



Safety & Operations Manual 2025

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League ID # 2301212



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Welcome to the season!

Thank you for volunteering at Lawrence Little League®.

This Safety & Operating Manual is designed to create safety awareness, educate volunteers, and provide critical information to everyone involved in the operations of our League.

On an annual basis, this Safety Plan is updated by the Lawrence Little League Safety Officer, approved by the Board of Directors, and reviewed by the District Safety Officer.

LLL allocates specific funding annually in its operating budget for safety-related items such as padded guards for fence tops, repair of fences, proper batting facilities, and equipment and training required by ASAP (A Safety Awareness Plan). The LLL Safety Officer is a member of the BOD and on file with Little League International.

Additional information can be found at <https://www.littleleague.org/player-safety/asap/>. All Lawrence Little League families, coaches, and volunteers are encouraged to subscribe to the ASAP Newsletter from this website: <https://www.littleleague.org/email-sign-up/>

This manual communicates what is expected from all volunteers, and parents. Behavior that violates the tenants set forth in this document will be treated as misconduct and may result in the application of appropriate corrective action up to, and including, dismissal.

This manual is distributed in hard copy to all Managers, and is also available to download from our website at this page: <https://www.ltjbsa.com/Default.aspx?tabid=2743477>

Our Mission Statement

We strive to provide safe, low-pressure programs that let every child try, learn, and grow, while creating friendships and memories that will last a lifetime. We believe that community-based youth sports are an important platform for children to develop essential life skills like teamwork, resilience, and confidence.

We believe that providing a trusted, hometown space where kids can try, learn, and grow can make a lasting, positive impact on a player's development as an athlete and a person.

Getting up to bat is scary. But so is a job interview. Or giving a presentation. Life has a lot of scary moments, and part of growing up is learning how to deal with them. Sports create anxiety-filled situations where kids can learn to cope with pressure and shine, rather than struggle in the moment. Fundamentally, what happens on our fields doesn't matter, so players get to learn how to thrive in a setting that ultimately doesn't mean anything if they fail.

Our goals for each season:

- Ensure everyone gets a chance to play.
- Help everyone create lasting memories with their friends.
- Encourage everyone to discover important life skills like teamwork, perseverance, resilience, and sportsmanship.
- Equip everyone with the fundamental skills they need to try out for middle school softball/baseball.

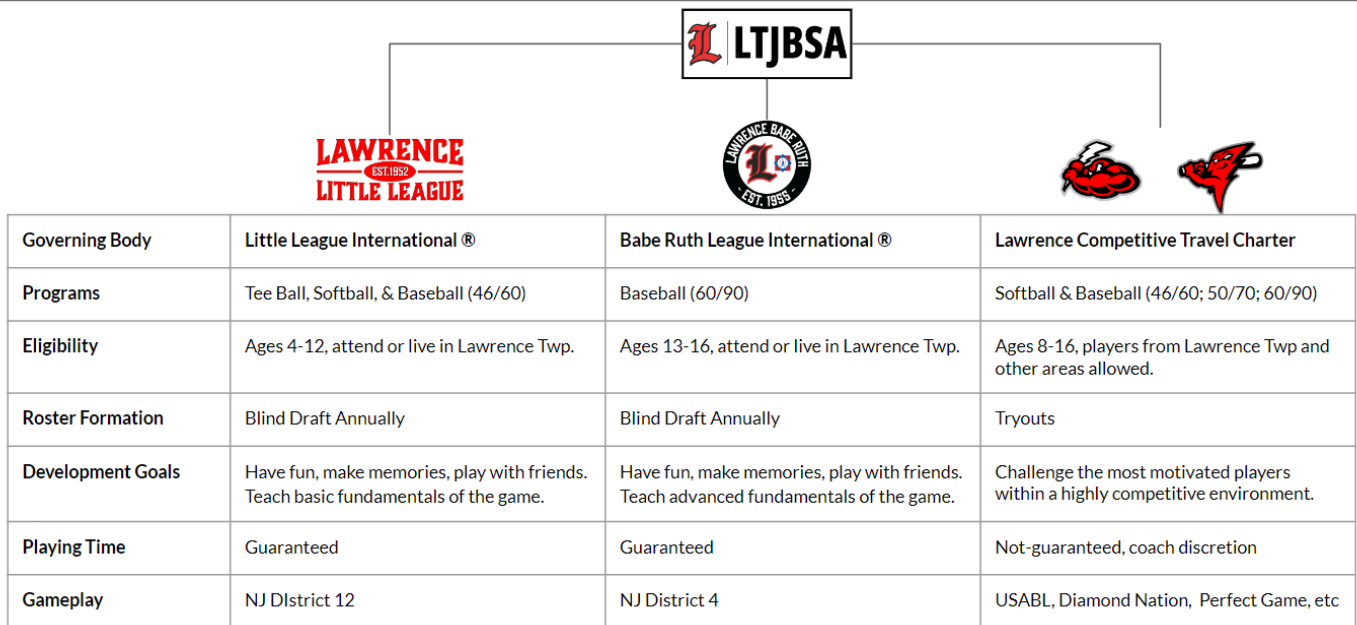


Lawrence Township Junior Baseball Softball Association

The LTJBSA oversees coordination of the Lawrence Babe Ruth League Baseball, Lawrence Little League Baseball & Softball and Lawrence Competitive Baseball & Softball programs for ballplayers in Lawrence, Ewing, and Hopewell, NJ Townships. The LTJBSA coordinates common operations of each program such as field and facility scheduling, maintenance, and safety procedures.

Our volunteer Board of Directors is elected annually, and consists of the presidents of each sub-organization, four independent Trustees (each with a two-year term), and the Lawrence Little League Treasurer, Safety Officer, and Head of Softball. Monthly meetings are held from September through June and are open to all members in good standing.

LTJBSA Organizational Structure



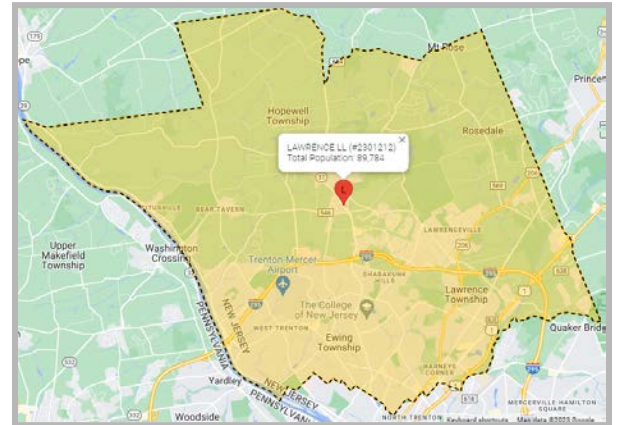
While they share Lawrence players, each organization has a different charter, purpose, and leadership.

Lawrence Little League Operating Structure

Since 1952, Lawrence Little League Softball and Baseball has provided Township girls and boys from age 5 through age 12 the opportunity to learn and love the game. We are an entirely volunteer organization of Lawrence Township residents that dedicate our summers to helping the children of Lawrence and Ewing Township make memories and build skills.

The League is chartered by Little League International® to operate within the boundaries of Lawrence, Ewing, and Hopewell Twp, New Jersey. Any child that resides in or attends school in our boundaries is welcome to play ball with us.

The League is governed by a Board of Directors elected annually by the adult membership of the League. This Board is responsible for the day-to-day operations of the League, within the rules, regulations, and policies of Little League International® and Lawrence, Ewing, and Hopewell Townships.



The 2025 LLL Board of Directors are:

President	Paul Alfieri	609-558-0555
Vice President	Jacob Zalaznick	512-968-4544
Treasurer	David Shockey	610-420-9822
Safety Officer	Ken Mitchell	609-847-0010
Secretary	Nicole Mottola	603-785-0501
Coaching Coordinator	Mike Russo	908-672-0176
Player Agent	Andrea Alfieri	609-647-3602
Ewing Twp Coordinator	Jim Gummel	609-575-0018
Volunteer Coordinator	Lisa Cox	609-214-3219
Director at Large	Ken Dobkin	973-769-0961
Past President	Sean Willever	609-374-6771

All terms are December 1, 2024 to November 30, 2025.

Code of Conduct

The LTJBSA Unified Code of Conduct establishes a foundation for the behavior we expect from players, parents, coaches, spectators, and guests associated with our organization. Each volunteer, player, and parent must agree to abide by this Code of Conduct while registering to play.

Be loud. Be proud. Be **positive**.

We are making memories on this field!
Cheer for each player, use kind language, and
display good sportsmanship.



The Lawrence Township Junior Baseball Softball Association (LTJBSA) is committed to providing a safe, positive, and enjoyable environment for everyone. To participate in or attend our events, everyone must follow this Code of Conduct.

Expected Behavior

All players, parents, coaches, spectators, and guests must:

- Be a positive role model: Show respect, compassion, and support to everyone.
- Follow the rules: Learn and respect the rules of the game, and encourage players to do the same.
- Prioritize personal growth: Focus on effort and individual achievement over winning.
- Support player development: Help all players improve their skills, build confidence, and develop self-esteem.
- Respect everyone: Treat all participants with dignity, regardless of gender, ability, background, or religion.
- Respect our facilities: Take care of our beautiful Parks, fields, and facilities at all times by keeping them clean and handling all equipment as if it were your own.

Safety First

- Follow safety guidelines: Always prioritize safety by adhering to rules such as wearing helmets, observing pitch counts, and following weather protocols.
- Be aware: Pay attention to your surroundings to prevent accidents.

- Respect boundaries: Only players, coaches, and umpires are allowed in the dugouts and on the playing field.
- Respect weather-related decisions: Understand and respect decisions made by coaches, umpires, or League officials regarding game cancellations or delays due to weather. These decisions are made with the safety and well-being of the players in mind.

Sportsmanship

- Respectful atmosphere: Create a welcoming and comfortable environment for everyone.
- Value teamwork: Promote cooperation among teammates, coaches, opponents, and officials.
- Respect for opponents: Treat all players, coaches, and spectators with respect, regardless of the outcome of the game. Shake hands with the opposing team after the game.
- Respect coaches' decisions: Support coaches and their decisions, even if you disagree. Discuss any concerns privately and constructively at a later time.
- Respect umpires: Trust the umpires' judgment and refrain from questioning their calls in a disrespectful or abusive manner. Discuss any concerns privately and constructively at a later time.
- Maintain appropriate conduct: Avoid profanity, ridicule, taunting, negative gestures, offensive remarks, trash talking, and excessive celebrations.
- No violence or aggression: Any physical or verbal altercation will result in immediate ejection and a ban from future LTJBSA events.

Prohibited Actions

All players, parents, coaches, spectators, and guests must comply with all state and local laws. Additionally, they must refrain from the following actions:

- Discrimination: LTJBSA has a zero-tolerance policy for discrimination of any kind, including but not limited to discrimination based on race, religion, color, national origin, gender, sexual orientation, age, or disability.
- Substance use: Alcohol, tobacco, e-cigarettes, and any other illicit or mind-altering substances are strictly prohibited before, during, and immediately after LTJBSA events.
- Inappropriate relationships with minors: Adults in positions of authority are prohibited from engaging in any behavior that encourages sexual relations with minors.
- Sexual harassment: Any form of sexual harassment, including unwelcome advances, requests for sexual favors, or other inappropriate conduct, will not be tolerated.
- Solicitation and recruitment: LTJBSA facilities and events are strictly off-limits for soliciting or recruiting participants.
- Misuse of information: Do not misuse any LTJBSA data, documents, or information.
- Disruptive behavior: The use of noisemakers or any other actions that distract players or hinder the peaceful enjoyment of the game is not allowed.
- Leaving children unattended: Players must be supervised at all times during games and practices.

- Smoking and vaping: Smoking and vaping are prohibited at all LTJBSA events and facilities.
- Unleashed pets: Pets must be kept on a leash at all times.

Consequences

- The LTJBSA Board of Trustees has the authority to determine disciplinary action for any violations of this Code of Conduct.

This Code of Conduct is enforced in accordance with the following Lawrence Township ordinances:

- Lawrence Township Code § 285
- Lawrence Township Ordinance 2164-13
- Lawrence Township Ordinance 1881-06
- Lawrence Township Ordinance 2130-12
- Lawrence Township Ordinance 1935-07

Safety Officer Responsibilities

The Lawrence Little League Safety Officer on file with Little League ® is:

Ken Mitchell

Mobile: 609-847-0010

Email: safety@ltjbsa.com

The roles and responsibilities of the LLL Safety Officer are outlined in our approved constitution on file with Little League International ®. The key responsibilities of the Safety Officer are to:

1. Create awareness, through education and information, of the opportunities to provide a safer environment for all participants in Lawrence Little League.
2. Facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians, and other volunteers.
3. Promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.
4. Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data is forwarded as available.

Specific responsibilities of our safety officer include:

- Oversee LLL's ASAP compliance including preparation of this document.
- Processing background checks through the Little League JDP QuickApp and Township fingerprinting process.
- Overseeing safety protocols to prevent spreading of contagious diseases such as COVID-19.
- Distributing Safety Manuals and First-Aid kits to all Managers.
- Conduct periodic safety audits of all fields, equipment, and the concession stand.
- Reviewing player training activities for safety compliance.
- Reviewing playing conditions for safety compliance.
- Coordinating the prevention and reporting of injuries.
- Maintaining a First-Aid log to track all incidents.
- Solicits suggestions for making conditions safer.
- Use of the safety operating budget for the acquisition of safety-related equipment such as first-aid equipment.

LTJBSA Facilities

Central Park Map and Location of Safety Equipment

Please familiarize yourself with the facilities at Lawrence Central Park, so that you can react quickly in case of an emergency.



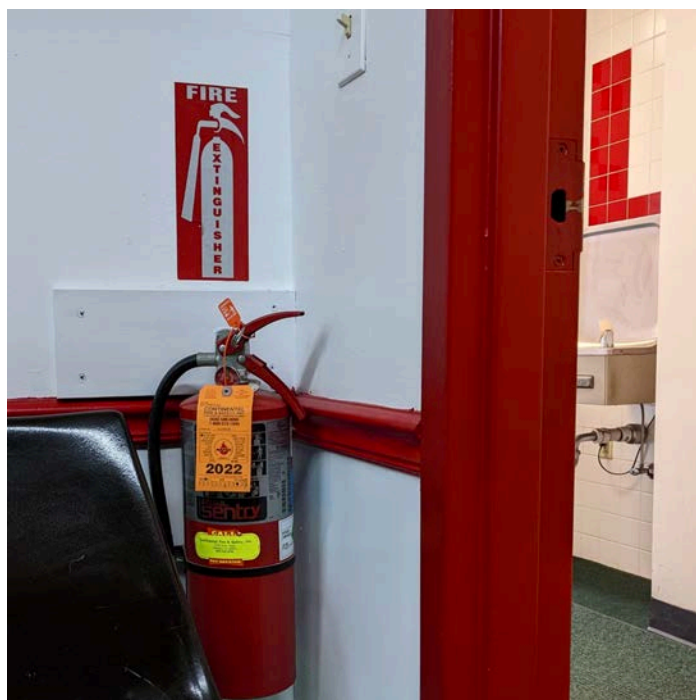
- **First Aid Kits** are available in each Press Box, and in the indoor facility.
- **Ice and water** are available at the Snack Shack or in the Hughes Field press box.
- **The key for the Emergency Vehicle Gate** is located behind the Snack Shack counter.
- **The AED** is in the bathroom hallway at the indoor facility and in the Colavita press box
- **Concussion information** sheets are available at the indoor facility, press boxes and in each dugout.
- **AIG Accident Notification Forms** are available at the indoor facility, press boxes, and online in the Documents & Forms section of www.ltjbsa.com.



Industrial First Aid Kit on wall inside Indoor Facility



AED in bathroom hallway in the Indoor Facility.



Fire extinguisher in Indoor Facility



Emergency Protocols and Rules hung in all dugouts.

Village Park Map and Location of Safety Equipment



- Village Park auxiliary fields may host scheduled practices or games.
- Managers must bring a League-issued first-aid kit to any activities at Village Park, as there are no central facilities to house emergency materials. .
- Managers must also ensure they have a charged mobile phone available to call for emergency help.

Moody Park Map



Fasolino Field Map



Volunteer Application Process

The LTJBSA requires all volunteers to submit to a background check and complete mandatory safety and fundamentals training prior to taking the field.

Requirement Category	Specific Requirement	Frequency
Safety Education	CDC "HEADS UP to Youth Sports" Training	Annually
	Little League Abuse Awareness Training	Annually
	LTJBSA Safety & First Aid Education Course & Quiz	Annually
	Little League Diamond Leader Training	One Time Only
Background Check	Live Fingerprinting Process via IdentoGo (Managers/coaches only)	Every Three Years
Registration & Other	Register on LTJBSA.com	Annually
	Download LTJBSA Safety Manual	Annually
	Complete JDP Volunteer Application Email	Annually

Additionally, volunteers should be aware that there are two parts to the background check:

- **Little League International Regulation 1(c) 8 & 9** requires all leagues and districts in the United States to conduct an annual background check, including a nationwide criminal search, a search of the National Sex Offender Registry, review of the [U.S. Center for SafeSport Centralized Disciplinary Database](#) and Little League International Ineligible List. Lawrence Little League utilizes the JDP QuickApp background process, which allows volunteers to complete their application and background check on a secure site separate from our player registration process. Lawrence Little League will verify that the information on the Little League Volunteer Application is correct by reviewing the potential volunteer's government-issued photo ID.
- **Lawrence Township Ordinance 1767-03** requires that all such current and prospective persons with unsupervised direct access to minors involved with such youth programs be required to submit to criminal history record background checks including collecting a Live Scan Fingerprint. The Township desires that all youth recreation programs using Township facilities and/or which are funded by the Township in whole or in part be required to perform criminal background checks on any person with unsupervised direct access to minors, as a condition of using the Township facilities. This process, conducted by IdentoGo, must be completed every three years.

This is the paper Little League Volunteer Application. Lawrence Little League utilizes the online secure process instead of this paper form ("JDP QuickApp"), but the required information is the same for both.

Little League® "Basic" Volunteer Application - 2025

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. Visit LittleLeague.org/LocalBGcheck for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last
Address _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____
Work Phone: _____ E-mail Address: _____
Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ ☐ Yes ☐ No
(If volunteer answered yes to Question 1, the local league must contact Little League International.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No

If yes, describe each in full: _____
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No

If yes, describe each in full: _____
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

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

If yes, explain: _____
(If volunteer answered yes to Question 4, the local league must contact Little League Security International.)
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 | |

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/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 Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

- ☐ JDP Background Check Completed (Includes review of the U.S. 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

Last Updated: 12/4/2024

Volunteer Manager and Coach Responsibilities

LTJBSA volunteers play a vital role in ensuring a safe and positive experience for all our young athletes. Please review the following guidelines and keep them in mind at all practices and games.

Code of Conduct

- Ensure that players, parents, and fellow volunteers abide by the LTJBSA Code of Conduct at all times.

First Aid and Emergencies

- Bring a league-supplied first-aid kit to every practice and game. Contact the Safety Officer if any items need to be replaced.
- Make sure that there is telephone access available at all practices and games.
- Notify parents of any injury to a child, no matter how small.
- Report all injuries to the Safety Officer using the Accident Notification Form and process.

Field and Equipment Safety

- Inspect playing fields before every practice or game. Report any potential hazards to the umpire and the Safety Officer.
- Ensure that all players are properly equipped and that their equipment is in safe working order.

Player Supervision and Well-being

- **Never leave a child unattended.** Each team must have two adults wait with any child for his or her parents to arrive.
- Ensure the safety of all players before, during, and after games. This includes:
 - Conducting proper warm-ups and reminding players to stay hydrated
 - Watching for potential injuries that players might not readily share with the coaching staff.

Weather Conditions

- Check local weather reports before practices and games. Do not hold practices or games in unsafe weather conditions.

Reporting Safety Concerns

- Report all “near miss” safety issues or unsafe situations to the Safety Officer at safety@ltjbsa.com

HEY COACH, HAVE YOU:

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Check conditions of fences, backstops, bases and warning track
- ✓ Made sure a cell phone is available in case of an emergency
- ✓ Held a warm-up drill

Requirements for Safe Gameplay

We expect all volunteers to enforce Lawrence Little League rules at all games and practices. It is your responsibility to advocate and enforce safe behavior from your team.

Rules are updated from time to time. More information can be found at LittleLeague.org/Rules, including a link to download the free Little League Rulebook App.

Equipment Guidelines

- Ensure your players have the required equipment at all times.
- Regularly inspect your team's equipment.
- Remove unsafe equipment from use by making it unusable and dispose of it properly.
- Store loose equipment in the dugout, not on the field.
- Notify parents to repair or replace defective equipment.
- Encourage parents to provide safety glasses for players who wear glasses.
- Ensure the ball being used is appropriate for the level of play.

Bat Safety Requirements

- Softball bats must be marked with a BPF of 1.20.
- Baseball bats must have the USA Bat stamp (LLL) or the USA Baseball stamp/BBCOR .50 / 2 5/8" Barrel.
- Non-wood bats must have a grip of cork, tape, or composite material extending at least 10 inches from the small end. Slippery tape is prohibited.
- Players may not hold bats in the dugout.
- Only the batter in the batter's box may hold a bat.
- Players must hold bats by the barrel until they reach the batter's box.
- Umpires will inspect bats before the game to check for the appropriate stamp, cracks, dents, burrs, or rattles.
- Products, such as, but not limited to, choke-knobs, choke-up assists, or thumb protectors are considered alterations to the bat and are not permitted.



Protective Gear Requirements

- The following items must be NOCSAE certified:
 - Batting helmets (C-Flaps or attached facemasks must be from the same manufacturer as the helmet).
 - Softball face guards.
 - Chest protectors.
 - Catcher's masks and dangling throat guards.



- Helmets must not be altered (no drilled holes, removing padding, etc.) or painted.
- Helmet stickers or decals are permitted, provided that such usage is not excessive, is not offensive, and does not make inappropriate references, such as that to drugs or alcohol.
- Managers will certify that helmets carry NOCSAE stamp, and are free of cracks and missing padding, prior to a game.

On-Field Attire Requirements

- Jerseys must be tucked into pants.
- Baseball or softball pants are required (no shorts or sweatpants).
- Only plastic cleats are allowed (no metal cleats, sneakers, or cleats designed for other sports).
- Jewelry is permitted.
- Helmets must be worn when hitting, including during batting practice.
- Long-sleeved shirts under jerseys must be in dark colors (black, navy, gray, charcoal, or red). Light-colored shirts are not permitted and must be removed.
- Neoprene sleeves are allowed if solid-colored and not white or gray.
- Defensive players may wear play-calling bands on the wrist or forearm, but not attached to the belt.
- Teams may use one-way communication to the catcher while on defense
- Catchers must wear full protective gear at all times, including gameplay, warm-ups, bullpen sessions, and practices:
 - Helmet, Mask, Throat guard, Chest protector, Shin guards, Protective cup (males)
- Pitcher Requirements
 - Undershirts or T-shirts visible during play must not match the color of the ball being used.
 - Items on the glove hand, wrist, or arm (non-pitching arm) must be solid in color and not match the color of the ball.
 - Pitchers may wear solid-colored play-calling bands on the glove arm, provided they are not white, gray, or optic yellow. Umpires may ask for removal if distracting.

Pre-Game & Practice Safety

- **Designated Areas Only:** Conduct all practices and warm-ups within the designated playing field. Avoid areas not intended for baseball/softball activities or areas frequented by spectators. This is crucial because our insurance only covers injuries that occur on designated fields during scheduled practice times.
- **Unauthorized Practice:** Unscheduled practices in unauthorized areas may result in personal liability for any injuries. Contact the League for permission to hold any practices outside of your original schedule.
- **One Ball at a Time:** Use only one ball at a time during drills. Using multiple balls can confuse players and increase the risk of collisions and injuries.
- **Proper Equipment:** Players must wear appropriate protective gear (helmets, masks, protective cups, etc.) at all practices.
- **Constant Supervision:** Coaches must supervise players at all times, including players who have been removed from the field due to ejection, illness, or injury, until they are released to a parent or guardian.
- **Safe Spacing:** Maintain adequate spacing between players during drills to prevent injuries from wild throws or missed catches.

In-Game Safety

On-Field Awareness

- **Stay Alert:** All players must pay attention and watch the ball on every pitch.
- **Sliding:** Head-first slides are only permitted when returning to a base.
- **Bases:** All bases must be disengaged from their anchors.

Coaches and Dugout Rules

- **Dugout Coverage:** At least one coach must remain in the dugout at all times. If there are only two coaches, one should be at first or third base, and the other in the dugout.
- **Team Meetings:** Hold team meetings between innings in foul territory, not on the field.
- **Warm-ups:** When one team is warming up on the field, the other team must be in the dugout.

Pitching and Warm-up Safety

- **No Adult Catchers:** Adults are not allowed to catch pitchers during warm-ups. This includes standing behind the backstop during batting practice.
- **Pitcher Positioning:** Youth pitchers should not move closer to home plate on the mound if they cannot reach it from the pitching rubber.

Player Conduct and Supervision

- **Constant Supervision:** Coaches must supervise players at all times, including players removed from the field due to ejection, illness, or injury, until they are released to a parent or guardian.
- **Stay in the Dugout:** Players must remain in the dugout during games and are not allowed to visit with family or friends.
- **No Field Access:** Parents and siblings may not enter the field or dugout, or linger near the dugout entrances during games.

No On-Deck Position

- **Stay in the Dugout:** Players must stay inside the covered dugout when their team is at bat. The on-deck position is not allowed in Little League.
- **No Gathering:** Players should not congregate outside the dugout by the bat racks.
- **First Batter Only:** Only the first batter of each half-inning may be outside the dugout between half-innings.
- **Helmet On:** The next batter should be ready with their helmet on but may not pick up their bat until their turn at bat.
- **Retrieving Bats:** Players must wear a batting helmet when retrieving a bat from the field and keep it on until they return to the dugout.

Inclement Weather Safety

Prior to any game or practice, Managers check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.

The League will announce weather-related cancellations by 4:45pm on a game day. Cancellations will be communicated to parents directly via Facebook and Instagram. Coaches will also receive an email or text, and then must notify their teams directly.

In the absence of a League announcement by 4:45pm, the following Little League Rules apply:

- Rule 3.10 (a): Managers of both teams shall agree on the fitness of the playing field before the game starts. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Rule 4.10 (d): As soon as the home team's batting order is handed to the home plate umpire, said umpire is in charge of the playing field and from that moment shall have sole authority to determine when a game shall be called, halted, or resumed on account of weather or the condition of the playing field.



Should inclement weather start unexpectedly during a practice or game:

- Coaches, Umpires or the League must clear the field upon observing lightning or thunder.
- Each delay is a minimum of 30 minutes. A subsequent lightning or thunder resets the clock.
- Players must stay in the dugout or a protected area for the duration of the weather delay.
- Parents and players cannot visit during a weather delay.
- Players cannot leave the dugout during a weather delay unless the practice or game is canceled.
- Parents cannot retrieve their children from the dugout during a weather delay unless the practice or game is canceled.

Any regulation game (4 innings, 3.5 if the home team is ahead) that is suspended due to weather will automatically be concluded and a winner declared to avoid having kids sit in dugouts on a school night.

Any non-regulation game (less than 4 innings or 3.5 if the home team is ahead) or tie game that enters a weather delay more than 39 minutes prior to the scheduled end will wait, unless decided otherwise by the Umpire on site, the League or Lawrence, Ewing, or Hopewell Township.

Heat Safety

Coaches and parents must ensure players attend practices and games with adequate liquids to keep them hydrated. Coaches should also familiarize themselves with the signs of heat exhaustion or stroke so they can be prepared to assist players that may suffer it.

Heat Stroke	Heat Exhaustion
• Confusion or strange behavior • Vomiting • Inability to drink • Red, hot, and dry skin (the person may stop sweating) • Shallow breathing, seizures, or no response	• Muscle cramps • Sweating • Headache • Nausea • Weakness • Dizziness

Actions to Take for Heat-Related Emergencies

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

Sportsmanship

We expect all parents, managers, coaches, umpires, players, and spectators to follow our Code of Conduct as outlined in this document. Should a situation arise where a Manager has a question about an on-field call, we expect them to follow the following procedure in a cooperative, non-aggressive manor:

- A Manager may ask for an explanation of a ruling from the umpire making the ruling after requesting time out. This request must not be made in an argumentative manner, with a raised voice, or with intent to cause a spectacle on the field. Once the explanation is received, they should leave the field.
- Managers may not ask another umpire for "help". They may ask the umpire who made the call to confer with another umpire; however, the umpire who made the call may refuse.
- If the other team is questioning a call, members of your team may not offer an opinion or enter the field.
- Base coaches should not demonstrably make a safe/out signal during a close play.
- Arguing with umpires or opposing coaches is an immediate ejection and suspension for the next game.
- Questions regarding a rule interpretation should be directed to the League VPs for Softball or Baseball.

Pitch Smart Guidelines

According to the USA Baseball Medical and Safety Advisory Committee report, "Preventing Overuse Injuries in Youth Baseball," overuse injuries are caused by repetitive stresses on the muscles and supporting structures of youngsters that are not given sufficient time to heal after pitching. Additional studies have shown that when youth pitch with arm fatigue, they have a much higher risk of surgery later in their careers.

Research has shown that pitch counts are the most accurate and effective means of doing so. Lawrence Little League follows the PitchSmart.org pitch count limits and required rest and recovery guidelines.

Under Little League Regulation VI, the team manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, and must adhere to the following rest requirements. However, the removed pitcher may remain in the game at another position.

Lawrence Little League follows the PitchSmart USA Guidelines, available at www.pitchsmart.org. Here are the Pitch Smart maximums for baseball players:



AGE	DAILY MAX PITCHES	REQUIRED REST (PITCHES)				
		0 Days	1 Days	2 Days	3 Days	4 Days
7-8	50	1-20	21-35	36-50	N/A	N/A
9-10	75	1-20	21-35	36-50	51-65	66+
11-12	85	1-20	21-35	36-50	51-65	66+

Every manager must designate a scorekeeper as the official pitch count recorder for their team at each game. This individual must post pitch counts to the LTJBSA website within 48 hours of the game conclusion.

Softball players may pitch in a maximum of twelve (12) innings in a day. If a player pitches in seven (7) or more innings in a day, one calendar day of rest is mandatory. Delivery of a single pitch constitutes having pitched in an inning.

Baseball players may NOT pitch in more than one game in a day. Additionally, any player who has played the position of catcher in four or more innings in a game is not eligible to pitch on that calendar day.

Coaches and parents must use common sense and consider pitches thrown during practice, warm up and other activities, and the throwing activity of pitchers when playing in the field. For example, if a player throws 30 pitches in a practice scrimmage the day before a game and fields many plays in the infield at the start of a game, they should not pitch during the game.

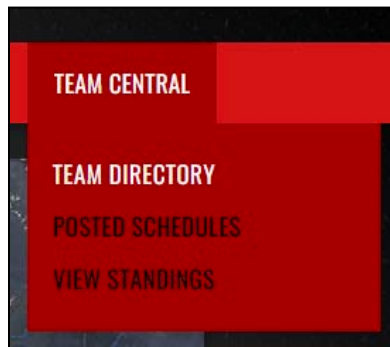
Summary: Enforce Little League Rules

Lawrence Little League rules have their basis in promoting safe gameplay – and we expect Managers and Coaches to follow them at all times.

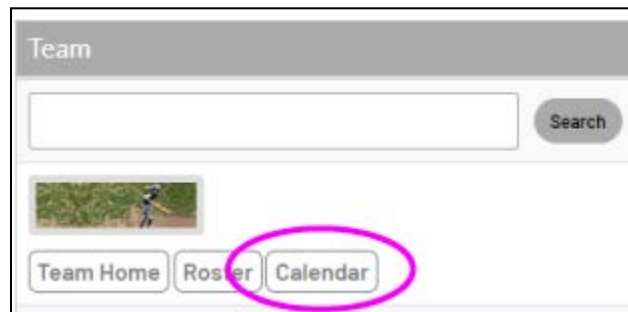
- Ensure players have required equipment at all times.
- Enforce rules at practices as well as games.
- Be aware of all rules, including significant updates. More information can be found at LittleLeague.org/Rules, including information to download the Little League Rulebook App.

Entering Pitch Counts on LTJBSA.com

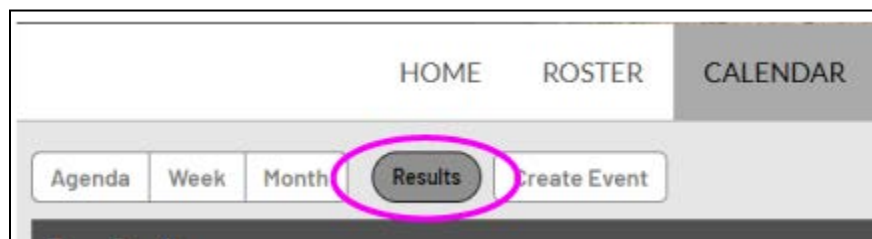
1. Log into LTJBSA.com, then from home page (www.ltjbsa.com) click **Team Central** → **Team Directory**



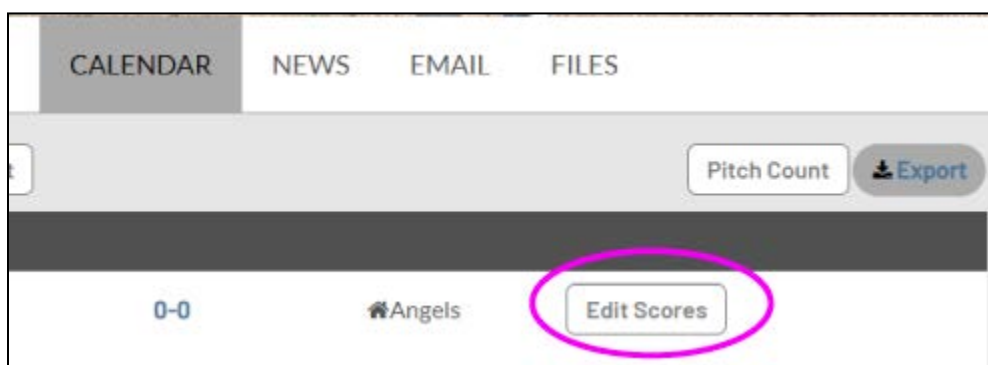
2. Search for your team, then click the **CALENDAR** Button under your Team Name.



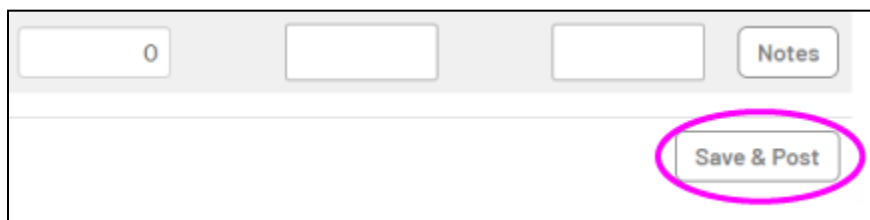
3. Click the **RESULTS** button and scroll down to the game you want to enter pitch counts for.



4. Click the **EDIT SCORES** button next to the game, then enter pitch counts next to each pitcher's name.



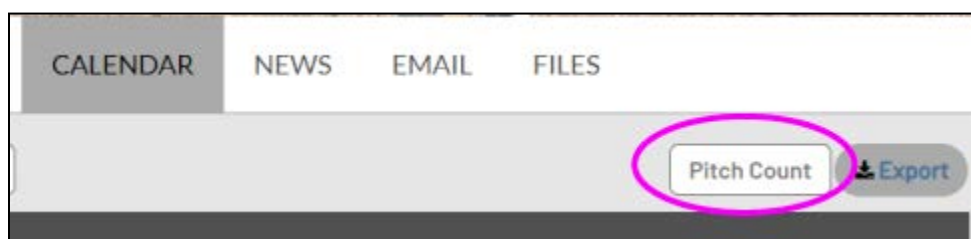
5. Click **SAVE & POST** at the bottom of the page.



6. Pitch counts and scores can be edited. Find the game, click the EDIT SCORES button, then scroll to the bottom of the page. Next, click the UNPOST SCORES button, make your edits, then click the SAVE button.



7. Clicking the **PITCH COUNT** button at the top of the **Calendar** → **Results** page will generate a report showing pitch counts and next available dates for each player.



Concussion Safety

All volunteers are required to take the CDC "HEADS UP to Youth Sports: Online Training for Coaches" course annually. The following pages are a summary of the information covered in that course.

A FACT SHEET FOR High School Coaches



Below is information to help high school 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 high school 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:

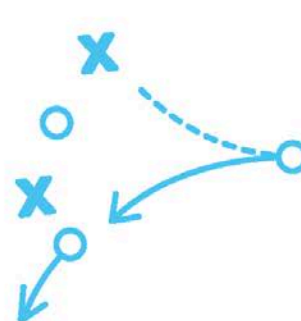
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Be sure to also work closely with your team's athletic trainer, when available, to promote concussion safety.

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.



cdc.gov/HEADSUP

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, or school'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

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)

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”

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 school nurse, athletic trainer, 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.

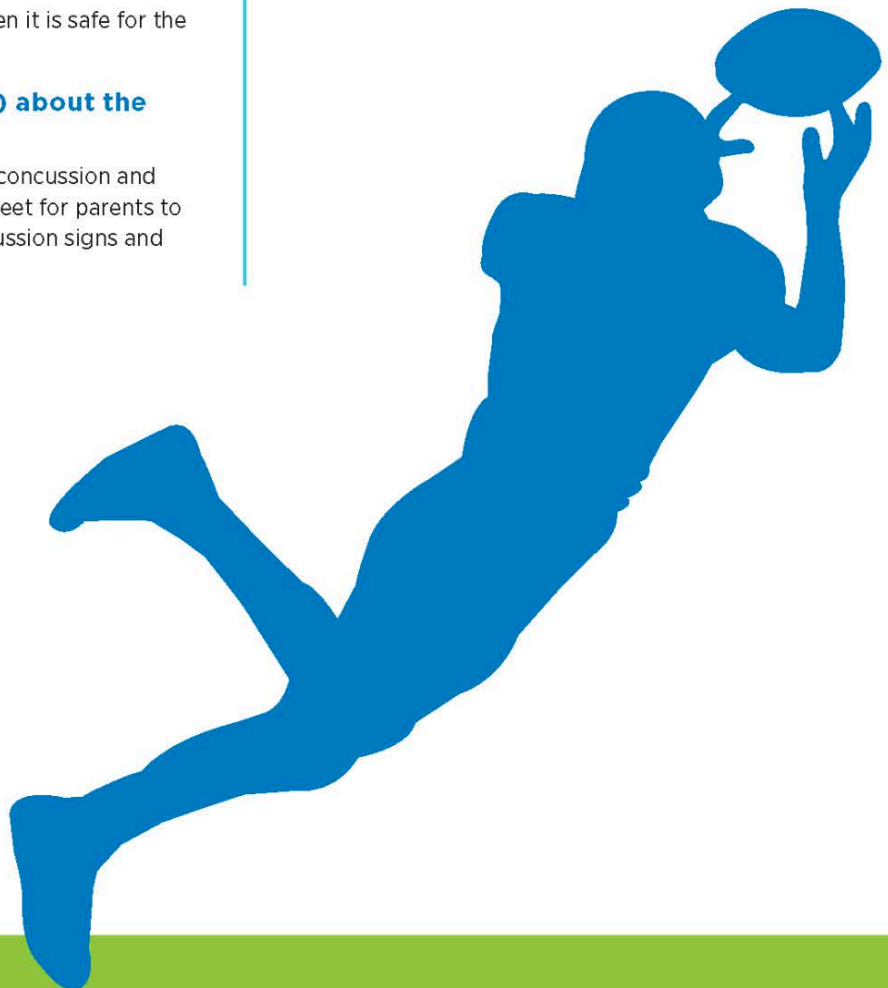
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

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

To learn more,
go to cdc.gov/HEADSUP



Indoor Facility & Batting Cages

- All batters must wear a NOCSAE-certified helmet.
- Only one batter may be in a batting tunnel at any time when the pitching machine is in use.
- Only UL listed extension cords may be used.
- Machine may not be used in damp or wet conditions.
- Machine must be tested prior to use for proper function.
- Machine must be adjusted prior to each batter to ensure proper alignment.
- Only approved pitching machine balls may be used.
- An L-screen must be set up in front of the pitching machine.
- The pitching machine must be set up, put away and operated by an adult only.
- No children are allowed to stay behind the pitching machine while an adult feeds the machine.
- The pitching machine must be switched off and unplugged after each use.
- Players may not swing a bat outside the batting tunnel, unless in a designated warm-up area.
- Players may not throw a ball in the area outside the tunnels.
- Volunteers are responsible for ensuring that the Facility is left clean and in the same condition it was found. Lights should be turned off and doors locked if you are the last team to leave.

Field Maintenance

All volunteers using equipment for the upkeep of fields must follow the following guidelines:

- Return all equipment to the proper press box and store it safely.
- Read the written operating procedures for any equipment you may operate (lawn mower, sump pump, wireless microphone, scoreboard). Manuals are available on www.ltjbsa.com.
- Only use field care products (such as drying agents) in the manner described on their label. Use only what you need - we are a non-profit and don't have an excess of budget to provide unlimited refills.
- No one under the age of 18 is allowed to operate any power or electrical equipment, or handle any chemicals.
- When using equipment such as weed whackers, proper eye protection should be used

Press Box and Storage Shed Procedures

- Sheds and press boxes will be kept locked when not in use.
- Any individual opening a shed is responsible for the safekeeping of all contents within the shed.
- Any individual using an item in the shed must return it to the shed and store it appropriately.
- Before the use of any items in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

Operation of Machinery

Tractors, mowers golf carts, and any other machinery should:

- Be operated only by League-approved and trained adult staff over the age of 16
- Be operated in a safe and responsible manner.
- Never be ridden in a precarious or dangerous way (such as riding on the fenders of a tractor)
- Never be operated under the influence of alcohol or drugs (including medication)
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and keys removed.

Field Hazard Check

Playing fields must be inspected before every practice, and by the home team before every game. Any potential hazards should be reported immediately to the umpire and the Safety Officer. If the hazard cannot be corrected or removed, the practice or game should be moved to another field, if possible, or rescheduled. The checklist on the following page outlines important items to observe during the field hazard check.

Baseball/Softball Field Safety and Maintenance Checklist

Prior to practice or a game, assess the following field characteristics and make the necessary corrections to the statements marked, 'No/Needs Attn' before allowing players on the field. If your field is experiencing major problems, including excessive wear, drainage issues, design flaws, etc., contact the STMA at ph. 800-323-3875, or STMAinfo@STMA.org for a referral to a local STMA chapter volunteer in your area for advice.

Skinned Areas

Yes No/Needs Attn

- ☐ ☐ The soil is not too loose and provides good running traction.
- ☐ ☐ The soil surface is loose enough around sliding zones for safe sliding.
- ☐ ☐ The soil is not too abrasive for safe sliding.
- ☐ ☐ The soil is not too compacted to provide good drainage.
- ☐ ☐ Running paths and sliding zones near bases are level and not worn.
- ☐ ☐ Batter's box and home plate areas are in good condition.
- ☐ ☐ Pitcher's mound is in good condition.
- ☐ ☐ The skinned area is level and does not have low spots or holes.
- ☐ ☐ There is no hazardous soil buildup (lip) between the skinned area and the turf.
- ☐ ☐ The skinned area is dry.
- ☐ ☐ When moist, the skinned area is not too sticky and does not adhere to shoes.
- ☐ ☐ Coach's box is level with surrounding area.
- ☐ ☐ Coach's box is not excessively hard.
- ☐ ☐ On-deck or walkway from dugout is not excessively hard and compacted.
- ☐ ☐ Unsafe obstacles such as hard gravel and framing boards do not exist in on-deck or walkway areas from dugouts.

Comments

Pitcher's Mound

Yes No/Needs Attn

- ☐ ☐ The mound conforms to league requirements.
- ☐ ☐ Platform area behind the rubber is large enough.
- ☐ ☐ "Push off" and "landing" areas are constructed with specialized clay.
- ☐ ☐ "Push-off" and "landing" areas are not dished out and in need of repair.
- ☐ ☐ There is not a hazardous soil buildup (lip) between the mound and the infield grass.

Comments

Baseball/Softball Field Safety and Maintenance Checklist

Playing Surface

Yes No/Needs Attn

- ☐ ☐ Maintenance equipment, such as rakes, hoes, etc. have been removed from the field.
- ☐ ☐ Litter and unsafe debris have been removed from the field and player/spectator areas.
- ☐ ☐ The sprinkler heads should be installed as per manufacturer's recommendations with no protrusions on the playing surface.
- ☐ ☐ If there is an irrigation system, it is timed correctly to irrigate the appropriate amount of time prior to play.
- ☐ ☐ The field was constructed according to recommended industry specifications.

Comments

Turf Areas

Yes No/Needs Attn

- ☐ ☐ There is at least 75 percent coverage of turfgrass on the field.
- ☐ ☐ There are no bare spots with a hard soil surface exposed.
- ☐ ☐ Soil is well drained with no standing water.
- ☐ ☐ Turfgrass is uniform in color, height and density.
- ☐ ☐ Turfgrass has strong root system, limiting "blow-outs."
- ☐ ☐ There are no weeds with thorns, bristles or burrs.
- ☐ ☐ There are no holes or mounds made by moles, gophers, or other animals.
- ☐ ☐ There are no ruts or trenches caused by equipment use or field wear.
- ☐ ☐ There has been communication between the maintenance staff and coach/facility user.

Comments

Bases and Anchoring

Yes No/Needs Attn.

- ☐ ☐ The base coverings do not have unsafe rips or gouges.
- ☐ ☐ The base framework or hardware is not loose or damaged.
- ☐ ☐ The base ground stake is safely below the surface grade.
- ☐ ☐ The base ground stake is firmly secured in its concrete footing.
- ☐ ☐ The base, ground stake and its footing are installed according to the manufacturer's requirement.
- ☐ ☐ The bases seat properly with the ground elevation and are seated securely.
- ☐ ☐ The concrete footings will not twist out of place in the ground.
- ☐ ☐ The surface of home plate is level with the surrounding surface.
- ☐ ☐ The pitcher's rubber is level with the surrounding surface and is secured safely in the ground.

Comments

Baseball/Softball Field Safety and Maintenance Checklist

Fencing

(If your field does not have fencing, skip this section)

Yes	No/Needs Attn.
☐	☐ Fences are securely set in the ground.
☐	☐ Fence posts are outside of the playing area.
☐	☐ There are no concrete footings exposed above ground.
☐	☐ Fencing is securely attached to its posts.
☐	☐ There are no large gaps in the fencing or between the ground and the fence.
☐	☐ Top and bottom tension wires are in place to secure the fence.
☐	☐ The wire ends of the fence are not exposed at the top or corners.
☐	☐ There are no damaged areas that protrude, are sharp or loose.

Comments

Lighting

(If your field does not have lighting, skip this section)

Yes	No/Needs Attn.
☐	☐ Lighting has been installed and inspected by a trained engineer or technician.
☐	☐ All lights are working.
☐	☐ The light's beam adequately and uniformly covers the field.
☐	☐ The lighting foot candles meet industry recommended specifications.

Comments

Bleachers/Facility

(If your field does not have bleachers/facility, skip this section)

Yes	No/Needs Attn.
☐	☐ Nuts and bolts are tight and in sufficient number.
☐	☐ Guard rails are securely in place.
☐	☐ The plank or railing end caps are securely in place.
☐	☐ There are no splinters or worn areas (wooden bleachers).
☐	☐ There are no hazardous protrusions or sharp edges.
☐	☐ The supply and location of waste cans is adequate.
☐	☐ There is appropriate signage notifying players and spectators of rules, appropriate behavior and deficient conditions.
☐	☐ There are public telephones or staffed office for emergency situations.
☐	☐ Areas under repair are identified and posted appropriately.

Comments

General

Yes	No/Needs Attn.
☐	☐ There is a flag or other signaling system to alert players to leave the field if inclement weather or other danger is imminent.
☐	☐ Skinned foul lines are in good condition.
☐	☐ The chalking material is not irritating to eyes.
☐	☐ There are public telephones available for emergency situations.
☐	☐ Areas that are hazardous or under repair have been blocked off or identified.

Comments

Emergency Procedures

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone.



Be sure that you or another caller follows these steps.

1. Dial 9-1-1.

- 2. Provide the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:**

a. The exact location or address of the emergency?

Central Park Fields, 100 Eggerts Crossing Road, Lawrence Township, NJ

Moody Park Fields, Parkside Ave & Buttonwood Drive, Ewing Township, NJ

Provide the name of the field you are on: Hughes, Grant, Carroll, Colavita, Pezzicola

b. The telephone number from which the call is being made?

c. The caller's name?

d. What happened? Provide a short description e.g. "a potential concussion"

e. How many people are involved?

f. The condition of the injured person – i.e., unconscious, chest pains, or severe bleeding?

g. What help is being given (first aid, CPR, etc.)?

- 3. Do not hang up until the dispatcher hangs up.** The dispatcher may be able to tell you how to best care for the victim.
- 4. Care for the victim until professional help arrives.** Have their medical release form available to give to the professional when they arrive.
- 5. Appoint someone** to open the main gate connecting the parking lot with the field area. The key to this gate can be retrieved from the Snack Shack.
- 6. Contact the player's parent or legal guardian** if they are not onsite at the time of the incident using the information provided on their medical release form.

Emergency Contact Numbers

These emergency contact numbers are hanging inside every dugout, in the Indoor Facility hallway, behind the Snack Shack counter, and in the Hughes, Colvita, and Pezzicola Press Boxes.

Emergency First Aid	9-1-1
Poison Control	800-222-1222
Lawrence Township Police Non-Emergency	609-896-1111
Ewing Township Police Non-Emergency	609-883-2900
Lawrence Township Office of Emergency Management	609-844-7020
Slackwood Fire House (Mercer County Fire Station #21)	609-392-4018
Lawrence Road Fire House (Mercer County Fire Station #22)	609-883-0559
Lawrenceville Fire Company (Mercer County Fire Station #23)	609-896-0972
Capital Health Systems, Helene Fuld Campus (Level II Trauma Center)	609-394-6000
Capital Health Systems, Hopewell Campus	609-303-4000
Lawrence Little League President (Paul Alfieri)	609-558-0555
Lawrence Little League Safety Officer (Ken Mitchell)	609-847-0010
Lawrence Twp. Recreation (Nancy Bergen)	609-844-7067

Once the emergency situation has passed and all injured are in the care of professionals, volunteers must follow the Accident Notification Process as outlined in the League Safety Manual.

Administering First-Aid

Volunteer Responsibility During An Emergency

First aid is the immediate care that you give someone with an illness or injury before trained help arrives and takes over. Trained help could be someone whose job is taking care of people who are ill or injured such as EMS responder, nurse, or doctor. The aid you provide may be critical in preventing a minor medical condition from turning into a serious situation.

Your actions during the first minutes of an emergency can be critical. What you do may help a victim recover more completely or more quickly. **Most of the time you will give first aid for minor illnesses or injuries.**

In any situation:

- Don't be afraid to ask for help.
- Do not hesitate to call for expert care when necessary.
- Always notify and involve the player's parents.
- Use gloves for all open wounds or contact with bodily fluids.

Every Lawrence Little League volunteer is required to take our Basic First-Aid Course and Quiz annually.

While administering aid, be aware of any special health needs of your players. These will be noted on the Medical Information Form, which you should have available at all practices and games.

If a player is removed from the game due to injury, the player is not permitted to return to the game without 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.

First Aid Kits

Each Manager is issued a new First Aid Kit at the start of the season and it is required to be present at each game and practice. Additionally, Lawrence Little League maintains large kits in the Indoor Facility, in the Hughes Press Box (one for each 46/60 field), the Colavita Press Box, and the Pezzicola Field Press Box. Any item used from a kit must be replaced by immediately contacting the Safety Officer. You must provide the Safety Officer a description of the incident that prompted the item use.

Our safety kits include the following items:

- **Adhesive bandages.** Available in a variety of shapes and sizes..
- **Gauze dressing pads.** For burns, deep cuts, and bigger scrapes and lacerations, you may need to use gauze or compress dressing to clean and cover the wound.
- **Gauze dressing with alcohol.** Alcohol is used to clean and disinfect the skin before dressing a wound.
- **Gauze bandage roll.** After a gauze dressing is applied, use a gauze bandage roll to keep the dressing in place and to absorb any fluids that get through the first layer.
- **Antiseptic gel or cream.** Used to clean wounds and prevent infections.
- **Antiseptic spray.** For accidents that involve many scrapes or wounds.
- **Microporous wound closure strips.** Used to secure dressings, the microporous tape is a breathable medical tape.
- **Elastic bandage.** Compression bandages are used to secure dressings, to keep a sprained ankle or wrist in place, or to apply pressure.
- **Cotton wool.** Cotton is used for cleaning wounds as well as padding and protection.
- **Scissors.** Can be used for cutting gauze, bandages, and tape, as well as cutting away clothing to expose injured areas.
- **Eyewash.** Used to help release a foreign object from the eye or to wash out toxic substances.
- **Antihistamine tablets and cream.** Used to treat allergic reactions and itchy rashes.



FIRST AID

Call 911 or an Emergency Number for any severely ill or injured child.

STINGS AND BITES

Stinging Insects Remove the stinger as quickly as possible with the scraping motion of a fingernail. Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number immediately. For hives, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. Have the pediatrician examine any bites that become infected.

Animal or Human Bites Wash wound thoroughly with soap and water. Call the pediatrician. The child may require a tetanus or rabies shot.

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and slowly pull the tick away from the point of attachment. Call the pediatrician if the child develops symptoms such as a rash or fever.

Snake Bites Take the child to an emergency department if you are concerned that the snake may be poisonous or if you are unsure of the type of snake bite. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at, or slightly below, the level of the heart. Try to identify the snake, if you can do so safely.



BURNS AND SCALDS

General Treatment First stop the burning process by removing the child from contact with hot water or a hot object (for example, tar). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not use ice or apply any butter, grease, medication, or ointment.

Burns With Blisters Do not break the blisters. Call the pediatrician for advice on how to cover the burn and about any burns on the face, hands, feet, or genitals.

Large or Deep Burns Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

Electrical Burns Disconnect electrical power. Do NOT touch the victim with bare hands. Pull the victim away from the power source with a wooden pole. ALL electrical burns need to be seen by a doctor.

SKIN WOUNDS

Make sure the child is immunized for tetanus. Any open wound may require a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child should receive a tetanus booster.

Bruises Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

Cuts Wash small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. Apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

Scrapes Rinse with soap and water to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Use antiseptic soap. Apply an antibiotic ointment and a bandage that will not stick to the wound.

Splinters Remove small splinters with tweezers, then wash and apply local antiseptic. If you are unable to remove the splinter completely, call the pediatrician.

Puncture Wounds Do not remove large objects such as a knife or stick from a wound. Call for emergency medical assistance (911). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.



EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT remove objects stuck into the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. An eye injury may require a tetanus booster.

FRACTURES AND SPRAINS

DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY, as this may cause serious harm. Call 911 or an emergency number.

If an injured area is painful, swollen, deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or another rigid material to hold the arm or leg in place. Apply ice or a cold compress, call the pediatrician, or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored, seek immediate emergency care.



FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medications, an environment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and behaves is more important than how high the child's temperature is.

Call the pediatrician immediately if the child has a fever and

- Appears very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an overheated car
- Has additional symptoms such as a stiff neck, severe head ache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a seizure
- Is less than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medications. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.



HEAD INJURIES

DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, AND/OR BACK INJURY. This may cause further harm.

Call 911 or an emergency number immediately if the child loses consciousness and does not awaken within a few minutes.

Call the pediatrician for a child with a head injury and any of the following:

- Loss of consciousness
- Drowsiness that lasts longer than 2 hours
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing of blood or watery fluid from ears or nose
- Convulsions (seizures)
- Abnormal speech or behavior

For any questions about less serious injuries, call the pediatrician.

POISONS

If the child has been exposed to or ingested a poison, call the Poison Center at 800/222-1222.

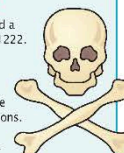
Swallowed Poisons Any nonfood substance is a potential poison. Call the Poison Center immediately. Do not induce vomiting except on professional advice. The Poison Center will give you further instructions.

Fumes, Gases, or Smoke

Get the victim into fresh air and call 911 or the fire department. If the child is not breathing, start cardiopulmonary resuscitation (CPR) and continue until help arrives.

Skin Exposure If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large quantities of water or mild soap and water. Call the Poison Center for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.



FAINING

Lay the child on his back with his head to the side. Do NOT give the child anything to drink. If the child does not wake up right away, call the pediatrician, or call 911 or an emergency number. If the child is not breathing, begin CPR.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

Permanent Teeth If knocked out, find the tooth and, if dirty, rinse gently without scrubbing or touching the root. Do not use chemical cleansers. Use milk or cold running water. Place the tooth into clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department. If the tooth is broken, save the pieces in milk and call the pediatric dentist immediately.



CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Do not put anything in the child's mouth. Loosen any tight clothing. Perform rescue breathing if the child is blue or not breathing. Call 911 or an emergency number.

NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

BE PREPARED: CALL 911 KEEP EMERGENCY NUMBERS BY YOUR TELEPHONE

PEDIATRICIAN _____
PEDIATRIC DENTIST _____
POISON CENTER _____
AMBULANCE _____
EMERGENCY DEPARTMENT _____
FIRE _____
POLICE _____

Turn Over for Choking and CPR Instructions

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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5-05/Rev1104

CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.



ALTERNATING

Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR. (Health care professionals only: assess pulse before starting CPR.)

INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.

1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. Do not try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown — head gently tilted back, chin lifted.
- Seal your mouth over the infant's mouth and nose.
- Blow gently, enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for normal breathing or coughing.
- Look for body movement.



4 CHEST COMPRESSIONS

- Place 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- Compress chest 1/2" to 1" deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



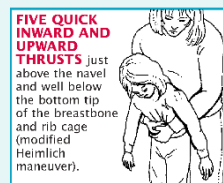
Check for signs of normal breathing, coughing, or movement every minute.

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS



If the child becomes unconscious, begin CPR.

CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is UNCONSCIOUS or when breathing stops.

1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the child's mouth, sweep it out carefully with finger. Do not try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown.
- Seal your mouth over child's mouth.
- Pinch child's nose.
- Blow enough air to make child's chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for normal breathing or coughing.
- Look for body movement.



4 CHEST COMPRESSIONS

- Compress chest 1" to 1 1/2".
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



2A HEALTH CARE PROFESSIONALS ONLY:

- Use abdominal thrusts to try to remove an airway obstruction.
- Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.
- Assess pulse before starting CPR.

Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

*For children 8 and older, adult recommendations for choking/CPR apply.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

Turn Over for First Aid Instructions

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Accident Notification Process & Documentation

What to Report

An incident that causes any player, manager, coach, umpires, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest. Additionally "near-misses" should be tracked and emailed to safety@ltjbsa.com so that the League may evaluate its safety practices and be shared with District staff as appropriate..

When to Report

All such incidents described above must be reported to the Safety Officer within 24 hours of the incident.

How to Report

Use the Accident Notification Form any time a player requires (or may require) medical attention. Copies of this form are available at the Indoor Facility; the Hughes, Colavita, Pezzicola, or Moody Press Box; from the Safety officer or On-Duty official; on the Documents section of the LLL website (www.ltjbsa.com); from the Little League website (<https://www.littleleague.org/university/articles/how-to-submit-an-accident-insurance-claim/>); or included in this Safety Manual on the following pages.

Within 48 hours of receiving a completed Accident Notification Form, the Safety Officer will contact the injured party or the party's parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party; and
- If the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the League's insurance coverages and the provisions for submitting any claims.

For near misses, a manager or coach present at the time of the near-incident should send the following information to safety@ltjbsa.com:

- Name and phone number of the person involved.
- Date, time, and location of the incident.
- As detailed a description of the incident as possible.
- Observations or suggestions on how current policies could change to prevent a future incident.
- Name and phone number of the person reporting the incident.



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
			☐ Female ☐ 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
	☐ AM ☐ PM	

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

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

- | | | | | |
|---|---|---|---|--|
| ☐ BASEBALL | ☐ CHALLENGER (4-18) | ☐ PLAYER | ☐ TRYOUTS | ☐ SPECIAL EVENT (NOT GAMES) |
| ☐ SOFTBALL | ☐ T-BALL (4-7) | ☐ MANAGER, COACH | ☐ PRACTICE | ☐ SPECIAL GAME(S) |
| ☐ CHALLENGER | ☐ MINOR (6-12) | ☐ VOLUNTEER UMPIRE | ☐ SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| ☐ TAD (2ND SEASON) | ☐ LITTLE LEAGUE (9-12) | ☐ PLAYER AGENT | ☐ TRAVEL TO | |
| | ☐ INTERMEDIATE (50/70) (11-13) | ☐ OFFICIAL SCOREKEEPER | ☐ TRAVEL FROM | |
| | ☐ JUNIOR (12-14) | ☐ SAFETY OFFICER | ☐ TOURNAMENT | |
| | ☐ SENIOR (13-16) | ☐ VOLUNTEER WORKER | ☐ 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
☐ 01 1ST	☐ 01 ABRASION	☐ 01 ABDOMEN	☐ 01 BATTED BALL
☐ 02 2ND	☐ 02 BITES	☐ 02 ANKLE	☐ 02 BATTING
☐ 03 3RD	☐ 03 CONCUSSION	☐ 03 ARM	☐ 03 CATCHING
☐ 04 BATTER	☐ 04 CONTUSION	☐ 04 BACK	☐ 04 COLLIDING
☐ 05 BENCH	☐ 05 DENTAL	☐ 05 CHEST	☐ 05 COLLIDING WITH FENCE
☐ 06 BULLPEN	☐ 06 DISLOCATION	☐ 06 EAR	☐ 06 FALLING
☐ 07 CATCHER	☐ 07 DISMEMBERMENT	☐ 07 ELBOW	☐ 07 HIT BY BAT
☐ 08 COACH	☐ 08 EPIPHYSES	☐ 08 EYE	☐ 08 HORSEPLAY
☐ 09 COACHING BOX	☐ 09 FATALITY	☐ 09 FACE	☐ 09 PITCHED BALL
☐ 10 DUGOUT	☐ 10 FRACTURE	☐ 10 FATALITY	☐ 10 RUNNING
☐ 11 MANAGER	☐ 11 HEMATOMA	☐ 11 FOOT	☐ 11 SHARP OBJECT
☐ 12 ON DECK	☐ 12 HEMORRHAGE	☐ 12 HAND	☐ 12 SLIDING
☐ 13 OUTFIELD	☐ 13 LACERATION	☐ 13 HEAD	☐ 13 TAGGING
☐ 14 PITCHER	☐ 14 PUNCTURE	☐ 14 HIP	☐ 14 THROWING
☐ 15 RUNNER	☐ 15 RUPTURE	☐ 15 KNEE	☐ 15 THROWN BALL
☐ 16 SCOREKEEPER	☐ 16 SPRAIN	☐ 16 LEG	☐ 16 OTHER
☐ 17 SHORTSTOP	☐ 17 SUNSTROKE	☐ 17 LIPS	☐ 17 UNKNOWN
☐ 18 TO/FROM GAME	☐ 18 OTHER	☐ 18 MOUTH	
☐ 19 UMPIRE	☐ 19 UNKNOWN	☐ 19 NECK	
☐ 20 OTHER	☐ 20 PARALYSIS/ PARAPLEGIC	☐ 20 NOSE	
☐ 21 UNKNOWN		☐ 21 SHOULDER	
☐ 22 WARMING UP		☐ 22 SIDE	
		☐ 23 TEETH	
		☐ 24 TESTICLE	
		☐ 25 WRIST	
		☐ 26 UNKNOWN	
		☐ 27 FINGER	

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

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

Date _____ League Official Signature _____

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

Concession Stand Safety

Minimizing Risk of Foodborne Illness

Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by Little League District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. **Permits.** Check with your local government agency about permits and code requirements. Make sure that prior to the start of the season, your concession stand is properly inspected and you receive all pertinent local permits.
2. **Design.** Design the layout of your concession stand with food safety in mind. The ideal space will have an overhead covering, be entirely enclosed except for the serving window and have only one door for entry. Only food workers may be permitted inside the food preparation area; animals must be excluded. **The more your food is exposed to outsiders, the greater the likelihood of contamination.**
3. **Menu.** Keep your menu simple and keep potentially hazardous foods (meats, eggs, dairy products, potato salad, cut fruits and vegetables, etc.) to a minimum. Avoid using pre-cooked food or leftovers. Cook to order, so as to avoid the potential for bacterial contamination. Use only foods from approved sources, avoiding foods that have been prepared at home. **Complete control over your food from source to service, is the key to safe, sanitary food service.**
4. **Cooking.** Use a food thermometer to check on cooking and cold holding temperatures of potentially hazardous foods. Hamburgers and other ground beef should be cooked to 155° F or until juices run clear; poultry parts to 165° F; pork and other meats to 145° F. **Most illnesses from temporary events can be traced back to lapses in temperature control.**
5. **Re-Heating.** Heat foods to above 165° F within 30 minutes. Do not attempt to heat foods in crock-pots, steam tables or other hot holding devices or over sterno. **Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.**
6. **Cooling and cold storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently or place the food in shallow pans no more than 4 inches deep and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **Allowing hazardous foods to remain unrefrigerated for too long has been the cause of many episodes of food poisoning.**
7. **Transportation.** If food needs to be transported from one location to another, keep it well-covered

and provide adequate temperature controls. Use refrigerated trucks or insulated containers to keep hot foods hot (135° F) and cold foods cold (below 41° F). **Neglecting transportation can undo all the good of your other measures to prevent contamination.**

8. **Hand Washing.** Provision must be made for an adequate hand washing facility. In a pinch, a large urn full of water, a soap dispenser, a roll of paper towels and a bucket to collect wastewater may do the trick. The use of disposable gloves for all ready-to-eat foods is mandatory and must be changed often, but gloves are no substitute for hand washing. **Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.**
9. **Health & Hygiene.** Only healthy workers should prepare and serve food. Any who show symptoms of a disease – cramps, nausea, fever, vomiting, diarrhea, jaundice, etc. or who have open sores or infected cuts on the hands should not be allowed in the food booth. Workers should wear clean outer garments and should not smoke in the booth. **Ill or unclean personnel are the frequent cause of food borne diseases. Smoking, besides being unhealthful and aesthetically unappealing in food preparation, contributes to the contamination of workers' hands.**
10. **Food Handling.** Avoid hand contact with raw, ready-to-serve foods and food contact surfaces. Use disposable gloves, tongs, napkins or other tools to handle food. **Touching food with bare hands transfers germs to the food.**
11. **Dish Washing.** Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable ware. Wash equipment and utensils in a 4-step sanitizing process: washing in hot, soapy water, rinsing in hot water, chemical sanitizing and air drying. **Clean utensils provide protection against the transfer of harmful germs.**
12. **Ice.** Ice used to cool cans and bottles should not be used in cup beverages and should be stored separately. Use scoops to dispense ice never the hands. **Ice can become contaminated with bacteria and viruses and cause food borne illness.**
13. **Wiping cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (for example, 1 capful of bleach in 2 gallons of water). Change the solution every 2 hours. **Well-sanitized work surfaces prevent cross contamination and discourage flies.**
14. **Insect Control & Wastes.** Keep foods covered to protect them from insects. Store pesticides away from food. When you apply them follow the label directions, avoiding contamination of food, equipment or other food contact surfaces. Place garbage and paper wastes in a refuse container with a tight fitting lid. Dispose of wastewater in a sewer or public toilet. **Flies and insects are carriers of food borne diseases. The chemicals used to kill them can be toxic to humans.**
15. **Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.
16. **Set a Minimum Worker Age.** Leagues should set a minimum age for workers or to be in the

stand; in many states this is 16 or 18, due to potential hazards with various equipment

The Top Six Causes of Food Poisoning

From past experience the US Centers for Disease Control and Prevention list these six circumstances as the ones most likely to lead to illnesses. Check through the list to make sure your event has covered these common causes of food borne disease:

1. **Inadequate Cooling and Cold Holding.** More than half of all food poisoning is due to keeping foods out at room temperature for more than 2-4 hours.
2. **Preparing Food Too Far Ahead of Service.** Food prepared 12 or more hours before service increases the risk of temperature abuse.
3. **Poor Personal Hygiene and Infected Personnel.** Poor hand washing habits and food handlers working while ill are implicated in 1 out of every 4 food poisoning.
4. **In-adequate Reheating.** When leftovers are not reheated to above 165° F, illness often results
5. **Inadequate Hot Holding** Cooked food not held at above 135° F until served can become highly contaminated.
6. **Contaminated Raw Foods & Ingredients.** Serving raw shellfish or raw milk that is contaminated or using contaminated raw eggs in sauces and dressings have often led to outbreaks of food borne disease. It is always safer to use pasteurized products

All Volunteers In Contact With Food Must Wash Hands Frequently

HOW



WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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