



SAFETY PLAN

2025-2026

FPLL Safety Officer	Erika Leahy	209-304-1968	president@ffpll.org
District 53 Safety Officer	Tom Ferguson	(707) 337-4949	Tommy9erfn@aol.com

IN THE EVENT OF AN EMERGENCY Dial 9-1-1	
Fairfield - Fire	(707) 428-7375
Fairfield - PD (Non-Emergency)	(707) 428-7400

NEAREST HOSPITAL WITH EMERGENCY SERVICES	
North Bay Health Medical Center	1200 B Gale Wilson Blvd.
NEAREST URGENT CARE	
Sutter Urgent Care	2702 Low Ct.

Poison Control	(800) 222-1222
Gas/Electric Emergency	(800) 743-5000
Solano Public Health Department	(707) 784-8600



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OVERVIEW

Fairfield Pacific Little League (FPLL) has created the Safety Awareness Program (ASAP) with a mission to maintain a high standard of safety, striving to operate the safest league possible, in alignment with Little League International, for the benefit of the players we serve.

Along with all other aspects of the game, Safety is a Team Sport!

MISSION STATEMENT

FPLL, is a non-profit organization, established in 1961. FPLL believes in fostering teamwork, sportsmanship, and a love for the game. We offer programs tailored to all skill levels, from T-ball for our youngest players to competitive divisions for those ready to take their game to the next level. Our dedicated volunteers, coaches, and supporters work tirelessly to ensure every child has the opportunity to develop their skills, build confidence, and create lasting memories on and off the field.

REVIEW AND DISTRIBUTION

The FPLL board is committed to reviewing and enhancing our Safety Plan on an annual basis. This plan will be issued prior to beginning of each season in the following way.

All Board Members – At the first Board meeting the year

All Team Managers/Coaches – At the first Coaches' meeting

All Umpires – At the first Board meeting the year

All Volunteers – A link will be included with registration and is available on website

All Parents – A link will be included with registration and is available on website

2025 BOARD DIRECTORY

Position	Name	Email	Phone Number
President	Erika Leahy	president@ffpll.org	209-304-1968
Vice President	Vacant	vp@ffpll.org	
Secretary	Mina Curry	secretary@ffpll.org	
Treasurer	Kevin Seva	treasurer@ffpll.org	
Safety Officer	Erika Leahy	safety@ffpll.org	
Player Agent	Dena Ray	playeragent@ffpll.org	
Sponsorship Officer	Vacant	sponsorship@ffpll.org	
Communications Officer	Vacant	communications@ffpll.org	
Concessions Manager	Mina Curry	snackbar@ffpll.org	
Field Maintenance Officer	Ken Leahy	maintenance@ffpll.org	707-225-4851
Equipment Manager	Kevin Seva	equipment@ffpll.org	
Umpire-In-Chief	Vacant	umpire@ffpll.org	
Coaching Coordinator	Vacant		
Multi Division Director	Vacant		
Volunteer Officer	Dena Ray	volunteer@ffpll.org	
Uniforms, Pictures and Trophies Officer	Jonathan Ocreto	uniforms@ffpll.org	
Member at Large	Kim Vorderbrueggen		

CODE OF CONDUCT

- The Little League parking lot speed limit is 5 MPH and drivers should watch for children around parked cars.
- No offensive behavior towards Umpires will be tolerated
- No alcohol, tobacco products, vaping or drug use is allowed on FPLL property
- No playing on or around field maintenance equipment.
- Keep language and conversations appropriate as children are present.
- No swinging bats or throwing baseballs within walkways or common areas.
- No throwing balls against dugouts or against backstop.
- No throwing rocks.
- No horseplay on walkways or on the playing fields at any time.
- No climbing or hanging on fencing.
- No furry friends other than service animals on FPLL property. Pets are a distraction and may create an unsafe environment.
- Only a player at bat may swing a bat.
- Observe all posted signage.
- Players and spectators must be alert for foul balls and errant throws.
- After games, each team must clean up trash in the dugout and surrounding areas.
- Players must remain in the dugout during games and act in an orderly fashion.
- During games, gates to the field must remain closed.
- After players have entered/left the playing field, gates should be closed and secured.
- Only authorized personnel are allowed inside the Concession Stand.

Little League International and FPLL wish to make it clear that tampering with bats (or any other piece of equipment) is dangerous, and the equipment must not be used in any Little League game or practice. No bat, in any level of Little League Baseball, is permitted to be altered. This is of particular concern especially when it is clearly done to enhance performance and violate bat standards.

Umpires, managers, and coaches must inspect bats before games and practices to ensure they have not been altered (littleleague.org).

Failure to comply with the above may result in expulsion from FPLL

LEAGUE EXPECTATIONS

Expectations of Players

- Be on time for practice and games.
- Always do your best whether in the field or on the bench.
- Always be cooperative and share team duties.
- Support one another by staying positive, even when mistakes happen.
- Winning matters, but only if we can also handle losing with grace — both are essential parts of the game.

Expectations of Coaches

- Be on time for practice and games.
- Be as fair as possible in giving playing time to players.
- Do your best to teach the fundamentals of the game.
- Be positive and respect each player as an individual.
- Set reasonable expectations for each player and for the season.
- Teach the players how to be a good winner and more importantly, a good loser.
- Be open to ideas, suggestions, or help.
- Any disagreements will be handled in a respectful manner.

Expectations of Parents and Family

- Come out and enjoy the game.
- Cheer to make all the players feel important.
- Allow the coach to run the team.
- Try not to question the coach's leadership.
- Understand that all players will make mistakes and so will the coach.
- Handle any disagreements in a respectful manner.
- Set a good example for Players.
- Teach your Player the value of sportsmanship.
- Do not question the coach's strategies or leadership in front of the Team.

Always be there with positive support for your player!

SAFETY TRAINING DATES

2025

California District 53 Little League Annual Safety Officer Training: 02/10/2025

FPLL Managers/Coaches Clinic

2026

California District 53 Little League Annual Safety Officer Training: TBD

FPLL Managers/Coaches Clinic: TBD

SAFETY PLAN AND TIMELINE

A Safety Awareness Program (ASAP) Safety Plan

As one measure to further our safety plan mission, FPLL and Little League International have adopted ASAP (A Safety Awareness Program) to improve and continue to provide a safe environment for all participants in Little League Baseball.

This FPLL Safety Plan outlines specific safety issues, League procedures and safety guidelines. All participants, volunteers, employees, and spectators are bound by the guidelines set forth in this Plan. A copy of the Plan can be found online in the rules and forms section of the website <https://www.ffpll.org/>.

The Role of the Safety Officer

The Safety Officer is a member of the FPLL Board of Directors, appointed by the Board as the primary contact for the execution of this Safety Plan. The position is responsible for the creation, annual maintenance and enforcement of the league Safety Awareness Program. The Safety Officer's responsibilities include updating the league's Safety Plan on an annual basis, coordinating a safety clinic for all managers and coaches, completing annual facility inspections, reviewing all practice and game fields for potential safety hazards, reporting any injuries and claims, and communicating with our local district and Little League International regarding any safety concerns.

Safety Officer Name	Erika Leahy
Safety Officer Cell	209-304-1968
Safety Officer Email	President@ffpll.org

ASAP

Little League International developed the ASAP program to help guide local Little League programs. ASAP includes 15 requirements that encourage best practices in support of a rewarding, and safer, Little League experience.

FPLL has developed this Safety Plan to provide important information to board members, managers, coaches, players, and parents. The goal of this Safety Plan is to establish guidelines that will be used by all participants and will ensure their safety.

The FPLL Board approved an annual budget for Safety in the amount of \$250. If at any time you see a possible safety hazard, please report it to the Safety Officer or Board Member right away so it can be corrected. Managers, coaches, players, parents, and/or fans with ideas, safety concerns, or additions to the Safety Plan are encouraged to share them with the Safety Officer and/or a Board Member

ASAP Timeline

May 2025 – Draft Safety Plan update was shared with the Board

August 2025 – Updated Safety Plan was submitted to Little League District 53

TBD – Updated Safety Plan was submitted to Little League International

September 2025

Date TBD - Each team will be presented with a binder which includes this Safety Plan.

Date TBD - Fall Ball commences. Safety plan monitoring begins.

Annually

The Safety will be reviewed and updated (Appendix K).

Plan Distribution

A successful Safety Plan is only worthwhile if the plan is communicated effectively to all key resources. The FPLL is committed to a transparent organization that communicates with all league participants and actively seeks feedback to improve the safety of our organization.

The Safety Officer is responsible for timely and effective communication according to the following guidelines.

Board Members

At the beginning of each season each Board Member will receive a printed copy of the current season's Safety Plan. They will help provide guidance and feedback to the Safety Officer to improve overall Safety. Each year at the end of the season, the Board will conduct a survey to review the effectiveness of our ASAP. Adjustments will be made to ASAP for review and submission for the following season.

The Safety Officer will review and finalize the season's ASAP prior to opening Registration.

All Team Managers

At the beginning of each season, all Team Managers will receive a printed copy of the ASAP at the annual coaches training meeting. The Safety Officer will review the document and outline the responsibilities of each Team Manager as the front-line support for our Safety Plan. During the meeting, all team managers will receive the Safety Plan and First Aid/Safety training.

All Team Coaches

All team coaches will receive an electronic copy of the ASAP via email from the league Safety Officer at the beginning of each season. Team Coaches are responsible for reviewing and discussing any questions with their Team Manager or Safety Officer.

All Umpires

All umpires will receive an electronic copy of the ASAP via email from the Safety Officer

at the beginning of each season. The Safety Officer will draw attention specifically to the umpires' responsibility with regards to the Field Survey prior to each game.

All Volunteers

All volunteers will receive an electronic copy of the ASAP via email or a link to the league website at the beginning of each season.

All Parents

All Parents will receive an email with a link to the league website at the beginning of each season, which will highlight the following documents:

- Safety Plan
- Code of Conduct
- League Expectations

EMERGENCY PLAN

FPLL will post all emergency contact information on our information board and in the Concession Stand.

Emergency Contact Sheets should be reviewed and updated each season to reflect the following:

1. Always call 9-1-1 first
2. Emergency Contact Sheet with field name and facility address
3. Board Member's Contact information
4. Basic First Aid guidelines and Concussion protocol should be provided
5. Local Hospital Addresses and Phone Numbers
6. Fire Departments and First Aid Contact information
7. First aid kit locations are noted on the facility map (Appendix A)

In addition, all League Emergency Contact information will be available through the league's Website

SAFETY PROTOCOLS AND PROCEDURES

All players must have a Medical Release on file with the league prior to participating in any FPLL practice or game. (Appendix B).

All managers and coaches should be familiar with the signs and symptoms of asthma, including wheezing, shortness of breath, coughing, and chest tightness, especially during physical activity (Appendix C). In addition, they should be familiar with signs of concussion and dehydration (Appendix L), CPR procedures specifically for children, ensuring they are prepared to respond quickly and appropriately in the event of a medical emergency (Appendix D). Ongoing training and certification are strongly encouraged to maintain a safe environment for all players.

Before any practice or game, a manager, coach, or umpire must walk the field to inspect for hazards (Appendix E). Any identified hazards - such as glass, rocks, or holes - must be removed before play begins.

Accident Reporting Procedures

An accident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment or First Aid, must be reported to the Safety Officer and/or the Board President immediately (at least within 24 hours):

Safety Officer –Erika Leahy AND/OR~ Board Secretary – Mina Curry

When reporting accidents to the Safety Officer and/or Board President, please provide the following information:

- Name(s) and phone number(s) of the person(s) involved
- Date, time, and location where the accident occurred
- A detailed description of what happened
- The type(s) of injury/illness that occurred
- Name and phone number of the person reporting the accident

Follow up

Within two days of the incident report (Appendix F), the Safety Officer will contact the injured party or the party's parents to:

- Verify the information received.
- Obtain any other needed information.
- Check on the status of the injured party and check in periodically
- Provide all parties with the FPLL Insurance Information (if necessary).
- Communicate with the Board regarding the incident.
- Make any required safety updates to prevent further incidents of this kind.

In the event that the injured party required medical treatment (i.e., Emergency Room

visit, doctor's visit, etc.) the Safety Officer will advise the parent or guardian of FPLL insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall:

- Check on the status of the injured party.
- Determine if any other assistance is necessary.

The Safety Officer is also responsible for completing the Accident Notification Form (if required) (Appendix G). This Form will be generated and sent to Little League Headquarters (*Little League International – Attn: Risk Management Department, PO Box 3485, Williamsport, PA 17701-0482*) and reported to the District Safety Officer when required.

Volunteer Application

Player Safety is of the utmost concern for the FPLL. Little League organizations such as FPLL are operated by a Board of Directors and volunteers. Although we are a small community and know most volunteers very closely, we still must protect our players from abusive people and sexual predators.

Therefore, FPLL requires that all volunteers complete a Volunteer Application (Appendix H) and be subjected to a background check before they are granted permission to work within FPLL. The process is simple and 100% online and FPLL will enforce 100% compliance with no exceptions. Volunteers are required to comply with the background check process on an annual basis

Background Checks

Little League® regulations require that all Managers, Coaches, Board of Directors, Volunteers and other persons deemed by FPLL to have repetitive access or contact with players or teams complete and submit to a national criminal background check. This may include a check review of sex offender registries, child abuse and criminal history records.

To learn more about the background check process please visit the Little League International <https://www.littleleague.org/player-safety/child-protection-program/jdp-integration-with-sports-connect/>

FPLL complies with Little League International policy and utilizes the recommended background check service JDP. FPLL uses the Sports Connect platform for player registration, as such JDP has a seamless integration which allows individuals to complete their Volunteer Application/background check during the player registration.

For any individual who completes a paper Volunteer Application, the Safety Officer will enter the application into the Background Check System. The Safety Officer will also monitor the status of all applications and communicate with the President, team managers and coaches about the status of all volunteers.

Background Check Procedures

All managers, asst coaches and volunteers must complete a LIVESCAN background check. If the results include any records suggesting the person may pose a risk to players, the Safety Officer will consult with the President for guidance on whether the volunteer should be cleared to participate. The volunteer's identity will remain confidential during this discussion.

If a decision cannot be made, the President will contact the District Administrator for guidance.

Possible Triggers for Unacceptable Application

Some crimes that would cause a volunteer to not be cleared for service in FPLL include:

- Child Abuse (of any degree or type)
- Child Molestation or any sexual or inappropriate interactions with minors
- Endangerment and Neglect of a Child; Risk of Injury to a Child
- Domestic Violence
- Violent Crime (of any kind)
- Terrorism or Terrorist Threats
- Stalking
- Restraining/Protective Order

Volunteer Background Check Data will remain confidential and secure. Managers and coaches that do not have appropriate documentation and paperwork will not be permitted to volunteer, coach, or attend league sanctioned events in any participatory manner.

MEDIA AND LIKENESS USAGE

At FPLL, we understand that families attending our games and supporting our league love to share videos and pictures of the events on social media. While we welcome enthusiasm, it is important to follow best practices to respect the privacy and preferences of our player's families. Some families have opted out of allowing the league to photograph or share images of their players for various reasons.

To ensure player privacy is respected, team managers and the Safety Officer will:

- Hold safety meetings with coaches and parent volunteers to review social media guidelines and the importance of protecting players' privacy.
- Distribute the Safety Plan so all members understand expectations for appropriate social media use.

Social Media Best Practices

- Only post images or videos of your player unless you have permission from the parents/guardians of other children shown.
- Do not tag or label individuals in photos or videos without their consent.
- Refrain from sharing any personal information (e.g., full names, contact details,

school names) about players online.

HEAT ILLNESS PREVENTION

To protect players, coaches, and volunteers from heat-related illnesses such as heat exhaustion and heat stroke during practices and games.

Preventive Measures

- **Hydration:** Ensure players have frequent access to water. Encourage water breaks every 15–20 minutes during activity.
- **Acclimatization:** Gradually increase practice intensity and duration during the first 7–10 days of the season.
- **Shaded Rest Areas:** Provide shaded areas (e.g., tents or dugouts) where players can rest and cool off.
- **Practice/Game Timing:** Avoid scheduling games and practices during peak heat hours (typically 12 p.m. – 4 p.m.). Prioritize early morning or evening sessions.
- **Clothing:** Encourage lightweight, light-colored, and breathable uniforms.
- **Supervision:** Coaches and volunteers must monitor players for signs of heat illness, including fatigue, confusion, dizziness, nausea, and flushed skin.

If a player, coach or volunteer shows signs of heat illness, they should be moved immediately to a cool, shaded area. Apply cool, wet cloths or ice packs to help lower their body temperature, and provide water if the individual is alert and able to drink. If symptoms indicate a possible heat stroke—such as confusion, loss of consciousness, or lack of sweating—emergency medical attention should be sought without delay.

WILDFIRE SMOKE PROTOCOL

To ensure the safety of all participants when air quality is compromised due to wildfire smoke.

Monitoring Air Quality

Designated league official or the safety officer will monitor AQI (Air Quality Index) using reliable sources such as [AirNow.gov](https://www.airnow.gov) or local air quality apps.

Air Quality Guidelines

These guidelines are intended to provide a general framework for decisions regarding outdoor activities during poor air quality conditions. The designated league official or safety officer has the authority to adjust these recommendations based on the perceived severity of air quality conditions at the fields, even if AQI readings suggest otherwise.

AQI Range	Air Quality Level	Recommended Action
0–100	Good / Moderate	Activities proceed as normal.
101–150	Unhealthy for Sensitive	Modify practices to reduce intensity and limit

AQI Range	Air Quality Level	Recommended Action
	Groups	exposure time. Closely monitor players with asthma or other respiratory conditions.
151–200	Unhealthy	Cancel or postpone all outdoor activities.
201+	Very Unhealthy / Hazardous	All outdoor activities are canceled. Indoor facilities may be used only if properly filtered and ventilated.

Air quality conditions and any related decisions, such as modified activities or cancellations, will be communicated promptly to families through email, text alerts, or official league communication apps to ensure everyone stays informed and safe.

FIRST AID

First Aid Training

FPLL will provide all Team Managers and Board Members with basic First Aid awareness training. Training will be provided by the Red Cross, Fairfield Fire Department or through an online training portal. The training is required annually by all Team Managers and recommended for any league coaches and umpires. First Aid training will be provided annually at the coaches' meeting prior to equipment being distributed to the team. First Aid training is valid for three years, however, each team must have one team representative (manager, coach, team mom) trained annually.



Injuries Requiring Ice

All coaches are provided with a first aid kit and instant ice packs. FPLL keeps additional first-aid kits, and instant ice packs in the Concession Stand. Each team is **REQUIRED** to bring the first aid kit and ice packs to all league sanctioned events (team practices, games, tournaments, etc.).

Coaches are provided with instant ice packs and additional ice packs are available in

the Concession Stand when needed. For away games, coaches will ensure they have sufficient ice packs on hand.

Please follow accident reporting protocols when any injury requiring ice is needed. If the injury is severe, please call 9-1-1.

RULES

Board Members, Coaches and Umpires are all responsible for following the Official Little League Rules and Equipment regulations. A copy of the latest little league rule book will be included in each team equipment bag.

Coaches should make sure they understand the rules for their divisions. Coaches will also be made aware of any local rules that may be in effect for the season.

Coaches must be sure to strictly follow the guidelines for Pitcher and Catcher rest days. These rules are written to prevent long-term injury to our athletes.

Additional Information is also available online at:

<http://www.littleleague.org/learn/rules.htm>

Little League now offers a Rules App that is available in a Phone application. FPLL will reimburse all coaches and team managers for reasonable costs of this application.

<https://www.littleleague.org/playing-rules/little-league-rulebook-app/>



SAFETY CARDS

Every Coach and manager must have a valid Safety Card. To receive a training card, you must attend a sanctioned District 53 Safety Meeting.

Please check with the Safety Officer regarding the status of your safety clearance.

In addition to this training, you must also have YEARLY certification of the following trainings:

- Sudden Cardiac Arrest, <https://epsavealife.org/courses/coach-training>
- Concussion Protocols, <https://www.cdc.gov/heads-up/training/youth-sport.html>
- Diamond Leader; <https://littleleague.org/s/training>
- Abuse Awareness; <https://littleleague.org/s/training>

EQUIPMENT SAFETY

Our Equipment Manager and Safety Officer will review updated guidelines for all equipment used prior to the start of the season. This information will be disseminated to managers and coaches to support parents and players with securing all the necessary equipment to meet league compliance.

At the district safety meeting, managers and coaches will be trained use of the following equipment:

- First Aid Kit and accompanying safety materials
- AED machine

LEAGUE PROVIDED EQUIPMENT

League provided equipment (such as baseballs, catchers gear, gloves etc.), will be inspected for safety and compliance. Any parents that provide equipment for their children can seek the input and approval for compliance of the Safety Officer. The Safety Officer may inspect equipment before, during or after a game to ensure compliance.

FIELD SURVEY

A Field Survey will be conducted at least annually to ensure compliance and safety. Some of the Survey points include but are not limited to:

- Bases
- Pitcher's mound
- Batter's box
- Dugouts
- Bleachers
- Infield
- Outfield
- Baselines

Each year the Safety Officer and Facilities Manager will complete an Annual Facilities Assessment (Appendix B) to check all areas of the field. The status of the fields will be shared with the Board and on the league website.

CONCESSION STAND PROTOCOLS

FPLL values the health and safety of all supporters and members of our league. Therefore, our approach to concession stand safety is focused on high quality service and safety/cleanliness protocols.

FPLL operates a basic concession stand which is located between the two fields. This concession stand consists primarily of pre-packaged food, drinks, and snacks. There is also a grill that is used for the preparation of hot dogs. The concession stand is

operated by volunteers. All concessions volunteers are provided with a list of Opening/Closing procedures and Concession Stand Food Safety Procedures will be posted on the inside wall of the concession stand (Appendix H).

Volunteers working in Concessions must comply with the following:

- Use soap and water to wash hands regularly
- Use of gloves when handling non-packaged foods.
- Ensure that any food products that require cooking are sufficiently cooked.
- All foods will be stored in the correct container and at the correct temperatures.
- Expiration dates of all perishable items are checked regularly, and expired foods are disposed of.
- Cooking surfaces, common areas and cooking utensils are regularly cleaned
- All perishable food that is prepared but not sold shall be thrown out.
- Only adults shall operate cooking devices.

Training will be provided to volunteers on how to operate all cooking devices prior to usage.

All non-adult volunteers will be supervised. No underage volunteers will be left unsupervised for any period.

All parent volunteers within the concession stand shall wash their hands with soap and water after using the restroom. Any volunteer with open sores, cuts, or oozing skin conditions may be prevented from working in the cooking/food handling area unless the areas that are affected are protected and covered to prevent possible contamination.

A fire extinguisher is available for emergency use in the concession stand. Volunteers will be instructed on the usage. (Appendix J).

All fire extinguishers:

- Must be checked annually and services as needed
- Will be refilled/recharged or changed out after usage or if deemed necessary to replace.

All Concession volunteers will review how to use a fire extinguisher.





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)/Legal Guardian Name: _____ Relationship: _____

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
_____	_____	_____
_____	_____	_____

Name	Phone	Relationship to Player
_____	_____	_____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Asthma Emergency Signs

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

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

Asthma is different for every person.

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

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

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

HANDS-ONLY CPR

FOR WITNESSED SUDDEN COLLAPSE



1. CHECK and CALL

1. **CHECK** the scene, then **CHECK** the person.
2. Tap on the shoulder and shout, "Are you okay?" and quickly look for breathing.
3. **CALL** 9-1-1 if no response.
4. If unresponsive and not breathing, **BEGIN CHEST COMPRESSIONS**.

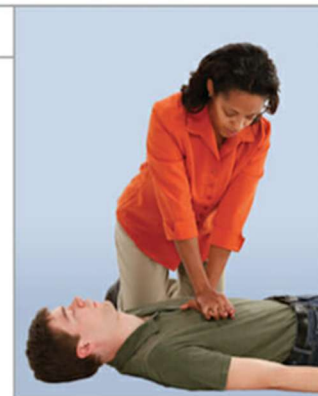
TIPS:

- Whenever possible use disposable gloves when giving care.
- Occasional gasps are not breathing.



2. GIVE CHEST COMPRESSIONS

1. Place the heel of one hand on the center of the chest.
2. Place the heel of the other hand on top of the first hand, lacing your fingers together.
3. Keep your arms straight, position your shoulders directly over your hands.
4. Push hard, push fast.
 - Compress the chest at least 2 inches.
 - Compress at least 100 times per minute.
 - Let the chest rise completely before pushing down again.
5. Continue chest compressions.



3. DO NOT STOP

Except in one of these situations:

- You see an obvious sign of life (breathing).
- Another trained responder arrives and takes over.
- EMS personnel arrive and take over.
- You are too exhausted to continue.
- An AED is ready to use.
- The scene becomes unsafe.

AED AUTOMATED EXTERNAL DEFIBRILLATOR

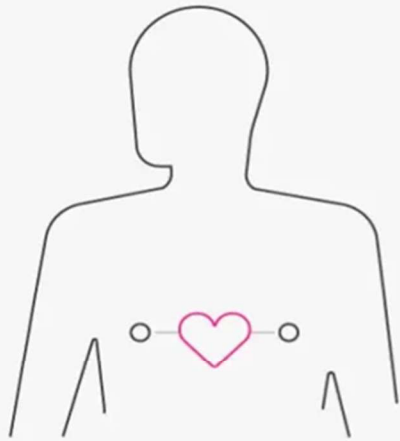
If an AED is available:

1. Turn on AED.
2. Wipe chest dry.
3. Attach the pads.
4. Plug in connector, if necessary.
5. Make sure no one is touching the individual.
6. Push the "Analyze" button, if necessary.
7. If a shock is advised, push the "Shock" button.
8. Perform compressions and follow AED prompts.

Go to [redcross.org](https://www.redcross.org) or call your chapter to sign up for training in full CPR, First Aid, Babysitter's Training, Pet First Aid and much more.

hand placement & position

ADULTS

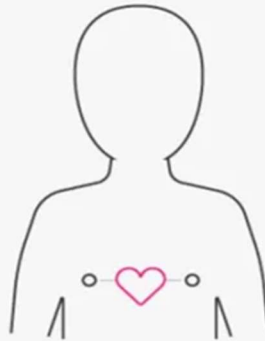


BOTH HANDS

interlocked
between nipples



CHILDREN 1 - 8



ONE HAND

between nipples



INFANTS



TWO FINGERS

just below
nipple line



chest compressions



press down
2 inches



press down
2 inches



press down
1.5 inches



HEY COACH, HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

Appendix E

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: _____ - _____ - _____ Incident Date: _____
Field Name/Location: _____ Incident Time: _____
Injured Person's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: ☐ Male ☐ Female
City: _____ State: _____ ZIP: _____ Home Phone: () _____
Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City: _____

Incident occurred while participating in:

A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
☐ Junior ☐ Senior ☐ Big League
C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

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

Type of injury: _____

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

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

Type of incident and location:

A.) On Primary Playing Field
☐ Base Path: ☐ Running or ☐ Sliding
☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
☐ Collision with: ☐ Player or ☐ Structure
☐ Grounds Defect
☐ Other: _____
B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area
C.) Concession Area
☐ Volunteer Worker
☐ Customer/Bystander
D.) Off Ball Field
☐ Travel:
☐ Car or ☐ Bike or
☐ Walking
☐ League Activity
☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL **ACCIDENT NOTIFICATION FORM** **INSTRUCTIONS**

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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	DATE OF BIRTH (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

Date of Accident Time of Accident Type of Injury
☐ AM ☐ PM

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (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"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(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.

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

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

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

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

Date _____ League Official Signature _____



Little League® Volunteer Application – 2025

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



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

Visit LittleLeague.org/LocalBGCcheck 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 _____

Address _____ First _____ Middle Name or Initial _____ Last _____

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 (CFR, 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, pled 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 pled 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/BackgroundCheck

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 applicable, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

Review the Little League Regulation 11(c)(9) for all background check requirements

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

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

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

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

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

Last Updated: 12/4/2024

FPLL FACILITY SURVEY

Field Name:	Inspector:
Date:	Time:

Check each box stating you inspected the items listed. Any issues found, shall be included under "Notes."

<input type="checkbox"/> Holes, damage, rough, or uneven spots in field	Notes:
<input type="checkbox"/> Slippery areas, long grass	Notes:
<input type="checkbox"/> Glass, rocks, and other debris found	Notes:
<input type="checkbox"/> Damage to fence edges, or sharp fencing	Notes:
<input type="checkbox"/> Unsafe conditions around the backstop and pitching mound	Notes:
<input type="checkbox"/> Warning track condition	Notes:
<input type="checkbox"/> Dugout condition	Notes:
<input type="checkbox"/> Emergency contacts available	Notes:
<input type="checkbox"/> Bleacher cleanliness	Notes:
<input type="checkbox"/> Porta potty conditions and supplies	Notes:
<input type="checkbox"/> Concession Stand \ Condition	Notes:
<input type="checkbox"/> Parking Lot Condition	Notes:

Overall Facility Notes:

CONCESSION STAND FOOD SAFETY PROCEDURES

Concession volunteers should arrive at or before their assigned time and be prepared to stay until closing procedures are completed and/or the next volunteer arrives.

First Shift

1. Cash should be transferred to the Cash Register by the Opening Board Member.
2. Refer to the iPad menu for pricing. There are standard items for sale, and certain items available on a temporary basis (donuts, Giants tickets, pins)
3. Turn on appliances. Fill Keurig with water from the fridge, and turn on.
4. Wipe down all the counters inside and out.
5. Place napkin dispensers outside on window ledge along with hand sanitizer
6. Place laminated menu on counter window.
7. Open the window next to the register and place candy and chips out. Keep the items within your reach.
8. Keep second window closed unless there are two volunteers present.
9. Ensure that hotdogs are cooked thoroughly before serving.
10. Restock any items as needed.
11. Make sure the second shift arrives before leaving. If no one arrives contact Mina Curry for further instructions.

Hand washing

Before starting shift wash hands in concession sink with antibacterial soap and water.

You must also wash hands after:

- Using the restroom
- Handling raw food
- Smoking, sneezing, or coughing
- Touching hair, nose, or ears

Last Shift

- 1) Check inside of the refrigerator, ensure all containers of meat are sealed and that containers that have been opened are stored on the bottom shelf of the refrigerator.
- 2) Check to ensure all bags of buns and chips are closed securely.
- 3) Wipe down counters, inside and out.
- 4) Bring in condiments, napkins, and signs.
- 5) Close the window and remember to lock
- 6) Wash any dirty items
8. Empty the trash can.
- 7) Count the money in the register. Indicate the amount on the envelope that has been left for you and follow those directions. Give the envelope inside the cash box to the Board Member closing that night.

HOW TO USE A FIRE EXTINGUISHER



PULL THE PIN



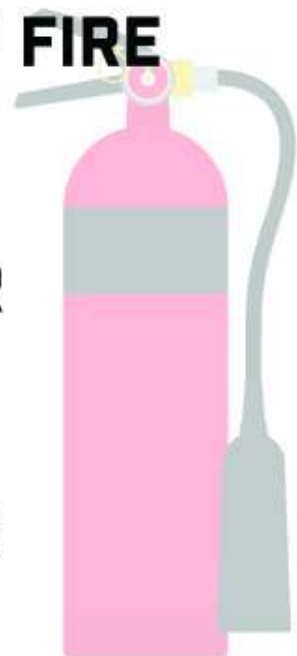
AIM AT THE BASE OF FIRE



SQUEEZE THE LEVER



SWEEP SIDE TO SIDE



THE BASICS OF Dehydration & Concussions

Prevention

- Obtain preseason screening examination by an experienced athletic trainer or physician to identify existing injuries and uncover deficiencies.
- Participate in a sports-specific conditioning program to avoid physical overload.
- Obtain high-quality equipment that fits well and is not damaged, worn-out, or undersized.
- Enforce existing rules. Players and coaches should always demonstrate sportsmanship and mutual respect for their opponents and the officials.
- Stay hydrated. Drink plenty of water and also have water available while participating in any sport.

Recognition

Concussion	Dehydration
<ul style="list-style-type: none"> ● 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 ● Do not "feel right" 	<ul style="list-style-type: none"> ● Thirsty ● Dizzy ● Irritable ● Cramps ● Feel like you are going to throw up ● Headache ● Weak ● Tired ● Dry mouth

Management

Concussion	Dehydration
<ol style="list-style-type: none"> 1. Remove athlete from play. 2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself. 3. Inform athlete's parents or guardians about the known or possible concussion. 4. Allow athlete to return to play only with permission from an appropriate health care professional. 	<ol style="list-style-type: none"> 1. Tell your athletic trainer or coach. 2. Take a time out from play. 3. Drink lots of fluids, and the right ones. Try to avoid drinks with large amounts of sugar. 4. Your athletic trainer or coach will tell you when you are able to begin play again.

Brought to you by



Concussion information is provided by the Centers for Disease Control and Prevention.



0063-0190 FEB 15

Document Control

Change Record

<i>Date</i>	<i>Author/Editor</i>	<i>Version</i>	<i>Change</i>

Reviewer

<i>Date</i>	<i>Reviewer</i>	<i>Position</i>