48 hours of the incident. Please see copy of the accident report form attached to the end of this plan.

12. Each Oak Brook Little League team will be issued an updated First Aid Kit and is required to have it at every practice and game. A First Aid kit will be available in the field boxes.

13. The Oak Brook Little League will require ALL TEAMS to enforce to enforce ALL LITTLE LEAGUE RULES. 2020 League Rule Handbooks were distributed to each Manager and all coaches

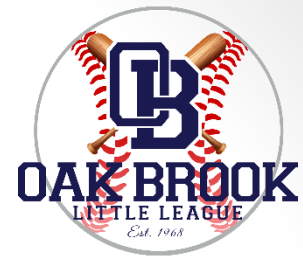
- There will be proper equipment for all catchers.
- There will not be any on deck batters allowed
- Coaches/Managers will not warm up pitchers
- Bases will disengage on all fields

Qualified Safety Plan Requirements



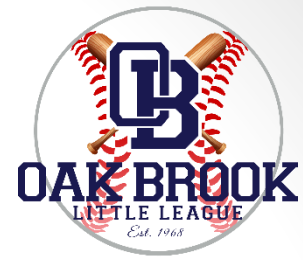
14. League player registration data or player roster data and coach and manager data must be submitted via our website located at www.oblitleague.com. Website is hosted by Sports Connect with approved transmission of registration data to Little League International via the little league data center.
15. The survey question located at the Little League Data Center has been completed.

Oak Brook Little League Game Time Code of Conduct



1. No alcohol allowed in any parking lot, field, or common area within the Oak Brook Park District Complex
2. No playing in the parking lots or driveway areas
3. No swinging bats or throwing baseballs any time within the walkways and common areas of the Oak Brook Park District
4. No throwing balls against the dugout , all catchers must wear full equipment when warming up pitchers
5. Observe all posted signs. Players and spectators should be alert at all times for foul balls.
6. During games, players must remain in the dugout area in an orderly fashion
7. Each team is responsible to clean their dugout and stands after every game

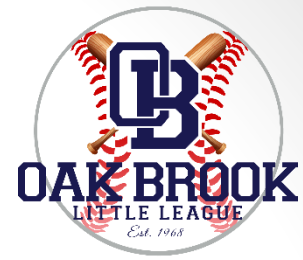
Oak Brook Little League Weather Emergencies



The Board is always exploring new procedures to teach coaches to assure the safety of players, coaches, staff, and parents during weather emergencies.

- During the playing season, the most common weather conditions we will be confronted with are thunderstorms, tornadoes and extreme heat. The most significant danger with thunderstorms is the possibility of lightning striking a player, coach or spectator at the park. Coaches are instructed to watch approaching storm clouds very closely.
- The Village has installed an Emergency Weather Siren to warn if severe weather is approaching or if a tornado has been spotted in surrounding communities.
- Heat related illness could strike at any time when the air temperature and humidity combine to create an environment that prevents a person's body from discharging heat properly. Measures may include changing practice times and supplying water to players during practices and games.

Oak Brook Little League Additional Attached Documents



- Little League Volunteer Application Form – 2020 (1 page)
- Little League “Basic” Volunteer Application Form – 2020 (1 page)
- “HEY COACH!!” reminder sheet (1 page)
- Little League Baseball Accident Notification Form (3 pages)
- 2020 Little League National Facility Survey

Facility and Field Inspection Checklist

HEY COACH!

HAVE YOU:

- Walked the field for debris/foreign objects
- Inspected helmets, hats, catchers gear
- Made sure First Aid kit is available
- Checked conditions of fences, backstops, bases and warning track
- Check weather conditions
- Made sure a working telephone/cellphone is available
- Conducted a warm-up drill

NOTES:

Signature _____

Note: Copy to be provided to Oak Brook Park District Field Supervisor

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
 Junior Senior Big League
- 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 to being allowed in a game or practice.)**Type of incident and location:**

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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	<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 (60/70) (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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide names and addresses of any known witnesses to the reported accident.		

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
------	---------------------------

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2019



League Name: Oak Brook Little League
 District #: IL #11
 ID #: # 1131102
 (if needed) ID #: _____
 (if needed) ID #: _____
 City: OAK BROOK State: IL

President: LEO DANILIDES Safety Officer: JAMES CHOW
 Address: 3001 GRANT STREET Address: 110 INMAN TRAIL ROAD
 Address: _____ Address: _____
 City: OAK BROOK City: OAK BROOK
 State: IL ZIP: 60523 State: IL ZIP: 60523
 Phone (work): 331-332-3466 Phone (work): 312-545-5362
 Phone (home): 630-828-2902 Phone (home): _____
 Phone (cell): 630-699-9423 Phone (cell): _____
 Email: OBLLPRESIDENT@YAHOO.COM Email: JJCHOW1@GMAIL.COM

PLANNING TOOL FOR FUTURE LEAGUE NEEDS


What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields		1	
b. Basepath/infield		1	
c. Bases		1	
d. Scoreboards		1	
e. Pressbox		1	
f. Concession stand		1	
g. Restrooms		1	
h. Field lighting		1	
i. Warning track		1	
j. Bleachers		1	
k. Fencing		1	
l. Bull pens		1	
m. Dugouts		1	
n. Other (specify):		1	

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes																				
16. What type of fencing material is used?	Chainlink	X	X	X																	
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X	X	X																
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X	X																
	Spray paint																				
	Commere'l marking																				
19. Is your the infield surface grass?	Yes																				
20. Does field have conventional dirt pitching mound?	Yes					X															
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X	X	X																
23. Backstop behind home plate?	Yes	X	X	X	X																
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes	X	X	X																	
24.a. If yes, what width is warning track? Please specify:	(Width in feet)	6	6	6																	
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes	X	X	X	X																
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	X	X	X	X																
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X	X	X																
33. Is the field lighted?	Yes	X	X	X	X																
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	X	X	X	X																
	Don't know				X																
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel	X	X	X	X																
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes	X	X	X	X																
37. Ground wires connected to ground rods on each pole?	Yes	X	X	X	X																
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System	X	X	X	X																
	Light Levels	X	X	X	X																
39. Fields tested/inspected by qualified technician?	Electrical System	X	X	X	X																
	Light Levels	X	X	X	X																

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes																				
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes	X	X	X	X																
41. Who owns the field?																					
	Municipal	X	X	X	X																
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal	X	X	X	X																
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal	X	X	X	X																
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal	X	X	X	X																
	School																				
	League	X	X	X	X																
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor				X																
	Major	X	X	X																	
	Jr., Sr. & Big	X	X																		
	Challenger	X	X																		
	50 - 70	X																			
46. What divisions of softball play on each field?																					
	T-Ball & Minor				X																
	Major				X																
	Jr., Sr. & Big	X																			
	Challenger	X																			
47. Do you plan to host tournaments on this field?																					
	Yes																				

SPECIFIC BALLFIELD QUESTIONS

+ Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
<p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center.</p> 	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
	FIELD 1	FIELD 2	FIELD 3	FIELD 4																		
	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	

Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)																					
1. How many cars can park in designated parking areas?	None																						
	1-50				X	X																	
	51-100	X	X																				
	101 or more																						
2. How many people can your bleachers seat?	None/NA																						
	1-100				X	X																	
	101-300	X	X																				
	301-500																						
	501 or more																						
3. What material is used for bleachers?	Wood																						
	Metal		X	X	X	X																	
	Other																						
4. Metal bleachers: Ground wire attached to ground rod?	Yes		X	X	X	X																	
5. Wood bleachers: Are inspected annually for safety?	Yes																						
6. Is a safety railing at the top/back of bleachers?	Yes		X	X	X																		
7. Is a handrail up the sides of bleachers?	Yes		X	X	X																		
	No																						
8. Is telephone service available?	Permanent																						
	Cellular		X	X	X	X																	
	Other																						
9. Is a public address system available?	Permanent		X	X	X	X																	
	Portable																						
10. Is there a pressbox?	Yes																						
11. Is there a scoreboard?	Yes		X	X	X	X																	
12. Adequate bathroom facilities available?	Yes		X	X	X	X																	
13. Permanent concession stands?	Yes																						
14. Mobile concession stands?	Yes																						

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4 FT	250	300	250	25	20	20	10	20	20	10
2	4 FT	185	210	186	15	20	20	10	20	20	10
3	4 FT	186	210	187	15	20	20	10	20	20	10
4	4 FT	180	180	180	15	20	N/A	N/A	20	N/A	N/A
5											
6											
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18											
19											
20											

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702