

# TAZEWELL LITTLE LEAGUE 2024 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 2024

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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 2024 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 plan is also available on our website - at: [www.Tazewelllittleleague.org](http://www.Tazewelllittleleague.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, Derek Howington, by phone or text at 276-345-8200 or e-mail @ [dhowington@nelbro.com](mailto:dhowington@nelbro.com). We look forward to an exciting and safe Tazewell Little League season!

Derek Howington  
Safety Officer, Tazewell Little League

Roger VanDyke  
President, Tazewell Little League

## 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

## Emergency Phone Numbers

|  |              |
|--|--------------|
| All Emergencies                                | 9-1-1        |
| Tazewell Fire Department                       | 276-988-5888 |
| Tazewell Police Department                     | 276-988-2503 |
| Tazewell County Sheriff                        | 276-988-5970 |
| Tazewell Community Hospital                    | 276-988-8700 |
| Virginia Poison Center                         | 800-222-1221 |
| Derek Howington, Safety Officer                | 276-345-8200 |
| Roger VanDyke, President                       | 276-970-5763 |
| Zack Kitts, Vice President - Baseball/Softball | 304-888-9429 |

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 2024  
SEASON  
EFFECTIVE OCTOBER 1, 2024  
- SEPTEMBER 30, 2024

| Position                   | Name            | Phone        | Email                       |
|----------------------------|-----------------|--------------|-----------------------------|
| President                  | Roger VanDyke   | 276-970-5763 | tazvalittleleague@gmail.com |
| Vice President             | Zack Kitts      | 276-979-7488 | Dhowington@nelbro.com       |
| Secretary                  | Heather Kitts   | 276-698-7517 | heatherjkitts@outlook.com   |
| Treasurer                  | Ann VanDyke     | 276-202-5404 | filterplant.bland@yahoo.com |
| Player Agent –SB,BB        | Elaine Pyott    | 276-701-9379 | elainepyott@roadrunner.com  |
| Coaching Coordinator       | Courtney Rhudy  | 276-970-0449 | courtneydcarter09@gmail.com |
| League Information Officer | Megan Waddle    | 276-970-5763 | roger.vandyke@gmail.com     |
| Safety Officer             | Derek Howington | 276-970-0039 | Dhowington@nelbro.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:

2. Update and submit for approval the, Tazewell Little League ASAP plan each year
3. Coordinate the team managers, to provide the safest environment possible
4. Inspect, along with the Tazewell Little League Equipment Manager, all league-provided equipment prior to the season
5. 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
6. Assist parents and individuals with insurance claims, and act as the liaison between the insurance company, parents, and individuals
7. Explain insurance benefits to claimants and assist them with filing the correct paperwork
8. Provide follow-up calls until the injury incident is considered "closed"
9. 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.
10. 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
11. Ensure that each team receives their ASAP Manual at the beginning of the season
12. Provide first-aid kits in the field dugouts, league office and/or concession stand, and restock the kits as needed
13. Inspect applicable concessions operation and check any fire extinguishers
14. Instruct any concession stand workers on the use of fire extinguishers
15. Check fields with the Managers and coaches; list areas that need attention
16. Schedule a first-aid clinic for all managers, designated coaches, umpires, and Player Agents during the preseason
17. Act immediately in resolving unsafe or hazardous conditions, once a situation has been brought to his/her attention
18. Make spot-checks at practices and games, to ensure all managers have their ASAP
19. Making spot-checks at games, to ensure the umpiring crew has performed their pregame safety checklist
20. Provide ASAP news and updates on the league web site and in 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 Sr 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. "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 emphasize team play to my child. I shall show by example respect for umpires, opposing teams and other fans. I shall not be a grandstand manager. I shall remember that not everyone can play 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. I 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-league scouts in the stands. 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.

## Little League® "Basic" Volunteer Application – 2024

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)9. Visit [LittleLeague.org/LocalBGcheck](http://LittleLeague.org/LocalBGcheck) for more information.

### All RED fields are required.

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

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

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

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

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

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

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

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

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

- ☐ 5. In which of the following ☐ participate? (Check one ☐ Coach  
☐ would you like to ☐ or more.) ☐ Umpire  
☐ League Official ☐ Field Maintenance

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).**

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

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

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

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

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

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

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

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

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

Manager  
 Scorekeeper  
 Concession Stand  
 Other \_\_\_\_\_

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

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

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

### LOCAL LEAGUE USE ONLY:

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

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

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

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)\*

OR

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

☐ National Sex Offender Registry

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

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

☐ Proof of completion of Abuse Awareness Training for Adults provided to league

## Little League® Volunteer Application – 2024

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

**This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/LocalBGcheck](http://LittleLeague.org/LocalBGcheck) for more information.**

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

**All RED fields are required.**

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

Address \_\_\_\_\_

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

**Social Security # (mandatory)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

**Name/Phone**

\_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

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

**LOCAL LEAGUE USE ONLY:**

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

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

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

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)\*

**OR**

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

☐ National Sex Offender Registry

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

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

☐ Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

## 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 25, 2024 – 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 3 years. 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 9-1-1 calls 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 9-1-1 immediately 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](http://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.

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 wound is 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 object is 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 911 for 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 skin and the ice 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 humerus 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.

## Concussion Policy

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

The goals of the policy are

- (a) to inform all League volunteers of the short and long term effects of a concussion;
- (b) to ensure concussed athletes are identified, removed from participation, and referred to an appropriate medical authority for accurate diagnosis; and
- (c) 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://www.cdc.gov/headsup/youthsports/training/>
- 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.

*The following information summarizes concussion signs/symptoms and Tazewell Little Leagues' policies for management.*

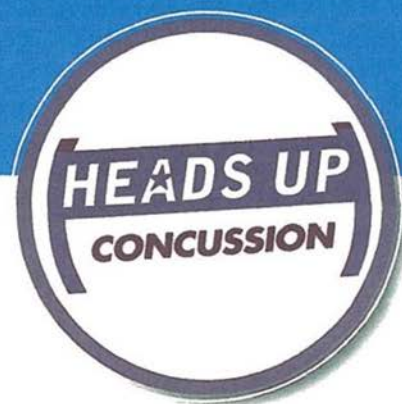
### Concussions:

- 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 in 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.



## PARENT & ATHLETE CONCUSSION INFORMATION SHEET



### WHAT IS A CONCUSSION?

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.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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.

*If* 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.

### SYMPTOMS REPORTED BY ATHLETE:

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

### SIGNS OBSERVED BY COACHING STAFF:

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

[INSERT YOUR LOGO ]

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

## CONCUSSION DANGERS

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 IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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 concussion, says s/he 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

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.

3. 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.

## WHY SHOULD AN ATHLETE REPORT THE SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he 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

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DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION at [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO



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

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

## 2024 Tazewell Little League Training Calendar

|         |   |
|---------|---|
| 3/2/24  | Skills clinic and draft - All coaches and managers & all players<br>(Major Division only)                   |
| 3/2/24  | First Aid Training - All coaches/managers - Town of Tazewell Fire<br>Department - 6:00pm                    |
| 3/3/24  | Minor Draft Only - All coaches & managers   |
| 3/4/24  | TBall - All Tball coaches & managers  |
| 3/6/24  | Practices begin   |
| 3/7/24  | Field Prep Training - 9am - All coaches/managers - All divisions  |
| 3/9/24  | Mandatory parent meeting - Scheduled by Divisions   |
| 3/10/24 | Game Changer/Scorekeeper clinic - Only recommended - Not<br>mandatory - Town of Tazewell Fire Dept - 6:00pm |
| 3/11/24 | Team Mom Meeting - Mandatory  |
| 4/6/24  | Opening Day   |
| 4/9/24  | Opening Day (Make up due to inclement weather)  |

**\*\*Managers, Coaches, Board Members and other volunteer personnel 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\*\***

## Blood borne 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 is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in 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 uniform it 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 Little 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 training in first-aid. Each Manager is issued 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 within the team dugout, or behind screens, and not within the area defined by the umpires as '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 one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Equipment 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 bullpen practice.
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first slides are not permitted (except in Juniors Division and up).
- Bats must be USA Bat-approved (Majors/Minors) and by Little League Guidelines. Tee ball bats must be approved for use in tee-ball.
- Procedure should be established 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 in Juniors 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 bullpen 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 Limit is 5 mph in roads and parking lots on Tazewell Little League property and at functions involving Tazewell Little League
- Watch for children around parked cars.
- No alcohol allowed in any parking lot, field, or common areas. Those who arrive intoxicated will be asked to leave.
- No playing in 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 within the 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 throwing rocks.
- No horseplay in dugouts or climbing of fences.
- Players must remain orderly in the dugouts during games.
- Only a player at home plate may swing a bat.
- The on-deck position is 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 striking another person.
- Weapons are not allowed at Little League events.

There is 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

Fields 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](http://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, muddy 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 95°F are unsafe for physical activity. Consider alternative practice instead.
- Outdoor games and practices should be rescheduled when temperatures exceed 100°F.
- 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 is the #2 cause of death by  
weather phenomena

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

## Lightning Rules

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 playing field as it becomes more saturated with water. Stop the practice if the playing conditions become unsafe. In a game situation, consult with the other Manager and umpires to formulate a decision.

### Lighting:

If 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 whether to continue play. A rule of thumb: suspend play/practice for 30 minutes. It is the umpire's call on when to start the game.

### — Consider the following facts:

The average lightning stroke is 6-8 miles long. The average thunderstorm is 6-10 miles wide and travels at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning 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 by the time you hear the thunder, you are already in the risk area for lightning strikes. FLASH-BANG METHOD One way of determining how close a recent lightning strike is to you, is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows. Half-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less. RULE OF THUMB The ultimate truth about lightning is that it is unpredictable and cannot be prevented.

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

### Where to go?

No place is absolutely safe from the lightning 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, crouch 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 do if someone 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** If possible, move the victim to a safer place. An active thunderstorm is still dangerous. Don't let the rescuers become

victims. Lightning CAN strike the same place twice.



## STAY INFORMED

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

FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

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

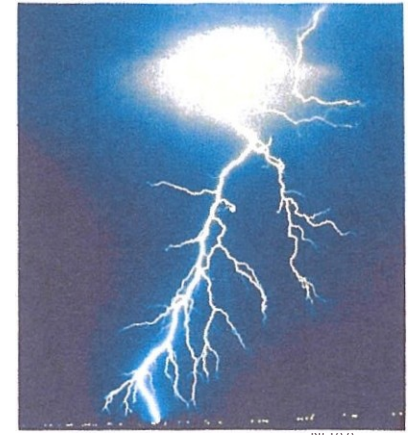
**Lightning Safety Awareness Week** is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

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

or contact us at:

National Weather Service  
4899 South Complex Drive SE

## Coach's and Parents' Official's Guide to Lightning Safety...



**LIGHTNING...**

Grand Rapids, MI 49512-4034

This brochure originally authored by WFO Gray ME

# *the underrated killer*

## A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND  
ATMOSPHERIC  
ADMINISTRATION

NATIONAL WEATHER

Service

).

*i*

SERVICE



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

# LIGHTNING 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 in jeopardy.

*It is important for coaches and officials to know some basic facts 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 If you 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 exposing athletes and spectators to the risk of lightning take the following precautions*

- U Postpone activities if thunderstorms 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. If you 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. If a 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 heard.
- 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.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.

## 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 mail to the insurance representative. If the Safety Officer is unavailable, the President is 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. This includes 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, Derek Howington, can be reached at 276-345-8200 or email at [dhowington@nelbro.com](mailto:dhowington@nelbro.com).

Tazewell Little League, Inc  
PO Box 988  
North Tazewell, VA 24630

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in  
Baseball / Softball.

#### WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is 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 deductible applies for all claims, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. If your child sustains a covered injury 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 (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the 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 claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice of Denial for each charge directly to Little League International, 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 requiring the 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 one injury to any one insured. 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 not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the injury 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 helpful providing a better understanding of the operation of the Little League insurance program.

Derek  
Howington  
TLL Safety Officer

Roger VanDyke  
TLL President



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (US)

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

|   |     |   |   |
|---|-----|---|---|
| League Name                                     |     | League I.D.                                     |   |
| <b>PART 1</b>                                   |     |   |   |
| Name of Injured Person/Claimant                 | SSN | Date of Birth (MM/DD/YY)                        | Age      Sex<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name of Parent/Guardian, if Claimant is a Minor |     | Home Phone (Inc. Area Code)<br>(    )    (    ) | Bus. Phone (Inc. Area Code)<br>(    )    (    )                               |
| Address of Claimant                             |     | Address of Parent/Guardian, if different        |   |

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

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

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

|                  |                  |                |
|------------------|------------------|----------------|
| Date of Accident | Time of Accident | Type of Injury |
| DAM    DPMI      |                  |                |

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

Check all applicable responses in each column:

|   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-8)             | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)   |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         |  |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAMED  | <input type="checkbox"/> SPECIAL GAME(S)<br>(Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |  |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |  |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |  |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |  |

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

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

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

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

### For Residents of California:

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

... PART 2 LEAGUE STATEMENT (Other than Parent or Claimant) ... TC ...

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

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

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

| SITON WHEN INJURED |    |              | NJURY |    | PART OF BODY  |   | CAUSE OF NJURY |                      |
|--------------------|----|--------------|-------|----|---------------|---|----------------|----------------------|
| Lr                 | 01 | 1ST          | D     | 01 | ABRASION      | D | 01             | BATTED BALL          |
| D                  | 02 | 2ND          | D     | 02 | BITES         | D | 02             | BATTING              |
| D                  | 03 | 3RD          | D     | 03 | CONCUSSION    | D | 03             | CATCHING             |
| D                  | 04 | BATTER       | D     | 04 | CONTUSION     | D | 04             | COLLIDING            |
| D                  | 05 | BENCH        | D     | 05 | DENTAL        | D | 05             | COLLIDING WITH FENCE |
| D                  | 06 | BULLPEN      | D     | 06 | DISLOCATION   | D | 06             | FALLING              |
| D                  | 07 | CATCHER      | D     | 07 | DISMEMBERMENT | D | 07             | HIT BY BAT           |
| D                  | 08 | COACH        | D     | 08 | EPIPHYSES     | D | 08             | HORSEPLAY            |
| D                  | 09 | COACHING BOX | D     | 09 | FATALITY      | D | 09             | PITCHED BALL         |
| D                  | 10 | DUGOUT       | D     | 10 | FRACTURE      | D | 10             | RUNNING              |
| D                  | 11 | MANAGER      | D     | 11 | HEMATOMA      | D | 11             | SHARP OBJECT         |
| D                  | 12 | ON DECK      | D     | 12 | HEMORRHAGE    | D | 12             | SLIDING              |
| D                  | 13 | OUTFIELD     | D     | 13 | LACERATION    | D | 13             | TAGGING              |
| D                  | 14 | PITCHER      | D     | 14 | PUNCTURE      | D | 14             | THROWING             |
| D                  | 15 | RUNNER       | D     | 15 | RUPTURE       | D | 15             | THROWN BALL          |
| D                  | 16 | SCOREKEEPER  | D     | 16 | SPRAIN        | D | 16             | OTHER                |
| D                  | 17 | SHORTSTOP    | D     | 17 | SUNSTROKE     | 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

For 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 15 Hwy

P.O. Box 3485

Williamsport, Pennsylvania 17701 0485

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

(LEXINGTON USE ONLY)

CN \_\_\_\_\_

Telephone immediate notice to Little League® International \_\_\_\_\_

Insured

Name of League \_\_\_\_\_

League I.D. Number \_\_\_\_\_

Name of League official who signed \_\_\_\_\_

(Used as location code) \_\_\_\_\_

Address of League Official (Street, City, State, Zip) \_\_\_\_\_

Phone No. (Res.) \_\_\_\_\_

Phone No. (Bus.) \_\_\_\_\_

Time and  
Zip) Place of  
Accident

Date of Accident \_\_\_\_\_

Hour \_\_\_\_\_

DAM

O PM

Accident occurred at (Street, City, State, \_\_\_\_\_

Answering out of operation on scene at \_\_\_\_\_

Was Police Report made? If yes, where?

☐ Yes

☐ No

Description  
of Accident

State cause and describe facts surrounding accident (Use reverse side if needed)

Who owns Premises \_\_\_\_\_

Person in charge of Premises \_\_\_\_\_

Coverage  
Data

Limits \_\_\_\_\_

Did you provide or authorize medical attention? ☐ Yes ☐ No

Description of Injury \_\_\_\_\_

Elevator: \_\_\_\_\_

Yes

Products: \_\_\_\_\_

Yes

Cont: \_\_\_\_\_

Yes

Policy Dates: \_\_\_\_\_

Begin: \_\_\_\_\_

Where was the injured taken  
after  
accident? \_\_\_\_\_

Is there any other insurance applicable to this risk?

☐ Yes

☐ No

Property  
Damage

Name of Owner \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Description of Property \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Nature and Extent of Damages and Estimate of Repair \_\_\_\_\_

Phone No. (Res) \_\_\_\_\_

Insured  
Person  
and  
Injuries

Name \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_

☐ Married

Phone No. (Bus) \_\_\_\_\_

☐ Single

Employers Name and Address \_\_\_\_\_

Attending Doctor's Name and Address \_\_\_\_\_

End:

Witnesses:

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

|                    |                               |                    |
|--------------------|-------------------------------|--------------------|
| Date of<br>Report: | Signature of League Official: | Position in League |
|--------------------|-------------------------------|--------------------|

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



### Applicable in Arizona

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

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

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### Applicable in California

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

### Applicable in Colorado

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

### Applicable in Florida, 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 League FIELD AND GAME SAFETY CHECKLIST

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

| Field Condition              | Repairs Needed? |    | Catchers Equipment   | Repairs Needed? |    |
|------------------------------|-----------------|----|----------------------|-----------------|----|
|                              | Yes             | No |                      | 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          |                 |    | Bats inspected       |                 |    |
| 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              |                 |    |                      |                 |    |

SAFETY FIRST

## 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):

- ℄ Baseball glove (mandatory)
- ℄ Baseball hat or visor (mandatory)
- ℄ Baseball "cup" supporter for boys (mandatory)
- ℄ Mouth guard (optional, but strongly recommended)
- ℄ Batting helmet with face guard (optional)
- ℄ Batting glove (optional)
- ℄ Bat (optional)
- ℄ »Protective« eye glasses (optional and must meet LL rules)
- ℄ Eyeglasses strap (optional)
- ℄ Rubber baseball/softball cleats
- ℄ Tennis shoes (T-ball)
- ℄ Sweatshirt and/or windbreaker
- ℄ Baseball practice pants or sweat pants
- ℄ 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

- a. Managers will be given appropriate equipment and facility keys for their team as documented.
- b. 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.
- c. 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 it is 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

276-970-5148 or [jlowe@tazewell.k12.va.us](mailto: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 in 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 athlete is 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 it's 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 THE M H Y D R A T E D , KEEP THEM SAFE

## 5 TIPS TO HELP ATHLETES STAY HYDRATE

1

### KEEP HYDRATION TOP OF MIND

- Remind athletes to check urine color before practice, if it's the color of pale lemonade, that's a 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.

2

### 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.

3

### 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.

4

### 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.

5

### KEEP A RECOVERY SCHEDULE

- 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 if possible.



### THE SYMPTOMS OF DEHYDRATION:

|          |                  |
|----------|------------------|
| NAUSEA   | LIGHT-HEADEDNESS |
| HEADACHE | VOMITING         |
| WEAKNESS | FAINTING         |

FATIGUE / EXHAUSTION  
LOSS OF MUSCLE COORDINATION / DECREASED PERFORMANCE  
POOR CONCENTRATION / ALTERED MENTAL STATUS

**GATORADE**

THE SPORTS FUEL COMPANY

Gatorade and G Design are registered trademarks of S-VC, Inc. 020175-VC, Inc.

## 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 140°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!!!**



## SPECIF. ALLFIELD QUESTIONS

- Please list all fields by name.

Field identification <List your ballfields 1-20) Use additional forms if more than 20 fields.

## 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* Annual field inspections, please complete

This form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter



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

[illegible]

[illegible]

[illegible]

## 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                        | 200                          | 200    | 200   | 12        | 10                            | 10  | 10                 | 10                            | 10  | 10                 |
| 2         | 6                        | 200                          | 200    | 200   | 12        | 10                            | 10  | 10                 | 10                            | 10  | 10                 |
| 3         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 4         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 5         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 6         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 7         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 8         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 9         |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 10        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 11        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 12        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 13        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 14        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 15        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 16        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 17        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 18        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 19        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |
| 20        |                          |                              |        |       |           |                               |     |                    |                               |     |                    |

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 a field 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 2024 Tazewell Little League Season!*



# **APPENDIX 1**

## **FORMS**



# Little League Baseball and Softball MEDICAL RELEASE



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN AUTHORIZATION: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, 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 \_\_\_\_\_ D#: \_\_\_\_\_

\_\_\_\_\_ League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_

\_\_\_\_\_ League/Group D#: \_\_\_\_\_ 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 |
|-------------------|------------|--------|-----------|
|                   |            |        |           |
|                   |            |        |           |
|                   |            |        |           |
|                   |            |        |           |

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: I will not force my child to participate in sports.

21. I will remember that children participate to have fun and that the game is for youth, not adults.
22. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
23. I will learn the rules of the game and the policies of the league.
24. 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.
25. 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.
26. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
27. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
28. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
29. 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.
30. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. Will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

**Player Name** \_\_\_\_\_

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.*

2. I will treat my fellow teammates, opposing players, Managers, Coaches, officials, and all team parents with RESPECT AND DIGNITY.

3. I will offer positive encouragement and assistance to my teammates.

4. I will refrain from using profane language, obscene gestures, taunting or yelling at teammates, opposing players, Managers, Coaches, officials, or parents AT ALL TIMES.

5. 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.

6. I understand that TEAMSPIRIT 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.

7. 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 HeadsUp 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 III**  
**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,

Derek Howington  
Safety Officer, Tazewell Little League

Softball / Baseball

TEAM: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPENDIX IV**  
**INCIDENT / INJURY TRACKING**  
**REPORT**  
**FORM**

For local league Use Only

## Activities/Reporting

A Safety Awareness Program's Incident/Injury  
Tracking Report

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

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: ☐ Male ☐ Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents Name (If Player): \_\_\_\_\_ Work Phone: ( \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

Incident occurred while participating in:

☐ A.) DBaseball ☐ O Softball ☐ o Challenger ☐ OTAD  
☐ B.) O Challenger ☐ O T-Ball ☐ D Minor ☐ DMajor ☐ DIntermediate (50/70)  
☐ D Junior ☐ D Senior ☐ O Big League D  
☐ C.) D Tryout ☐ D Practice ☐ Game ☐ DTournament ☐ D Special Event  
☐ O Travel to ☐ D Travel from ☐ O Other (Describe): \_\_\_\_\_

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

☐ D Batter ☐ D Baserunner ☐ DPitcher ☐ DCatcher ☐ O First Base ☐ D Second  
☐ D Third ☐ O Short Stop ☐ D Left Field ☐ O Center Field ☐ D Right Field ☐ O Dugout  
☐ O Umpire ☐ D Coach/Manager ☐ O Spectator ☐ O Volunteer ☐ D Other: \_\_\_\_\_

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

☐ A.) On Primary Playing Field ☐ B.) Adjacent to Playing Field ☐ D Off Ball Field ☐ D  
☐ O Base Path: ☐ O Running or ☐ D Sliding ☐ Seating Area ☐ Travel:  
☐ Hit by Ball: ☐ O Pitched or ☐ D Thrown or ☐ O Batted ☐ D Parking Area ☐ D Car or ☐ D Bike or  
☐ Collision with: ☐ D Player or ☐ Structure ☐ C.) Concession Area ☐ D Walking  
☐ D Grounds Defect ☐ O Volunteer Worker ☐ 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 Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Usability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GlycolClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GlycolClaimForm.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.