BELCHERTOWN LITTLE LEAGUE

SAFETY MANUAL

2025 ASAP SAFETY PLAN
LEAGUE ID# 00148007

Revised December 2024

TABLE OF CONTENTS

1. LEAGUE CONTACT INFORMATION

President	Paul Anzio	413-323-6554
Vice President	Jonathan Ritter	413-687-9508
Treasurer	Jeremy Leblond	413-575-3206
Secretary	Ashley O'Connor	978-502-7485
Safety Officer	Patrick Prizio	413-277-8779
Player Agent - Majors	Stefan Audet	413-758-5899
Player Agent – Minors	Tom Scalzo	518-669-3456
Umpire In Chief	Ron Ryczek	413-575-7842
Director	April Hodgen	413-678-9763
Director/Scheduling	Stefan Audet	413-758-5899
Director	Eric Archambault	413-626-2769
Director	Chris Boyko	413-563-4239
Director	Mike DeSmith	413-285-4219
Director	Jeff O'Connor	413-531-7658
Director	Jeff Staples	781-883-3325
Director	Jodi Desorcy	413-883-6694
Director	Chris Desorcy	413-883-6294
Director	Kris Carver	508-454-4692
Director	Matt Jackson	413-687-8371
Director	Nathan Laflamme	413-531-0506
Director	Brendon Attebury	785-331-7267
Director	Christine Buckley	413-364-1394
Director	Jeff Provonost	518-229-1488
Director	Josh Mull	707-903-9487
Director	Bryan Letzeisen	978-944-0096

2. SAFETY PLAN DISTRIBUTION

BELCHERTOWN LITTLE LEAGUE SAFETY PLAN

This manual constitutes the complete Belchertown Little League Safety Plan, consisting of Sections 1 - 14 as listed in the table of contents. The original Safety Plan is maintained by the Belchertown Little League Safety Officer, who is listed in Section 1 (League Contact information). It is the Safety Officer's responsibility to keep the Safety Plan current, by updating the Safety Plan as necessary to reflect changes in contacts, recommendations for improvement, modifications made by the league, or other updates as deemed necessary.

A copy of the Belchertown Little League Safety Plan is provided to each League Contact as identified in Section 1 and each Little League coach. The safety plan is also available on the Belchertown Little League website page, www.belchertownlittleleague.org.

BELCHERTOWN LITTLE LEAGUE SAFETY PLAN HANDOUT

A Belchertown Little League Safety Handout was created as a summarized version of the Belchertown Little League Safety Plan. A copy of the handout is contained in Section 15 of this Safety Plan.

A copy of the Belchertown Little League Safety Plan Handout is available to any parent in the Belchertown Little League program who wishes to have one. A copy of the Belchertown Little League Safety Plan is also available in the Hulmes-Warner Mini-Fenway announcer's booth and concession stand.

3. EMERGENCY CONTACT INFORMATION

EMERGENCY

Belchertown Police/Fire/Ambulance.....911

Non-Emergency Contact Numbers

Belchertown Police Department.....413-323-6685

Belchertown Fire Department..... 413-323-7571

Area Hospitals

Wing Memorial Hospital
40 Wright Street, Palmer, MA 01069
413-283-7651

Belchertown Internal Medicine / Cooley Dickinson Health
40 Turkey Hill Rd., Belchertown, MA 01007
413-323-7700

Baystate Medical Practice – Quabbin Adult Medicine
95 Sargent Street, Route 9, Belchertown, MA 01007
413-323-7212

ConvenientMD Urgent Care
471 Center Street, Ludlow, MA 01056
413-625-3500

4. VOLUNTEER APPLICATIONS & BACKGROUND CHECKS

VOLUNTEER APPLICATIONS

The application available on www.littleleague.org is the application used for all volunteers in the Belchertown Little League program. Also, our league website provides volunteers a link to fill out their info per league rules. A copy of the Little League Volunteer Application is included in this manual.

BACKGROUND CHECKS

All Belchertown Little League program volunteers are given a background check which is the standard Massachusetts CORI background check and complies with all current Little League Background requirements. All volunteers must produce a copy of his/her driver's license before the season starts to ensure that the background check can be completed.

Little League® Volunteer Application – 2025

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

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

Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

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

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

Name/Phone

_____
_____
_____

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

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

☐ JDP Background Check Completed (Includes review of the U.S. Center of SafeSport's Centralized Discplinary 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

5. COACHING FUNDAMENTALS

FUNDAMENTALS TRAINING

Coaching fundamentals training is offered to all coaching staff. It is suggested that each team have a member of the coaching staff attend the coaching fundamentals program annually. Each head coach should attend the coaching fundamentals training at least once every 3 years. New managers and coaches will be required to attend one seminar this year put on by Little League. Usually, the coaching clinic is held at the end of March and MUST be attended by one team coach, per the Belchertown Little League Board of Directors.

6. COACHES FIRST AID TRAINING PROGRAM

FIRST-AID TRAINING

First-aid training is offered to all coaching staff. It is suggested that each team have a member of the coaching staff attend a first-aid training program annually or have equal or equivalent training*. Each head coach should attend the first- aid training program at least once every 3 years or have equal or equivalent training*. Courses are offered to the coaching staff before the season begins, usually in early April. One member of the staff MUST attend this class or have some equal training (see below). NO EXCEPTIONS in this matter will be accepted by the League. The exact date and time of training will be determined once teams have been drafted and coaches assigned.

*Equal or equivalent training includes a current first aid certification by a nationally recognized medical body (Red Cross, National Safety Council, etc.), an EMT Certification, Paramedic Certification, Nurse, Doctor, or other nationally recognized medical degree or certificate.

7. FIELD INSPECTION AND PLAYING CONDITION CHECKLIST

Below are basic safety inspection procedures to be conducted before and throughout each practice and game to ensure the safety of the players, coaches, and fans.

SAFE PLAYING AREAS (FIELDS, STRUCTURES, AND DUGOUTS)

1. Playing field - Check for holes, damage, rough or uneven spots, slippery areas, and long grass. All infields will be raked, including the mound and home plate area, with emphasis on the sliding areas in front of the bases before each game.
2. All areas - Check for glass, rocks, and foreign objects.
3. All areas - Check for damage to screens or fences, including holes, sharp edges, or loose edges. If there are any unsafe areas around the backstop/fencing, please make a league official aware of the situation right away, so the matter may be corrected.
4. Check for unsafe conditions around the backstop, pitcher's mound, and warning track.
5. Check all fence tops to be certain padding is attached.
6. Make sure all gates/fences are closed to the dugout was the games begin. No one is allowed in the dugout area except for coaches, players, and official league members.
7. Make sure all dugout areas are clear of equipment during games. Please make sure trash and all equipment are picked up after every game. If there is any equipment left behind, please try and contact a league officer or coach so that it may be returned to the player if possible.

GENERAL SAFETY PROCEDURES

1. Have a first aid kit available at all practices and games, including ice packs. Extra ice packs are always available in the storage sheds. If no ice packs are available, please notify the Safety Officer so the shelves may be restocked.
2. Have access to a telephone in case of emergencies. This includes a cell phone in an emergency. Give the dispatcher the field location and what type of emergency you have, stay calm, and keep your players calm. If possible, try and move the rest of the players to another part of the field and keep them clear of any emergency vehicles.
3. Know where the closest emergency shelter is in case of severe weather.
4. Ensure warm-up procedures have been completed by all players. Please make players aware of vehicles dropping/picking up players during pre-game warmups. Try and give players room to warm up before the game but instill that players and parents are entering/exiting after each game. Try and keep all players in one area away from the spectators, especially in case of overthrown baseballs.
5. Stress the importance of paying attention, no "horse playing allowed".
6. Instruct the players on the proper fundamentals of the game to ensure safe participation.
7. Each practice should have at least 2 coaches in case of an emergency.
8. Protective cups must be worn by all male players.
9. Proper attire must be worn by the catcher at all times, including in the bullpens and in between innings. All catchers MUST wear protective cups during practice and games. Catchers must wear full protective helmets and masks with throat protectors during the game and for warm-up. No

skull caps or regular caps are permitted under the mask. Any player warming up a pitcher MUST have a protective helmet and mask, whether on the field or warming up off the playing field.

10. Under no circumstance is there to be any type of on-deck swinging in the dugout, backstop area, and bench area before or during the game. Helmets MUST be worn at all times by batters, on-deck batters, and All base runners.
11. All players are required to wear long pants, game shirts, and caps to be eligible to play in an official Little League game. NO shorts are allowed. Umpires will have the final decision on a player's uniform before the game begins to afford the player a chance to change into the proper uniform.
12. After each game at Hulmes-Warner Field, the home team will be responsible for dragging the infield and raking the baselines in preparation for the next game to be played. The away team will be responsible for cleaning the dugouts. This includes sweeping the dugout floor and bringing trash and recycling to the appropriate bins.

BATTING CAGE

Hulmes-Warner Field batting cages shall only be used by qualified league members.

1. Helmets (with jaw guard or facemask) are required for all players inside the cages and players waiting outside the cages.
2. Screens shall be used properly at all times.
3. Only coaches are allowed to pitch batting practice in the batting cage.
4. The door shall be closed during use.
5. A maximum of 2 people will be allowed in the cage during a hitting session.
6. Players waiting to use the batting cage shall stand a minimum of 3 feet away from the cage.
7. No player shall hold a bat until it is their turn to enter the batting cage.
8. No bats should be swung outside of the batting cages.

SEVERE WEATHER CONDITIONS

1. Check the weather forecast before leaving for a game or practice.
2. Watch for signs of approaching storms.
3. Postpone outdoor activities if storms are imminent.
4. Review the Severe Weather safety details found on the following page.
5. Umpires will make the FINAL decision if a storm approaches and suspend/cancel the game and send players and spectators for safe cover. Examples: cars, Chestnut Hill School entrance, Cold Spring entrance, concession stands until the storm subsides.
6. If an umpire feels that a storm is in the area, HE/SHE will decide to call the game and inform both coaches. Once that decision is made, coaches and parents need to **IMMEDIATELY** clear the field due to the storm. If storms are forecast, we will check the live radar/weather throughout the game and respond immediately to any weather app alerts. Severe weather can strike at any time, and we as parents and officials need to be aware of changing weather conditions. **NEVER TAKE A CHANCE!**
7. This includes scheduled practices also. We all know our practice time is limited, but better to cancel a practice in the light of severe storms and getting caught in one.

A. SEVERE WEATHER SAFETY

THUNDERSTORMS

APPROACHING THUNDERSTORM

1. Take caution if you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire must clear the field in the event of an approaching storm. The umpire has the final say in the decision and will inform both coaches. All players and spectators must exit the field area and move to safe cover. Once the sound of thunder is heard, the game is called, even though no lightning may be seen. NO EXCEPTIONS to this rule! It is vital to get the players out of this dangerous situation as quickly as possible.
2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout. Use the entrance overhangs at Chestnut Community School, or Cold Spring School if there is no other place to take cover in the event of a storm. Once the storm has passed, move to the safe location of the vehicles.
3. If lightning is occurring and there is no sturdy shelter nearby, get inside a hard-top automobile.
4. Stay away from water, metal pipes, trees, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use.

IF CAUGHT OUTDOORS AND NO SHELTER EXISTS

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you choose is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself as small as possible, tuck your head between your legs, and minimize contact with the ground.

WHAT TO DO IF SOMEONE IS STRUCK BY LIGHTNING

1. **Call 911**
2. The person who has been struck will carry no electrical charge, therefore they are safe to touch.
3. Check for burns to the body.
4. Give first aid as needed.
5. If no breathing and/or heartbeat has stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

PROTECTION FROM THE HEAT AND SUN

Overexposure to the heat and sun can result in serious medical conditions. Coaches should monitor the effect of weather on the team and address issues promptly when identified.

1. Monitor weather conditions - the sun can burn even on overcast and cooler days.
2. Monitor the color of the player's skin and address signs of excess sun exposure immediately.
3. Ensure sunscreen is applied and re-applied as necessary.
4. Keep the team hydrated during hot weather.

5. Seek medical treatment if symptoms of severe sunburn or heat-related injuries are evident.

SUNBURNS

Identifying the severity of a sunburn is an important step in determining the level of care a sunburn may require. Mild sunburn results in reddening and irritation of the skin about 2-6 hours after sun exposure. More severe cases of sunburn may include blistering of the skin, chills, fever, nausea, vomiting, headache, flu-like symptoms, and skin loss or severe peeling. You should seek care immediately if you suspect that a child has developed a severe case of sunburn. In the case of developed confusion, faint, severe skin blistering, severe pain, or any other exaggerated symptom, you may consider going directly to the emergency room. Severe sunburn symptoms should never be ignored, because they may indicate more life-threatening damage has occurred.

HEAT-RELATED ILLNESSES

Heat-related illnesses such as heat syncope (fainting from heat), heat exhaustion, and heat stroke are far more serious than sunburn. These conditions occur when kids become overheated and dehydrated, and in many cases, are accompanied by sunburn.

TIPS FOR PREVENTION OF HEAT-RELATED ILLNESSES

1. Maintain hydration. Have players drink plenty of water. Drink water before, during, and after exercise. For every 15 minutes of exercise, drink at least 8 oz. of water.
2. Decrease the intensity of your exercise in severe heat.
3. Plan to exercise early in the morning or late in the evening when possible.
4. Give your body time to acclimate to higher temperatures.
5. Wear loose, light-colored, and lightweight clothing.
6. Maximize skin exposure to aid in evaporation. Don't forget to apply sunscreen.
7. Cover your head. Wear a loose, billed hat and pour water over your head periodically.
8. Constantly monitor the condition of your players. The first stages of heat stress are muscle cramps, nausea, headaches, goose bumps on the upper body, and unsteady footing. Address these symptoms immediately if observed.

NATIONAL WEATHER SERVICE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

Lightning Awareness Week: Safety

- **NO PLACE** outside is safe when thunderstorms are in the area!
- **If you hear thunder**, lightning is close enough to strike you.
- **When you hear thunder**, *immediately* move to safe shelter such as a substantial building or an enclosed metal-topped vehicle.
- **If you get caught outside** with *no safe shelter nearby,* reduce your risk:
  - Get off elevated areas (i.e., hills or mountain ridges)
  - Never lie flat on the ground
  - Never shelter under an isolated tree

For more information, go to:
lightningsafety.noaa.gov




Weather Forecast Office
Charleston, SC

weather.gov/chs | @NWSCharlestonSC

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8. ABUSE AWARENESS TRAINING

Beginning with the 2024 Little League regular season, Abuse Awareness Training will be a mandatory part of the annual Little League Volunteer Application and background check. All Belchertown Little League board members and coaches will be required to complete this training.

COURSE TRAINING AND CERTIFICATE OF COMPLETION

1. The league will utilize Little League's Abuse Awareness Training Course
2. Training can be found at the following link: https://www.littleleague.org/university/articles/abuse-awareness-training-course/?utm_source=background+checks+reminder+december+2024&utm_medium=email&utm_campaign=abuse+awareness+course+link
3. Upon completion, a certificate of completion will be emailed to the member completing the training.
4. Certificate of Completion should be forwarded to the league safety officer @ BelchertownLLsafety@gmail.com

MANAGEMENT AND VERIFICATION

1. The league safety officer will compile all certificates of completion.
2. The league safety officer will verify that all board members and coaches have completed the training before the start of the season.
3. The league safety officer will notify any board member or coach of any missing certificate of completion before they are allowed to continue in their respective capacity as board members or coaches.
4. The league safety officer will communicate regularly with the league vice president regarding the total number of volunteers that have completed the training and which board members and/or coaches still need to complete the training.
5. The league safety officer will communicate with the board member responsible for compiling background checks to verify that the required documentation has been received before the start of the season.

9. CONCESSION STAND SAFETY

*Concession Stand Tips - 12 Steps to Safe and Sanitary Food Service Events**

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness.

MENU

1. Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum.
2. Avoid using precooked foods or leftovers. 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.

COOKING

1. Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41°F or below (if cold), or 140°F or above if hot.
2. Ground beef and ground pork products should be cooked to an internal temperature of 165°F. Most food-borne illnesses from temporary events can be traced back to lapses in temperature control.
3. All gas grills are to be kept a minimum of 10 ft from the closest structure. No one under 18 years of age is allowed to use the grills at any time. Grill tops are to be cleaned before and after each use according to our safety plan. When grills are cool to the touch, return them to their storage area making sure burners and gas are off. Fire extinguishers will be located in all concession sheds within close access to everyone in case of a fire. Use the PASS system to put out any fire (PULL, AIM, SQUEEZE, and SWEEP).

REHEATING

1. Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over Sterno units, or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

COOLING AND COLD STORAGE

1. 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 in depth and refrigerate.
2. Pans should not be stored one atop the other and lids should be off or until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly.
3. Allowing hazardous foods to remain un-refrigerated for too long has been the number ONE cause of food- borne illness.

4. Please make sure that all refrigerators and freezers are operating before securing the concession stand at the end of the day. All doors should be closed tightly, all condiments returned to the fridge, and all dirty/used utensils be washed/sterilized for their next use. If none of the fridges/freezers seem to be operating at full potential, please make a league official aware of the situation so it can be handled at that moment.

HAND WASHING

1. Frequent and thorough hand washing remains the first line of defense in preventing food-borne disease.
2. Frequent and thorough hand washing remains the first line of defense in preventing food-borne disease.
3. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

HEALTH AND HYGIENE

1. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, etc.) should not be allowed in the concession area.

FOOD HANDLING

1. Avoid hand contact with raw, ready-to-eat foods and contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

DISHWASHING

1. Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
    a. Washing in hot, soapy water
    b. Rinsing in clean water
    c. Chemical or heat sanitizing
    d. Air drying

ICE

1. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use your hands. Latex or rubber gloves will be available when concessions are open.
1. Ice can become contaminated with bacteria and viruses and cause food-borne illness.

WIPING CLOTHS

1. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well-sanitized work surfaces prevent cross-contamination and discourage flies.

INSECT CONTROL & WASTE

1. Keep foods covered to protect them from insects. Store pesticides away from foods.
2. Place garbage and paper waste in a refuse container with a tight-fitting lid.
3. Dispose of water in an approved method (do not discard outside).
4. All water should be potable water from an approved source.

10. EQUIPMENT SAFETY

Below are basic equipment safety procedures to be conducted before and throughout each practice and game to ensure the safety of the players, coaches, and fans.

SAFE EQUIPMENT

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Before each use and throughout use, coaches or coaching staff members shall:

1. Ensure all equipment is Little League-approved.
2. Inspect all bats, helmets, and other equipment. Dispose of unsafe equipment properly. If players want at any time, some helmets with facemasks and/or jaw guards are available for use.
3. Keep loose equipment stored properly.
4. Have all players remove all personal jewelry.
5. Parents should be encouraged to provide safety glasses for players who wear glasses.
6. Repair or replace defective equipment. Notify the safety officer or equipment officer if defective equipment needs to be replaced.
7. All catchers **must** wear a full mask and helmet, including warming up, during practice, and bullpen sessions between innings. Also, all catchers **MUST** wear an approved throat guard on their mask, this includes a player's equipment. **All players** warming up the pitcher must wear a helmet and mask. All male catchers must wear a protective cup during practices and games. No skull caps or regular caps are to be worn under the catcher's mask.
8. During pre-game warmups, please have players throw in a safe area away from other players and spectators, especially if another game is still in progress. **NO** swinging of bats at **ANY** time before, during, or after games or practices in which teams are still using or will be using the field area. No on-deck bat is swinging allowed in Little League. Have your on-deck batter put his/ her helmet on and keep the bat at their side.
9. Coaches should encourage their players to be aware of overthrown balls, foul balls, and line drives at any time. Coaches should also encourage their players to keep the dugout and bench area clear of all equipment, bags, balls, and bats. Also, coaches should keep all spectators clear of the bench area, especially during the game to keep the player's attention on the game. The game is about learning and sportsmanship, so try to keep the player's mind in the game, both for learning and safety.
10. New for the 2024 Spring season, all Little League players will be required to wear a helmet with an extended jaw guard or face mask.

11. SAFETY TRAINING

FIRST AID TRAINING

As part of the pre-season coach, manager, and umpire training, Belchertown Little League will make training available in basic first aid skills. This training may be provided by an outside third party (local fire department, EMT, etc.) or through approved online learning. We also make available first aid education materials to our coaches via email.

CONCUSSION AND HEAD INJURIES

Belchertown Little League will provide managers, coaches, and umpires with educational materials related to concussion/head injury. Managers/coaches and umpires must certify to the safety officer that they have received and reviewed these materials.

It is required that coaches and managers complete the "Concussion in Sports" course through the NFHS.org website: https://nfhslearn.com/courses/concussion-in-sports-2. The certificate of completion should be forwarded to the league safety officer.

Copies of educational materials are provided in the Appendix of this manual.

SUDDEN CARDIAC ARREST (SCA)

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. SCA is also the leading cause of sudden death in young athletes during sports. Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. All managers and coaches should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have a brief seizure-like activity or abnormal breathing (gasping).

SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

To save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible.

SCA Information sheet available in the Appendix

AED MACHINE AVAILABILITY AND TRAINING

Belchertown Little League is fortunate to have an AED for cardiac events at Hulmes-Warner Field. The AED is located in the announcer's booth. Before the start of every season, the safety officer will inspect the AED to ensure proper operation, and when necessary, replace batteries, leads, and pads. Service will be maintained on the AED as recommended by the manufacturer. Training for AED use will be provided to managers/coaches/board members before the start of every season.

12. INCIDENT AND INJURY REPORTING

WHAT TO DO IF A PLAYER IS INJURED

1. All injuries requiring first-aid treatment and incidents with the potential to cause injury requiring first-aid treatment are to be documented on the Incident/ Injury Tracking Report provided on the following page. Once completed, a copy of the Incident/Injury Tracking Report is to be given to the Belchertown Little League Safety Officer for tracking.
2. If an injury occurs during a game or practice, coaches are asked to assess the injury to see if the player will require some sort of first-aid treatment. Please make the parents of the player aware of that player's injury, no matter how small. If in the coach's judgment, the player's injury seems severe enough to warrant an emergency, please have the parent take the child to a doctor, or immediately call 911 and have the emergency personnel assess the situation. Please do not take a chance with the child's injury, no matter how small it may seem. It is vital to remain calm when a serious injury happens.
3. Call 911, and tell the dispatcher what field you are in, what the emergency is, and anything else they may ask. DO NOT HANG UP!!
4. If possible, have another coach/parent move the rest of the team to another part of the field, and have them stay clear of any emergency vehicles. It can be a very dramatic situation for kids of this age when a serious injury occurs, so try and talk to them and reinforce the importance of safety.

IMPORTANT DO'S & DON'TS FOR AN INJURED PLAYER

DO…

- Reassure and aid children who are injured.
- Provide or obtain medical attention for those who require it.
- Give aid when needed to the extent of your ability. *Know your limitations.*
- Carry your first-aid kit to all games and practices.
- Assist those who require medical attention before any other priority.
- Make sure a working phone is available at all events.
- Ask for help if you're not sure of the proper procedures (i.e. CPR, etc…).
- Report any present or potential safety hazards to the Safety Officer immediately.

DON'T…

- Administer any medications.
- Provide any food or beverages (other than water) to an injured individual.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Be alone with a child not your own, but instead, always have at least your child and another parent or coach stay until the child's parent arrives.

EMERGENCY CARE

In the event of a player injury or illness that appears to be an emergency, the game or practice shall be suspended until the crisis is resolved. If the player's parent/guardian is present, Belchertown Little League manager/coaches will aid in providing emergency support, according to the parent/guardian's direction. The manager/coach, or the umpire, is authorized by Belchertown Little League to call 911 and request emergency services if the manager/coach or umpire believes it is necessary in the best interests of the player(s).

INCIDENT AND INJURY TRACKING

Managers will report injuries to the Safety Officer as soon as possible after they occur. Each manager will be provided copies of the Little League Incident/Injury Tracking Report with their equipment. The Injury Report form can also be found on the Little League website: https://www.littleleague.org/downloads/incident-injury-tracking-form/

The Belchertown Little League Safety Officer will retain copies of all Incident / Injury Tracking Reports and evaluate incidents for trends to seek improvement opportunities in the Belchertown Safety Plan. If a coach has any idea for improvement to this plan or any improvement that can be made to our program, please bring it to the attention of the league. Remember, this league is run by volunteers, and through everyone's effort and hard work, is the only way the Belchertown Little League will remain one of the best in Western Massachusetts.

WHAT TO REPORT

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. The terms "medical treatment and/or first aid" include any injury that (a) causes a player to miss any practice or game time, or (b) any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly. Any injury - no matter how minor - should be reported to the player's parent or guardian as soon as practicable (at the end of practice/game, later that day by phone or email, etc.)

WHEN TO REPORT

All Injuries should be reported within 48 hours to the Safety Officer who keeps a file of all reports. Make sure the following information is provided:

1. The name and phone number of the individual involved (and their parents).
2. The date, time, and location of the incident.
3. As detailed a description of the incident as possible.
4. The preliminary estimation of the extent of any injuries.
5. The name and phone number of the individual reporting the incident.
6. Email the safety officer: BelchertownLLsafety@gmail.com

REPORT POTENTIAL CLAIMS

In the event of an injury that may result in an insurance claim, Little League provides insurance that is secondary to a family's medical insurance, if any. If a player suffers an injury during a team contact that warrants medical care, Managers shall notify the Safety Officer and have the parent and the Manager fill out their respective parts of the insurance-related claim form called the "Accident Notification" Form. After completion, the form shall be submitted to the Safety Officer who shall then forward it to District 2 and Little League International for processing. Accident Notification forms MUST be completed within 20 days of the injury.

Little League Accident Notification Forms can be found here:

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

13. FIRST AID KITS

All coaches are provided first-aid kits at the start of the season. First-aid kits are to be taken to each practice and game. If medical equipment, ice packs, or any other materials are used or removed from the first-aid kits, they are to be re- stocked before the next game or practice. Extra first-aid supplies are also available in the storage sheds at all the fields throughout the season. If items are in short supply or empty, please make the Safety Officer or league official aware of the shortage.

Our first-aid kits in Belchertown Little League are assembled for simple injuries that could arise during the game. If the coaches have any doubt as to the seriousness of a player's injury, PLEASE seek immediate medical attention. NEVER TAKE THE CHANCE!!

14. SAFETY CODE

DEDICATED TO INJURY PREVENTION

1. Arrangements have been made in advance of all games and practices for emergency medical services should the need arise.
2. All coaches have been issued first-aid kits for their teams.
3. No games or practices should be held when weather or field conditions are bad, particularly with lightning.
4. The play area is to be inspected frequently for holes, damage, stones, glass, and other foreign objects.
5. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
6. Only players, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
7. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's coaches.
8. During practice and games, all players should be alert and watch the batter on each pitch.
9. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
10. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)
11. Equipment is to be inspected regularly for safe condition as well as for proper fit.
12. Batters must wear Little League-approved protective helmets during batting practice and games. Helmets must include an extended jaw guard or full facemask (new requirement beginning spring 2024).
13. The catcher must wear a catcher's helmet, mask, throat guard, long model chest protector, shin guards, and protective cup with an athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
14. Male players must wear protective cups and supporters for practices and games.
15. Except when a runner is returning to a base, head-first slides are **not** permitted.
16. During sliding practice, bases should not be strapped down or anchored.
17. At no time is "horseplay" permitted on the playing field.
18. Parents of players who wear glasses are encouraged to provide "safety glasses."
19. Players must not wear watches, rings, pins, or metallic items during games and practices.
20. The Catcher must wear a catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and practice.
21. Coaches may warm up pitchers before or during a game.
22. On-deck batters are not permitted. **NO EXCEPTIONS**
23. Coaches are encouraged to attend Little League-sponsored fundamentals clinics
24. Belchertown Little League runs background checks on all coaches and other applicable volunteer applicants.
25. All coaches should know what to look for if a player takes a hit to the head. If a player is having physical symptoms such as a headache, blurred vision or sensitivity to light, feeling lethargic or dizzy, or having trouble balancing or walking, that player should have immediate medical treatment. Children act differently than adults due to head trauma, so please do not take the chance. In the past few years, Little League teams across the globe have been putting a greater emphasis on learning the signs of concussions and how to prevent them, and

Belchertown Little League will be no different.

15. SAFETY PLAN HANDOUT

Belchertown Little League
SAFETY CODE
Dedicated to Injury Prevention

- Arrangements have been made in advance of all games and practices for emergency medical services should the need arise.
- All coaches have been issued first-aid kits for their teams.
- No games or practices should be held when weather or field conditions *are* bad, particularly with lightning.
- The play area is to be inspected frequently for holes, damage, stones, glass, and other foreign objects.
- All team equipment should be stored within the team dugout, *or* behind screens, and not within the area defined by the umpires as "in play".
- Only players, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's coaches.
- During practice and games, all players should be alert and watch the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e..... playing catch, pepper, swinging bats, etc.)
- Equipment is to be inspected regularly for safe condition as well as for proper fit.
- Batters must wear Little League-approved protective helmets during batting practice and games.
- The catcher must wear a catcher's helmet, mask, throat guard, chest protector, shin guards, and protective cup with an athletic supporter at all times (males) for all practices and games. *NO EXCEPTIONS*
- Male players are encouraged to wear protective cups and supporters for practices and games.
- Except when the runner is returning to a base, head-first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time is "horseplay permitted on the playing field.
- Parents of players who wear glasses are encouraged to provide "safety glasses".
- Players must not wear watches, rings, pins, or metallic items during games and practices.
- The Catcher must wear a catcher's helmet and mask with a throat guard in warming up the pitcher,;. This applies between innings and in the bullpen during a game and also during practices.
- Coaches may warm up pitchers before or during the game.
- On-deck batters are not permitted NO EXCEPTIONS
- Coaches are encouraged to attend Little League-sponsored fundamentals clinics.
- Belchertown Little League runs background checks on all coaches and other applicable volunteer applicants.

Belchertown Little League

Emergency and League Contact Information

EMERGENCY

Belchertown Ponce/Fire/Ambulance 911

Non-Emergency Contact Numbers

Belchertown Police-Non-Emergency.•.....413-323-6685
Belchertown Fire Dept. - Non-Emergency.•.....413-323-7571

Area Hospitals

Baystate Wing Hospital.....413 283-7651
40 Wright Street, Palmer, **Mass**

Mary Lane Hospital.....413- 967-6211
85 South Street, Ware. Mass

Wing Medical Center.....413- 323-5118
20 Daniel Shays Highway, Belchertown, Mass

ConvenientMD Urgent Care.....413-625-3500
471 Center Street, Ludlow, MA

Belchertown Little League Contacts

President	Paul Anzio	413-323-6554
Vice President	Jonathan Ritter	413-687-9508
Treasurer	Jeremy Leblond	413-575-3206
Secretary	Ashley O'Connor	978-502-7485
Safety Officer	Patrick Prizio	413-277-8779
Player Agent - Majors	Stefan Audet	413-758-5899
Player Agent - Minors	Tom Scalzo	518-669-3456
Umpire In Chief	Ron Ryczek	413-575-7842
Director	April Hodgen	413-678-9763
Director/Scheduling	Stefan Audet	413-758-5899
Director	Eric Archambault	413-626-2769
Director	Chris Boyko	413-563-4239
Director	Mike DeSmith	413-285-4219
Director	Jeff O'Connor	413-531-7658
Director	Jeff Staples	781-883-3325
Director	Jodi Desorcy	413-883-6694
Director	Chris Desorcy	413-883-6294
Director	Kris Carver	508-454-4692
Director	Matt Jackson	413-687-8371
Director	Nathan Laflamme	413-531-0506
Director	Brendon Attebury	785-331-7267
Director	Christine Buckley	413-364-1394
Director	Jeff Provencal	518-229-1488
Director	Josh Mull	707-903-9487
Director	Bryan Letzeisen	978-944-0096

APPENDIX

HEAD INJURY AND CONCUSSION

HEADS UP CONCUSSION ACTION PLAN

HEADS UP INFOGRAPHIC

SUDDEN CARDIAC ARREST (SCA)

SCA INFORMATION SHEET

AED MACHINE

MANUFACTURER INSTRUCTION SHEET (THIS WILL BE SPECIFIC TO THE AED MODEL ONSITE IN THE ANNOUNCER'S BOOTH)

INJURY REPORTING FORM

INCIDENT/INJURY REPORTING FORM

ACCIDENT CLAIM FORM

LITTLE LEAGUE BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

HEADS UP CONCUSSION ACTION PLAN

IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE TAKE THE FOLLOWING STEPS:

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

"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."

CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

[INSERT YOUR LOGO]

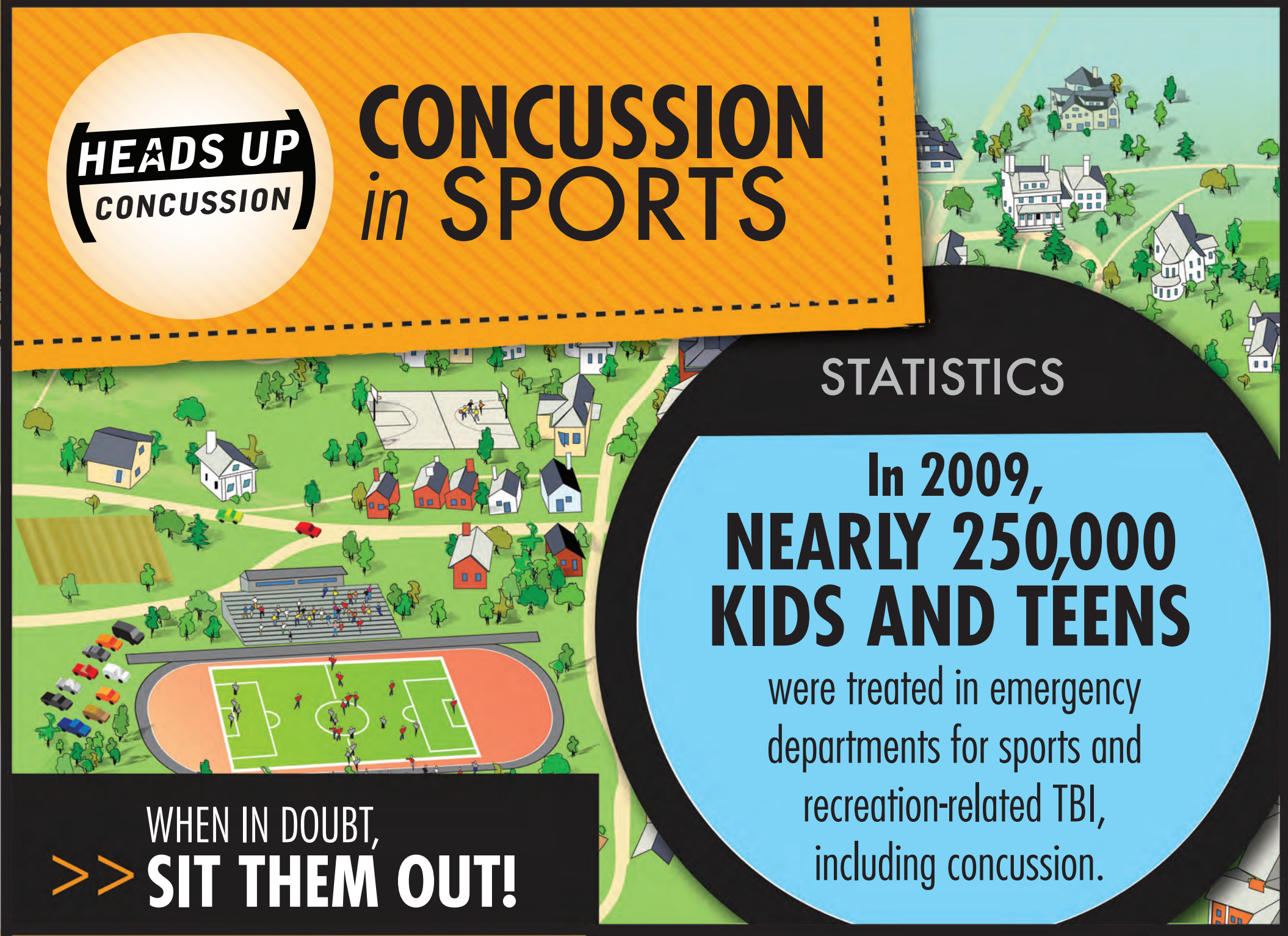
JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

HEADS UP CONCUSSION

CONCUSSION *in* SPORTS



STATISTICS

In 2009,
NEARLY 250,000 KIDS AND TEENS
were treated in emergency departments for sports and recreation-related TBI, including concussion.

WHEN IN DOUBT, >> SIT THEM OUT!

WHEN APPROPRIATE MAKE SURE AN ATHLETE USES THE CORRECT HELMET FOR THEIR ACTIVITY.

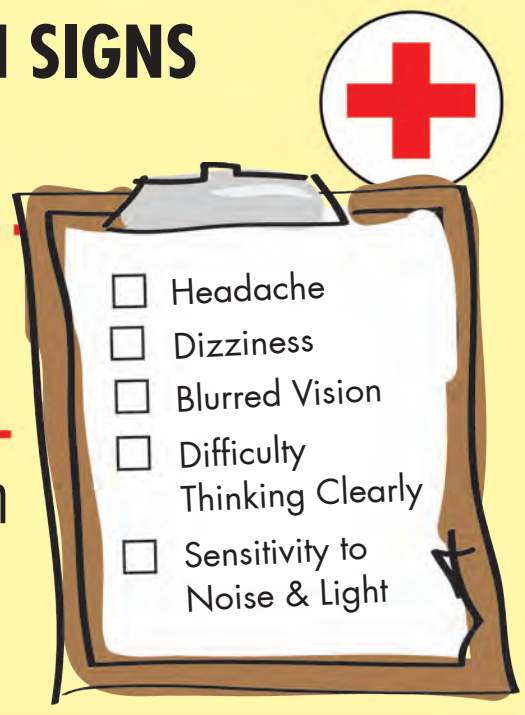
Wearing a helmet can help protect athletes from serious brain or head injuries.

THERE IS NO "CONCUSSION-PROOF" HELMET.

LEARN CONCUSSION SIGNS SYMPTOMS

SEE FULL LIST OF SYMPTOMS @

www.cdc.gov/Concussion



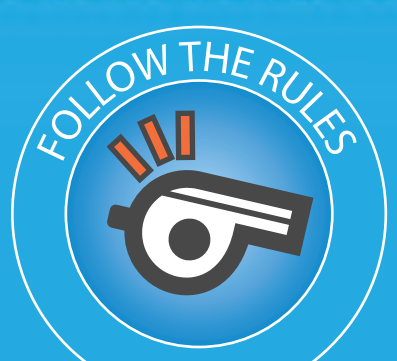
if YOU THINK AN ATHLETE HAS A CONCUSSION

USE THE HEADS UP ACTION PLAN

1. Remove the athlete from play.
2. Keep the athlete out of play the day of the injury.
3. An athlete should only return to play with permission from an appropriate health care professional.

HELP KEEP ATHLETES SAFE *from* CONCUSSIONS AND OTHER SERIOUS BRAIN INJURIES

Remind your athletes to tell coaching staff right away if they think they have a concussion or that a teammate has a concussion.



Make sure that athletes follow the rules for safety and the rules of the sport.

Encourage athletes to practice good sportsmanship at all times.

Keep the Heads Up Action Plan at all games and practices.

LEARN *more* AT:
www.cdc.gov/Concussion

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

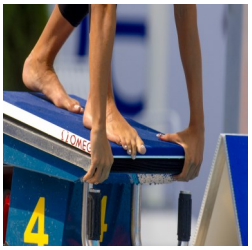
Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act






What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

Cardiac 3-Minute Drill

1. RECOGNIZE
Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED

Be Prepared! Every Second Counts!

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA Est. 1905
WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

NICK OF TIME FOUNDATION
SCA Awareness
Youth Heart Screening
CPR/AED in Schools
www.nickoftimefoundation.org

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age:_____ Sex: ❒ Male ❒ Female

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

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

_____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ❒ Baseball ❒ Softball ❒ Challenger ❒ TAD

B.) ❒ Challenger ❒ T-Ball ❒ Minor ❒ Major ❒ Intermediate (50/70)
❒ Junior ❒ Senior ❒ Big League

C.) ❒ Tryout ❒ Practice ❒ Game ❒ Tournament ❒ Special Event
❒ Travel to ❒ Travel from ❒ Other (Describe): _____

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

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

Type of injury: _____

_____

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

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

Type of incident and location:

A.) On Primary Playing Field
- ❒ Base Path: ❒ Running *or* ❒ Sliding
- ❒ Hit by Ball: ❒ Pitched *or* ❒ Thrown *or* ❒ Batted
- ❒ Collision with: ❒ Player *or* ❒ Structure
- ❒ Grounds Defect
- ❒ Other: _____

B.) Adjacent to Playing Field
- ❒ Seating Area
- ❒ Parking Area

C.) Concession Area
- ❒ Volunteer Worker
- ❒ Customer/Bystander

D.) Off Ball Field
- ❒ Travel:
- ❒ Car *or* ❒ Bike *or*
- ❒ Walking
- ❒ League Activity
- ❒ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

AIG

Accident & Health (U.S.)

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

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

League Name: Belchertown Little League

League I.D.: 00148007

PART 1

Name of Injured Person/Claimant | SSN | 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 ☐AM ☐PM | Type of Injury

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) (Submit a copy of your approval from Little League Incorporated)
☐ CHALLENGER	☐ MINOR (6-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	
☐ 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
Belchertown Little League		00148007

Name of League Official	Position in League

Address of League Official	Telephone Numbers (Inc. Area Codes)
	Residence: ( ) Business: ( ) Fax: ( )

Were you a witness to the accident? ☐Yes ☐No
Provide names and addresses of any known witnesses to the reported accident.

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

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

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

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

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

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

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

Date	League Official Signature

Little League® Volunteer Application – 2025

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

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

Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

_____

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

_____

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

_____

1. Do you have children in the program? ☐ Yes ☐ No
   If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No
3. Do you have a valid driver's license? ☐ Yes ☐ No
   Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
   If yes, describe each in full: _____ ☐ Yes ☐ No
   (If volunteer answered yes to Question 4, the local league must contact Little League International.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)
7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
   If yes, explain: _____
   (If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

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

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

Name/Phone

_____

_____

_____

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

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

☐ JDP Background Check Completed (Includes review of the US. Center of SafeSport's Centralized Discplinary 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