

**2019 ASAP Safety Rules and  
Regulations  
Charlestown, MA**

**Charlestown Little League**

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Submitted by:

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Charlestown Little League (League # 2210902)

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**Table of Contents**



..... 1

Charlestown Little League Baseball Safety Plan..... 1

1.0 Policy Statement..... 1

2.0 Charlestown Little League Mission Statement. .... 1

3.0 Field/ Facility ..... 1

4.0 League Safety Officer .....2

5.0 Safety Manual and First Aid Kits.....2

6.0 Little League Phone Numbers .....3

7.0 Emergency Contact Procedures .....3

8.0 Accident/Injury Reporting .....4

9.0 Code of Conduct..... 4

10.0 Safety Rules..... 5

11.0 Manager and Coach Training Clinics .....6

12.0 Equipment ..... 7

13.0 Volunteer Policy ..... 7

## A Safety Awareness Plan

### List of Appendices

- Appendix A Player Code of Conduct  
Coaches, Player and Parent Code of Conduct
  
- Appendix B Coaches, Volunteer Application
  
- Appendix C Batting Cage Safety Rules & Safety Checklist  
Concession Stand Safety Procedures
  
- Appendix D Incident/Injury Tracking Form  
Accident Notification Form  
Claim Form Instructions  
Medical Release Form



## **Charlestown Little League Baseball Safety Plan**

### **1.0 Policy Statement**

Charlestown Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

### **2.0 Charlestown Little League Mission Statement**

## **The Mission of Little League Baseball**

Little League Baseball, Incorporated is a non-profit organization whose mission is "to promote, develop, supervise, and voluntarily assist in all lawful ways, the interest of those who will participate in Little League Baseball".

Through proper guidance and exemplary leadership, the Little League program assists youth in developing the qualities of citizenship, discipline, teamwork and physical well-being. By espousing the virtues of character, courage and loyalty, the Little League Baseball program is designed to develop superior citizens rather than superior athletes.

Founded in 1939; granted Federal Charter July 16, 1964, by unanimous act of the Senate and House of Representatives of the Congress of the United States of America and signed by President Lyndon B. Johnson as Public Law 88-378, 88<sup>th</sup> Congress H.R. 9234, and amended December 26, 1974, Public Law 93-551, 93rd Congress, H.R. 8864. Little League is tax exempt.

### **3.0 Field/ Facility**

The field shall be inspected before each game by the umpire and home team coaches. The field will also be inspected before every practice by that team's coaches. He/she shall ensure that breakaway bases are intact, home plate shall have no corners sticking up, and field is free of any glass, rocks, cans, bottles, etc. that may result in injury to players. Any discrepancies shall be addressed to the League Safety Officer.

## A Safety Awareness Plan

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The Safety Officer, with the League President, shall complete the Annual Little League Facility Survey. The completed survey will be sent into Little League Headquarters, and a copy kept on file by the Local League.

- No glass bottles will be allowed in the dugouts at any time

### 4.0 League Safety Officer

The Board of Director's shall elect a League Safety Officer each year whom will be registered with Littleleague headquarters. The Officer shall fill out and submit the 2018 Volunteer Application Form. **The Charlestown Little League Safety Officer is Mr. Michael Lynch.**

- All safety concerns will be directed to the Charlestown Little League Safety Officer.

### 5.0 Safety Manual and First Aid Kits

Each team will be issued a Safety Manual and each field will have a designated First Aid Kit in the equipment box at each field at the beginning of the season. An automated external defibrillator (AED) will be kept in the storage container at the Major League Field. The Manager of the team will acknowledge the receipt of the safety manual by signing in the space provided below.

The Clubhouse will have one copy of the Safety Manual available for viewing. Copies of the Safety Manual will be distributed to all league officials, the District Administrator, managers and volunteers.

The Safety Manual will include necessary emergency response numbers and phone numbers for all members of the Board of Directors.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be. Two chemical ice packs will be kept in the equipment box at each field and replenished as needed. Additional ice packs and first aid kits are available in the storage container at the Major League Field and the Clubhouse. First aid training will be required for coaches with at least one coach per team attending.

I have received my Safety Manual and will have it present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

\_\_\_\_\_  
Print name of Manager

\_\_\_\_\_  
Team name and Division

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

***Tear on the above dotted line and give to the CLL Safety Officer upon signing.***

## 6.0 Little League Phone Numbers

There will be telephone access during any game or practice, in case of emergency. There is a land line in the Concession stand. The 911 system will be used for any serious injury to any player, volunteer, or spectator. There will be a phone list at each field for ambulance, police and fire departments, as well as key league officials, including the Safety Officer and President.

- All coaches and managers will be supplied with a list of emergency phone numbers as well as phone numbers of all key league officials. (see below)

### Charlestown Little League Phone Numbers

<b>President</b>	<b>Cathy Reese</b>	<b>617-306-1042</b>
<b>VP/IT Officer</b>	<b>Max Gomez</b>	<b>617-875-5807</b>
<b>Safety Officer</b>	<b>Mike Lynch</b>	<b>617-312-4658</b>
<b>Treasurer/Sponsors</b>	<b>Dave Jackson</b>	<b>617-909-8986</b>
<b>Umpire Coord.</b>	<b>G.R. Nelson</b>	<b>617-777-2146</b>
<b>Secretary</b>	<b>Josh Bresler</b>	<b>617-818-6615</b>
<b>Coaching Coord.</b>	<b>Andy Groh</b>	<b>617-398-0415</b>
<b>Player Agent</b>	<b>Andrew Peterson</b>	<b>617-908-3538</b>
<b>Player Agent</b>	<b>Dustin Johnson</b>	<b>617-513-5623</b>

## 7.0 Emergency Contact Procedures

Boston's emergency call system for Police, Ambulance and Fire Department is 911.

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

### 1) First dial 9-1-1.

2) **Give the dispatcher the necessary information.** Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is: **Ryan Playground, 47 Alford St. at Rte 99 (Rutherford Ave)  
Charlestown, MA**

Cross-streets are: **Sullivan Square Rotary**

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**The telephone number from which the call is being made?**

- **The caller's name?**
- **What happened** - i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** - i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

**3) Do not hang up until the dispatcher hangs up.**

The dispatcher may be able to tell you how to best care for the victim.

**4) Continue to care for the victim until professional help arrives.**

**5) Appoint someone to go to the street and look for the ambulance** or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## **8.0 Accident/Injury Reporting**

The Charlestown Little League will implement prompt accident reporting with tracking procedures. All managers and coaches are required to report all injuries to the League President within 24 to 48 hours. The President will notify the Safety Officer and fill out the necessary forms. The following forms are included in Appendix D:

**Incident/Injury Tracking Form**

**Accident Notification Form**

**Claim Form Instructions**

**Medical Release Form**

The League Safety Officer will present a year-end report of all injuries to the District Safety Officer.

- When a player misses more than seven (7) consecutive days of participation for an illness or injury, a physician or other accredited medical provider must give written permission for a return to full baseball activity. This documentation shall be given to the League President.

## **9.0 Code of Conduct**

The Code of Conduct is a document that is distributed to the Coaches for their review and signature. The coaches are instructed to distribute the code of conduct to the players and parents at the first parent meeting of the year. The coaches then ask the parents and players to review the code and each player and parent are asked to sign one copy of the document to remain on file in the Little League office. The preamble of the Codes states "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."

Infractions of the Code of Conduct require disciplinary action which are outline in the Code and must be agreed upon by the Board of Directors. Each infraction or incident will be reviewed by the Board of Directors and disciplinary actions will be agreed upon by the Board as necessary.

The Codes of Conduct for players and parents are included in Appendix A.

## 10.0 Safety Rules

All Little League safety rules will be followed at games and practices, including making sure all players are using the proper equipment, such as catchers wearing all required gear while warming up, and that coaches or managers are not allowed to catch pitchers at any time.

The Batting Cage Safety Rules and Safety Checklist is included in Appendix C.

The following is a list of the Charlestown Little League Safety Rules:

- There must always be at least two coaches at any practice or game.
- Helmets must be worn at all times by batters and runners during all games and practices. Any player, who intentionally removes his helmet while running the bases, will be warned by the umpire. A second infraction will result in ejection from that game.
- All soft pitch or other drills using a tee will be done in an open area or into an approved batter's screen. No drills will be allowed hitting into any fence. Helmets will be worn during these drills.
- No player may swing a bat in the dugout. Coaches and umpires will be responsible for this.
- Before game pitcher warm-ups will be in a designated area approved by the Safety Officer of the league, **only players** are allowed to warm up and catch a pitcher.
- While teams are taking pre-game infield practice, the opposing team must remain in their dugout. Base coaches must remain in dugout until infield practice is complete.



- Catchers (players only) will wear approved catcher's helmets, **including throat guards**, during pitcher warm-ups and infield practice during games and practices.
- All equipment will be kept in the dugouts during games and practices, except when in use.
- At least one coach will be in the dugout at all times during games.
- Smoking and the use of alcohol is strictly forbidden at all times.
- A fake tag by any player is prohibited, and if done will be considered an obstruction by the fielder.
- Adults will not be allowed to bat during practices when players are in the field.
- The field will be cleared and game postponed at the first sign of lightning.
- Any game stopped due to weather conditions, shall be postponed to a later date. No team will be allowed to use the field after such stoppage.
- All players will be accounted for before the last league volunteer leaves the field.
- The use of an on-deck batter at games or practices is prohibited by Little League Baseball. The on-deck batter should be on the bench with batting helmet on and no bat in hand.
- Only registered players, managers, and coaches are allowed on the playing field during play and practice sessions.

## **11.0 Manager and Coach Training Clinics**

**12.0** Managers and coaches (minimum one participant per team) are required to attend a clinic on basic fundamentals (hitting, sliding, fielding, etc.) in a training session prior to the beginning of the season. The current season's training will be held on April 3, 2019 at the League Board meeting. All coaches/managers are required to attend at least once every three years. Attendance will be taken. In addition, all coaches and assistant coaches, umpires and league officials were required to take a concussion training course prior to undertaking league duties. The course was developed by the Center for Disease Control on their web based program.  
[www.cdc.gov/concussion/HeadsUp/Training/index.html#](http://www.cdc.gov/concussion/HeadsUp/Training/index.html#)

### **13.0 Equipment**

All team equipment will be inspected before every game and practice by both coaches and umpires and will be destroyed immediately if deemed unsafe.

- It shall be the responsibility of the coaching staff and umpires to make sure the helmets being worn fits properly and are in safe condition. Helmets may not be painted and may not contain tape or decals unless approved in writing by the helmet manufacturer.

### **14.0 Volunteer Policy**

All volunteers (managers, coaches, umpires, league officers, elected members, and any person over the age of 16 who has regular contact with players) must submit a Little League Volunteer Application Form and a copy of a positive identification, such as his/her driver's license, and will be subject to a mandatory CORI background check to check for sexual and/or child abuse by Charlestown Little League Inc. Any person who refuses to fill out these forms will be ineligible to become a league member. The League President will retain these forms for the year of service.

A copy of the volunteer application is contained in Appendix B.

**Appendix A**

**Player Code of Conduct**

**Parent, Coaches and Volunteer Code of Conduct**

## Charlestown Little League



### PLAYER CODE OF CONDUCT

#### *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. Players must display good sportsmanship at all times. Proper respect of others and equipment is expected.
2. Players must respect all coaches, umpires, league officials and players. Verbal warnings will be given for the first offense subsequent problems will result in game suspension and expulsion from the team or league.
3. Players 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.
4. Foul language is not acceptable. You will be ejected from the game for foul language.
5. Players are expected to wear every part of the uniform that was given you during all games. If any part of your uniform is missing you may not be allowed to play. There will be no substitutions and no sharing of uniforms. Uniforms must be worn in a proper manner ie. Clean, shirts tucked in and hats on straight.
6. Players must stay on your bench at all times when you are not required to be elsewhere. Standing behind the backstop is not allowed.
7. Players must arrive at the field and report to their coaches 45 minutes before the scheduled game time or as specified by the coach.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- o **Verbal warning by official, head coach, and/or league official**
- o **Written warning**
- o **Game suspension with written documentation of incident kept on file**
- o **Game forfeit through the official, coach or league officials**
- o **Season suspension**

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Coaches / Staff Signature

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Date

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Team Name



# Charlestown Little League



## COACHES, PARENTS & VOLUNTEER CODE OF CONDUCT

### *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 wellbeing 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 participant 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 deemphasize 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.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- o **Verbal warning by official, head coach, and/or league official**
- o **Written warning**
- o **Game suspension with written documentation of incident kept on file**
- o **Game forfeit through the official, coach or league officials**
- o **Season suspension**

**Appendix B**  
**Volunteer Application**

# Little League® “Basic” Volunteer Application - 2019

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9.

## All fields are required.

Name \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

1. Have you ever been 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: \_\_\_\_\_

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

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

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

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

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Manager           | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Umpire          | <input type="checkbox"/> Scorekeeper       | _____                                     |

### LOCAL LEAGUE USE ONLY:

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

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

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

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

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years (s)): \_\_\_\_\_

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

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

Applicant Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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



Appendix C

Batting Cage Safety Rules and Safety Checklist

Concession Stand Safety Procedures

## **Charlestown Little League Batting Cage Safety Rules and Checklists**

The following safety rules checklists are provided to the coaches and league officials for their use in the normal and annual inspections of the batting cages and equipment. This Safety Checklist is divided into two sections specifically the Annual Safety Checklist and the Daily Use Safety Checklist. The Annual Safety Checklist is intended to be a guide for the inspection of the batting cages and equipment which should be performed on an annual basis by league officials prior to the initial use of the season. The Daily Use Checklist is intended to be used by the coaches just prior to the players using the batting cages on that given day.

The Batting Cage Daily Use Safety Checklist shall include, but not be limited to:

- inspection of the condition and correct positioning of netting
- raking and filling of dirt to level surfaces and cover edges of the stonedust
- removal of obstacles
- visual inspection of fencing and gates
- visual inspection and correct placement of protective screens
- visual inspection of electrical connections
- visual inspection and testing of pitching machine and/or equipment

In the event that the inspection finds safety problems that cannot be fully corrected by the participants prior to use, then the cage shall be vacated and not used until the safety deficiency is corrected! Only one batter may be in cage at a time. General batting cage conduct shall include:

The following rules shall apply **AT ALL TIMES**:

- Nobody allowed within the batting cages without expressed permission from Charlestown Little League, Inc.
- No player shall use the batting cage without first having participated in the batting cage use training program.
- No more than ONE Batter in the cage at a time.
- No player shall use the batting cage without the presence of a coach.
- No live pitching without direct coach supervision.
- No food or drinks within the batting cage.
- No players allowed within the cage without a helmet.
- No players allowed within the cage without the protective pitcher's screen in place.
- No changes or alterations of the cage without first obtaining written permission to complete the change or alteration is prohibited.

- Use of the batting cage will not be allowed without an appropriate safety check of the facility by the coach or league official immediately upon entering the cage and before using the cage.
- The batter will remain in the batting area/batter's box and behind the Batting Zone marker at all times.
- The pitcher/pitching machine operator will remain in the pitching mound/pitching machine pad area and behind the Pitching Zone Marker.
- All equipment should be stored outside the cage or behind protective screening to reduce the potential for ricochets.
- No one shall stand in the Red Zone area between the Pitching Zone and the Batting Zone while pitching or hitting is in progress.
- A protective screen will be placed in front of the pitching machine or pitcher's mound at all times. The person feeding pitching the machine will remain behind protective screen when the machine is in use.
- Use of the Cage by no more than three persons at any time. The persons may include a batter, a pitcher/pitching machine operator and catcher when live batting practice is being thrown.
- The batter and catcher will wear protective headgear, and the catcher will wear full catcher's protective equipment at all times.
- Review the posted rules for the Batting Cage upon each use.
- All electrical equipment associated with the cage will be in off position and unplugged when not in use. The electrical system will have a ground and ground fault detection device in working order.
- No balls will be pitched or placed in the machine while balls are being retrieved.
- The batting cage will be cleaned and locked prior to end of each practice session.
- All equipment will be locked up.
- There will be no horseplay allowed in cage. The cage is for use as an instructional and skill development tool only.

The Charlestown Little League Inc. batting cages are for the express and limited use of individuals and/or organizations that have obtained expressed permission from Charlestown Little League, Inc.

- Any organization, team or individual, using the batting cage must develop a training program to demonstrate proper use of the batting cage and shall conduct at least one training session each year for all members of the organization, team and/or coaching staff on proper use and safety procedures associated with batting cage use.

- The batting cage use training program shall include, but not be limited to, the following items; opening and securing the batting cage, cage maintenance, batting cage safety procedures, pitching machine operating procedures and batting practice techniques.
- The batting cage will remain locked when not in use.
- Batting cage rules will remain clearly posted at all times at the entry gates to batting cage. No one shall obstruct view of batting cage rules.
- The batting cage shall be inspected regularly by the organization, team, coach or individual using the batting cage and League Officials to assess the condition and safety of the batting cage and to schedule any maintenance necessary to assure the cage is in a safe and useable condition.

Charlestown Little League  
Concession Stand Safety Procedures

1. You must have expressed permission from Charlestown Little League to work in the concession stand. All volunteers must fill out the Little League Volunteer Application Form and be approved by the Board prior to working.
2. Personal Safety is First and for Everybody.
3. Dial 911 in case of an Emergency! Follow posted emergency procedures. Contact the President and/or Safety Officer with any emergency.
4. All accidents or injuries shall be reported promptly in accordance with the ASAP plan. The President must be notified within 24-48 hours.
5. All cooking utensils must be thoroughly washed before the start of and at the end of each shift. Use sanitizer for all cooking utensils.
6. No children allowed behind the counter.
7. A fully stocked First Aid Kit and a copy of this safety plan is available in the Concession Stand.
8. The Concession Stand main entrance door shall not be locked or blocked while people are inside.
9. Our Concession Stand serve packaged foods, hot and cold drinks, and occasionally BBQ items.
10. People working in the Concession Stands are trained in safe food preparation. Training covers safe use of equipment and plastic gloves are used when handling unpackaged food (such as hot dogs and buns). This training is provided by the League Concession Stand Coordinator/Manager and given to Team Parents during one of the Parent Meetings in the beginning of the season.
11. Any use of BBQ grill is done outside in a properly ventilated area by adults.

**Appendix D**

**Incident/Injury Tracking Form**

**Accident Notification Form**

**Claim Form Instructions**

**Medical Release Form**

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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_  
Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_  
Date: \_\_\_\_\_





# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

League Name \_\_\_\_\_ League I.D. \_\_\_\_\_

Name of Injured Person/Claimant \_\_\_\_\_ SSN \_\_\_\_\_ **PART 1** \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Female  Male

Name of Parent/Guardian, if Claimant is a Minor \_\_\_\_\_ Home Phone (Inc. Area Code) \_\_\_\_\_ Bus. Phone (Inc. Area Code) \_\_\_\_\_  
 ( ) ( )

Address of Claimant \_\_\_\_\_ Address of Parent/Guardian, if different \_\_\_\_\_

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

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Type of Injury \_\_\_\_\_  
 AM  PM

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

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

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

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

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.) \_\_\_\_\_

Date \_\_\_\_\_ Claimant/Parent/Guardian Signature \_\_\_\_\_

**For Residents of California:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

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

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

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

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

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

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

## **TREATMENT OF DENTAL INJURIES**

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

## **CHECKLIST FOR PREPARING CLAIM FORM**

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

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

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

### **PART II- LEAGUE STATEMENT**

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

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

# General Liability Claim Form

Send Completed form to:

Little League Baseball and Softball

539 US Route 15 Hwy

P.O. Box 3485

Williamsport, Pennsylvania 17701-0485

(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

<b>Insured</b>	Name of League		League I.D. Number (Used as location code)		
	Name of League Official (please print)		Position in League		
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)		
			Phone No. (Bus.)		
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)	
	Arising out of Operations conducted at				
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				
	Who owns Premises		Person in charge of Premises		
Coverage Data	Limits		Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes	Yes
	Policy Number		Policy Dates:		
			Begin:	End:	
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repair		
Insured Person and Injuries	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
			Phone No. (Bus)		
	Employers Name and Address				
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address			
	Description of Injury				
	Where was the injured taken after accident?		Probable length of Disability		
Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				
Date of Report:	Signature of League Official:		Position in League		

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



# 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: \_\_\_\_\_