



“Where Safety Comes First”

2024 ASAP Manual

A Safety Awareness Program

League ID #: #447-01-20

Stanwood-Camano Little League
P.O. Box 455
Stanwood, WA 98292



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Little League® A Safety Awareness Program (ASAP)

The Little League® A Safety Awareness Program (ASAP) is a part of the organization's Child Protection program and provides local leagues with direction for best practices designed to make the Little League experience enjoyable and healthy for all participants.

Long the pacesetter in youth sports safety programs, ASAP was introduced in 1995 as a grass roots program based on the communication of ideas. Leagues are encouraged to create and implement a safety plan containing 15 basic requirements with the idea that this basic safety plan can be expanded.

This ASAP Manual can be found on the SCLL website StanwoodCamanoLL.org under SAFETY>ASAP Safety Manual. A link will be emailed to all applicable league personnel. Managers/Coaches should have access to this ASAP Manual at all Stanwood-Camano Little League (SCLL) events.

The ASAP Manual shall serve as a guide for providing our community, players, and volunteers with a safe and friendly environment to play, be happy, and grow to love the sport they desire to play again year after year!

Stanwood-Camano Little League Mission Statement

Stanwood Camano Little League (SCLL) is committed to providing a positive learning and skill building environment for our players, open communication with our parents, tools for the success of our coaches, as well as gratitude and visibility for our sponsors. Stanwood Camano Little League is here to build and sustain a long-term love of baseball and softball in our community.

Safety Mission Statement

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

Best Regards,

Stanwood-Camano Little League Safety Officer

Board of Directors

President	Bill Gable	presidentscll22@gmail.com
Vice President	Joshua Vonhagel	vicepresidentscll23@gmail.com
Secretary	Sally Flax	secretaryscll23@gmail.com
Treasurer	Victoria Vonhagel	treasurerscll20@gmail.com
Safety Officer	Chris Aker	safetyofficerscll23@gmail.com
Player Agent	Justin Edson	informationofficer24@gmail.com
Baseball Coaching Coordinator	Ned Cross	bbcoordinatorscll23@gmail.com
Softball Coaching Coordinator	Matt Downing	sbcoordinatorscll23@gmail.com
Field Coordinator	Matt Carr	fieldcoordinatorscll23@gmail.com
Equipment Manager	Bryanne Hill	equipmentmanagerscll23@gmail.com
Information Officer	Don Boland	informationofficer24@gmail.com
Sponsorship/ Fundraising Manager	VACANT	
Umpire in Chief	Theodore Corey	

Emergency Contact Information

Police/Fire/EMS Dial 911

Non-Emergency

Stanwood Police Department	(360) 629-2181
Snohomish County Sheriff	(425) 388-3411
Camano Island Sheriff	(360) 629-4523 ext. 7310
North County Fire/EMS	(360) 629-2184
Camano Island Fire & Rescue	(360) 387-1512
Poison Control	(800) 222-1222

Local Hospitals

Skagit Valley Hospital	1415 E Kincaid St, Mount Vernon	(360) 424-4111
Cascade Valley Hospital	330 S Stillaguamish Ave, Arlington	(360) 435-2133
Providence Medical Center	1700 13th St, Everett	(425) 261-2000

Local Walk-in Clinics

Everett Clinic	7205 265th St NW, Stanwood	(360) 629-1505
Skagit Regional Clinic	9631 269th St NW, Stanwood	(360) 629-1600
Skagit Regional Clinic	127 NE Camano Dr, Camano	(360) 387-5398

Stanwood Camano Little League

President	Bill Gable	(206) 250-9130
Vice President	Joshua VonHagel	(425) 446-0337
Safety Officer	Chris Aker	(425) 327-9611
Umpire in Chief	Theodore Corey	(206) 714-9140

Little League Contacts

WA District 1 Administrator	administrator@littleleaguewad1.org
WA District 1 Safety Officer	safety@littleleaguewad1.org
LL Western Regional Headquarters	(909) 887-6446
LL International Headquarters	(570) 326-1921

Background Checks

Little League International requires all leagues and districts in the United States to conduct an annual background check, including a nationwide criminal search, a search of the National Sex Offender Registry, review of the [U.S. Center for SafeSport Centralized Disciplinary Database](#) and Little League International Ineligible List. Little League preferred provider, J.D Palatine, has a Criminal File database that contains more than 600 million records, including criminal and sex offender registry records covering 50 states and the District of Columbia, as well as the review of the [U.S. Center for SafeSport Centralized Disciplinary Database](#) and Little League International Ineligible List, meeting the current Little League Regulation 1(c) 8 & 9 requirement.

Any background check that reveals a conviction for, guilty plea, no contest plea, or admission to any crime involving or against a minor must result in immediate termination from the league. If a potential volunteer appears on the National Sex Offender Registry, the league must contact the Security Manager at Little League International prior to appointing the volunteer to participate in any capacity in the league. Individuals that are listed on either of the U.S. Center for SafeSport's Centralized Disciplinary Database and/or Little League International Ineligible list are prohibited from participating as a volunteer in any capacity.

Volunteers who have repetitive access to the children or regular service to the league must complete a background check on an annual basis. Those individuals are not permitted to begin their volunteer service until that year's background check has been completed and no disqualifying offenses have been identified.

This includes all Board Members, Managers/Coaches, Parent Volunteers, and Umpires. Safety is paramount at SCLL and any deviation from the LLI requirement will not be tolerated.

Any volunteer who refuses to submit a fully completed Little League Volunteer Application, including their Social Security Number and a government-issued photo ID, will be immediately eliminated from consideration for any position.

Fundamental Training for Coaches

One Manager/Coach from each team must participate in annual fundamental training.

Location:



200 Valley Mall Way, Mount Vernon, WA 98273

January 26th 6PM and March 22nd 6PM

First Aid, CPR, & Sudden Cardiac Arrest Certification

First Aid & CPR Certification

All SCLL Managers/Coaches must complete First Aid & CPR certification and upload their Certificate of Completion during registration to qualify for consideration as a coach. This certification must be valid throughout the entire season.

First Aid & CPR training is available online here: [Adult, Child, and Infant CPR & Basic First Aid](#)

First Aid Kits

First Aid kits will be furnished by SCLL prior to the start of the season. First Aid kits must be present and accessible at all practices and games. Managers/Coaches should familiarize themselves with the inventory and use of all first aid supplies. If first aid is used, the kit should be restocked prior to the next event.

For assistance in restocking kits, contact the Safety Officer.

Sudden Cardiac Arrest

All SCLL Managers/Coaches must complete Sudden Cardiac Arrest training every three (3) years and upload their Certificate of Completion during registration to qualify for consideration as a coach. This certification must be valid throughout the entire season.

Sudden Cardiac Arrest is the number one cause of death in the United States for student-athletes during exercise. Caused by a structural or electrical problem associated with the heart, Sudden Cardiac Arrest happens when the heart unexpectedly stops beating and pumping blood.

Sudden Cardiac Arrest training can be found online from the NFHS website [here](#).

SafeSport Act (Protecting Players from Abuse) & Certification

All SCLL Volunteers (Managers, Coaches, Team Parents, Board Members, etc.) must complete annual Safe Sport Act training and upload their Certificate of Completion during registration to qualify for consideration as a coach/volunteer. This certification must be valid throughout the entire season.

In 2018, the “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation’s sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment.

Mandatory Reporting of Child Abuse

Under Washington State law, [RCW 26.44.030](#)(1)(b), When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW [5.60.060](#).

Any individual who volunteers with SCLL *must* report suspected child abuse, including sexual abuse, **within 24 hours** to the proper authorities. If a case of abuse is suspected within the league, it must be reported to the appropriate child services organization and/or local law enforcement, as well as the League President and District Administrator. **REMEMBER: If you or someone else is in immediate danger, you should call 911.**

Non-Retaliation for Good Faith Reporting

Under Washington State law, [26.44.060](#)(1)(a), Except as provided in (b) of this subsection, any person participating in good faith in the making of a report pursuant to this chapter, testifying as to alleged child abuse or neglect in a judicial proceeding, or otherwise providing information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect shall in so doing be immune from any

civil or criminal liability arising out of such reporting or testifying under any law of this state or its political subdivisions.

Investigating Suspected Abuse

If there are any allegations against an individual within SCLL, the league must immediately notify the alleged abuser that they are suspended until the end of an external investigation. The privacy rights of the victim and accused abuser must not be violated. The Board of Directors must also notify Little League International by emailing SecuritySpecialist@LittleLeague.org.

If the allegations are substantiated, SCLL must notify the alleged abuser that they are terminated from their position. SCLL must also report this to Little League International Security Manager.

Appropriate One-on-One Interaction Guidelines

An adult should not allow themselves to be alone with a minor (who is not their child) and should always position themselves in an area where they can be observed by others.

Minors must always be supervised by appointed volunteers who have completed the mandated background check. If an adult participant finds himself or herself alone with a child, he or she should remedy the situation by removing themselves to an area within an observable and/or interruptible distance of another adult over the age of 18.

Practices or Games

Encourage the Buddy System: There is safety in numbers. Encourage players to move about in groups of two or more children of similar age, whether an approved adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

If an approved adult must accompany a minor to another location, a minor of the same age or another approved adult should accompany them. All interactions between minors and adults should be observable and within an interruptible distance of another adult.

Toilet Facilities: Most Little Leaguers® can use toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. However, there can sometimes be special circumstances under which a child requires assistance to use the toilet facilities. For example, within the Tee Ball and Challenger divisions, there may be a need for adult assistance, but there should still be adequate privacy for that child and there must be another approved adult who is within an observable and/or interruptible distance from you and the child you are assisting. Again, the “buddy system” should be utilized in instances like this.

Access to Certain Facilities: Little League volunteers must not allow any minors to enter an unsecured area without reviewing the area first. Controlling access to areas where children are present, such as the dugout or locker rooms, protects them from potential abuse and/or harm by outsiders. It is not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Little League approved individuals.

Proper Supervision: Minors must always be within the visual contact of an approved volunteer and/or hired worker when outside to verify that they are not approached by a stranger or an individual who is not permitted near the minors. Also, this helps to verify that the minors are participating in safe activities. If you cannot see a player, then they are not being properly supervised. Adults should still respect the minor's privacy in shower and toilet facilities as outlined above.

Car Safety: When traveling in a vehicle with minors, adults must always have at least two minors in the vehicle.

Rides: Children dropped off too early or picked up late are potential targets. Parents should be encouraged to pick up and drop off on time. Children should be warned about the risk of strangers and how to avoid accepting rides from anyone that was not pre-arranged by their parent/legal guardian. Children should also be told to always tell someone if they are approached by a stranger for any reason, even if it seems innocent, like to help the stranger find a pet. ***If a player is left unattended after a practice/game by their parent or guardian, the coach or manager must ask another approved adult to stay behind to wait for the parent/guardian.***

Physical Contact: Physical contact between volunteers and minors should be very limited. Some examples of appropriate physical touch should be limited to high fives or administering appropriate first aid.

Prohibited One-on-One Interaction Guidelines

To minimize the chance of an individual's opportunity to groom a minor, the following practices relating to one-on-one interactions between a minor athlete and an approved adult volunteer should be followed:

- A minor athlete must not be left unattended or unsupervised at any time. The minor athlete should always be within the sight of an approved adult volunteer.
- Volunteers are prohibited from being alone with minor athletes unless: There is an emergency, there is written permission from the minor athlete's parent/legal guardian, or the volunteer is the minor athlete's parent/legal guardian, sibling, or personal care assistant.
- Volunteers should not interact one-on-one with unrelated minor athletes in settings outside the regular scope of the official Little League program (e.g., the

volunteer's home, a restaurant, a vehicle, personal communication including electronic communication).

- Minor athletes may not reside with unrelated volunteers for the purpose of participation qualification.

NOTE: If a volunteer is in a position where he/she is left alone with a player, they should not leave the child so long as the volunteer has exhausted all the options above to comply with the guidelines of the policy. Likewise, if a child is injured and must be transported to a hospital, urgent care, or treatment center, the volunteer should not leave the child alone if all options have been exhausted to comply with the policy in an emergency where medical treatment is necessary.

SCLL takes the safety of its players and volunteers very seriously. SCLL will not tolerate any form of abuse. Accusations will be swiftly reported to the proper authorities.

SafeSport information can be found on the LLI website [here](#).

Little League® Child Protection Program information can be found on the LLI website [here](#).

Concussion Awareness & Certification

All SCLL Managers/Coaches must complete annual Concussion Awareness training and upload their Certificate of Completion during registration to qualify for consideration as a coach. This certification must be valid throughout the entire season.

A concussion is a mild form of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head to move rapidly back and forth. Doctors may describe these injuries as “mild” because concussions are usually not life-threatening. Even so, their effects can be serious. Understanding the signs and symptoms of a concussion can help you get better more quickly.

Children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

Concussion Signs Observed

- Cannot recall events *prior to* or *after* a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.

Concussion Symptoms Reported

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

When in Doubt, Sit Them Out!

Additional information about concussions can be found on the CDC website [here](#). For the safety and health of our players, please take your time and familiarize yourself with all the aspects of this potentially serious injury.

Photo ID Badges

Stanwood Camano Little League requires Photo ID Badges for all Managers, Coaches, Team Parents, Board Members, Umpires and any other persons, volunteers or hired workers who provide regular service to the league and/or have repetitive access to or contact with players or teams. Individuals will be issued a new badge annually after they have been cleared by a background check.

Individuals must wear their Photo ID Badge during all SCLL games, practices, and events in which they are volunteering. Individuals must present and/or surrender it to the SCLL Board of Directors upon request.

Should a SCLL volunteer forget their badge they will **NOT** be allowed on the field or around the SCLL players. There are no exceptions. It is the manager/coach's responsibility to make sure that all team volunteers wear their league issued Photo ID badge prior to coming in to contact with the players and failure to do so may result in disciplinary action of the manager/coach.

Should an individual be on the field or in the dugout with the players and does not have a current league issued Photo ID badge, they shall exit the field of play and retrieve their badge, or they may be subject to further disciplinary action. Photo ID Badges are the property of SCLL and may not be duplicated.

Incident/Injury Reporting Procedure

For an incident or injury occurring to anyone affiliated with SCLL that leads to medical treatment or first aid, the Safety Officer should be contacted as soon as reasonably possible.

Within **24 hours** of an incident or injury, an Incident/Injury Tracking Form must be completed and emailed to the Safety Officer. Upon receiving an Incident/Injury Tracking Form, the Safety Officer will contact the person(s) involved and:

- Check on their status and well-being.
- Verify the information received.
- If the injured person(s) required medical care such as an Emergency Room or Doctors visit, the Safety Officer will inform them of the Little League insurance coverage and offer assistance for submitting any claims.

Incident/Injury Tracking Form

The incident/injury tracking form can be found on the LLI website [here](#).

How to Submit an Accident Insurance Claim

Notification of a claim for an eligible member under the league's Accident Insurance should be filed with Little League International (LLI) within 20 days of the incident. Once LLI receives the complete claim form, the claimant will be assigned a claim number for any information that is submitted for the accident. The claim form should be submitted as soon as possible so LLI can begin a record of the accident and then the claimant can submit all itemized bills (includes procedure and diagnosis codes) from the medical providers as well as any primary insurance explanation of benefits (if applicable) for any treatments for the accident.

Steps for completing an Accident Insurance Claim can be found on the LLI website [here](#).

Accident Claim Form can be found on the LLI website [here](#).

When submitting a claim, please do so by mail. LLI cannot accept via email or fax as the claim form includes sensitive information. Please do not use the A Safety Awareness Program (ASAP) Injury/Incident Tracking Report form to file an Accident Insurance claim. This form is for internal SCLL use only and does not constitute filing an insurance claim.

Team Parent, Dugout Behavior, & Restroom Use

Team Parent

During the first week of practice, each team should choose a Team Parent. The individual(s) must register with SCLL and complete a background check and Protecting Students from Abuse course to qualify for consideration as a Team Parent. The volunteer(s) will receive a Photo ID badge and follow all applicable rules of use. The individual(s) selected should be present at all practices and games as much as possible.

The role of the Team Parent include:

- Assisting the coach with dugout behavior and ensuring that players are not wandering off.
- Assisting in safe and supervised restroom use.
- Helping to oversee that players are only released to their parent or guardian.
- Encouraging coaches, players, and parents to uphold the Parent Code of Conduct and Little League Rules.
- Identifying and reporting potential safety concerns to the Safety Officer.

Dugout Behavior

In accordance with Little League rule 3.17, players and substitutes shall sit on their team's bench or in the dugout unless participating in the game or preparing to enter the game. No one except eligible players in uniform, a manager, and not more than two coaches (Tee Ball/ Minor League Instructional Division: three coaches) shall occupy the bench or dugout.

To limit potential injury and increase safety, SCLL requires all players to remain on the team bench, inside the dugout, or on the field, unless a player has been released to their parent/guardian for restroom use, or to go home.

Restroom Use

Parents/Guardians must be fully responsible for escorting their child to and from the restroom. If a parent/guardian will be absent, they must inform the team parent and/or coach to which adult "on site" has full responsibility for assisting their child.

Lightning Safety

Lightning can strike long before it starts raining! In fact, many lightning strike victims are hit before rain begins. Lightning can strike over 10 miles away from a thunderstorm, so action needs to be taken before the wet weather arrives.

If you hear thunder or observe threatening skies, immediate action is required! It is not safe to be outside when lightning is in your area. Dugouts and pavilions do not provide safe cover during thunderstorms, and never seek shelter under a picnic shelter, under bleachers, or in a shed.

When lightning threatens, seek safety in a sturdy building that has plumbing and electricity. If this is not an option, seek shelter in a hard-topped vehicle with the windows up. While in the vehicle, do not touch anything metal, or any electronics.

It is safe to head back to the field 30 minutes after the thunder and lightning has ended.

What should be done if someone is struck by lightning?

Most lightning strike victims can survive a lightning strike; however, medical attention may be needed immediately – have someone call for medical help. Victims do not carry an electrical charge and should be attended to at once. In many cases, the victim's heart and/or breathing may have stopped, and CPR may be needed to revive them. The victim should continue to be monitored until medical help arrives; heart and/or respiratory problems could persist, or the victim could go into shock. If possible, move the victim to a safer place away from the threat of another lightning strike.

Heat Related Illness

Heat Stroke

<i>What to look for:</i>	<i>What to do:</i>
<ul style="list-style-type: none">• High body temperature (103°F or higher)• Hot, red, dry, or damp skin• Fast, strong pulse• Headache• Dizziness• Nausea• Confusion• Losing consciousness (passing out)	<ul style="list-style-type: none">• Call 911 right away-heat stroke is a medical emergency• Move the person to a cool place• Help lower the person's temperature with cool cloths or a cool bath• Do not give the person anything to drink

Heat Exhaustion

<ul style="list-style-type: none">• Heavy sweating• Cold, pale, and clammy skin• Fast, weak pulse• Nausea or vomiting• Muscle cramps• Tiredness or weakness• Dizziness• Headache• Fainting (passing out)	<ul style="list-style-type: none">• Move to a cool place• Loosen your clothes• Put cool, wet cloths on your body or take a cool bath• Sip water <p>Get medical help right away if:</p> <ul style="list-style-type: none">• You are throwing up• Your symptoms get worse• Your symptoms last longer than 1 hour
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Heat Cramps

<ul style="list-style-type: none">• Heavy sweating during intense exercise• Muscle pain or spasms	<ul style="list-style-type: none">• Stop physical activity and move to a cool place• Drink water or a sports drink• Wait for cramps to go away before you do any more physical activity <p>Get medical help right away if:</p> <ul style="list-style-type: none">• Cramps last longer than 1 hour• You are on a low sodium diet• You have heart problems
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Heat Rash

<ul style="list-style-type: none">• Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)	<ul style="list-style-type: none">• Stay in a cool, dry place• Keep the rash dry• Use powder (like baby powder) to soothe the rash
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Hydration

Managers/Coaches are encouraged to bring water, but parents and players are responsible for providing themselves with hydrating fluids at all practices and games.

Do not wait until you feel thirsty to drink. Make sure you are drinking fluids all day whether you are thirsty or not.

Have between 6 and 8 cups of fluids a day. If temperatures are high drink more.

Do not skip meals. You typically get a lot of your fluids from regular meals.

Drink water or sports drinks but avoid high-protein drinks, they can dehydrate you.

Eat a balanced diet that includes fruit and vegetables. They contain substantial amounts of water, salt, and vitamins and can help prevent dehydration.

Limit coffee and caffeinated drinks. They are diuretics, so they leach water out.

Drink a cup of water 4 hours before you exercise.

Have another half-cup of water every 10 to 15 minutes while you are exercising.

Field/Equipment Inspection

Field Inspection

SCLL requires Managers/Coaches and Umpires to walk the field for hazards prior to each practice and game.

Player safety is paramount. Look for holes, divots, rocks, glass, or slippery surfaces. Even if you do not find anything or know that the field conditions are usually fine, the fact that you checked lets players and their parents know that you are diligent about player safety.

Document and report any issues needing repair to the Safety Officer.

Equipment Inspection

SCLL requires Managers/Coaches, and Umpires to inspect all playing equipment prior to every practice and game to confirm it meets the requirements of the current Official Little League Rule Book.

SCLL is responsible for purchasing and distributing uniforms, bats, and playing equipment to each team. All equipment issued by SCLL must meet the requirements of the current Official Little League Rule Book and will be inspected to insure it is safe and ready for use when issued. It is the Managers/Coaches' responsibility to maintain it.

Managers/Coaches and Umpires must ensure that players who bring their own gear meet the requirements of the current Official Little League Rule Book and have not been altered or modified in any way.

Unsafe equipment must immediately be removed from play, returned to the SCLL Equipment Manager for replacement, and properly disposed of.

Report any problems with SCLL issued equipment to the Equipment Manager.

Enforcement of Little League Rules & Regulations

SCLL requires all Managers/Coaches, and Umpires to enforce **ALL** Little League Rules & Regulations in accordance with the current Official Little League Rule Book. This is including, but not limited to:

- Proper equipment for all catchers including athletic cups for all male players.
- Catcher's helmet must have the dangling type of throat protector during infield/outfield practice, pitcher warm-up and games.
- Catcher must wear a catcher's mitt... (rule 1.12)
- The on-deck position is not permitted in LL (Major) Division and below. (1.08)
- A player must make some type of attempt to avoid being hit by a pitched ball.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp. No painting, or stickers on helmets... (rule 1.16)
- Skull caps are not permitted... (rule 1.17)
- Managers/Coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. (3.09)
- Managers/Coaches must remove the pitcher when they reach the limit for their age group, and they must adhere to the proper rest requirements.
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Managers/Coaches are encouraged to discourage "horseplay."
- Each team is allowed three coaches in the dugout...
- Players must not wear jewelry... (rule 1.11)

Concession Stand Safety

There are currently no concession stands within the boundaries of Stanwood Camano Little League.

Simple Menu - Keep the menu simple. Only use food from approved sources.

Food Thermometer - All potentially hazardous foods should be kept at 41⁰ F or below (if cold) or 140⁰ F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155⁰ F, poultry parts should be cooked to 165⁰ F.

Heating Food - Rapidly reheat potentially hazardous foods to 165⁰ F. Do not attempt to heat food in crock pots, steam tables, over a warming tray or other holding devices. Slow cooking mechanisms may activate bacteria and never reach killing temperatures.

Cooling and Cold Storage - Foods that require refrigeration must be cooled to 41⁰ F as quickly as possible and held at that temperature until ready to serve. Check the temperature periodically. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

Hand Washing - Frequent and thorough hand washing remains the first line of defense in preventing foodborne illness. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

Health and Hygiene - Only healthy workers should prepare and serve food. Workers should wear clean outer garments and use hair restraints to prevent hair from ending up in food products.

Food Handling - Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

Washing Dishware - Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash dishes in a four-step process: Washing in hot soapy water, Rinse in clean water, Chemical or heat sanitizing, and Air drying.

Ice - Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use your hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

Wiping Cloths - Rinse and store your wiping cloths in a bucket of sanitizer (1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

Submission of League Registration Data

League Registration Data will be submitted through the Little League Data Center on or before April 1 of each year.

Facility Survey

SCLL annual Little League Facility Survey submitted to Little League Data Center.

Parent Orientation

Stanwood Camano Little League (SCLL) understands the importance of keeping parents abreast of league operating procedures. SCLL also wants parents to know that proper fan behavior is a crucial part of keeping games and events enjoyable for players, volunteers, and other fans. That is why SCLL holds a Parent Orientation Program before the season begins.

Role of Parents

The parents of millions of Little Leaguers combined with their children, league officials, umpires, managers, coaches, and countless volunteer agencies including sponsors, represent an imposing cross section of our world. Parents must take the initiative to make the local program successful. Little League is not a club in which membership entails baby-sitting benefits and entertainment privileges. Practically speaking, Little League is an adult, volunteer work project constructed, supervised, and assisted by parents who want to extend the benefit to their (and your) children. The parent that shirks this responsibility cannot, in turn, expect others to assume the burden.

You, the parent and/or guardian, are equally important to your child's positive experience as the coach of the team is.

For your child to get the most out of playing, it is important that the following is adhered to:

- Be supportive of your child by giving encouragement and showing an interest in his or her team. Positive reinforcement encourages learning and fun. Try to maintain a ratio of five positive statements (compliments, positive recognition) for each negative statement (criticisms, corrections) in your comments to your player.
- Attend games and practices whenever possible. If you cannot attend, ask about your child's experience, not whether the team won or lost.
- Be a positive role model by always displaying good sportsmanship with coaches, officials, opponents, and your child's teammates. "Honoring the Game" is an important part of what Little League represents. Help us by honoring the game in your behavior as spectators.
- Let your players set their own goals and play the game for themselves. Be your child's "home court advantage" by giving your unconditional support regardless of how well they perform.
- Let the coaches' coach. Refrain from giving your child advice when he or she is playing. Use positive reinforcement with your child's coach. Let the coach know when they are doing a good job.
- Respect the decisions of the umpire. This is an important part of honoring the game. Your child will pay more attention to how you act than to what you say.
- Read the rulebook. A better understanding of the rules will help you enjoy the game and educate others. Get to know who is in charge. Meet with the leadership of the program to discuss topics such as costs, practice and game scheduling, insurance coverage, emergency procedures, etc.
- Get involved! A great way to support your child's Little League experience is by becoming a volunteer for the program. Some of the ways you can get involved: keep the scorebook, line the fields, become a team manager, etc. Ask your child's coach how you can help.

Most importantly, sit back and enjoy the game. Remember, Little League is played to enhance skills and have FUN.

Little League Parent/Volunteer Pledge:

I will teach children to play fair and do their best.
I will positively support all managers, coaches, and players.
I will respect the decisions of the umpires.
I will praise good effort despite the outcome of the game.

The Parent Code of Conduct can be found on the LLI website [here](#).

Forms

These are the online links to the forms found on the pages below:

LL Volunteer Application	page 26
LL Basic Volunteer Application	page 27
Incident/Injury Tracking Form	page 28
Accident Claim Form	page 29
Accident Claim Form Instructions	page 30-31
What Parents Should Know About LL Insurance	page 32
General Liability Claim Form	page 33
Medical Release Form	page 34



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 11(c). **THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit 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 _____

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/BgCheckLaws

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 names 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 11(c)(9) for all background check requirements

☐ JDP (includes review of the US, 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

☐ National Sex Offender Registry ☐ 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 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

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](https://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, pled 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 pled no contest or guilty to any crime(s)?
if yes, describe each in full: _____ Yes ☐ No ☐

(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)?
if yes, describe each in full: _____ Yes ☐ No ☐

(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?
if yes, explain: _____ Yes ☐ No ☐

(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/BackgroundLaws](https://littleleague.org/BackgroundLaws)

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 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) _____ Date _____

Applicant Signature _____

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

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 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

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
			<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
	<input type="checkbox"/> AM <input type="checkbox"/> 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

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

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/ Letter of Denial for each charge directly to Little League International, 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 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 \$1,500 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 in providing a better understanding of the operation of the Little League insurance program.

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

Telephone immediate notice to Little League® International

CN

(LEXINGTON USE ONLY)

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

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





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: _____

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.