TAZEWELL LITTLE LEAGUE 2020 ASAP SAFETY PLAN



###### By participating in ASAP (A Safety Awareness Program) Tazewell Little League, Inc. is dedicated to providing a safe environment for all its players, volunteers, parents, and spectators.

Tazewell Little League # 346-11-14

Updated January 2020

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**Welcome**

Dear Managers, Coaches, Umpires, Parents, Spectators, Board of Directors Members, and all Tazewell Little League Participants:

Welcome to another year of fun and exciting baseball and softball with Tazewell Little League! This document serves as Tazewell Little League's "A Safety Awareness Plan"(ASAP) for the 2020 Baseball and Softball season. This plan was developed to ensure that the youth of Tazewell Little League has the opportunity to play and learn the game of baseball and softball in a safe setting. This plan has been approved by the Tazewell Little League Board of Directors, and submitted to our District Administrator and Little League International for approval. This plan will be updated and revised on an annual basis, to ensure the safety of everyone involved with Tazewell Little League. Reading and acknowledging this plan is critical and mandatory for all managers, coaches and board members. This plan will also be shared with parents, umpires, and concession stand and field maintenance workers. The planes also available on our website- at: www.Tazewelllittlel league. org. Your feedback and suggestions are welcome and an important part of our safety efforts. Please feel free to contact any Board member or me, Dave Herndon, by phone or text at 276-970-5714 or e-mail @ daveherndon@kwikkafeco. com. We look forward to an exciting and safe Tazewell Little League season!

Divisions

Tazewell Little League supports the following:

• T-Ball Division for league ages 4- 6

* Minor Division for league ages 5 - 8
* Major Division for league ages 9 - 12

•Junior Division for league ages 12-14

* Senior Division for league ages 13-16

Dave Herndon

Safety Officer, Tazewell Little League

Brenda K Roberts

President, Tazewell Little League

Tazewell little League ASAP Safety Manual 2020

Emergency Phone Numbers

###### All Emergencies

Tazewell Fire Department Tazewell Police Department Tazewell County Sheriff Tazewell Community Hospital Virginia Poison Center

Dave Herndon, Safety Brenda Roberts, President

Joey Smeltzer, Vice President - Baseball/Softball

9-1-1

276-988-5888/276-988 25(.Jl

276-988-2503

276-988-5970

276-988-8700

1-800-222-12'2l

276-970-5714 (cell/text)

276-970-7312 (cell/text)

276-979-7488 cell/text)

Contact the Safety Officer or President as soon as possible - no later than within 24 hours of the injury/emergency occurrence

#### Little League Pledge

I trust in God

#### I love my country

And I will respect its laws

I will play fair and strive to win But win or. Lose

#### I will always do my best.

###### TAZEWELL LITTLE LEAGUE BOARD OF DIRECTORS 2020 SEASON

EFFECTIVE OCTOBER 1, 2020 - SEPTEMBER 30, 2020

|  |  |  |  |
| --- | --- | --- | --- |
| Position President | Name  Brenda K Roberts | Phone  276-970-7312 | Email  jarbkr@gmail.com |
| Vice President | Joey Smeltzer | 276-979-7488 | jps6110.js@gmail.com |
| Secretary | Chelsa Whittaker | 276-698-7517 | mcwhittaker99@gmail.com |
| Treasurer | Heather Kitts | 276-970-4065 | [heatherjkitts@outlook.com](mailto:heatherjkitts@outlook.com) |
| Player Agent -SB | Natalie Blankenship | 276-970-0449 | [maddiebsmom4@gmail.com](mailto:maddiebsmom4@gmail.com) |
| Player Agent - BB | Rich Patterson | 276-964-3629 | [rpatterson@vacourts.gov](mailto:rpatterson@vacourts.gov) |
| Coaching Coordinator | Josh Roberts | 276-701-3447 | jroberts603@g mail.com |
| League Information Officer | Roger VanDyke | 276-970-5763 | roger.vandyke@gmail.com |
| Equipment Manager | Jennifer Lowe | 276-970-5148 | jlowe@tazewel l.k12.va.us |
| Safety Officer | Dave Herndon | 276-970-5714 | daveherndon@kwi kkafeco.com |

Safety Officer

The Safety Officer coordinates all safety activities including supervision of ASAP (A Safety Awareness Program), ensures safety in player training, ensures safe playing conditions, coordinates reporting and prevention of injuries, solicits suggestions for making conditions safer, and reports suggestions to Little League International through the league president and prepares the ASAP plan for submission to Little League International.

The Tazewell Little League Safety Officer is the link between league managers, coaches, umpires, players, spectators, and any other third parties on the Tazewell Little League grounds regarding safety matters, rules and regulations.

Other safety Officer duties include, but are not limited to:

1. Update and submit for approval the, Tazewell Little League ASAP plan each year
2. Coordinate the team managers, to provide the safest environment possible
3. Inspect, along with the Tazewell Little League Equipment Manager, all league-provided equipment prior to the season
4. Within 2448 hours of receiving an injury notification, contact the parents and team's Manager, to verify received information and add any additional information needed
5. Assist parents and individuals with insurance claims, and act as the liaison between the insurance company, parents, and individuals
6. Explain insurance benefits to claimants and assist them with filing the correct paperwork
7. Provide follow-up calls until the injury incident is considered "closed"
8. Keep the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, under what supervision, etc.
9. Correlate and summarize the data in the First-Aid Log, to determine proper accident prevention in the future and for tracking of injury hot-spots
10. Ensure that each team receives their ASAP Manual at the beginning of the season
11. Provide first-aid kits in the field dugouts, league office and/or concession stand, and restock the kits as needed
12. Inspect applicable concessions operation and check any fire extinguishers
13. Instruct any concession stand workers on the use of fire extinguishers
14. Check fields with the Managers and coaches; list areas that need attention
15. Schedule a first-aid clinic for all managers, designated coaches, umpires, and Player Agents during the preseason
16. Act immediately in resolving unsafe or hazardous conditions,once a situation has been brought to his/her attention
17. Make spot-checks at practices and games,to ensure all managers have their ASAP
18. Making spot-checks at games,to ensure the umpiring crew has performed their pregame safety checklist
19. Provide ASAP news and updates on the league web site andin league-wide communications

#### Tazewell Little League fields

###### Tazewell Little League has fields available for players and participants during the season. Schedules are made so that all teams are given time for practice and play. Other locations may be available on a first- come, first-serve basis.

Tazewell Little League Complex: 408 Jeffersonville Street

Tazewell, VA 24651 (West end of Main Street across from Tazewell Fire Dept.) Services: Bathrooms, batting cages, and concessions during season.

Lincolnshire Park: 3119 Riverside Drive

North Tazewell, VA 24630

Services: Bathrooms, concessions during Park season. No batting cages.

Lou Peery Sports Complex: Jr and Sir League Only 367 Hope Street (behind Tazewell Middle School) Tazewell, VA 24651

Services: Bathrooms, concessions and batting cages during season

Tazewell Little League Code of Conduct

This document was adopted from Little League International and outlines Tazewell Little Leagues' (TLL) Baseball/Softball Code of Conduct for **Managers Coaches, Players and Parents. It is provided to ensure all participants understand and practice principles of behavior that support the** purpose of Little League Baseball/Softball as identified by Little League International, Williamsport, Pennsylvania:

**1**

1."Little League is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the **atmosphere of wholesome community participation. The movement is dedicated to helping children become good and decent citizens. It strives** to inspire them with a goal and to enrich their lives towards the day when they must take their places in the world. It establishes the values of teamwork, sportsmanship and fair play." In light of this, the following Code of Conduct is designed to instill and maintain the highest level of sportsmanship, integrity, fairness and professionalism in the Tazewell Little League program. All participants (Managers, Coaches, Parents, Volunteers and Players) accept responsibility for adhering to the Code of Conduct upon registration into Tazewell Little League. Violations should be reported to the Little League Board for resolution:

Manager/Coach:

* **Present an image of professionalism and competency, to include dress and appearance.**
* **Present exemplary behavior during all Little league and/or related activities.**
* **Demonstrate enthusiasm, honesty and respect for the game which necessarily includes fair play.**
* Comply with established game, League and National Little League rules.
* Display and encourage sportsmanship; encourage the same by players and fans.
* Place the emotional and physical well-being of players at the top of your priorities (to include a safe playing environment).
* **Will not use tobacco, drugs or alcohol while involved in/around Little League and/or related activities.**

Player:

• Present exemplary behavior during all Little League and/or related activities.

* Display and encourage sportsmanship at all times.
* Demonstrate respect to Managers, Coaches, Umpires, Volunteers and other players.
* **Will not use tobacco, drugs or alcohol while involved in/around Little League and/or related activities.**

Parents:

* Present exemplary behavior during all Little League and/or related activities, remembering that all Managers, Coaches and Board Members are

**Volunteers.**

* Display and encourage sportsmanship at all times.
* **Demonstrate respect to Managers, Coaches, Umpires and players.**
* **Help maintain a clean and safe playing environment.**

• Will not use tobacco, drugs or alcohol while involved In/around Little League and/or related activities.

* **Parents Pledge:**

*I shall set an example for sportsmanship for my child to follow. I shall emphasizeteomplay* to *my child. I shall show by example respect for umpires, opposing teams and other fans.* I *shall not be grandstand manager.* *Shall remember that not everyone con play y at one time. I shall not be critical unless I'm willing to work to correct the problem.* I *shall attend my child’s games because, it Is important to them, they are not young forever .*I *shall be supportive when my child* is *successful or when struggling for success.* I *shall play and practice the skills of the game with my child.* I *shall be positive and supportive whether the team wins or loses.* *Shall remember that all*

***Managers, coaches and league officers are volunteers. I shall volunteer whenever possible. I shall retain perspective that there are no***

*Major-leogue scouts in thestands.*I*shall remember that the game is for the kids.*

**By signing this you agree to support and adhere to the Tazewell Little League Code of Conduct and If you are found to have acted improperly and** in violation of this code of conduct you will be subject to an TLL Board review. If found liable, disciplinary actions and possible suspension from **Tazewell Little League could be imposed for any, and all parties involved.**

Print Name: \_

Signature: Date: \_

Check all positions that apply: Parent:\_ Player:\_ Coach: \_ Volunteer:\_ Board Member:\_

Volunteer Background Check

All Little Leagues are required to conduct background checks on managers, coach’s board members and other adult volunteers, or hired worker, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Background checks are processed through the JDP National Crime file database which includes criminal records and sex offender registry records across all SO states. At the beginning of the season, your manager will compile a list of names and emails for all team volunteers. Your name and email will be used to generate an online link to the JDP website. This new method was adopted in part because it offers each applicant a greater level of security. Having said this, in some rare situations, a volunteer may still be asked to submit a hard-copy form to the Safety Officer with their SSN and Date of Birth as was done in previous years. Little League does not allow individuals to work or volunteer who have been convicted or pled guilty to charges involving or against a minor, no matter where the offense occurred. Volunteers who haven't submitted a background check (or submitted a form with false or

Incomplete information) may not participate in Little League activities. A new background check is required each year. Youth volunteers are not required to submit a background check.

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| teer Application - 2020 | | |
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This volunteer application can be used 11a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside backgroundcheck provider that meet the standards of Little League Regulation 1(c)9.Visit LlttleLeague.org/localBGcheck for moreInformation.

All fields are required.

Name \_

First Middle N•m• or lnltlal Last

.Address \_

A COPY OF VALID GOVERNMENTISSUED PHOTOIDENTIRCATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARYIFVOLUNTEER IS RETURNING).

Please provide updatedInformation below If there are any changes from previous years or requesting a new position.

Occupation: \_ Employer: --------------------------­

City State Zip

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

Home Phone: Cell Phone ------------

Work Phone: E-mail Address: ---------- Driver's License#: -------------------------

Special professional training, skills, hobbles: Special Certifications (CPR, Medical,etc.):

1.Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s)

Involving or against a minor,or of a sexual nature?

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

Ifyes, describe eachIn full: Yes 0 No 0

(Ifvolunteer answered yes to Question 1,thelocalleague must contact the Little eague International Security Manager.)

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

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes 0 No 0

If yes, describe each In full: -------------------­

(Answeringyesto question 2,does not automatically disqualify you as a volunteer.)

1. Do you have any criminal charges pending against you regarding any crime(s)? Yes 0 No 0

If yes, describe each In full: -------------------­

(Answeringyes to question 3, does not automatically disqualify you as a volunteer.)

1. Have you ever been refused participation in any other youth programs? Yes 0 No D

If yes, explain:

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

|  |  |  |
| --- | --- | --- |
| 0 League Official | 0 Field Maintenance | 0 Concession Stand |
| 0 Coach  0 Umpire | 0 Manager  DScorekeeper | DOther |

LOCAL LEAGUE USE ONLY:

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Sex Offender R11istry 01UI and N1tlon1ICriminal Records O

IFYOU LIVE INA STATE THATREQUIRESASEPARATE BACKGROUND CHECK BYLAW,PLEASE ATTACH A COPYOFTHATSTATE'S BACKGROUND CHECK .FOR MORE INFORMATION ON STATE lAWS, VISITOUR WEBSITE:UttJeleague.org/BsStatelaws

AS A CONDITIONOFVOLUNTEERING, Igive permission for the ittle eague organization to conduct background check(s) on me now and as long as Icontinue to be active with the organization, which mayInclude a review of sex offender registries (some of which containname only searches which may result ina report beinggenerated that may or may not be me), child abuse and criminal history records. Iunderstand that, if appointed, my positionis conditional uponthe league receivingno Inappropriate Information on my background. Ihereby release and agreetoholdharmless from llabllitythe local Little eague, Little eague Baseb1ll,Incorporated,the officers,employees and volunteers thereof,or any other person or organization that may provide suchInformation. Ialso understand that, regardless of previous appointments, Little eagueIs not obligated to appoint me to a volunteer position. If appointed,Iunderstand that, prior to the expiration of my term, Iam subject to suspension bythe President and removal bythe Boardof Directors for violation of Little League policies or principles.

Applicant Name (please print or type) \_

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

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check, es mandated in the current suson's offlcialrqulations

*NOTE: Thelocal Little League and Litt/a League Baseball, Incorporated w/11 not discriminate against any person*

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*on the basis of race, creed, color. nations/ origin, marital status, gender. sexual orientation or disability.*

l.Jsr *llpauwd 10110120HJ*



Th s volunteer application should only be usedIf aleague Is manually enteringInformationinto JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. TH S FORM SHOULD NOT BE COMPLETED IF A LEAGUEIS UTILIZING THE JDP QU CICAPP.Visit

LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENTISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THISAPPLICATION.

Name -:--::-=:-::-;:-;::;----t;.;--- Date \_

First Middle Name or lnlt1al Last

Address \_

In which of the followingwould you llke to participate? (Check one or more.)

DLeague Official D Umpire D Manager 0 Concession Stand

DCoach D Field Maintenance DScorekeeper 0 Other \_

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

Name/Phone

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

Soclal Security #(mandatory) \_

Cell Phone Business Phone -----------

Home Phone: E-mail Address: ----------- Date of Birth \_

Occupation \_ Employer \_ Address \_

Special professional training,skills, hobbles:-----------------

IFYOU LIVE INA STATE THAT REQUIRES ASEPARATE BACKGROUND CHECK BYLAW, PLEASE ATIACH ACOPY OFTHATSTATE'S BACKGROUND CHECK. FOR MOREINFORMATION ONSTATE LAWS,VISIT OUR WEBSITE: Littleleague.org/B!!St;rtelaw5

ASACONDITION OFVOLUNTEERING, Igive permission for the Uttle eague organization toconduct badcground check(s)onme now and as long as Icontinue to beactfve 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 beinggenerated that may or may not be me), child abuse and criminalhistory 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 llablllty 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, understand that, prior to the expiration of my term, I am subject to suspension by the President and removal bythe Board of Directors for violation of Little League policies or principles.

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

Applicant Signature \_

Date \_

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

* 1. Doyou have children In the program?

Ves O No D

If Minor/Parent Signature \_ .Date \_ Applicant Name(please print or type) -------------------

If yes, list full name and what level? -----------------

2. Special Certification (CPR, Medica(, etc.)? Yes D No D If yes, list:--------

*NOTE: The local Little League end 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.*

3. Do you have a valid driver's license?

Yes O No D

Driver's License#: State -------

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

If yes, describe each in full: ---------------- Yes 0 No D

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

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes D No D If yes, describe each Infull: -------------------­

(Answering yes to question 5, does not automatfcally disqualify you as a volunteer.I

LOCAL LEAGUE USE ONLY:

Background check completed by league officer ------------- on \_

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

Reaulattonl(c)(9) Mandates all checksInclude crlmlnal records and sex offender re1lstry records

•JDP D Sex Offender Registry Data and National Criminal 0

Records check, as mandated In the current season's

official regulations

1. Do you have any criminal charges pendingagainst you regarding any crime(s)?

Yes D No D

•Please be advised that If you use JOP and thereIs a name match In the few states where only name match

If yes,describe each In full: --------------------­

(Answering yes toquestfon 6, does not automatically disqualify you as a volunteer.)

searches can be performed you should notify volunteers that they will receive a letter or email directly from JOPIn compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily bethe league volunteer.

1. Have you ever been refused participation in any other youth programs?

Yes 0 No D

Only lttllch*to* this appllcetton copies of bactccround c:Mdt reports th1t revHI convictions of this application.

If yes, explain:

Lost *Updah:d 10/10IZ019*

Safety Committee

Parents and volunteers are encouraged to become safety committee members. All individuals checking interest in this committee at registration -or any other time -will be contacted and invited to all upcoming meetings and trainings. A meeting will be held at the beginning of the season to review the Safety Plan and at the end of the season, to review any incident trends and make recommendations for safety improvements for the following season.

Everyone is encouraged to submit safety tips and recommendations!!!

###### Safety Improvements per Tazewell Little League

All Minor and Major Softball players must wear a batting helmet with face guard. All softball players, regardless of playing position, must wear a fielding mask.

All Softball pitchers must wear a fielding mask.

Tee Ball has at least one helmet with facemask per team.

Little League made mandatory in 2008, that all bases must be able to disengage on all fields. This applies to all fields utilized by Tazewell Little League.

###### Safety/Fundamentals Training

This is an annual training class that at least one Manager/Coach from each team must attend. Every Manager/Coach will attend this training at least once every 3 years.

Date: Saturday February 29, 2020 - Lebanon High School- 9am-5pm

###### Safety

Each Manager and coach of Tazewell Little League should have the following completed forms for each member of their team each year (Managers, Coaches, Players and Parents)

(See Appendix I)

* + Little League Medical Release
  + Player Code of Conduct
  + Parent Code of Conduct
  + Manager/Coach Code of Conduct

(See Appendix II)

* Concussion Form (Coach and Parent/Player)

Coaches must keep the player's medical release with them at practices and games to ensure emergency contact

Information is attainable in the case of an emergency. Recommend cell phone numbers of parents or guardians be obtained, to allow the quickest possible notification.

First Aid

Tazewell Little League requires that at least one manager/coach attend first aid training once every 3years. Included in the safety plan manual is basic first aid and concussion information.

Each team will be issued a Safety Manual, First Aid Kit, and ice packs at the annual safety and first aid training.

Managers will return a signed acknowledgement to the Safety Officer, indicating they received their Safety manual, first aid kit, and ice packs. The form will be kept on file with the league for the current season. The ASAP is also available online at [www.TazewelllittleLeague.org,](http://www.TazewelllittleLeague.org/) under Forms menu.

The Safety Manual includes the following items: emergency phone numbers, phone numbers for all Board of Directors members, and the dos and don'ts of treating injured players. The First Aid Kit includes the necessary items to treat an injured player until professional help arrives, if need be. The average response time on 9-1-1calls is 5-7 minutes. En route EMS personnel are always in constant communication with the local hospital, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can, and then wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits, Safety Manuals and Ice Packs will be furnished to each team:

* + Major and Minor teams - at annual draft/clinic;
  + Tee Ball teams - at annual safety meeting.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether regular season or postseason), and any other Little League event where children’s safety could be at risk. Additional safety kits, usually located in the field office or concession stand. To replenish materials in the Team First Aid Kit, the Manager or Coach must contact the Safety Officer, Vice President, or President.

Treatment on Site

\*\*DO\*\*

* Access the injury.
* If the victim is conscious, find out what happened, where it hurts, watch for shock.
* Know your limitations.
* Call 9-1-1immediately if person is unconscious or seriously injured.
* Look for signs of injury (blood, black-and-blue, deformity of joint 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.
* Contact the parents if they are not at the scene.
* 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.
* Notify league Safety Officer by phone within 24 hours.
* Complete a Tazewell Little league Accident/Injury Report Form, and hand deliver within 24 hours to the Safety Officer. A copy of this form is included in this manual as well as on our web site, www.TazewellLittleLeague. org, under Forms.

Claims must be filed with the League Safety Officer.

\*\*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 injured individual, except in extreme emergencies.

Tazewell Little League Safety Manual 2020

Equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

FIRST AID

When treating an injury, remember:

* Protect
* Rest
* Ice
* Compression
* Elevation
* Support

First aid for cuts and wounds:

* Help the person to remain calm. If the cut is large or bleeding heavily, have them lie down. If the wounds on an arm or leg, raise the limb above the heart to slow bleeding.
* Remove obvious debris from the wound, such as sticks or grass. If the objects embedded in the body, do NOT remove it.
* If the cut is small, wash it out with soap and water. Do NOT clean a large wound.
* After putting on clean medical gloves, apply firm pressure to the wound with a folded cloth or bandage for about 10 minutes. Do not remove the bandage to look at the wound during this time, as it may begin bleeding again. If blood soaks through, add another cloth or bandage and continue holding pressure on the cut for an additional 10 minutes.
* When bleeding has stopped, bandage the cut.
* Seek immediate medical care for wounds that are jagged or deep, on the face or genitals, involve an animal or human bite or if there is dirt inside that won't come out after washing. First aid care for broken bone
* If the person is unconscious or not breathing or moving, call 911for medical help and begin CPR.
* Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth, or a clean clothing.

While waiting for medical care, give first aid treatment for shock if the victim has symptoms such as dizziness, weakness, pale and clammy skin, shortness of breath, and increased heart rate. The person should lie quietly with the feet elevated about 12 inches. Cover him or her with a blanket to maintain body warmth.

* Immobilize the injured area if you will be moving the victim. Do not move them if there is a back or neck injury. Make a splint by folding piece of cardboard or newspaper or a magazine, then placing it gently under the limb. Carefully tie the splint to the injured area with pieces of cloth. First Aid for swelling/contusions
* Apply a cold compress or ice in a plastic bag to the injured area. Make sure to place a cloth between the skins and thrice so you don't damage the skin. Contact with blood or body fluids
* Use gloves when contact with blood is anticipated.
* Open wounds must be covered and the uniform changed if there is blood on it before the athlete may continue.
* Immediately wash hands/skin if contaminated with blood.
* Clean all blood contaminated surfaces and equipment.
* Managers, coaches, and volunteers with open wounds should refrain from all direct contact with youth players.
* Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Throwing injuries

* Growth plate fractures in the homers of the throwing arm are too common. Maximum pitch counts must be strictly enforced followed by 3 full days (minimum) of rest for both pitchers and catchers.

Heat exhaustion Symptoms include:

* Headaches, nausea, vomiting, dizziness, heavy sweating, rapid pulse, fatigue.
* Athletes who are symptomatic must be hydrated and brought to a shaded cool area until symptoms abate.
* Without relief from the heat, heat exhaustion may progress to heat stroke, a potentially deadly condition requiring immediate medical attention.

Nosebleeds

* While sitting forward pinch the soft part of the nose.
* Bleeding rarely lasts more than 3-5 minutes.

Tazewell Little League 5afety Manual 2020

Concussion Policy

Tazewell Little League adopted the following Concussion pol cy and procedures. The policy follows the Concussion Policy defined for Tazewell County Public c Schools and the VHSL. Tazewell Little League desires to protect its participants from the effects of a concussion, whether suffered during League affiliated activity or outside of their participation.

The goals of the policy are

1. to inform all League volunteers of the short and long term effects of a concussion;
2. to ensure concussed athletes are identified, removed from participation, and referred to an appropriate medical authority for accurate diagnosis; and
3. That appropriate measures are in place to monitor an athlete's ability to return to practice and games, symptom free and having received medical clearance to return.

Managers/Coaches Training

All managers and coaches will be required to complete online concussion training and provide the tournament director your certificates.

• Online training to be completed through the CDC Heads Course

* http:jwww .cdc.gov/headsup/youthsports/trai ning/

• Certificate of completion must be presented to the Tournament Director.

Player Removal and Return

•Any player suspected of a possible concussion, by a Manager, Coach, League Official or Parent shall be removed from participation immediately.

• A removed participant should be evaluated immediately by parents and coaches. If concussion is SUSPECTED, the player is ineligible to return to activities that day and should be seen by a Licensed Health Care Provider for further diagnosis.

* If participant is not diagnosed with concussion by a Licensed Health Care Provider, they are able to return to play the following day.
* If participant is determined to have suffered a concussion by a Licensed Health Care Provider, they are immediately

Ineligible to participate and cannot return to practice or games until having been cleared in writing by a Licensed Health Care Provider.

* Participant must be medically released in writing to return to play by a Licensed Health Care Provider. Release should

be delivered to the Manager, who will deliver to the Tournament Director.

*Thefollowing informationsummarizes concussion signs/symptoms and Tazewell Litttle Leagues'policies for management.*

Concussions:

* A concussion is caused by a blow or jolt to the head or body that causes the brain to move rapidly back and forth. Even a mild hit to the head can be serious.
* Most concussions occur without loss of consciousness.
* Signs and symptoms of concussion can show up right away or may not appear for days or weeks after the injury.

• Young children and teens are more likely to get a concussion and take longer to recover than adults.

• Athletes who have at any point in their lives, had a concussion have an increased risk for another.

* In rare cases, repeat concussions n young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.
* Rest is key to helping an athlete recover from a concussion.
* Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, weeks or months.

All athletes (and their parents) must review and sign the attached CDC concussion information sheet.

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Tazewell Little League ASAP Safety Manual 2020

## WHAT ARE TH E SIGNS AN D



**WHAT IS A CONCUSSIO N?**

A concussion is a type of traumatic brain injury that changes the way the brain normally works.A concussion is caused by a bump, blow,or jolt to the head or body that causes the head and brain to move quickly back and forth.Even a "ding,""getting your bell rung,"or what seems to be a mild bump or blow to the head can be serious.

**SYM PTO MS OF CONCUSSIO N? SYM PTOMS REPO RTED BY ATHLETE:**

Signs and symptoms of concussion can show up right after

*The* injury or may not appear or be noticed until days or weeks after *the* injury.

\_\_ *lf* an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to *the* head or body, s/he should be kept out of play *the* day of the injury. The athlete should only return to play with permission from a health care

Professional experienced in evaluating for concussion.

**DID YOU KNOW?**

* + Most concussions occur without loss of consciousness.
  + Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
  + Young children and teens are more likely to get a concussion and take longer to recover than adults.
* Headache or "pressure" in head
* Nausea or vomiting
* Balance problems or dizziness
* Double or blurry vision
* Sensitivity to light
* Sensitivity to noise
* Feeling sluggish, hazy, foggy, or groggy
* Concentration or memory problems
* Confusion
* Just not "feeling right" or is "feeling down"

**SIGNS OBSERVED**

**BY COACHING STAFF:**

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

**"IT'S BETTER TO MISS ONE GAM E**

[INSERT YOUR LOGO ]

**THAN THE WHOLE SEASON"**

CONCUSS ON DANGER S GNS WHY SHOULD AN ATHLETE REPORT

In rare cases, a dangerous blood clot may form on *the* brain in a person with a concussion and crowd the brain against *the* skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to *the* head or body s/he exhibits any of the following danger signs:

* + *One* pupil larger than the other
* Is drowsy or cannot be awakened
* A headache that gets worse
* Weakness, numbness, or decreased coordination
* Repeated vomiting or nausea
* Slurred speech
* Convulsions or seizures
* Cannot recognize people or places
* Becomes increasingly confused, restless, or agitated
* Has unusual behavior
* loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO FYOU TH NK YOUR ATHLETE HAS A CONCUSS ON?

* 1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion1says *slhe* is symptom-free and it's OK to return to play.
  2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of

THE R SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing,slhe is much *more* likely to have another concussion. Repeat concussions can increase *the* time it takes to recover. In *rare* cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARD AN NAME PRINTED

Concentration, such as studying, working on the computer,

And playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* 1. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, *some* will have symptoms that last for days, or even weeks. A *more* serious concussion can last for months or longer.



JOIN THE CONVERSAT ON a\_. [www.](http://www/)facebook.com/CDCHeadsUp

PARENT OR GUARDIAN NAME SIGNED

DATE



>> [WWW.](http://WWW/)CDC.GOY/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a g1·ant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (fl!OCSAC

2020 Tazewell Little League Training Calendar

2/29/20 Coach/Umpire/Rules Clinic -Lebanon High School- Sam-Spm 3/1/20 - 3/7/20 Skills clinic and draft -All coaches and managers & all players

(Major Division only)

3/2/20 First Aid Training-Allcoaches/managers - Town of Tazewell Fire Department - 6:00pm

3/3/20 Minor Draft Only -All coaches & managers

3/4/20 TBall - All Tball coaches & managers

3/6/20

3/7/20

Practices begin

Field Prep Training-9am -All coaches/managers -All divisions

3/9/20

3/10/20

Mandatory parent meeting-Scheduled by Divisions

GameChanger/Scorekeeper clinic - Highly recommended- Not mandatory - Town of Tazewell Fire Dept -6:00pm

3/11/20 Team Mom Meeting-Mandatory

3/28/20 Opening Day

4/4/20 Opening Day (Make up due to inclement weather)

\*\*Managers, Coaches, Board Members and other volunteer personal will be required periodically to attend training courses (in addition to mandatory classes/clinics if applicable)\*\*

\*\*Managers/Coaches must attend Skills Clinic and First Aid Training once every 3 years while listed as an active volunteer with Tazewell Little League\*\*

\*\*Dates and Times of scheduled courses are subject to change along with added additional training schedules\*\*

Tazewell Little League ASAP 5afety Manual 2020

Blood bome Pathogens/Communicable Diseases

Blood borne pathogens are disease-causing organisms found in the blood or body fluids of an infected person. When dealing with blood or other body fluids, three blood borne pathogens are of special concern:

* Human Immunodeficiency Virus {HIV}
* Hepatitis B Virus (HBV}
* Hepatitis C Virus (HCV)

There is a vaccine to protect you against Hepatitis B. HIV, HBV, and HCV are all transmitted in the same way: through contact with an infected person's blood or body fluid containing visible blood. To actually contract HIV, HBV, or HCV, the virus must get inside your body. Your skin provides a natural protective barrier against blood borne pathogens. To get through your skin, the virus needs a "doorway" into the body, such as through cut/scratch, razor nick, skin abrasion, dermatitis, sunburn, or acne. The other way blood borne pathogens can get inside your body is when contaminated blood or body fluid gets in your eyes, nose, or mouth, through the mucous membranes.

Standard Precautions

Protecting Yourself from Exposure Always place a barrier between you and another individual's body fluids. Examples of barriers include latex or vinyl gloves, eyewear, and a rescue-breathing mask. Always use disposable gloves. Never reuse disposable gloves. Remove the gloves properly, by carefully peeling one glove from the top of the wrist to the fingertips, and then hold it in the gloved hand. With the exposed hand, peel the second glove off, tucking the first glove inside the second. Dispose of the glove and never touch the outside of the glove with your bare skin. If exposed...Immediately wash exposed skin with non-abrasive soap and water. If none available, use an alcohol based hand sanitizer. If infectious material gets in your eyes, nose, or mouth, flush with large amounts of water. Disinfection should be done with a bleach and water solution. Have water with a 10% bleach solution available to clean up the fluids and then wash the entire area. Remember, being exposed to infectious material does not automatically mean you are infected.

While risk of one athlete infecting another with HIV/AIDS during competitions close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be presenting blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniformity must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Tazewell Uttle League

Safety Code and General Safety Rules

* + Responsibility for safety procedures should be that of an adult member of Tazewell Little League.
  + Managers,coaches and umpires should have trainingin first-aid.Each Manager isissued a first­ aid kit. • No games or practices should be held when weather conditions are poor (i.e. Rain, lightning,extreme heat).
  + No games or practices should be held when field conditions are poor (i.e. Soaked fields, puddling,mud).
  + Before play,the Home Team Manager should inspect field for holes,damage,stones,glass or other objects.
  + All team equipment should be stored withinthe team dugout,or behind screens, and not within the area defined by the umpires as 'in play.'
  + Only players, managers,coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
  + Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
  + During practice 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 oneis endangered by wild throws or missed catches.
  + All pre-game warm-ups should be performed withinthe confines of the playingfield and not within areas that are frequented by and thus endanger spectators (i.e.,playing catch,pepper, swinging bats,etc.).
  + Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
  + Batters,runners and catchers must wear protective helmets which meet NOSCAE (National Operating Committee on Standards for Athletic Equipment) specs and standards during batting practice and games.
  + catcher must wear catcher's helmet, mask, throat guard,long model chest protector,shin guards and protective cup with athletic supporter (males) for all practices and games,including warm-ups and bull pen practice.
  + Managers should encourage all male players to wear protective cups and supporters for practices and games.
  + Except when runneris returningto a base,head first slides are not permitted (except in Juniors Division and up}.
  + Bats must be USABat-approved (Majors/Minors) and by Little League Guidelines. Tee ball bats must be approved for use *is* tee-ball.
  + Procedure should be establ shed for retrieving foul balls batted out of the play area.
  + During sliding practice,bases should not be strapped down or anchored.
  + On-deck batters are not permitted (except InJuniors Division and higher).
  + At no time should 'horse play' be permitted on the playing field or *in* the dugouts.
  + Player must not wear necklaces,watches,rings,pins or metallic items during games and practices.
    - Managers and Coaches may not warm up pitchers at home plate,in the bull pen or elsewhere at any time.
    - Only the pitcher and a batter are allowed inside a batting cage. The cage door must be closed when in use.
    - Speed Limitis 5 mphin roads and parking lots on Tazewell Little League property and at functions involving Tazewell Little League
    - Watch for children around parked cars.
    - No alcohol allowedin any parkinglot,field,or common areas. Those who arrive intoxicated will be asked to leave.
    - No playingin parking lots,walkways or on lawn equipment.
    - Use crosswalks when crossing roads and be alert for traffic.
    - No profanity or objectionable displays of dissent such as throwing hats,bats,gloves,balls,etc.
    - No swinging bats or throwing baseballs at any time withinthe walkways and common areas of the Little League complex.
    - No throwing balls against dugouts or against backstop.
    - Catchers equipment must be used for all batting practice.
    - No smoking or vaping.
    - No throwingrocks.
    - No horseplayin dugouts or climbing of fences.
    - Players must remainorderly in the dugouts duringgames.
    - Only a player at home plate may swing a bat.
    - The on-deck positionis NOT permitted in Tee Ball,Minors or Majors Divisions.
    - Bats must remain racked in the dugout until ready to approach the plate.
    - No children under age of 14 are to be permitted in the Concession stand or Press Box.
    - Abide by all posted signs,including, but not limited to: Field Closed,No Pets,No Parking, Reserved for Handicapped.
    - Players & fans should be alert for foul balls and errant throws.
    - After each game,teams must cooperate to clear trash in dugout and around the stands.
    - All gates to the field must remain closed.
    - After players enter or leave the field,gates should be closed and secured.
    - No pushing,shoving or strikinganother person.
    - Weapons are not allowed at little League events.

Thereis ZERO tolerance for physical,emotional,verbal or sexual abuse.

Failure to comply with the above may result in expulsion from the Tazewell Little League field or complex.

Inclement Weather

Relds may be closed, or games and practices may be suspended in the event of inclement weather or other weather conditions. Planned field closures will be announced on www.Tazewelllittleleague. org (usually by 2pm on weekdays and 7am on Saturdays). Game-time decisions will be made by the Manager/Coach or President.

In the event of rain

• As a rule of thumb, games and practices should be postponed or cancelled in the event of heavy rain (within an hour of game time), standing water on the field, m uddy conditions or saturated outfield.

* If the weather is marginal, the Manager/Coach and Umpire will make the call on the field. In the event of lightning/thunder
* When thunder is heard, or lightning is seen, immediately stop the game and find shelter. If you cannot find shelter inside a nearby building, relative safety can be found in a car with the windows rolled up. Do not shelter in or around metal objects or structures. Do not hold a bat.
* Once 30 minutes have passed without any lightning, play may resume (pending umpire approval).

• All practices are immediately cancelled in the event of thunder or lightning (for at least 2 hours). In the event of extreme heat

* Generally, temperatures above 9S2F are unsafe for physical activity. Consider alternative practice instead.
* Outdoor games and practices should be rescheduled when temperatures exceed 1002F.
* Players should be well hydrated. Coaches must provide water for athletes who do not bring their own. • When heat is intense, schedule water/activity breaks every 15-20 minutes (in the shade if possible).

,\_ • Baseball caps help shade the head, face and eyes and must be worn when on the field.

* Players should be encouraged to bring and use their own sunscreen. In the event of high wind or strong gusting conditions
* Blowing dirt can pose a risk to an athlete's ability to see and breathe. A prolonged wind event may warrant postponement or cancellation of a game or practice, as determined by the umpire or coach. Note: If the weather is questionable, please be aware we will try to play games rather than postpone games. Every effort will be made to get the fields ready. The safety of the children, however, is our priority. Although we want games to be played, we will not do so at the risk of the children.

Lightning Rules

Lightning is the #2 cause of death by weather phenomena

WHEN YOU HEAR IT-CLEAR IT WHEN YOU SEE IT- FLEE IT

These are the steps to take to determine to delay or stop practice or play: Rain:

If it begins to rain,the Manager or Coach should evaluate the strength and direction of the storm and evaluate the playingfield as it becomes more saturated with water.Stop the practice ifthe playing conditions become unsafe. Jn a game situation,consult with the other Manager and umpires to formulate a decision.

Lighting:

Jf you HEAR, SEE,or FEEL a thunderstorm,suspend play immediately. Stay away from metal objects. Do not hold metal bats. Have players walk -not run -to their parent's or designated driver's car,and await a decision on whetherto continue play. A rule of thumb: suspend play/practice for 30 minutes. ft is the umpire's call on when to start the game.

* Consider the following facts:

The average lightingstrokeis 6-8 mileslong.The average thunderstorm is 6-10 miles wide and travels at a rate of 25 miles per hour. Once theleading edge of a thunderstorm approaches to within 10 miles,you are atimmediate risk due to the possibility of lighting strokes coming from the storm's overhanging anvil cloud (for example,the lighting that injured 13 people during a concert occurred while it was sunny and dry) On average,thunder can only be heard over a distance of 3-4 miles,depending on humidity, terrain,and other factors. This means that bythe time you hear the thunder,you are alreadyin the risk area for lighting strikes. FLASH-BANG METHOD One way of determining how close a recent fighting strikeis to you,is called the "flash-bang" method.With the "flash-bang" method,a person counts the number of seconds between the sightof a lightning strike and the sound of thunder that followsit. Haft-play and evacuation should be called for when the count between the lightning flash and the sound of its thunderis 15 seconds or fess. RULE OF THUMB The ultimate truth about lghtningis that it is unpredictable and cannot be prevented.

Therefore,a Manager,Coach,or umpire who feels threatened by an approachingstorm should stop play and get the players to safety.

Where to go?

No place is absolutely safe from the fighting threat,but some places are safer than others. Large enclosed shelters are the safest. For the majority of participants,the best area to seek shelter is in a fully enclosed vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car or building,put your feet together,

-rouch down,and put your hands over your ears (to try to prevent eardrum damage)

Avoid high places and open fields, isolated trees, unprotected picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

FIRST AID TO A lightning VICTIM

Typically, the lightning *victim* exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 9-1-1,the rescuer should consider the following:

* + The first tenet of emergency care *is* "make no more casualties''. If the victim is in a high-risk area (open field, isolated trees, etc.) the rescuer should determine if movement from that area is necessary-lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
  + If the victim is not breathing, start mouth-to-mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
  + Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well. Note: only a person knowledgeable and trained in the technique should administer CPR

*What to t( •tsomeone is struck by lightning*

U Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.

U Call for help. Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.

U ·Give first aid. Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.

U Ifpossible, move the victim to a safer

# STA YINFOl "ED

###### Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe

thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

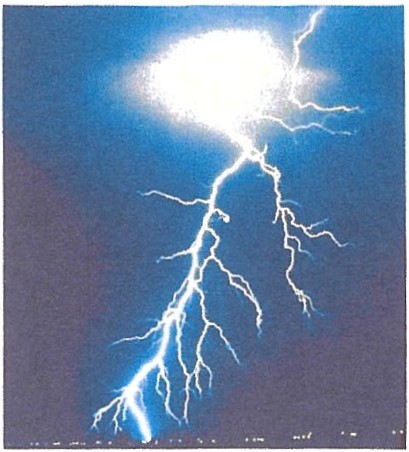
A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.

NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE

*:J*

*Coach 'sanJ ,:,'ports Offic ial's Guide to Lightning Safety...*



NOAA

###### place. An active thunderstorm is still

dangerous. Don't let the rescuers become

ff!-··

FORECASTS AND WARNINGS

FROM THE NATIONAL

WEATHER SERVICE.

*LIGHTNING...*

###### victims. Lightning CAN strike the same place twice.



NOAA

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

[http://www.](http://www/) lightningsafety.noaa .gov or contact us at:

National Weather Service 4899 South Complex Drive SE Grand Rapids, MI 49512-4034

This brochure originally authored by WFO Gray ME

*the underrated killerI*

A SAFETY GUIDE

###### U.S.DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

NATIONAL WEATHER I'd.iii.)'.



SERVICE

*i*

This safety guide has been prepared to help coaches and sports officials recognize the dangers oflightning and take appropriate safety precautions .

LIGl TNING KILLS

Play It Safe !

###### Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is injeopardy.

*It is importantfor coaches and officials to know some basicfacts about lightning and its dangers*

U All thunderstorms produce lightning and are dangerous. In an average year,

lightning kills more people in the U.S. than either tornadoes or hurricanes.

U Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall. Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.

U Ifyou hear thunder, you are in danger. Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.

U Lightning leaves many victims with permanent disabilities. While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

*To avoid exposl athletes and spectators to the risk of lightning take thefollowing precaut ions*

U Postpone activities ifthunderstorms are imminent. Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.

U Plan ahead. Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the

threat becomes significant. Follow the plan without exception.

U Keep an eye on the sky. Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.

U Listen for thunder. Ifyou hear thunder, immediately suspend your event and instruct everyone to get to a safe place.

Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. Ifa sturdy building is not nearby, a hard­ topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

U Avoid open areas. Stay *J J* from trees, towers, and utility poles. Lightning tends to strike the taller objects.

U Stay away from metal bleachers, backstops and fences. Lightning can travel long distances through metal.

U Do not resume activities until 30 minutes after the last thunder was beard.

U As a further safety measure, officials at outdoor events may want to have a tone­ alert NOAA Weather Radio. The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to [http://www](http://www/) .nws .noaa.gov/nwr/ and click on "Station Listing and Coverage."

*If you feel your hair stand on end (indicating lightning is about to strike)*

U Crouch down on the balls of your feet, put your hands over your ears, and bend your head down. Make yourself as small a target as possible

and minimize your contact with the ground.

U Do not lie flat on

the ground. ..

NOAA

ACCIDENT REPORTING PROCEDURE

All accidents and injuries shall be reported to the Tazewell Little League Safety Officer within 24 hours.

After notification, the Safety Officer will notify the Tazewell Little League President, record all

information,complete the proper forms,and mailto the insurance representative. If the Safety Officer is unavailable, the Presidentis to be notified of the accident or injury. If the President and Safety Officer are unavailable,then any board member can be notified of the accident or injury (see list of phone numbers located on page 5 of this Safety Plan). The Incident/Injury Tracking Report Form can be found in (See Appendix V).

What to report

An incident that causes any player, manager,coach,umpire,spectator or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer.Thisincludes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report

All such incidents described above must be reported to the Safety Officer within 24 hours of the incident. Tazewell Little League Safety Officer,Dave Herndon,can be reached at 276-970-5714 or email at [daveherndon@kwikkafeco.com.](mailto:daveherndon@kwikkafeco.com)

###### Tazewell Little League,Inc

•

PO Box 988

•

North Tazewell, VA 24630

WARNING: Protective equipment cannot prevent allinjuries a player might receive while participating in

Baseball / Softball. WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE•INSURANCE

The Little League Insurance Programis designed to afford protection to all participants at the most economical cost to the local

league. The Little League Player Accident Policy is an excess coverage,accident only plan,to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage,Little League insurance will provide benefits for eligible charges,up to Usual and Customary allowances for your area. A $50 deductibleapplies for

all claims,up to the maximum stated benefits. This plan makesit possibleto offer exceptional,affordable protection with assurance to parents that adequate coverageis inforce for all chartered andinsured Little League approved programs and events. If your child sustains a coveredinjury while taking part in a scheduled Little League Baseball or Softball game or practice,here is how the insurance works:

1. The little League Baseball and Softball accident notification form must be completed by parents ( f the claimant is under 19 years of age) and a league official andforwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept bythe parent/claimant. 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 a claimfor benefits are to be provided within 90 days after the accident. In no event shall such proof befurnished later than 12 months from the date theinitial medical expense was incurred.

3. When otherinsurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to little LeagueInternational,even if the charges do not exceed the deductible of the primary

insurance program.

i.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 after the 52-week time limit when: (a) Deferred medical benefits apply when necessary treatment requiringthe removal of a pin/plate,applied to transfix a bone in the year of injury,or scar tissue removal,after the 52-week time limit is required.The Company will pay the Reasonable Expense

incurred,subject to the Policy's maximum limit of $100,000 for any oneinjury to any oneInsured.However,in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained. (b) If

the Insured incurs Injury, to sound,natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to,but notlimited to,the physiological changes of a growingchild,the Company will pay the lesser of: 1.A maximum of $1,500 or 2. Reasonable Expensesincurred for the deferred dental treatment. Reasonable Expenses

incurred for deferred dental treatment are only coveredif they areincurred on or before the lnsured's 23rd birthday. Reasonable Expensesincurred for deferred root canal therapy are only covered ifthey are incurred within 104 weeks after the date theInjury occurs. No payment will be made for deferred treatment unless the Physician submits written certification,within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpfulin providing a better understanding of the operation of the Little League insurance program.

Dave Herndon

TLL Safety Officer

Brenda K Roberts

TLL President

LITTLE LEAGUE® BASEBALLAND SOFTBALL ACCIDENT NOTIFICATION FORM

Send Completed Fonn To:

Little eague International

539 US Route 15 Hwy, PO Box 3485

VVilliamsport PA 17701-0485 Accident Claim Contact Numbers: Phone:570-327-1674

INSTRUCTIONS

.x:ident & Health (U.S.}

1"'. This form must be completed by parents *(If* claimant is under 19years of age) and a league official and forwarded to little League Headquarters within 20 days after the accident A photocopy of this fonn should be made and kept by the claimant/parent. Initial medicaV dental treabnent must be rendered within30 days of the Little League accident.

2. Itemized billsincluding description of service,date of service, procedure anddiagnosis codes for medical services/supplies and/or other documentation related to claimfor 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. VVhen other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or NoticeJLetter of Denial for each charge directly to Little eague Headquarters, even if the charges do not exceed the deductible of the primaryinsurance program.

1. Policy provides benefits for eligible medical expensesincurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
2. *Limited* defened medical/dental benefits may be available for necessary treabnent incurred after 52 weeks. Refer toinsurance brochure provided to theleague president, or contact little League Headquarters within the year of injury.

6. Accident Claim Form must be fully completed -including SocialSecurity Number (SSN) -for processing.

League Name

PART 1 I

League l.D.

I

Name of Injured Person/Claimant



SSN

Date of Birth (MM/DDNY) Age Sex

I I ID Female D Male

Name of Parent/Guardian,if Claimantis a Minor Home Phone (Inc. Area Code) Bus.Phone (Inc. Area Code)

( ) ( )

Address of Claimant Address of Parent/Guardian,if different

T'- Little League Master Accident Poilcy provides benefitsinexcess of benefits from otherinsurance programs subject to a $50 deductible

;njury."otherinsurance programs•include family's personalinsurance, studentinsurance through a school orinsurance throughan employer for employees and family members. Please CHECK the appropriate boxes below.If YES,follow instruction 3above.

Date of Accident Tnne of Accident Type ofInjury

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does theinsured Person/Parent/Guardian have anyinsurance through: Employer Plan | aves | °"o | School Plan aves | CJNo |
| Individual Plan | CYes | o | Dental Plan OYes | CJNo |

DAM DPMI

Desaibe exactJy how accident happened,including playing position at the time of accident:

Check all applicable responses ineach column:

D BASEBALL D CHALLENGER (4- 8) D D SOFTBALL D T-BALL (4-7) D

PLAYER D

MANAGER, COACH D

TRYOUTS PRACTICE

D SPECIAL EVENT (NOT GAMES)

D CHALLENGER D MINOR (6-12) D

D TAD (2ND SEASON) D LITTLE LEAGUE(9-12) D

0 INTERMEDIATE (50/70) (11-13) 0

D JUNIOR (12-14) D

D SENIOR (13-16) D

VOLUNTEER UMPIRE D PLAYER AGENT D OFFICIAL SCOREKEEPER D SAFETY OFFICER 0

VOLUNTEER WORKER D

SCHEDULED GAMED TRAVELTO

TRAVEL FROM TOURNAMENT

OTHER (Desaibe)

SPECIAL GAME(S)

(Submit a copy of

your approval from Little League

Incorporated}

Ihereby certify that Ihave read the answers to all parts of this form and to the best of my knowledge and belief theinformation containedis complete and correct as hereingiven.

Iunderstand that itis a crime for any person tointentionally attempt to defraud or knowingly faci itate a fraud against aninsurer by submitting an application or fi ing a claim containing a false or deceptive statement(s).See Remarks section on reverse side of form. Ihereby authorize any physician,hospital or other medically related facility, insurance company or other organization,institution or person that has any records or knowtedge 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

*?'* 'fective and valid as the original.

bl:ne Claimant/Parent/Guardian Signature (In a two parent household,both parents must signthis form.) Date Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of 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

Material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five

-Just and 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.

,.. ,,,--:: ·cc, . ··-···--,,- --··-· · PART 2 LEAGUE STATEMENT (Other than Parent or Claimant) r .:.--., *-···:::··:TC.-:·*... ""·--·..... .....

Name of League Name of Injured Person/Claimant League l.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? DYes DNo

Provide names and addresses of any known witnesses to the reported accident

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

SITION WHEN INJURED

INJURY

PART OF BODY

CAUSE OFINJURY

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

Dr"•S your league use batting helmets with attached face guards? DYES ONO

r S, are they D Mandatory or D 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 Claimants Notification is true and correct as stated, to the best of my knowledge.

Date League Official Signature

## General Liability Claim Form

Send Completed form to:

Little League Baseball and Softball

539 US Route 15Hwy

P.O.Box 3485

Williamsport, Pennsylvania 17701 0485

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

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY}

I

CN

Insured Name of League League I.D. Number

I I I

(Used as location code) I I I I

Name 01League umc1a1 w1ease pnntJ l'OSlttOn ID League

Address of League Official (Street, City, State, Zip) Phone No. (Res.) Phone No. (Bus.)

I

Time and Date of Accident Hour DAM Accident occurred at (Street, City, State, Zip) Place of O PM

Accident Ansmg out ot uperat1onsconauctea at

~~Description~~ of Accident

Was Police Report made? If yes, where?

O Yes O No

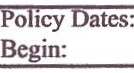
State cause and ~~describe~~ facts ~~surrounding accident~~ (Use ~~reverse~~ side 1fneeded)

Who owns Premises Person in charge of Premises

'-- Coverage Data

Limits

Bl/PD:



Med. Pay: None

Elevator:

Yes

Products:

Yes

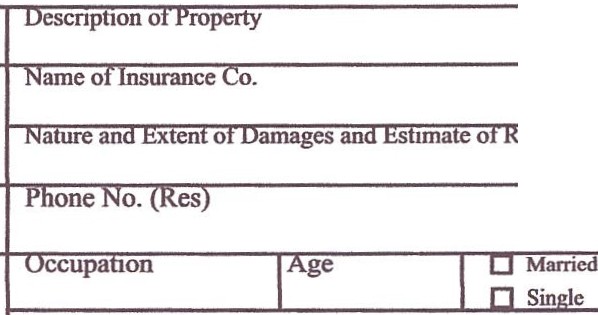
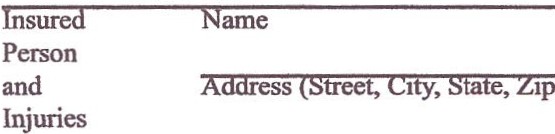
Yes

Cont:

perty Damage

Is there any other insurance applicable to this risk?

D Yes D No wner



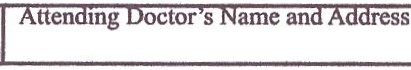
epatr

Phone No. (Bus)

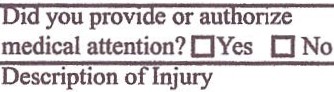








Where was the injured taken after accident? Probable length of Disability



End:

1tnesses:



Name,Address, Phone Number Name, Address, Phone Number

Date of Signature of League Official: Position in League

R rt:

I I

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT A I *r!*

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, tiles 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 Califomia

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, 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.

ACORD 3 (2006/02)

Tazewell Little League

FIELD AND GAME SAFETY CHECKLIST

## All Umpires, managers and coaches are responsible for walking and i iiiinspecting fields to check for safety conditions and/or hazards before each game and practice.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Repairs Needed? | | |  | Repairs Needed? | |
| Field Condition | Yes | No | Catchers Equipment | Yes | No |
| Backstop repair |  |  | Skin guard ok |  |  |
| Home plate repair |  |  | Helmets ok |  |  |
| Bases secure |  |  | Face masks ok |  |  |
| Bases repair |  |  | Throat protector ok |  |  |
| Pitcher's mound |  |  | Catchers cup (boys) |  |  |
| Batter's box level |  |  | Chest protector |  |  |
| Batter's box marked |  |  | Catcher’s mitt |  |  |
| Grass surface even |  |  |  |  |  |
| Holes |  |  | Safety Equipment |  |  |
| Infield fence repairs |  |  | First-aid kit |  |  |
| Outfield fence repairs |  |  | Medical release form |  |  |
| Foul lines marked |  |  | Ice for injuries |  |  |
| Sprinkler condition |  |  | Blanket for shock |  |  |
| Dirt needed |  |  | TLL Safety Manual |  |  |
|  |  |  |  |  |  |
| Dugouts |  |  | Players Equipment |  |  |
| Fencing needs repaired |  |  | Batting helmets ok |  |  |
| Bench needs repaired |  |  | Jewelry removed |  |  |
| Roof needs repaired |  |  | Batsinspected |  |  |
| Bat racks (if applicable) |  |  | Shoes checked |  |  |
| Helmet racks (if applicable) |  |  | Uniforms checked |  |  |
| Trash cans |  |  | Athletic cups (boys) |  |  |
| Clean up needed |  |  |  |  |  |
|  |  |  |  |  |  |
| Spectator Areas |  |  |  |  |  |
| Bleachers need repair |  |  |  |  |  |
| Hand rails need repair |  |  |  |  |  |
| No smoking |  |  |  |  |  |
| Parking area safe |  |  |  |  |  |
| Protective screens ok |  |  |  |  |  |
| Bleachers clean |  |  |  |  |  |

Recommended Player Equipment List

Tazewell Little League suggests that each player come to each practice/game with some type of bat/gym carry bag, including the following (as needed):

Jl> Baseball glove (mandatory)

)l> Baseball hat or visor (mandatory)

Jl> Baseball "cup» supporter for boys (mandatory)

Jl> Mouth guard (optional, but strongly recommended)

Jl> Batting helmet with face guard (optional)

Jl> Batting glove (optional)

Jl> Bat (optional)

Jl> »Protective» eye glasses (optional and must meet LL rules)

Jl> Eyeglasses strap (optional)

Jl> Rubber baseball/softball cleats

Jl> Tennis shoes (T-ball)

Jl> Sweatshirt and/or windbreaker

Jl> Baseball practice pants or sweat pants

Jl> Water bottle / sports drink

\*\*Equipment will be inspected by manager/coach/umpire prior to each game\*\*

Equipment Manager Responsibilities

The Equipment Manager, a President-appointed and Board-approved Tazewell little League Board Member, is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued, but it is the teams Manager Responsibility to maintain. Team Managers should inspect equipment before each game and each practice. The Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, many players like to bring their own gear. Their equipment can *only* be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book. At the end of the season, all League Owned equipment must be returned to the Equipment Manager. First-Aid kits (if league issued) must also be turned in with the equipment.

Equipment manager is responsible for cataloging all equipment, purchasing new equipment, evaluating, and ridding unsafe equipment, and signing out equipment to managers prior to season's start and collecting all equipment after the season's end. All equipment must be collected within two weeks of the season's end. Failure to return equipment to the league will result in disciplinary action by the Board of Directors.

Equipment

1. Managers will be given appropriate equipment and facility keys for their team as documented.
2. All Tazewell little League equipment and keys must be returned to the league at the end of the season as signed off by the League President, or representative, on form.
3. Any equipment or keys not returned to the league the manager will receive an invoice from Tazewell Little League at current replacement costs. Note: This may induce the costs for replacement of door locks due to lost keys.

Equipment Specific Rules:

Each team, at all times in the dugout, and shall have four (4) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by Tazewell little League at the beginning of the season. If players decide to use their own helmets,

They must meet NOCSAE specifications and standards.

* + Use of a helmet by the batter and all base runners is mandatory
  + Use of a helmet by a player/base coach is mandatory
  + Use of a helmet by an adult base coach is optional
  + All male players must wear athletic supporters
  + Male catchers must wear a metal, fiber, or plastic type cup and a Jong model chest protector
  + Female catchers must wear long or short model chest protectors.
  + All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catcher's helmet, all of which must meet Little League specifications and standards
  + All catchers must wear a mask, “dangling “type throat protector and catcher's helmet during practice, pitcher warm-up, and games
  + NOTE: Skullcaps are not permitted
  + If the gripping tape on a bat becomes unraveled, the bat must not be used until itis repaired
  + Bats with dents, or that are fractured in *any* way, must be discarded
  + Only official Little League balls will be used during practices and games
  + Make sure that the equipment issued to you is appropriate for the age and size of the players on your team; if it is not, contact the Equipment Chairperson to get replacements
  + Make sure helmets fit
  + Replace questionable equipment immediately by notifying the Equipment Chairperson • Make sure that players respect the equipment that is issued

For any Tazewell Little League equipment problems or concerns, please contact:

Jennifer Lowe, Equipment Manager

'76-970-5148 or jlowe@tazewell .k12.va.us

Conditioning and Stretching

The key to overall optimal health of the little leaguer starts with learning the game and fundamentals first. Next, conditioning and stretching plays a vital role in helping to prevent injuries at any age level. Early in the season it’s important to make sure your Little Leaguer" gets into a routine of warming up and stretching before hitting the field. Stretches and warm-ups should include all major muscle groups. Shoulders and arms while important, shouldn’t be the only focus for baseball and softball. Stretching the torso, back and legs are equally important. Coaches should emphasize, customize and prioritize a good conditioning and stretching program. Incorporating these elements into warm-up is particularly

Important the pre-season and also while the weather is still cool outside.

Warm-ups;

* Helps prepare of the mind and body for exercise
* Helps increase *body* and muscle temperature
* Increases the blood and oxygen supply to the working muscles
* Increases flexibility

Athletes should warm up their muscles first, and follow that with stretching. The warm-up should be an aerobic activity, such as jogging, for at least 5 to 10 minutes. Stretching routines should combine static (stretch and hold position for 10-20 seconds) with dynamic stretches (movement involved). Conditioning

In the off season or in season is unlimited. Basic moves that will help prepare unique baseball/softball specific motions and overall athletic explosiveness can include: burpees, push-ups, sit-ups, pull-ups, squats, mountain climbers, toe raises, jumping jacks, jump rope, run rope ladder drills, lift dumbbells, use hand grips or stress ball squeezes, and do trunk-twisters with a medicine ball-all while making sure the athletes taught and performs the activity properly. Running quick sprints where players may need to stop quickly and change direction, and shuttle runs and sprints with stop-and-go measures can help a Little Leaguer with their explosiveness. There is nothing worse that will set a player back any more than a sore arm, which is why itis extremely important that adequate time must be spent warming up the arms properly. Players must be discouraged from throwing full speed without a gradual build up.

\*\*Tazewell Little League is committed to the overall health and wellbeing of every player!\*\*

**KEEP THEMHYDRATED, KEEP THEM SAFE**

**5 TIPS TO HELPATHLEIES STAY HYDRATE**

**KEEP HYDRATION TOP OF MIND**



•Remind athletes to check urine color before practice, if f it’s the color of pale lemonade, that’s sign of being hydrated.

•Take weather into account and give athletes opportunities to drink during practice.

•Teach athletes to pay attention to how they feel, including their thirst and energy levels.

#### KEEP FLUID LEVELS UP



•Athletes should drink enough fluid to maintain hydration without over-drinking.

•Flavored, cold, lightly salted sports drinks like Gatorade• Thirst Quencher are important, because sodium helps maintain the athlete’s desire to drink and retain the fluid consumed.

#### KEEP THE BODY COOL



•Remind athletes to drink cool fluids to help maintain their body temperature.

•If your athletes experience heat illness, help them lower their body temperature by lying in a cool place with their legs elevated, applying cool, wet towels to their body and drinking cool fluids.

#### KEEP HYDRATED BEFORE, DURING AND AFTER ACTIVITY



•Athletes need to think about their entire athletic schedule when it comes to fueling (not at when they are competing).

•Encourage them to drink plenty of fluids throughout the day to replace the fluids lost through sweat.

#### KEEP A RECOVERY SCHE DULE

•Rest and recovery are an essential part of avoiding heat illness.



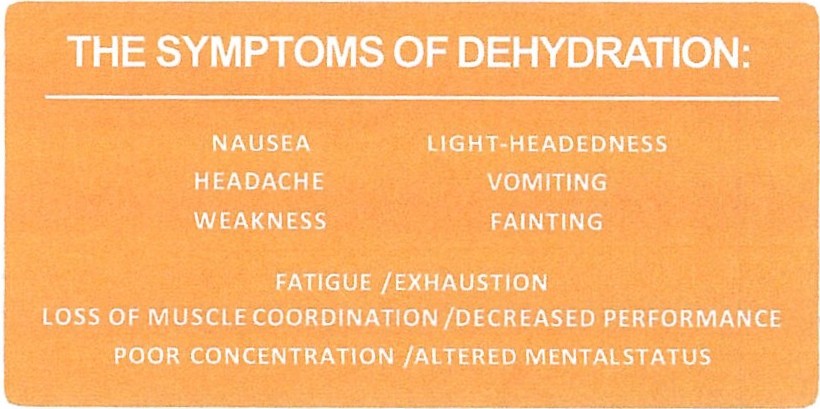
•Ensure your athletes have time for breaks during practices.

•Encourage athletes to get 6-8 hours of sleep each night in a cool environment impossible.

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**GATORADE.**

THE SPORTSFUEL COMPANY

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CONCESSION STAND SAFETY

The following information will provide you with basic food handling procedures, tips, and suggestions for keeping a healthy environment in our Concession stand. The procedures for opening and closing the Concession stand, and the "Concession Stand Safety" procedures are posted in the snack bar, in clear view, next to the door. Volunteers working in the Concession stand will be trained in safe food

Preparation and handling.NO persons under the age of fifteen are allowed to handle food. Training will cover safe use of the equipment. This training will be made available by the Concession stand Manager (a member of the Tazewell Little league membership).

•Cooking equipment will be inspected periodically and repaired or replaced if need be.

* + Employees will wash hands frequently.

• Only food purchased by Tazewell Little League will be cooked, prepared, or sold in the Concession stand.

* + Flammables will be stored safely away from open flames.

• Cleaning chemicals must be stored in closed container.

* + A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.

• All concession stand personnel are to be instructed in the use of fire extinguishers.

• A fully stocked First Aid Kit will be placed in the Concession Stand.

* + The Concession stand main entrance door will not be locked or blocked while people are inside
  + Use a food thermometer to check temperatures of potentially hazardous foods. (i.e. meats)

• All potentially hazardous foods should be kept at 41!! F or below (if cold} or 1402 F or above (if hot).

* + Foods that are required to be served cold must be cooled to 41!!F as quickly as possible and held at that temperature until ready to serve. All food will be returned immediately to the refrigerator once you've finished serving.
  + Keep foods covered to protect them from insects.
  + Keep foods stored off the floor.

• Only healthy volunteers should prepare and serve food. Anyone who shows signs of being sick or who has open sores on the hands shall not be allowed in the Concession stand.

* + Ice used to cool cans/bottles shall not be used for drinks. Use a scoop to get ice from the ice machine or chest, never use your hands!

• Volunteers should wear clean clothes.

* No smoking is permitted.

• The use of hair restraints/nets are recommended to prevent hair from ending up in the food.

* Use disposable utensils for food service.
* Never reuse disposable dishware.

• Store pesticides away from foods.

* Place waste in trash cans.

Tips for safe food handling:

'Hands will be thoroughly- washed prior to beginning and routinely throughout your shift. Prior to handling any food you are required to wash your hands. Clean hands are the best defense in preventing disease!!!

Tazewell Little League ASAP Safety Manual 2020

Facility surveys may also be entered online

**LITTLE LEAGUE BASEBALL® 8t SOFTBALL**

**NATIONA L FACILITY SURVEY**

**2019**

League Name: Tazewell Little League



District #: .......\_ \_ ID # : 346-11-14

(if needed) ID #:\_....u::L--- -----------

(if needed) ID #:\_....,..\_ \_

City: Tazewell State: \_VA \_

President: Brenda K Roberts Safety Officer: Dave Herndon

Address: 144 Sunnyside Drive Address: 1224 Dogwood Road

Address: Address: ---------------

City: Tazewell City: Tazewell

State:\_V.....A""'-

ZIP: 24651

State: *VA* ZIP: 24651

Phone (work): N\_A --------­ Phone (work):\_NA ---------­

Phone (home): 276-979-8954

Phone (cell): 276-970-7312

Email: jarbkr@gmail.com

Phone (home): NhAol'11o-----------

Phone (cell): 276-970-5714

Email: daveherndn n@kwikkafeco cam

**PLANNING TOOL FOR FUTURE LEAGUE NEEDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What areleague's plans for improvements?   1. New fields 2. Basepath/infield 3. Bases 4. Scoreboards 5. Pressbox 6. Concession stand 7. Restrooms 8. Field lighting 9. Warning track   j. Bleachers   1. Fencing    1. Bull pens m.Dugouts   n. other (specify) : | Indicate number of fields in boxes below. | | | |
| Next 12 mons. | | 1-2 vrs. | 2+ vrs. |
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**SPECIF, ALLFIELD QUESTIONS** *( (*

• Please llst all fields by name.

Field identification <List your ballfields 1-20) Use additional forms If more than 20 fields. **1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20**

**ASAP - A Safety Awareness Program**

Limited Edition 10-year Pin Collection

This survey can assist in finding areas of focus for your safety plan. During *your*

--

|  |  |
| --- | --- |
| 1 | |
|  | 'Ql t,.,,,,, |
|  |  |
| .. **2019** | |

Annual field Inspections, please complete -

This form and return along with your quall fled safety plan. n rectum, we'll send *you* the 2019 Disney• character collector's pin shown at right featuring Backstop behind home plate. Or enter

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Data on the ASAP online site through the Little League Data Center.

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**Field # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 u; 17 18 19 20**

(For the followlna questions, If the answer Is "No" olease leave the space blank.)

1. How many cars can park In designated parking areas? None

1-50 • •

51-100

101 or more

1. How many people can your bleachers seat? None/NA

1-100 • •

101-300

301-500

501 or more

1. What material Is used for bleachers? Wood • •

Metal Other

4. Metal bleachers: Ground wire attached to ground rod? Yes

s. Wood bleachers:Are Inspected annually for safety? Yes

.

6. s a safety railing at the top/back of bleachers? Yes •

7. s a handrail up the sides of bleachers? Yes • •

. .

1. s telephone service available? Permanent Cellular
2. Is a public address system available? Permanent

Portable • •

.

1. s there a pressbox? Yes •
2. s there a scoreboard? Yes • •
3. Adequate bathroom facllltles available? Yes • •
4. Permanent concession stands? Yes •
5. Mobile concession stands? Yes

*( ( (*

**Field # 1** 2 3 **4 5 *6*** 7 **8 9 10** 11 12 **13 14 15 16 17 18 19 20**

.

FIELD

.

1. Is field com letel fenced? Yes •
2. What type of fencing materfal Is used? Chalnllnk Wood Wire
3. What base path material Is used? Sand, da ,soil mix Ground burnt brick

.

Other: •

1. What Is used to mark baseline?

aInt

.

Commerc'I markln •

Yes •

Yes •

Yes . .

Yes

Yes . .

1. Is there an outfield warning track? Yes • .

. .

* 1. If yes, what width Is warning track? Please specify: (Width In feet)

1. Batter's eye (screen/covering) at center field? Yes
2. Pitcher's eye (screen/covering) behind home plate? Yes • •

.

1. Yes •

Yes

Yes

.

Yes •

1. Do bleachers have spectator foul ball protection? Overhead screens Fencing behind

.

.. .

1. Do your bases disengage from their anchors? (Mandatory since 2008) Yes
2. s the field lighted? Yes •
3. Are light levels at/above Little League standards? Yes

(50 footcandles lnfleld/30 footcandles outfield) Don't know • •

.

1. What type of poles are used? Wood\* •

(Wood poles have not been allowed by Little League Steel

for new construction of lighting since 1994) Concrete 36. s electrfcal wiring to each pole underground? Yes

1. Ground wires connected to ground rods on each pole? Yes
2. Which fields were tested/Inspected In the last two years? Electrlcal System

**PleH• Indicate month/year testing WH done (example: 3/10** Light Levels

1. Fields tested/Inspected by qualified technician? Electrical System Light Levels

*( ( (*

**Field # 1 2 3 4 5 6 7 8 *9* 10 11 12 13 14 15 16 17 18 19 20**

FACILITY M A NAG E M E NT

1. . Which fields have the following limitations:
   1. Amount of time for practice? Yes
   2. Number of teams or games? Yes
   3. Scheduling and/or timing? Yes
2. Who owns the field? Municipal • •

School League

.

1. Who is responsible for operational energy costs? Municipal

•

School

League

. .

1. Who is responsible for operational maintenance? Municipal

School League

1. Who Is responsible for purchasing Improvements Municipal • •

.

For the field - le bleachers, fences, lights? School

League •

.

Other

1. What divisions of **baseball** play on each field? T-Ball &. Minor •

Major •

Jr.,Sr. &. Big Challenger so - 70

1. What divisions of **softball** play on each field? T-Ball &. Minor • •

Major •

Jr.,Sr. &. Big Challenger

1. Do you plan to host tournaments on this field? Yes • •

# FIELD DIMENSION DATA

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

"

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field No. | Height of outfield  **fence** | **Distance from home plate to:** | | | | **Foul territory distance from:** | | | | | | | |
| Outfield fence | | | Back  stop | Left field line to fence at: | | | | Right field line to fence at: | | | |
| Left | **Center** | Right | **Home** | 3rd | Outfield  foul pole | | **Home** | 1st | Outfield  foul pole | |
| 1 | *6* | ?On | ?()() | 2nn | 12 | 10 | 10 | 1n | | 1n | 1fl | 10 | |
| 2 | 6 | 200 | 200 | 200 | 1? | 10 | 10 | 10 | | 10 | 10 | 10 | |
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| 18 |  |  |  |  |  |  |  |  | |  |  |  | |
| 19 |  |  |  |  |  |  |  |  | |  |  |  | |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Mailing address:

Little League International PO Box 3485

Williamsport, PA 17701

###### Shipping address: Little League International

539 US Route 15 Hwy.

South Williamsport, PA 17702



HAVING A SAFE SEASON

*SAFETY is everyone's responsibility.*

*Prevention is the key* to *reducing incidents. Never play on afield that is not safe or with unsafe playing equipment. Be sure your players are fully equipped, especially batters and catchers. Check your team's equipment often and report all hazardous conditions to the Safety Officer or another Board member immediately. Help keep all of our Tazewell Little League family safe! When in doubt, check it out!*

*Have fun and safe 2020 Tazewell Little League Season!*

**APPENDIX 1**

**FORMS**

**Little League· Baseball and Softball**





**M E D I C A L R E L E A S E**

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: \_

IIn case of emergency, if family physician cannot be reached, 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 |
|  |  |  |  |  |
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|  |  |  |  |  |

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 10: \_

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,, national origin ,gender, sexual preference or religious preference.

Tazewell Little League, Inc

Parent Code of Conduct

We, the Tazewell 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.

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
* Good Citizenship

The highest potential of sports is achieved when competition reflects these "six pillars of character.• I therefore agree: 1.Iwill not force my child to participate in sports.

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game and the policies of the league.
4. 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.
5. 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.
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. 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.
10. 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 mistake or losing a competition.
11. I will emphasize skill development and practices and how they benefit my child over winning. Will also de-emphasize games and competition in the lower age groups.
12. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire Imlay have for my child to win.
13. 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.
14. 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.
15. I will refrain from coaching my child or other players during games and practices, unless Aim one of the official coaches of the team.



Parent/Guardian Signature. \_

Tazewell little League, Inc Player Code of Conduct

### 1. I understand that being allowed to play baseball or softball in Tazewell Little League is a privilege, and that I am expected to follow this Code of Conduct at all times.

1. I will treat my fellow teammates, opposing players, Managers, Coaches, officials, and all team parents with RESPECT AND DIGNITY.
2. I will offer positive encouragement and assistance to my teammates.
3. I will refrain from using profane language, obscene gestures, taunting or yelling at teammates, opposing players, Managers, Coaches, officials, or parents ATALL TIMES.
4. I will strive to be the best baseball or softball player that I can be, both in games and practices. This means I will be attentive to my Manager's and Coaches' instructions and respect the time spent by the Managers and Coaches to help me improve as a baseball or softball player.
5. I understand that TEAM SPIRIT does not just happen: it comes with hard work and commitment from me and to my team. I will work hard and commit myself to my team and its success by attending all practices and games, giving my best effort whenever I involve myself with the team. If I cannot attend a game or practice, I will notify my Manager or Coach of my absence.
6. I understand that failure to abide by this Code of Conduct could result in my suspension or expulsion from the team or Tazewell Little League.

"Zero “tolerance is the policy of Tazewell Little League for any physical, emotional, verbal or sexual abuse towards any official, Manager, Coach, opponent, player, parent and spectator.

Player Name. \_

Player Signature---------------- Regular Season Team. \_

**APPENDIX 11**

**CONCUSSION FORMS**

Tazewell Little League Coach's Agreement

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to concussions and head injuries as per the guidelines outlined in the CDC HeadsU p Information Sheet.

Coaches Agreement:

I, have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected. I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an

appropriate health care provider. I understand the possible consequences of the athlete returning to practice/play too soon.

Coach Signature \_ Date \_

Sport -------------------------

Team---------------------------

League \_ DiVision -----------

Tazewell Little League Parent and Player Agreement

As a Parent and as a Player, it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I, have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion

is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature .Date \_

Athlete Agreement:

I, have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature .Date \_ Team·---------------------------

**APPENDIX Ill**

# SAFETY MANUAL AND FIRST AID KIT

**FORM**

Safety Manual and First Aid Kit Signature Form

Dear Manager/Coach:

You agree by signing below that you have received the following:

One (1) First Aid Kit -or - Reuse Last Year's First Aid Kit

Two (2) Chemical Ice Packs

One (1) Safety Plan {ASAP)

Please circle softball or baseball, list your team name, your name, and your title (manager, coach, parent representative, etc.). Also please sign and date that you also acknowledge that this kit is to be kept in your team's equipment bag and used for the benefit of Tazewell Little League players.

Sincerely,

Dave Herndon

Safety Officer, Tazewell Little League

Softball / Baseball

TEAM: -------------------

NAME: \_ TITLE: \_

SIGNATURE: \_ DATE: \_

**APPENDIX IV**

**INCIDENT / INJURY TRACKING**

**REPORT**

**FORM**

*For l.ocal* league *Use Only*

A Safety Awareness Program's Incident/Injury Tracking Report

Activities/Reporting

League Name:

------------- League ID: - \_ - Incident Date: ----­

Field Name/Location: -------------------­ Incident Time: -----

Injured Person's Name:

----------------- Date of Birth:

Address: Sex: O Male O Female

City: State ZIP: --- Home Phone: Parents Name (If Player): --------------- Work Phone: (

Parents' Address (If Different):

--------------- City \_

Incident occurred while participating in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A.) D Baseball | O Softball | o Challenger | O TAD |  |
| B.) 0 Challenger DJunior  C.) DTryout | O T-Ball D Senior  D Practice | D Minor  0 Big league D Game | D Major  DToumament | DIntermediate (50/70)  D Special Event |

O Travel to D Travelfrom O Other (Describe): Position/Role of person(s)involved inincident:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D.) D Batter | D Baserunner | D Pitcher | D Catcher | o First Base | D Second |
| D Third  0 Umpire | 0 Short Stop  D Coach/Manager | D Left Field  o Spectator | O Center Field  0 Volunteer | D Right Field  D Other:--- | O Dugout  ----- |

Type ofInjury= ---------------------------------------

Was first aid required? D Yes D No If yes, what: \_

Was professional medical treatment required? D Yes D 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 ofincident and location:

A.) On Primary Playing Field

0 Base Path: 0 Running *or* D Hit by Ball: O Pitched *or* D Collision with: D Player *or*

D Grounds Defect

D Sliding

DThrown *or* 0 Batted D Structure

B.) Adjacent to Playing Field D Seating Area

D Parking Area

C.) Concession Area

O Volunteer Worker

D.) Off Ball Field D Travel:

D Car *or* D Bike *or*

DWalking

D League Activity

D Other:----------------

D Customer/Bystander

D 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 Ac­ cadent Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms\_pubs/ asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may resulting litigation, please fallout the General Usability Claim form available here: http://www.littleleague org/As­ sets/forms pubs/asap/Glycol almForm.pdf.

Prepared By/Position: ------- Phone Number: *<.\_\_\_,*

Date:

Signature: -------------

**APPENDIX V**

**MOWER AND FIELD EQUIPMENT SAFETY RULES**

**Mower and Field Equipment Safety Rules**

1.

Never make adjustments or repairs with the engine running.

2.

Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.

3.

Never carry/ride passengers.

4.

Do **NOT** mow in reverse.

5.

**ALWAYS** look down and behind **BEFORE** and **WHILE** backing up.

6.

Remove rocks, tree limbs, cans, etc. before mowing.

7.

Always check the oil in the mowers before use.

8.

**ONLY** adults operate mowers. **NO** children/others are allowed to ride along with the operator

of riding mowers.

9.

Please report damage or trouble with the mowers so they can be repaired.

10.

You **MUST** wear safety glasses when using weed eater.