

# 2023 Safety Manual



LEAGUE NAME: St. Mary's Little League

LEAGUE ID: 2200711

POLICIES, GUIDELINES AND INFORMATION TO BE DISTRIBUTED TO ALL  
LEAGUE VOLUNTEERS

*Our Little League is committed to the safe operation of our Programs. This Safety Plan and Manual has been developed to assist in that effort and to ensure that our league is "ASAP" compliant.*





## Safety Mission Statement of Our Little League

It is the policy of our Little League to actively participate in the ASAP in order to safeguard the physical and emotional well-being of all children participating in any baseball and softball programs, as well as providing a safe and friendly environment for volunteers, parents and spectators.

It is also the policy of our league to

- Inform and educate our community as to what the ASAP is and how it serves the best interests of our participants.
- Involve players, parents, community members, local businesses, law enforcement, fire protection, EMS and other organizations in our ASAP through the sharing of information, poster campaigns, advertising and education programs
- Utilize all available resources within our community to further the goals of the ASAP
- Make Zero-Injuries our ultimate goal
- SMLL is dedicated to ensuring members of our community have the necessary tools to battle adversity, both on and off the ballfield. Through speaking engagements and workshops, our organization will help volunteers, parents and players gain valuable skills and knowledge to build up their mental strength.

### Our 2023 Little League Safety Officer

**Name:** Ralph Cook

**Phone:** 860-716-7253

**Email:** [sml.safetyofficer@gmail.com](mailto:sml.safetyofficer@gmail.com)

### The responsibilities of the Safety Officer to our Little League

Are:

- Develop and document League Safety Program and distribute in accordance with ASAP policy.
- Submit a yearly ASAP plan to Little League Baseball (LLBB).
- Submit annually an updated Facilities Survey to LLBB
- Ensure compliance throughout the league with the established safety policies
- Help develop and coordinate all Safety Related Training with the League



- Conduct weekly inspections of all fields and facilities
- Report all violations to our Little League Board of Directors along with the corrective actions taken.
- Investigate all accidents; provide claims forms and information and track in accordance with this safety manual.
- Maintain and distribute First Aid Kits for all teams
- Ensure league compliance with the Little League Baseball's Child Protection Policy

**PLAYER SAFETY FIRST**

**WINNING SECOND**

## General Safety Policies for Our Little League

- This Safety Plan and manual will be distributed to all coaches and managers as well as all officers and league volunteers of *our Little League*.
- Our Little League will inform and involve parents in the Safety Program.
- Umpires are a vital part of our Safety Program. Umpires will be considered as Safety Officers for each game they officiate in the absence of a District or League Safety Officer and have the authority to stop or delay play due to any safety issues.
- Before any game or practice, Managers, Coaches and Umpires will carefully inspect the fields/facilities for hazards. Inspection should include bases, fences, outfield area, restrooms, and bleachers. Managers must also ensure that all phone listings for our Little League Board of Directors and all Emergency Phone listings are available on their electronic devices and assistant coaches and parents know where to find them on the league site. Report all problems to the League Safety Officer. Correct all problems BEFORE beginning play or practice.
- A working phone will be available at all game and practice sites.
- Before any game or practice, all equipment (Bats, Helmets, Bases, Catchers Equipment) must be carefully inspected for defects. Discard all defective equipment and report all problems to the Safety Officer. All defective equipment will be returned for permanent disposal. At no time will defective equipment be given away.
- All rules of the 2023 Little League rulebook will be strictly enforced. Our league will ensure that the appropriate 2023 Little League rulebook is distributed to every manager, coach, umpire and league/district official. All participants must follow all 2023 Little League Baseball Inc. rules, both during practices and games as most rules relate to safe participation. Some rules of special importance:
  - All fields under our control will use disengageable bases IAW Rule 1.06, inspected and listed on the 2023 Little League Field Survey submitted to LLBB.
  - Catchers will be properly equipped in accordance with Rule 1.17. All catchers must also have dangling throat protectors secured to their masks in such a way as to provide proper protection.
  - Catchers warming up pitchers or catching for infield/outfield drills will wear catcher's helmet, mask with dangling throat protector.

## 2023 SAFETY PROGRAM PLAN AND MANUAL



- Under no circumstances will an adult volunteer warm up a pitcher in accordance with Rule 3.09. This includes standing at the backstop during practice as informal catcher for batting practice.
- All equipment will be inspected before it is issued and before each use. All Batting and Catching helmets will comply with all NOCSAE Specifications and Standards.
- All suspect or clearly defective equipment will be disposed of by our equipment manager. It will not be given away for use by anyone.
- All bats used by our league will fully comply with Little League rulebook.
- All teams will be issued a First Aid Kit.
- Every Manager is to ensure that a First Aid Kit is available for all games and practices. Managers will also be sure to carry the team first aid kit if traveling outside of the league facilities. All kits should include non-latex gloves.
- Every Manager is to carry the team's roster with copies of all Medical Release Forms to all games and practices.
- Annual Basic First Aid Training is mandatory for our coaches and managers. All umpires and league officials will also be required to attend.
- Annual Fundamentals/Skills Training is mandatory for all managers and coaches.
- Our league encourages the use of protective cups by all male players. We also highly recommend the use of protective mouth guards by all infielders.
- *Our* league strongly encourages the use of batting helmet face guards and if not owned by the player, will provide them to all players requesting them.
- Our league requires that the Little League Baseball Medical Release be completed, signed and returned to the team manager before participation in any practice or game. *There are no exceptions to this rule. Copies must also be provided to the Player Agent. A blank copy will be provided with the registration forms.*



**Little League® Baseball and Softball  
MEDICAL RELEASE**



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

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

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

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

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

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

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

In case of emergency, if family physician cannot be reached, 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/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.



St Mary's Little League (SMLL) will ensure that emergency numbers and league officials' numbers will be in the coaches' packages and posted on the website.

Our league will submit all league player registration data, player roster data, or coach and manager data via the Little League Data Center at [www.littleleague.org](http://www.littleleague.org) in the prescribed format

## OUR LEAGUE EMERGENCY PROCEDURE

In the event of any serious crime, threat of any type, injury or illness

### DIAL 9-1-1

**This will connect you to a dispatcher who will provide the appropriate response to any emergency. Listen carefully to the dispatcher. They will ask you the appropriate questions and get you the help you need. No matter what, DO NOT HANG UP until the dispatcher hangs up or tells you to.**

If the emergency is an injury or illness, follow this procedure:

First, protect the victim from further injury! DO NOT MOVE THE VICTIM UNLESS THERE IS AN IMMEDIATE THREAT!

Any qualified person at the scene should provide First Aid immediately.

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone.

First dial 9-1-1. Give the dispatcher the necessary information. Answer any and all questions that he or she might ask. Most dispatchers will ask your exact location, the telephone number from which the call is being made and your name. They will also need to know what happened, how many victims there are and their condition. They will also ask what help is being given (first aid, CPR, etc.) The dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim and reassure them until professional help arrives.

If the victim is a minor, find the legal guardian.

**Always notify the League President and Safety Officer of any incident, no matter how minor, so that it can be properly documented by the league.**

**St Mary's Little League President: Robert Bean**

**St Mary's Little League Safety Officer: Ralph Cook**



## Child Protection Policy

- All Volunteers and Board Members will submit a signed Little League Baseball Volunteer Application before 1 March 2023. A copy of a government issued photo ID is also required. No applications can be accepted without it. No unsigned applications will be accepted.
- Our league will conduct background checks on all volunteers through JDP. There will be absolutely no exceptions to this requirement.
- Anyone refusing to submit the application and photo id will not be allowed to participate with the league in any capacity.
- Our league will retain the approved applications and background checks until the end of the calendar year.
- Our league encourages the participation of our children in ASAP.

**Little League® Volunteer Application - 2020**  
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 meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/localBGcheck](http://LittleLeague.org/localBGcheck) for more information.

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

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

Address \_\_\_\_\_

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

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

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

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

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/BcStateLaws](http://LittleLeague.org/BcStateLaws)

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

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

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

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

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

**LOCAL LEAGUE USE ONLY:**

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

System(s) used for background check (minimum of one must be checked):  
 Regulation 1(c)9) Mandates all checks include criminal records and sex offender registry records

\* JDP  Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

\*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.



## Accident Reporting and Tracking Policy For Our Little League

**All accidents and near-miss incidents must be reported to the League Safety Officer (LSO).**

- All accidents involving an injury that require any first aid or professional medical attention must be reported to the LSO within 24 hours of the incident
- All other accidents and near miss incidents must be reported to the LSO within 72 hours. Near miss accidents are any incident where a player, spectator, umpire, coach, manager or league official narrowly missed being injured. These “close call” incidents may indicate a safety problem that needs to be addressed before an actual injury occurs.
- League Safety Officer will investigate and take appropriate action.
- LSO will also forward comments to the board of directors and fill out appropriate form(s)
  - ASAP Incident Tracking Form
  - Little League Baseball Accident Notification Form
- LSO will also assist parents in filing claim forms. Copies of all claim forms will be maintained for two years.
- All accidents and near miss incident reports will be maintained by the LSO for a minimum of two years.
- If a player suffers an injury either on the field or privately that prohibits his/her participation in baseball/softball activities, the parent must present a doctor’s release form to allow that player to resume practice and playing.



## Safety Training Events for 2023

**Our Little League will provide a Safety Training Program. In addition to the following, make up sessions will be scheduled in our area as required.**

### 2023 Baseball/Softball (All Divisions) ASAP First Aid Training Sessions

DATE: March 11, 2023

TIME: 9:00 am – 10:30pm

SITE: Chancellors Run Loffler Center or Virtual if COVID still present

### 2023 Baseball (All Divisions) Fundamental/Skills Training Sessions

DATE: February 28 – March 5, 2023

TIME: 6:00pm – 9:00pm

SITE: Willows Recreation Center

**Annual Basic First Aid/CPR Training is mandatory for our coaches and managers. All umpires and league officials will also be required to attend.**

**Annual Fundamentals/Skills Training is mandatory for all managers and coaches.**

## Coaches and Managers Supplemental Training Outline For Coaches and Managers

The intent of our league's Supplemental Training is to provide managers and coaches with the basic knowledge needed to teach, plan and organize. There will be a strong emphasis on safety. Topics will include:

- Little League Rule Changes
- Pitch Counts per Age Group and Pitching Mechanics
- Returning from Injury- What are the Managers and Coaches responsibilities
- Safety Issues Safe Practice Field Conditions
- Safe Practice Policy
- Weather Policy
- Lightening Safety
- Lighting Conditions and Safety
- Injury Prevention
- Coaches and Managers Code of Conduct
- Follow your leagues Safety Plan and ASAP Guidelines
- Require players to properly warm up/stretch before all activity: Warm ups should include gradually increasing working thru the full range of motion for the activity expected and should include a sport specific activity. Lining up and throwing to each other for 15 minutes is not a warm up!
- Cool down: Cool down after vigorous exercise. A 10-to-15-minute cool-down period allows heart rate and breathing to return to normal. Slow walking will prevent blood from pooling in the legs. Blood pooling can cause dizziness and blackouts. Do stretching exercises again to prevent the muscles from getting sore and stiff.

## HEADS UP CONCUSSION ACTION PLAN

### IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

### CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
  - Nausea or vomiting
  - Balance problems or dizziness
  - Double or blurry vision
  - Sensitivity to light
  - Sensitivity to noise
  - Feeling sluggish, hazy, foggy, or groggy
  - Concentration or memory problems
  - Confusion
- Just not “feeling right” or is “feeling down” SIGNS OBSERVED BY COACHING STAFF
- Appears dazed or stunned
  - Is confused about assignment or position
  - Forgets an instruction
  - Is unsure of game, score, or opponent
  - Moves clumsily
  - Answers questions slowly
  - Loses consciousness (even briefly)
  - Shows mood, behavior, or personality changes
  - Can't recall events prior to hit or fall

## Concessions Safety

- The concessions are located in the Facilities Building and are inspected by our League Safety Officer on a regular basis.
  - Our league will post and distribute written safety procedures for our concession operations.
  - Our league concession manager must be trained in safe food handling/prep procedures by a league volunteer that is an experienced food services employee.
  - Our Training will include
    - Proper perishable food storage and handling guidelines
    - Proper food preparation guidelines
    - Procedures for inspection of all food storage equipment
    - Safety rules for operation of deep fryers, grills or other potentially dangerous equipment
    - First Aid training for all concession volunteers
    - Concessions check lists for opening and closing concessions

## Concessions Policies and Guidelines

- All concession volunteers must have attended the Basic First Aid Training and have been instructed by the League Safety Officer or Concessions Manager in basic safety guidelines for concessions.
- Drills/Hotplates/Fryers may not be attended by anyone under the age of 18.
- All other concessions volunteers must be at least 16 years of age.
- Concessions volunteers will inspect the concession area for any violations of the posted safety requirements and report any irregularities to the League Safety Officer.
- Concession manager or concession volunteer designated by the safety officer or concession.



**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 B.) Adjacent to Playing Field D.) Off Ball Field  
 Base Path:  Running or  Sliding  Seating Area  Travel:  
 Hit by Ball:  Pitched or  Thrown or  Batted  Parking Area  Car or  Bike or  
 Collision with:  Player or  Structure C.) 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 contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](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	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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

**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.





## Emergency Phone Numbers: 911

Local Police Dept		
Local Fire Dept		
Board Position	Name	Number
League President	RJ Bean	301-904-5355
League Vice President	Tracy Neal	240-434-2361
League Player Agent	Amy Neal	240-434-2359
League Secretary	Ellen Young	240-434-8951
League Treasurer	Amy Neal	240-434-2359
League Safety Officer	Ralph Cook	860-716-7253