



# Anderson Little League Safety Plan 2021

League #4050101

## **Requirement I – active Safety Officer**

Safety officer, Davena Pierce

The objective of Anderson Little League shall be to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens.

## **Requirement II – Distribution** (complete online in DATA Center)

Anderson Little League will publish and distribute a copy of this Safety Plan to all Board Members, managers and other key volunteers. Copies of this Safety Plan will be kept in the Concession stand and will be made available to anyone who requests a copy.

## **Requirement III – Emergency Contacts & COVID-19 Protocol**

In case of EMERGENCY **dial 911**, Emergency Medical or Fire.

**Mercy Medical** – (530)225-6000 **St. Elizabeth** – (530)529-8000 **Shasta Regional Medical** (530)244-5400

The procedure for an incident/accident requires the following steps to be taken:

- Get proper medical attention required for the incident/accident.
- Complete an incident report and submit to the Safety Officer within 48 hours. (To be filled out by the manager/coach).
- Safety Officer is to review the incident report with the manager/coach ensuring that all pertinent information is included.
- The Safety Officer will follow up in person or by phone with the player's parent/guardian within 2 days.
- This process should be repeated until the player is fully healed.
- A determination is then made as to if and when a player can return to the team.
- If further medical attention is needed the Safety officer will help facilitate.
- A doctor's note may be necessary to resume normal activity.

The Safety officer of Anderson Little League is Davena Pierce. Please proceed and contact her at (530)524-1231. Davena Pierce is on file with Little League Baseball in Williamsport, PA., and is a member of the Anderson Little League Board of Directors.

### 2021 Board of Directors:

Raina Brown – President (530)356-7568

Steve Pierce – Vice President (530)351-1777

Devon Cheney – Treasurer (530)356-3133

John Kiefer – Secretary (530)604-5386

Davena Pierce – Player Agent (530)524-1231

Davena Pierce – Safety Officer (530)524-1231

Devon Cheney – League information Officer (530)356-3133

John Kiefer – Coaching Coordinator (530)604-5386

Pam Eiszele – Sponsorships and Fundraising (530)515-3893

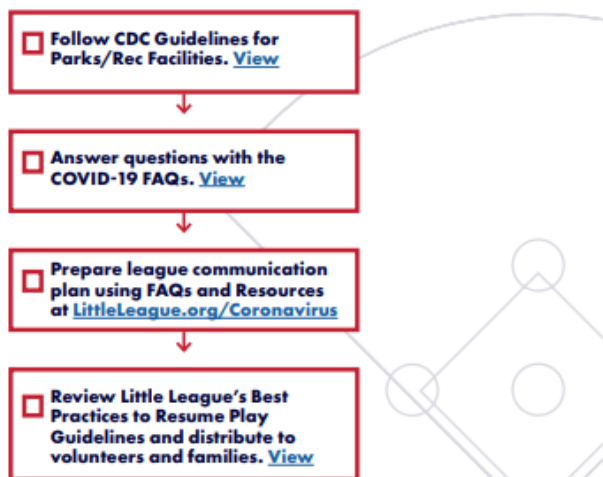
Patti Hall – Field director (530)736-8989

Jeff Kuwahara – Umpire In Chief (707)494-1869

## As your local league considers returning to play, keep these resources in mind:



If all checked above, move on to the criteria below.

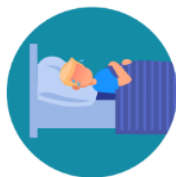


When all boxes are checked –

# Play Ball!

More information and resources are available at [LittleLeague.org/Coronavirus](#).

## STAY SAFE ON AND OFF THE FIELD



**Stay home** if you are sick.



**Bring your own** equipment and gear (if possible)



**Cover your coughs and sneezes** with a tissue or your elbow.



**Wash your hands** or use sanitizer before and after events and sharing equipment.



**Tell a coach or staff member** if you don't feel well.



[cdc.gov/coronavirus](#)

## Requirement IV – Volunteer Screening

All Volunteers will be required to fill out a Little League Volunteer Application, provide photo ID and will be processed through a background check. Background checks are completed through JDP Quick App. All applications will be kept on file with a copy of the volunteer's driver license for the duration of the current season. This file will be in possession of the Anderson Little League President. At the conclusion of the season all applications and copies of IDs will be shredded. Any negative results will be evaluated by the executive board and if justified that volunteer could be excluded from volunteering within the league. A list of approved volunteers will be kept with the Safety Plan in the concession stand



### Little League Volunteer Application – 2021

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1 (c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/CoachCheck](http://LittleLeague.org/CoachCheck) for more information. A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

**All RED fields are required.**

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

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

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 years) \_\_\_\_\_

- Do you have children in the program? ☐ Yes ☐ No  
If yes, list full name and what level? \_\_\_\_\_
- Special Certification (CPR, Medical, etc.)? ☐ Yes ☐ No  
If yes, list \_\_\_\_\_
- Do you have a valid driver's license? ☐ Yes ☐ No  
Driver's License# \_\_\_\_\_ State \_\_\_\_\_
- 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 the Little League Security Manager.)
- 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.)
- 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 released from participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No  
If yes, explain \_\_\_\_\_  
(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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, or 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](http://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 any official registration (one of which contains name only searches which may result in a report being generated that may or may not be met), child abuse and criminal history records. I understand that, if reported, 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 \_\_\_\_\_ (M)

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 SafeSport Centralized Disciplinary and USA Baseball Ineligible List)\*

OR

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

☐ National Sex Offender Registry

\*Please be advised that you can JDP and there is a name match in the law state where only name match searches can be performed. You should notify volunteer that they will receive a letter or email directly from JDP to complete with the law. Credit Reporting for 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.

last updated: 10/28/2020



### Little League® "Basic" Volunteer Application – 2021

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/CoachCheck](http://LittleLeague.org/CoachCheck) for more information.

**All RED fields are required.**

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

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

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

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

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

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

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

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

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

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

- 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 1, the local league must contact the Little League Security Manager.)
- 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 2 does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No  
If yes, describe each in full \_\_\_\_\_  
(Answering yes to Question 3 does not automatically disqualify you as a volunteer.)
- Have you ever been released from participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No  
If yes, explain \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
- In which of the following would you like to participate? (Check one or more.)

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

**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 \_\_\_\_\_

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

**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](http://LittleLeague.org/BackgroundCheck)**

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

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

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

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**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_ (M)

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 SafeSport Centralized Disciplinary and USA Baseball Ineligible List)\*

OR

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

☐ National Sex Offender Registry

\*Please be advised that you can JDP and there is a name match in the law state where only name match searches can be performed. You should notify volunteer that they will receive a letter or email directly from JDP to complete with the law. Credit Reporting for 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.

last updated: 10/28/2020

**Requirement V – Fundamentals Training**

Fundamentals Training will be held on

March 7, 2021

Trainer: John Kiefer (Coaching Coordinator)

10am Volonte Park

Umpire Clinic will be held on

March 6, 2021

Trainer: District 1 Staff

8am Volonte Park

**Requirement VI – First Aid**

First aid training is required for a minimum of one adult volunteer on each team. It is strongly recommended that all adult volunteers be certified.

First Aid Training will be held on

March 7, 2021

Trainer: Chris Brown

10am Volonte Park

**Requirement VII – Field Hazards**

Field inspections: No games or practices should be conducted when the weather or field conditions are not adequate, particularly when visibility has diminished due to lighting. Fields/Areas of Play should be inspected for holes, stones, glass, foreign objects or damage by managers/coaches, Head Umpires and the Safety Officer. Umpires are required to walk the field and inspect the field for safe playing conditions prior to each game.

**Requirement VIII – League Facility Survey (to be completed in the DATA Center)**

## Requirement IX – Concession Stand

### ***Concession Stand Safety:***

In order to avoid contamination of the food and drinks served in the concession stand, the following guidelines are to be followed by all concession stand workers.

### ***General:***

All Concession stand workers are to wash their hands with soap and water,

- At the beginning of each shift
- Before handling food or utensils
- After money has been handled
- After return from the restroom.

Disposable gloves are provided and must be worn by all persons handling food or utensils. It is preferable to have only one person handling money and for that person to not serve any food. If this is unavoidable, gloves must be changed whenever jobs are switched.



### ***Food preparation:***

Chili and Cheese (hot food): must be heated to 140F degrees. Chili and cheese bags will be rotated in the dispenser and new spouts will be attached to each bag.

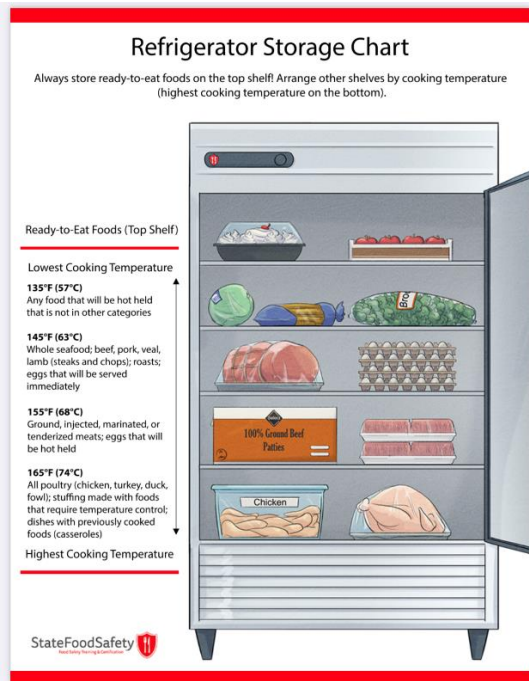
Hot Dogs: Are to be cooked on the dome covered grill. When they are cooked they are to be stored and served from the steam table. The steam table is to be set at high and the water changed daily.

Hamburgers: Are to be cooked to an internal temperature of 160F degrees on the dome grill. When they are cooked they will be stored and served from the steam table.

Condiments: All condiments will be prepped and stored in the refrigerator. When served the containers will be covered and placed on ice.

### ***Stored food:***

All food will be properly stored and rotated following the guide in the concession stand.



### ***Cleanliness:***

White towels should be used for spills. They are located in the bin under the shaved ice machine. Dirty Towels should be placed in the towel bag next to the sink. Clorox wipes are available for small spills.

Counters should be wiped down every 30 minutes or as needed with a 100ppm chlorine solution (bleach water).

Ice: Ice should only be transferred using the ice bin. NOTHING ELSE goes into the ice bin.

At closing all dishes and utensils need to be hand washed in the sink and sanitized by soaking in 82F degree water for 30 seconds. Either air dry or dry with paper towels. All Counters are to be wiped down with 100ppm Chlorine solution. Floors are to be swept and mopped. All food is to be stored, rotated or properly disposed of. Trash cans are to be emptied daily. Soda machine is to be dismantled and cleaned.

Burn and Cut caution: Use caution when emptying the steam table, cleaning the popcorn machine and moving the BBQ grill. Use care when using a knife. Only trained staff should handle knives or prep food.

First Aid kits: First aid kits are stored in the back room of the concession stand next to the ice machine. A large first aid kit is available in the concession stand.

Fire Extinguisher: the fire extinguisher is located next to the back door. The fire extinguisher is to be checked by the safety officer at the beginning and end of the season.

### **Requirement X – Inspection of equipment**

The Anderson Little League equipment director, Safety officer and President will conduct an annual inspection of all playing equipment.

The Equipment director will ensure that all equipment is Little League approved. They will work with the UIC to ensure that the umpires are inspecting all bats, helmets, and other equipment before each game. The equipment director shall keep an active list of inventory and will dispose of unsafe equipment properly.

### **Requirement XI – Accident reporting and tracking**

#### **Report and Track Injuries:**

All accidents need to be reported within 48 hours to our Safety Officer. Reporting of accident/injury can be by the following means:

- Injury Incident tracking report form (below)
- **Little League Accident/Injury Report Form...** (below)
  - Forms can be obtained in the Concession Stand

The Safety Officer's responsibility will be to contact the injured party or the party's parents within 48 hours of receiving the incident report and....

- Verify information received
- Obtain any other information deemed necessary
- Check on the status of the injured party
- In the event that the injured party required other medical treatment i.e. emergency room visit, doctor's visit, etc... will advise the parent or guardian of the Little League's insurance coverage and the provisions for submitting any claims.
- **Fill out Incident/Injury Tracking Form...** (below)
- Contact District 1 Safety Officer and send copy of accident/injury report that requires medical treatment.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered closed.

# **LITTLE LEAGUE, BASEBALL AND SOFTBALL** **ACCIDENT NOTIFICATION FORM** **INSTRUCTIONS**

Accident & Health (U.S.)

- This form must be completed by parents (if claimant is under 18 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.
- 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 60 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D. Number	
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: \_\_\_\_\_

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

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

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

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photocopy 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 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	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 EPIPHYSIS	<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 STROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 UMPIRE	<input type="checkbox"/> 18 UNKNOWN	<input type="checkbox"/> 18 MOUTH	<input type="checkbox"/> 18 UNKNOWN
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	<input type="checkbox"/> 19 UNKNOWN
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	<input type="checkbox"/> 20 UNKNOWN
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	<input type="checkbox"/> 21 UNKNOWN
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	<input type="checkbox"/> 22 UNKNOWN
		<input type="checkbox"/> 23 TEETH	<input type="checkbox"/> 23 UNKNOWN
		<input type="checkbox"/> 24 TESTICLE	<input type="checkbox"/> 24 UNKNOWN
		<input type="checkbox"/> 25 WRIST	<input type="checkbox"/> 25 UNKNOWN
		<input type="checkbox"/> 26 UNKNOWN	<input type="checkbox"/> 26 UNKNOWN
		<input type="checkbox"/> 27 FINGER	<input type="checkbox"/> 27 UNKNOWN

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 \_\_\_\_\_

## **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)

C) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event

☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

D) ☐ Batter ☐ Baseline runner ☐ 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 ☐ Seating Area ☐ Travel:

☐ Hit by Ball ☐ Punched or ☐ Thrown or ☐ Batted ☐ Parking Area ☐ Car or ☐ Bike or

☐ Collision with: ☐ Player or ☐ Structure ☐ Concession Area ☐ Walking

☐ Grounds Defect ☐ Volunteer Worker ☐ League Activity

☐ Other: \_\_\_\_\_ ☐ Customer/Bystander ☐ 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 coordinate positive steps 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/accident/notify\\_accident\\_notification\\_form.pdf](http://www.littleleague.org/accident/notify_accident_notification_form.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/li-claims/forms\\_notify/GLCIclaimform.pdf](http://www.littleleague.org/li-claims/forms_notify/GLCIclaimform.pdf)

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Requirement XII – First Aid**

All Managers will be provided a First Aid Kit. During the season the Managers will take with them during the games and practices. Additional First Aid Kits and ice packs are available in the Concession stand. Safety will be discussed at all Managers' meetings and any problems will be brought to the Safety Officers attention. The Safety Officer shall attend tryouts and assist the Player Agent and President in deciding which level of play is safe for any given player. Special

attention will be given to the training of the Managers and Coaches. Safety records show that better prepared Managers and Coaches result in safer players.

### ***Lightning Facts and Procedures***

#### ***Consider the following facts:***

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

**Rule of Thumb:** The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or game is called.

**Where to Go?** No place is safe from lightning threat, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

**Where not to go?** Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

#### ***First Aid for a Lightning Victim:***

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause anymore injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

*Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.*

### ***Hydration***

***Managers are required to bring water to each practice and game.  
Players are encouraged to bring bottled water or sports drinks.***

### ***Tips to Prevent Heat Illness:***

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

### ***How is it treated?***

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.

If the person is conscious, let them sip water, fruit juice, or a soft drink.



### ***Communicable Disease Procedures***

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (Provided in the first aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, Coaches, and Volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

### ***Concussion Protocol***

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.

#### **Signs observed by teammates, parents and coaches include:**

- |   |  |
|---|--|
| • Looks dizzy                           | • Slurred speech                                 |
| • Looks spaced out                      | • Shows a change in personality or way of acting |
| • Confused about plays                  | • Can't recall events before or after the injury |
| • Forgets plays                         | • Seizures or has a fit                          |
| • Is unsure of game, score, or opponent | • Any change in typical behavior or personality  |
| • Moves clumsily or awkwardly           | • Headaches                                      |
| • Answers questions slowly              | • "Pressure in head"                             |

#### **Passes out Symptoms may include one or more of the following:**

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| • Nausea or throws up              | • Change in sleep patterns            |
| • Neck pain                        | • Loss of memory                      |
| • Has trouble standing or walking  | • "Don't feel right"                  |
| • Blurred, double, or fuzzy vision | • Tired or low energy                 |
| • Bothered by light or noise       | • Sadness                             |
| • Feeling sluggish or slowed down  | • Nervousness or feeling on edge      |
| • Feeling foggy or groggy          | • Irritability                        |
| • Drowsiness                       | • Concentration or memory problems    |
| • More emotional                   | • Repeating the same question/comment |
| • Confused                         |                                       |

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person. Most concussions get better with rest and over 90% of athletes fully recover, but all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way. Most concussions occur without being knocked out. Signs and symptoms of concussion may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from a medical

doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken to the emergency department of your local hospital.

Concussion symptoms should be completely gone before returning to competition. A Ready to Play (RTP) progression involves a gradual, stepwise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage. RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. [AB 2127, a California state law that became effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

**CONCUSSION Information Sheet** **HEADS UP CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

**What is a Concussion?**  
A concussion is a type of traumatic brain injury—or TB—caused by a bump, blow or jolt to the head or by an object hitting the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

**How Can I Help Keep My Children or Teens Safe?**  
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

**Plan ahead. What do you want your child or teen to know about concussion?**

**How Can I Spot a Possible Concussion?**  
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 other serious brain injury.

**Signs Observed by Parents or Coaches**

- Appear dazed or stunned.
- Forget an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loss of consciousness even briefly.
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

**Symptoms Reported by Children and Teens**

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

**What Are Some More Serious Danger Signs to Look Out For?**  
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/blacked out). Even a brief loss of consciousness should be taken seriously.

**What Should I Do If My Child or Teen Has a Possible Concussion?**  
As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teachers and return to play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury, but you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

**Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.**

**To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)**  
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**  
Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.  
Athlete Name/Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
Athlete Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.  
Parent or Legal Guardian Name/Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian Signature: \_\_\_\_\_

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

## Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

## USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference [www.LittleLeague.org/ChildAbuse](http://www.LittleLeague.org/ChildAbuse)
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.

## Requirement XIII – Rules and Proper equipment

Anderson Little League will comply with all rules set forth in the Little League Baseball and Softball Rule Books as well as the ground rules as written in the Anderson Little League Bylaws.



**XIV – Player Registration**

Player registrations will be uploaded automatically through Sports Connect.

**Requirement XV – Survey**

To be completed online in the DATA center.