



Biddeford Little League Safety Plan

Policy Statement

*Biddeford Little League
is a non Profit Organization
run by Volunteers whose
mission is to provide an
opportunity for our children
to learn the game of baseball
in a safe and friendly
environment.*

Biddeford Little League Phone List

Emergency Contact Information

Police	911
Fire Department	911
Poison Control	1-800-222-1222

Baseball Board Members

President: Josh Edgerton - Bllmaine@gmail.com - 207-590-5386
Vice President: Rob Couture - Cooch55@hotmail.com - 207-590-9840
Treasurer: Ben Gosselin - bgosselin11@gmail.com - 207-590-6864
Player Agent: Kerrie Edgerton - edgertonkerrie3@gmail.com - 207-229-3242
Umpire & Chief: Shane Haggett - shaggett50@yahoo.com - 207-671-6004
Equipment Manager: Scott Descoteaux - 207-468-8119
Canteen Director: Sandra OGuinn - Sandra.oguinn@yahoo.com -207-450-0623
Field Manager: Nick Blais - nblais@yahoo.com - 207-590-8153
Fund Raising: Jennie Langevin - Jenniellangevin@yahoo.com - 207-730-8022
Information Officer & Website: Jeremy Bourque - camsdad@maine.rr.com - 207-590-3021
League Scheduler: Curt Smyth - csmyth@une.edu- 207-229-9948
Safety Officer: Paul Clement - paulwclement@gmail.com - 970-691-2535

BIDDEFORD LITTLE LEAGUE

ASAP PLAN

KEY POINTS OF EMPHASIS

1. A copy of this safety manual will be distributed to all team managers in each division, and must accompany the team at all times.
2. All volunteers will be required to fill out and submit the enclosed volunteer application form, from which a background check will be performed by the league President and Secretary through Little League International by little league international.
3. All league managers and coaches will be required to attend a clinic on the fundamentals of coaching baseball at least once every 3 years, and each team must have at least one representative attend this clinic each year.
4. All league managers and coaches will be required to attend a clinic in first aid training at least once every 3 years, and each team must have at least one representative attend the clinic each year.
5. The managers of each team will be responsible for inspecting the field for any hazards that may endanger the players. This must be done before each game or practice.
6. The Equipment Manager will be responsible for issuing safe playing equipment in good condition to each team manager prior to the season. The playing equipment will be inspected by the league Safety Officer prior to distribution.
7. The managers of each team will be responsible for maintaining the integrity of their equipment by inspecting their equipment throughout the season. The discovery of faulty equipment, or equipment that does not conform to little league standards, will be reported to the Equipment Manager and the league Safety Officer immediately. **DAMAGED EQUIPMENT MUST BE REMOVED AND REPLACED IMMEDIATELY.**
8. The umpires for each game will be responsible for inspecting the playing equipment before each game.
9. Each team manager will be responsible for keeping a fully stocked First Aid kit on hand at every game or practice. The team manager must have a contact number available for each player in case of an emergency.

10. Each team manager must report **ALL** accidents, major or minor, to the league Safety Officer within 24 hours using the enclosed little league incident/injury tracking report form.
11. The Canteen staff will be responsible for complying with all safety rules and procedures as posted in the building and in this manual. The staff will be responsible for posting and updating the menu as necessary. The safety rules and menu will be reviewed and must be approved by the Safety Officer and league President.
12. All Biddeford LL personnel will adhere to, and enforce **ALL** Little League rules at practices and games for the safety of the players and spectators, and to maintain the integrity of the game, and Little League baseball. Managers should keep a copy of the official playing rules on hand at all times.
13. **SAFETY** is the responsibility of all the members of Biddeford little league. Take an active role in protecting our youth. Be preemptive - report all potential hazards or safety issues, including the presence of suspicious looking individuals immediately.

BLL SAFETY CODE

The Board of Directors of Biddeford Little League has mandated the following Safety Code, to be followed by all league members.

- ** The responsibility for safety belongs to all members of Biddeford Little League.**
- ** Each player, manager, coach, and umpire shall use proper reasoning and care to prevent injury to him/herself, and to others during practices and games.**
- ** Only league approved managers and coaches are allowed to practice teams.**
- ** Arrangements should be made in advance of all games and practices for emergency medical services. Keep player medical release forms with teams at all times.**
- ** Managers and coaches will have mandatory First Aid training.**
- ** Managers and coaches will attend mandatory coaches clinics.**
- ** First Aid kits will be issued to each team manager during the pre-season, and must accompany the teams at all times. Additional kits will be located at the concession stand.**
- ** No games will be held when weather or field conditions are poor or when lighting is inadequate.**
- ** The playing fields will be inspected before games and practices for holes, damage, stones, glass, and other foreign objects.**
- ** Team equipment should be stored within the team dugout or behind screens, and not in areas defined by the umpires as being in play.**
- ** Only players, coaches, managers, and umpires are permitted on the playing field or in the dugout during games and practices.**
- ** The responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned to this purpose, or the team manager and coaches.**
- ** Foul balls batted out of the playing area will be returned to either dugout and given to the home plate umpire upon request.**
- ** During practices and games, all players should be alert and watching 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 endangering spectators.
- ** Equipment should be inspected regularly for the condition of the equipment, as well as for proper fit of all equipment. (This includes personal equipment as well as league.)
- ** Batters must wear Little League approved protective helmets that bear the NOCSAE seal with full face shields during all batting sessions during practice and games.
- ** Except when a runner is returning to a base, head first slides are not permitted.
- ** On deck batters are not permitted, and players should not have bats in their hands until it is their turn to bat.
- ** BLL will supply the game balls. When balls become discolored, damaged, or weighted, they will be immediately removed from play and discarded.
- ** Male catchers must wear the metal, fiber or plastic type cup, and a long model chest protector.
- ** All catchers must wear a mask with a dangling type throat protector and catcher's helmet during practice, pitcher warm ups, and pre-game warm ups. (Coaches must not warm up pitchers between innings during games.)
- ** Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permitted.
- ** Players will not wear jewelry of any kind. (Exception: medical alert jewelry)
- ** Medication should not be administered to players, unless it is done directly by the child's parents. This includes aspirin and Tylenol.
- ** No swinging bats or throwing baseballs at any time within the walkways and common areas of the BLL complexes.
- ** All gates to the field should remain closed at all times during play. After players have entered or left the playing field, gates should be closed and secured.
- ** Players and spectators should be alert at all times for foul balls and errant throws.

NEVER HESITATE TO REPORT ANY PRESENT, OR POTENTIAL SAFETY HAZARD TO THE BIDDEFORD LITTLE LEAGUE SAFETY OFFICER, OR FIELD MANAGER.

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

BIDDEFORD LL VOLUNTEER REQUIREMENTS

All members of Biddeford Little league are volunteers, and must meet the following requirements to maintain membership within the league.

1. Each potential volunteer must complete the Little League Volunteer application form provided by the league. As of 2011, social security numbers are a required field. Any one that refuses to submit a fully completed volunteer application form will not be permitted to be a member of Biddeford Little League.
2. The information provided on the form will be used to conduct a background check on each volunteer applicant. Only applicants that clear the background checks will be entitled to serve as volunteers for Biddeford Little League.
3. All volunteers must agree to comply with, and enforce, all Little League rules and regulations.
4. All volunteers must demonstrate an understanding of the age group that they are affiliated with, and compliance with the goals and the mission statement of Biddeford Little League.

The background checks will be conducted by the league President, and/or Secretary, through First Advantage screening solutions. First Advantage will conduct the searches and submit the results for review by the league President and Secretary. Strict rules of privacy and discretion will be observed throughout the process.

ALL BACKGROUND CHECKS MUST BE COMPLETED BEFORE ANYONE WILL BE PERMITTED TO WORK WITH THE CHILDREN.

PLEASE GET YOUR FORMS COMPLETED AND SUBMITTED TO THE PRESIDENT OR SECRETARY AS EARLY AS POSSIBLE.

FIRST AID

What Is First Aid?

First Aid means exactly what the term implies -- it is the first care given to a victim of an accident. It is usually performed by the first person on the scene, and continued until professional medical help arrives. At no time should anyone administering First Aid go beyond his or her capabilities. Know your limits!

The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action that might be needed. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can, and wait for the paramedics to arrive.

KEEP YOUR PLAYER MEDICAL RELEASE FORMS WITH THE TEAM AT ALL TIMES.

First Aid Kits

First Aid kits will be furnished to each team at the beginning of the season.

The league Safety Officer's name and phone number are taped to the inside lid of all First Aid kits.

The First Aid kit will become part of the team equipment package and shall accompany the team at all times.

The First Aid kits should contain the following items:

- | | |
|-----------------------------------|--------------------------------|
| ** 3- instant ice packs | ** 2- plastic bags for ice |
| ** 6- antiseptic wipes | ** 1- roll of gauze |
| ** 2- large bandages 2" x 4" | ** 2- large non stick bandages |
| ** 20- band-aids 1" x 3" | ** 2- antiseptic cream packs |
| ** 1- cloth athletic tape | ** 2- eye pads |
| ** 1- roll of gauze | ** 2- burn cream packs |
| ** 1- scissors | ** 1- pair of latex gloves |
| ** 1- tweezers | ** 2- sterile gauze pads |
| ** 1- small plastic box for teeth | |

If you are missing any of the items above, or you need to replenish them, contact the league Safety Officer or the Equipment manager immediately.

PLEASE DO NOT USE THE KIT IN THE CANTEEN TO REPLENISH YOUR KIT.

First Aid - continued

Treatment at Site -

Some Important Do's and Don'ts

Do...

- ** Assess** the injury. If the victim is conscious, find out what happened, where it hurts, and watch for shock.
- ** Know** your limitations.
- ** Call** 9-1-1 immediately if person is unconscious or seriously injured.
- ** Look** for signs of injury (blood, bruises, deformity of joints, etc.)
- ** Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ** Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- ** Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't...

- ** Administer** any medications.
- ** Provide** any food or beverages (other than water).
- ** Hesitate** in giving aid when needed.
- ** Be afraid** to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
- ** Transport** the injured individual, except in extreme emergencies.

9-1-1 Emergency Number-

The most important help that 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 follow the following procedure:

- ** FIRST DIAL 9-1-1**
- ** Give** the dispatcher the necessary information. Answer any questions that he or she might ask.
- ** Most** dispatchers will ask the following questions:
 - The exact location of the emergency.** Include the name of the city or town, nearby intersections, landmarks, etc. Our addresses at the Major league fields are **308 Hill Street, and 120 May St.** The addresses for the Minor league fields would be the **Bldeford Primary School on Hill Street, and 120 May St.**

-- The telephone number from which the call is being made.

First Aid - continued

- The caller's name.
- What happened? - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people were involved?
- The condition of the injured person - example: unconsciousness, chest pains, or severe bleeding.
- What help (First Aid) is being given?
- ** Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- ** Continue to care for the victim until professional help arrives.
- ** Appoint somebody to go to the street to look for the ambulance and fire engine and flag them down, if necessary. This saves valuable time. Remember every minute counts.

When to call -

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.

Call **9-1-1** and request paramedics if the victim:

- ** Is or becomes unconscious.
- ** Has trouble breathing or is breathing in a strange way.
- ** Has chest pain or pressure.
- ** Is bleeding severely.
- ** Has pressure or pain in the abdomen that does not go away.
- ** Is vomiting or passing blood.
- ** Has seizures, a severe headache or slurred speech.
- ** Appears to have been poisoned.
- ** Has injuries to the head neck or back.
- ** Has possible broken bones.

IF YOU HAVE ANY DOUBT AT ALL, CALL 9-1-1 AND REQUEST PARAMEDICS.

Also call 9-1-1 for any of these situations:

- ** A fire or explosion.
- ** Downed electrical wires.
- ** The presence of poisonous gases.
- ** Vehicle collisions.
- ** Vehicle and bicycle collisions.
- ** Victims who cannot be moved easily.

First aid - continued

Accident Reporting Procedure

What to report-

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment 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. As a way of preventing future accidents, near misses should also be reported.

When to report-

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

How to make a report-

When making a report, use the Little League Incident/Injury Tracking report form contained in this Safety Manual.

BLL Safety Officer's Responsibilities-

The league Safety officer will notify the league President of the accident immediately upon receiving the incident report form.

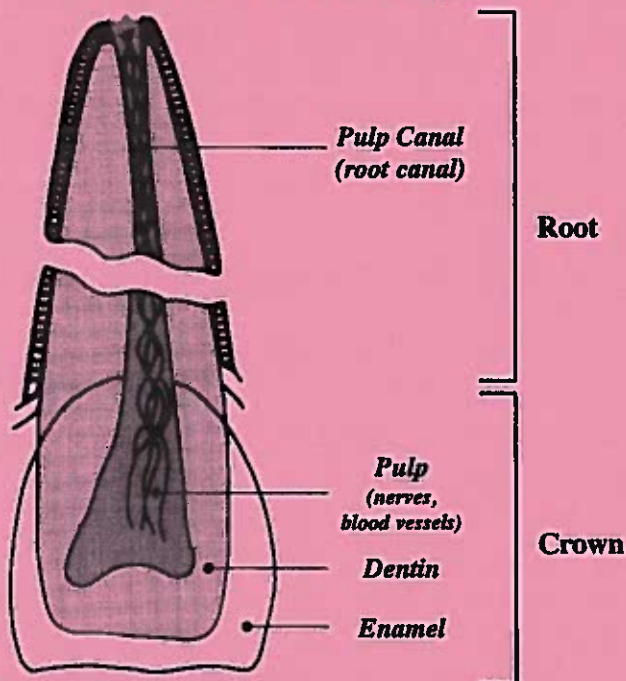
Within 24 hours of receiving the incident report form, the Safety Officer will contact the injured party or the injured party's parents and:

1. verify the information received
2. obtain any other information deemed necessary
3. check on the status of the injured party
4. in the event that the injured party required other medical treatment, the Safety Officer will advise the parents or guardians of the BLL insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to:

1. check on the status of the injuries
2. check if any other assistance is necessary in areas such as submission of league insurance forms, etc., until such time as the incident is considered to be closed.
(no further claims are expected, and the individual is participating in the league again)

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
 3rd best - Wrap tooth in saline-soaked gauze.
 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
 5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate.
TRANSPORT IMMEDIATELY TO DENTIST.

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

**Academy for
Sports Dentistry**
 875 North Michigan Ave.
 Suite 4040
 Chicago, IL 60611-1901

1800-273-1788

1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

**MOUTHGUARDS SHOULD NOT BE
OPTIONAL EQUIPMENT**

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

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 (4-7) ☐ Minor (7-11) ☐ Major (9-12) ☐ Intermediate (50/70) (11-13)
☐ Junior (12-14) ☐ Senior (13-16) ☐ Big League (15-18)
- 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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Signature: _____ Date: _____

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:

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☐ Grounds Defect
☐ Other: _____
- B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area
☐ Concession Area
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Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

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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 _____

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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
☐ 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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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



Little League Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Biddeford Medical Release - Treatment Emergency Parent or Guardian Waiver

PARENT OR LEGAL GUARDIAN AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder E.R. or Physician)

If a Parent or Legal Guardian cannot be reached in an emergency the Alternate Contact provided can be used.

Terms and Conditions

(1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

(2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

(3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

(4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy

arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. - -

I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League

International Charter Committee or Little League International Tournament Committee.

(5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.

(6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

(7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

(8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here:
www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

***This document was signed online by each parent.**

Suggestions for Warm-up Drills



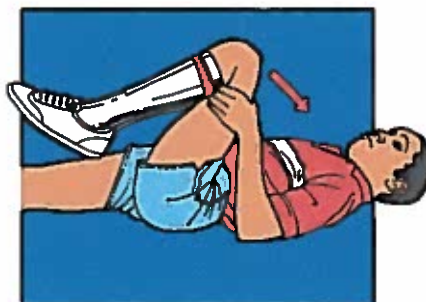
Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



MANAGERS AND COACHES

The managers and coaches of the league must be held to a higher standard of conduct than any other league volunteer, because of the immediate role that they play in the development of the players. No other volunteers work as closely with the players as this member class.

Managers and Coaches must:

1. Be responsible for the safety of the players above all else.
2. Follow all safety procedures outlined in this safety manual.
3. Keep medical release forms with the team at all times.
4. Report any accidents to the league Safety Officer using the supplied Little League Incident/Injury Tracking report form within 24 hours.
5. Provide a safe environment for the players by inspecting the fields before practices and games, and maintaining the integrity of the playing equipment through frequent inspections of the equipment.
6. Comply with and enforce all little league rules and regulations.
7. Be aware of severe weather conditions that could endanger the well being of the players. (lightning, heat, slippery conditions, darkness)
8. Never leave players unattended, especially after practices and games. Be sure that all players have been picked up before leaving the field.
9. Be responsible for the conduct of the fans. Encourage positive support at all times. (Refer to the parent code of conduct)
10. Keep the team Safety Manual with the team at all times.

Talk safety with the players, and explain the potential dangers that exist in and around the game of baseball. Show them the included poster showing the dangers of swinging bats carelessly. (a picture is worth a thousand words)

HAVE A FUN AND SAFE SEASON!!!

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

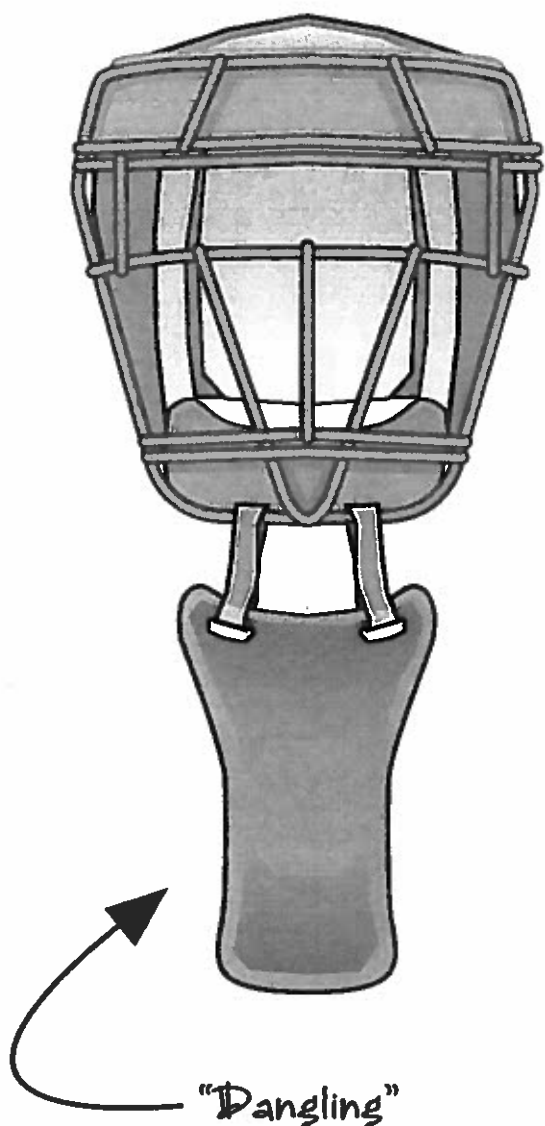
RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."



HAVE YOU:

- ☒ **Walked field for debris/foreign objects**
- ☒ **Inspected helmets, bats, catchers' gear**
- ☒ **Made sure a First Aid kit is available**
- ☒ **Checked conditions of fences, backstops, bases and warning track**
- ☒ **Made sure a working telephone is available**
- ☒ **Held a warm-up drill**



Make Sure They Are Safe!

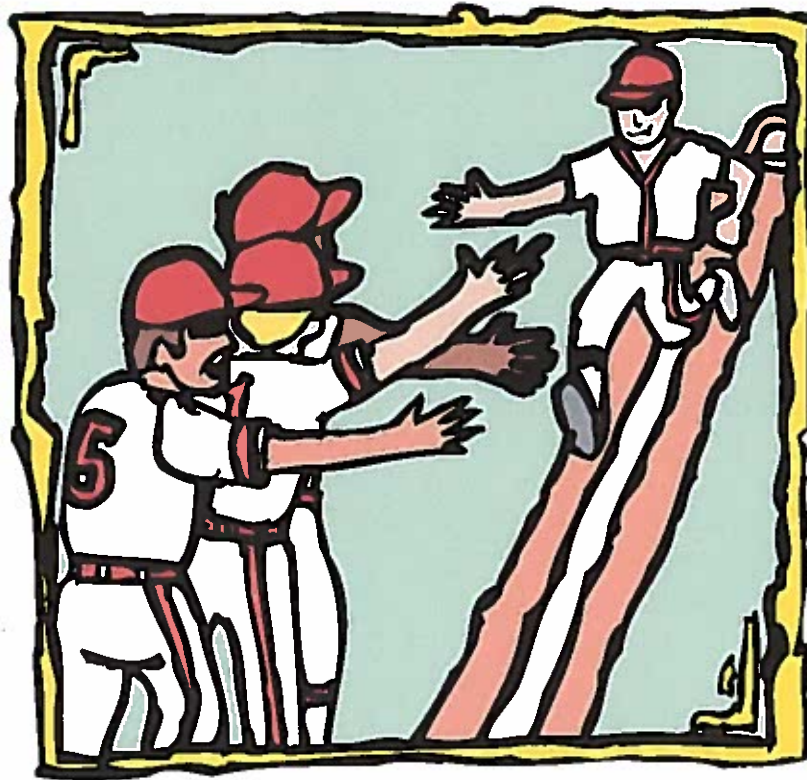
REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Keep It Clean!



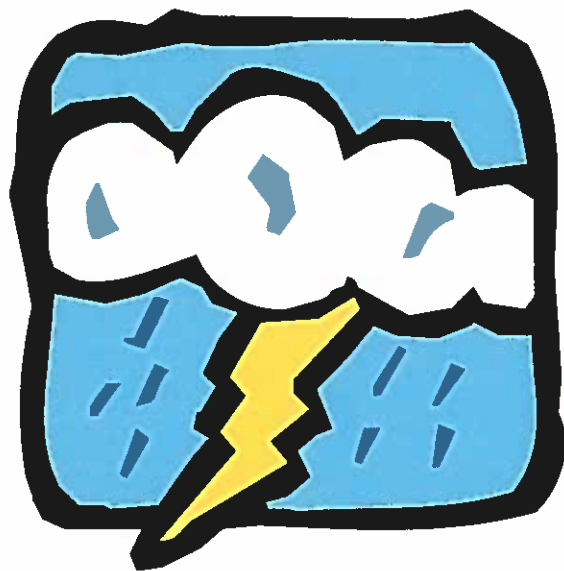
REMEMBER:

**Use good sportsmanship on the field,
even to your language.**

Regulation XIV – Field Decorum

- a) “The actions of players, managers, coaches, umpires and league officials must be above reproach . . .”
- b) “The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts.”

If You See It, Flee It; If You Hear It, Clear It



REMEMBER:

- **Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings**
- **Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up**
- **Clear fields immediately after thunder has been heard or lightning seen!**

PLEASE WAIT!

- **Wait 30 minutes before returning to play after last sign of lightning activity in your area**
- **Cars shouldn't leave until the game is called, so all players can be accounted for**

Guidelines from the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service

WEATHER CONCERNS

Most of our days in the summer are warm and sunny, but there are those days when the weather turns bad and creates unsafe playing conditions. Be aware of the approach of severe weather, intense sun and heat, and the dangers they present.

Rain:

If it begins to rain:

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

Lightning:

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

The average thunderstorm is 6 -10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity, and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can Hear, See or Feel a Thunderstorm:

1. Suspend all games and practices immediately.
2. Stay away from metal, including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their cars and wait for a decision on whether or not to continue the game or practice.

Hot Weather:

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Players should be advised to begin hydrating hours before the game or practice.
2. During the game or practice, suggest players drink water when coming on and going off the field.
3. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout immediately.
4. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in the First Aid kits to cool the player down until the paramedics arrive.

Ultra - Violet Ray Exposure:

This kind of exposure increases an individual's risk of developing a specific type of skin cancer known as melanoma.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years of age.

Therefore, **BLL** will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

Weather Safety: Lightning



Lightning Safety for You and Your Family



American
Red Cross



FEMA



What You Should Know About Being Caught Outside Near a Thunderstorm

There is no safe place outside in a thunderstorm. Plan ahead to avoid this dangerous situation! If you're outside and hear thunder, the only way to significantly reduce your risk of becoming a lightning casualty is to get inside a substantial building or hard-topped metal vehicle as fast as you can. In addition, you should avoid the following situations which could increase your risk of becoming a lightning casualty. Remember – there is no substitute for getting to a safe place.

- ▶ **Avoid open areas.** Don't be the tallest object in the area.
- ▶ **Stay away from isolated tall trees, towers or utility poles.** Lightning tends to strike the taller objects in an area.
- ▶ **Stay away from metal conductors such as wires or fences.** Metal does not attract lightning, but lightning can travel long distances through it.

If you are with a group of people, spread out. While this actually increases the chance that someone might get struck, it tends to prevent multiple casualties, and increases the chances that someone could help if a person is struck.

Act Fast If Someone Is Struck by Lightning!

- ▶ **Lightning victims do not carry an electrical charge, are safe to touch, and need urgent medical attention.** Cardiac arrest is the immediate cause of death for those who die. Some deaths can be prevented if the victim receives the proper first aid immediately.
- ▶ **Call for help.** Call 9-1-1 or your local ambulance service.
- ▶ **Give first aid.** Do not delay CPR if the person is unresponsive or not breathing. Use an Automatic External Defibrillator if one is available.

- ▶ If possible, move the victim to a safer place. Lightning can strike twice. Don't become a victim.

Stay Informed About Storms Listen to NOAA Weather Radio All Hazards

There are an estimated 25 million cloud-to-ground lightning flashes in the U.S. each year. While the National Weather Service (NWS) issues severe thunderstorm watches and warnings for storms that produce damaging wind or hail, watches and warnings are NOT issued for lightning. When you hear thunder, there is an immediate lightning danger.

As a further safety measure, consider purchasing a portable, battery-powered, tone-alert NOAA Weather Radio All Hazards. The radio will allow you to monitor any short-term forecasts for changing weather conditions. The tone-alert feature can automatically alert you when the NWS issues a severe thunderstorm watch or warning.

For More Information

NWS lightning links, forecasts, assessments:

<http://www.lightningsafety.noaa.gov>

NOAA Weather Radio All Hazards:

<http://www.weather.gov/nwr>

American Red Cross:

<http://www.redcross.org>

Federal Emergency Management Agency:

<http://www.fema.gov>

Remember, When Thunder Roars, Go Indoors!

YPA-200951



Weather Safety: Lightning

Safety and Preparedness Factsheet

Lightning Safety for You and Your Family

When Thunder Roars, Go Indoors!

Each year in the United States, more than 400 people are struck by lightning. On average, between 55 and 60 people are killed; hundreds of others suffer permanent neurological disabilities. Most of these tragedies can be avoided with a few simple precautions. When thunderstorms threaten, get to a safe place. Lightning safety is an inconvenience that can save your life.

The National Oceanic and Atmospheric Administration (NOAA) collects information on weather-related deaths to learn how to prevent these tragedies. Many lightning victims say they were “caught” outside in the storm and couldn’t get to a safe place. With proper planning, these tragedies could be prevented.

Other victims waited too long before seeking shelter. By heading to a safe place 5 to 10 minutes sooner, they could have avoided being struck by lightning.

Some people were struck because they went back outside too soon. Stay inside a safe building or vehicle for at least 30 minutes after you hear the last thunder clap.

Finally, some victims were struck inside homes or buildings while they were using electrical equipment or corded phones. Others were in contact with plumbing, a metal door or a window frame. Avoid contact with these electrical conductors when a thunderstorm is nearby!

What You Might Not Know About Lightning

- ▶ **All thunderstorms produce lightning and are dangerous.** In the United States, in an average year, lightning kills about the same number of people as tornadoes and more people than hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many lightning deaths occur ahead of storms or after storms have seemingly passed.
- ▶ **If you can hear thunder, you are in danger.** Don’t be fooled by blue skies. If you hear thunder, lightning is close enough to pose an immediate threat.

- ▶ Lightning leaves many victims with permanent disabilities. While a small percentage of lightning strike victims die, many survivors must learn to live with very serious lifelong pain and neurological disabilities.

Avoid the Lightning Threat

- ▶ **Have a lightning safety plan.** Know where you’ll go for safety and how much time it will take to get there. Make sure your plan allows enough time to reach safety.
- ▶ **Postpone activities.** Before going outdoors, check the forecast for thunderstorms. Consider postponing activities to avoid being caught in a dangerous situation.
- ▶ **Monitor the weather.** Look for signs of a developing thunderstorm such as darkening skies, flashes of lightning or increasing wind.
- ▶ **Get to a safe place.** If you hear thunder, even a distant rumble, immediately move to a safe place. Fully enclosed buildings with wiring and plumbing provide the best protection. Sheds, picnic shelters, tents or covered porches do NOT protect you from lightning. If a sturdy building is not nearby, get into a hard-topped metal vehicle and close all the windows. Stay inside until 30 minutes after the last rumble of thunder.
- ▶ **If you hear thunder, don’t use a corded phone except in an emergency.** Cordless phones and cell phones are safe to use.
- ▶ **Keep away from electrical equipment and wiring.**
- ▶ **Water pipes conduct electricity.** Don’t take a bath or shower or use other plumbing during a storm.

Organized Outdoor Activities

Many people enjoy outdoor activities. It’s essential for the people in charge of these activities to understand the dangers of lightning, have a lightning safety plan in place, and follow the plan once thunder is heard or lightning is seen. Many outdoor activities rely on volunteer leaders, coaches or sports officials to make safety decisions. Make sure the leaders of these activities follow a lightning safety plan. Don’t be afraid to ask, and don’t be afraid to speak out during an event if conditions become unsafe. You could save a life!



Little League® Volunteer Application - 2018

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

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

Name _____ Date _____

First Middle 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.)? (list) Yes No ☐

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

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? _____ Yes ☐ No ☐
If yes, describe each in full: _____

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

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

7. Have you ever been refused participation in any other youth programs? _____ Yes ☐ No ☐
If yes, explain: _____

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other

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

Name/Phone _____

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

<https://www.littleleague.org/player-safety/state-laws-background-checks-leagues/>

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Regulation 11(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐ Sex Offender Registry Data and National Criminal ☐

Records check, as mandated in the current season's official regulations

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

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