



**South Kingstown American
Little League**

Safety Manual 2023

ID #2390312

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1. Safety Code

- All Managers will be given copies of the 2023 Safety Manual.
- All managers will be given First Aid Kits and ice packs in the equipment bags.
- Use good judgment when bad weather arrives. Do not go on the field if there is thunder and lightning. If the field is soaked and you feel that it poses a threat of injury, please speak with the umpires and other coaches about calling the game. The decision to cancel a game in advance due to weather and field conditions, will normally be made by the South Kingstown Recreation Department by 3:00PM. This information can be found on our web site <https://clubs.bluesombrero.com/southkingstownll> or by calling the Guild at 789-9301.
- Before every game and practice, the umpires and coaches should walk the field to look for damage or hazards. All issues will be reported to the Safety Officer or President.
- Keep all players and equipment in the dugouts.
- At least 1 coach or manager must be First Aid certified before a team is allowed on the field.
- Jewelry is NOT allowed to be worn by players.
- All male players must wear athletic cups during games and practices. It is recommended that girls wear a female protective cup.
- All catchers (including any player serving as catcher at any time) **MUST** wear the catcher's mask with a "dangling" type throat protector and catcher's helmet during all warm-ups and games including pitcher warm-ups, infield or outfield warm-ups, and practice or game play.
- **Only swing bats in the designated areas** (batting cages and home plate)
- Safety must be at the forefront of any decisions we make and must always be on our minds.
- A pitch count will be done by the score keeper in the scorer's booth for both teams or by a coach or manager from each team.
- Each Manager and Coach will talk to his or her players about playing field rules such as not to dig cleats into outfield grass, keep your teammates up and in the game. Parking lot safety, proper field and dugout cleaning when game is over.

2. Equipment

- The equipment has been evaluated before the season; however, it is the responsibility of the Managers to constantly evaluate the condition of the equipment. Throughout the year, special attention must be given to the equipment to keep it serviceable. At times it may need simple repairs, like screw tightening or cleaning. If the equipment is unserviceable, it must be turned in to the Equipment Manager (Mike Previty). The extra attention that is given to our equipment will add to the length of its life and reduce our operating costs. At no time may a player use a bat that is not authorized by Little League Baseball or Softball. Faceguards, mouth guards and protective cups are recommended/encouraged for all players.

3. First Aid

- First Aid training will take place on March 22, 2023 and April 19, 2023 at the Union Fire District of South Kingstown. This training will also be available to all umpires, and umpires in training. The South Kingstown Emergency Medical Services (SKEMS) in conjunction with the Union/Kingston Fire Districts, and South Kingstown Police Department will come when you call 911 with an emergency.
- When treating any injury, remember **PRICES** – Protect, Rest, Ice, Compression, Elevation, and Support.

4. South Kingstown Little League (SKLL) Accident Reporting Procedure

- What to report - An Incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the League Safety Officer Joe Reppucci 401-265-9430) and/or the President of the Board (Frank Gallucci 401-578-0971).
- This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury by a physician.
- When to report - All such incidents described above must be reported to the League Safety Officer and/or President of the Board within 24 hours of the incident. (** See Phone numbers above.)
- How to make a report -Reporting Incidents can come in a variety of forms. Most typically, they are Accident reporting forms found at <https://www.littleleague.org/downloads/accident-claim-form/> or make a phone call to League Safety Officer and/or President of the Board.
- If a player is removed from a game or practice due to an injury and seeks medical attention, a clearance note from a physician must be received before the player is allowed to play in his/her next practice or game.

5. Emergency Medical Procedures and Key Officials' Phone Numbers

- If any injury occurs all player should immediately take a knee, and all play will be stopped to protect the player from further injury as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
 - In the event of an emergency, first phone call is to 911 or SK Police Dispatch at 401-783-3321.
 - Please give detailed information on field location, age of child, and scope of injury.
 - Emergency Medical Services will be provided by the South Kingstown Emergency Medical Services (SKEMS) in conjunction with the Union/Kingston Fire Districts, and South Kingstown Police Department.
 - Send someone to the nearest intersection to direct emergency services to your location.

- Review the Medical Release form for any important information/warnings about medical conditions the player may have. Ensure this form is provided to the first responders.
- Either locate the parents/guardian from the emergency contact listed on child's registration/medical form (It is required that all managers have these at every game or practice).
- Within 24 hours notify the League Safety Officer and/or President of the Board.
- Evaluate the injury:
 - Determine if player can return to play or needs first aid.
 - Evaluate if the player can be moved off the field? If you are unsure, DO NOT move the player.
 - If No: Clear area around player and begin a basic examination of the injury site
 - If Yes: Move the player to sideline for closer examination.
 - Record the injury on an Incident/Injury report.
 - Follow up with the player until injury is healed and player can return.
 - Get medical release prior to allowing player to return, if formal treatment was required
 - When treating any injury, remember PRICES – Protect, Rest, Ice, Compression, Elevation, and Support.
 - The third phone call will be to either the Safety Officer, League Coordinator, or one of the Board members listed below:

1. If Minor Injury Occurs

- Give the appropriate first aid for the injury (i.e., Band-aid, Ice, Etc.)
- Monitor between innings.
- Alert Parent at Pick up if needed
- Coaches need to notify the League Safety Officer and/or President of the Board within 24 hours and complete the Activities Reporting Form. When in Doubt FILL IT OUT!
- Follow up call to injured player is recommended.

2. If Serious Injury Occurs:

- Give the appropriate first aid for the injury, if needed stabilize the injured Player. (Do Not Move If possible)
- Call 911 and request AMBULANCE.
- Turn over care to professionals when they arrive and help as directed
- Locate or Contact the Parent or Guardian of injured player.
 - If parents are not available, go with the player to the treatment center with the ambulance, turn over the team to an authorized coach.
 - Player SHOULD NOT BE LEFT ALONE AT HOSPITAL without ADULT.

- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Coaches need to notify the League Safety Officer and/or President of the Board within 24 hours and complete the Activities Reporting Form. When in Doubt FILL IT OUT!
- Follow up call to injured player is recommended.

3. Travel Coaches

- If injury occurs at an away contest and you are the only coach, utilize your first aid kit and if a visit to hospital is required, utilize another adult to bring injured player to the hospital, since you are responsible for your team also.
- Be sure to contact parent or guardian ASAP.
- Coaches need to notify the League Safety Officer and/or President of the Board within 24 hours and complete the Activities Reporting Form. When in Doubt FILL IT OUT!
- Follow up call to injured player is recommended.

4. Additional Safety Precautions

- NO Practice or Game should begin in unsafe conditions on the playing field or in dugout.
- Any Player wearing glasses should have plastic lenses.
- First Aid Kits will be with you at ALL times. (Both Games and Practice)
- Water should always be close by, particularly in hot weather. Make time for water breaks during practices.
- Any player that receives formal medical care must have a doctor's note before being allowing to return.

Do's and Don'ts

Do's

- Have your medical release forms with you at games and practices. They have very important medical information and insurance information on them.
- Reassure children that are hurt, frightened or unsure of themselves.
- Carry First Aid Kits and Ice Packs in your equipment bags for all practices and games.
- Evaluate all injuries carefully and do not assume anything.
- Wear the latex free medical gloves that are in the First Aid Kit when bleeding is involved.
- Carry a cell phone to all games and practices. If you do not have one, try to make arrangements to have one available.
- Report any potential hazards to the League Safety Officer and/or any available member of the Board .

Dont's

- Give any medications out, including aspirin, Tylenol, or vitamins.

- Be afraid to ask for help, even from people in the stands.
- Leave children unattended at a practice or game.

5. Board Officials' Phone Numbers and Positions

Name	Day Phone	Officer Type(s)
Frank Gallucci	401-578-0971	President, Junior/Senior Commissioner
Matthew Lepore	401-829-1518	Vice President
Joseph Reppucci	401-265-9430	Safety Officer, Fundraising & Special Events Coordinator, Picture Day Coordinator
Colleen Camp	401-225-6219	Information Officer, Information Officer
Sean Deibler	401-782-9242	Treasurer, Background Checks
Mike Previty	401-207-6981	Equipment Manager, Uniform Manager
Sabrina Lepore	401-829-1514	Secretary
Tony Sama	401-207-6417	Sponsorship Coordinators
John Slocum	401-207-6417	Coaching Coordinator, Town Liaison, Field Scheduling Manager

6. **Field Guidelines**

- Speed limit is 5mph in parking areas
- No alcohol in the parking lot, field, or common areas
- Do not climb on the fences
- Only swing bats in the designated areas (batting cages and home plate)
- No rough housing or wrestling
- Players must remain in the dugout during the game
- Players must clean the dugout after each game
- No profanity is allowed
- During a game, the batting cages adjacent to the field, can only be used for warming up pitchers
- Smoking is prohibited on or near any of our fields.

7. **Accident/Injury Reporting**

When an injury occurs, please take down the following information:

- Name and phone number of individual involved
- Date, time, and location of accident
- A detailed description of what happened
- Estimation of the extent of the injury
- Name and phone number of the individual reporting the accident
- Any other information that you feel could be useful
- Advise the League Safety Officer and/or President of the Board **within 24-hours.**
- Also fill out the Incident/Injury Tracking Report form included in this Plan and available at <https://www.littleleague.org/downloads/accident-claim-form/>.

8. Concussions in Baseball

1. By USA Baseball Medical/Safety Committee

(http://www.usabaseball.com/news/article.jsp?ymd=20100420&content_id=9438236&vkey=news_usab&gid)

December 2, 2010

Concussion injuries in all levels of sport have been a major topic in the press and medical literature over the past couple of years. According to the Centers for Disease Control and Prevention there may be as many as 3.8 million sports and recreation related concussions in the United States each year. Concussions account for one in ten of all sports injuries, and for young people ages 15-24 sports are second only to motor vehicle accidents as the leading cause of brain injury. (1) United States emergency departments treat an estimated 135,000 sports and recreation traumatic brain injuries (TBI), including concussions, each year in children ages 5 to 18. Concussions can happen in any sport and at any age. What is a concussion? A concussion is a brain injury that can be caused by a blow or jolt to the head and can change the way the brain normally works. Any concussion is serious whether mild or severe. They can also be caused by a blow to the body that causes the head to move rapidly back and forth and causes the brain to strike the surrounding skull. Concussions most often do NOT result in loss of consciousness - only 10% involve loss of consciousness.

Some of the symptoms of concussion that may be reported by the athlete are as follows:

- Headache
- Nausea
- Dizziness
- Sensitivity to Light
- Memory Problems
- Confusion
- Sensitivity to Noise
- Slowed Reaction Times
- Drowsiness
- Loss of Balance
- Vomiting
- Blurred Vision

Coaches may observe the following in a concussed athlete:

- Confusion
- Dazed
- Loss of Consciousness
- Behavior Changes
- Clumsy Movement
- Personality Changes
- Cannot Recall Events After Hit or Fall

According to the Consensus Statement on Concussion in Sport by the 3rd International Conference on Concussion in Sport, an athlete showing any of the above signs of concussion should be medically evaluated onsite. If no health care provider is available, the player should be removed from play and referred immediately to a physician. Once the first aid issues are addressed, an assessment of the concussion can be made. The player should not be left alone following the injury because monitoring for deterioration is important. A player with a diagnosed or suspected concussion should not be allowed to return to play on the day of the injury. (2) Concussed athletes should not return to play until all signs and symptoms have resolved at rest, and then following exertion using a graduated protocol (see below). An athlete should never be released to participation without a signed statement from a medical physician.

There should be a graduated return-to-play protocol following a concussion, and the athlete can proceed to the next level if there are no symptoms at the present level. The graduated return-to-play protocol is as follows: (2) Each step generally takes 24 hours. If there are any symptoms at any stage, the athlete should drop back to the previous stage.

No Activity -- Complete physical and cognitive rest
Light aerobic exercise -- Walking, stationary bike, no resistance training
Sport-specific exercise -- Running drills, etc, no head impact activities
Non-contact drills -- Start progressive resistance training
Full contact practice -- Following medical clearance normal training activities
Return to play -- Normal game play

A repeat concussion before the brain fully heals can slow recovery and increase the possibility of long term problems. In some cases repeat concussions can result in permanent brain damage and death, which is called second impact syndrome.

It is important for athletes, coaches, and parents to be aware of the signs and symptoms of concussion, how to prevent concussions, and to never to allow an athlete to return to play following a concussion without proper care- no matter how minor the injury might seem. Every organization should have a written injury management protocol, and everyone associated with the organization should have a copy - coaches, athletes, athletic trainers, physicians, and parents.

References:

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Heads-Up Concussion in Youth Sports.
2. McCrory P and al: Consensus Statement on Concussion in Sport, 3rd International Conference on Concussion in Sport, Zurich, November 2008. Clinics in Sports Medicine, Volume 19, Number 3, May 2009.

9. Safety Procedures for Concession Stand

- No persons under the age of 15 are permitted in the Concession Stand
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Any propane tanks will be turned off at the grill and at the tank after use.

- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand straight upright and can't fall over. Report damaged tanks and valves to the supplier and discontinue use.
- Cleaning chemicals must be stored in locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers will attend a training session on how to respond to a conscious choking victim.
- A Fully stocked First Aid Kit will be placed in the concession stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.
- All workers in concession stand will wear latex free serving gloves and keep hands clean at all times. Hand sanitizer cleaner will be available for workers.

10. Coaches Training

A fundamentals coaching clinic will take place on 3/19/23, 3/26/23, and 4/2/23 at Anchor Sports. Coaches are asked to bring sneakers and a glove as this will be an interactive session. All coaches are strongly encouraged to attend. First time coaches are required to attend this training. First Aid Training tips will also be held during this session. All active coaches and managers will be required to attend the first aid training once every two years in order to be eligible to coach or manage. This training will also include heat related emergencies and include proper warm up drills.

11. Other SKLL Policies

- All Little League volunteers including concession stand workers will be required to fill out the official Little League Volunteer Application Form. In addition, background checks for all managers, coaches, officers and elected members are required and must be complete before April 1, 2023.
- A list of all Board members and managers will be posted in the concession stand. In addition, these names and contacts are also posted on the SKLL website.
- SKLL will complete the Annual Little League Facility Survey.
- SKLL consistently updates its officers listing and copies are forwarded to our District 3 coordinator as well as Little League headquarters.
- Player Roster, Coach and Manager Data will be submitted thru the Little League Data Center

12.COVID-19 Safety

South Kingstown Little League and its Board of Directors prioritizes the health, safety, and well-being of our players, coaches, and families. We also acknowledge the important role that organized team sports and physical activities have on our children within the town of South Kingstown. SKLL COVID preparation plan has been developed based on the recommendation of the CDC and the Rhode Island Department of Health. The following control plan and guidelines have been established to guide our players, coaches and parents.

Implementing the guidelines described herein will require cooperation and collaboration between SKLL, coaches, parents and players.

These guidelines have been created utilizing public information and documentation available as of June 28, 2022. Due to the dynamic nature of the situation surrounding COVID-19, it is likely that this information will change over time. SKLL will do its best to maintain compliance with all applicable rules, regulations and suggestions as they become available. (<https://health.ri.gov/publications/guidance/Youth-Adult-School-Sports.pdf>)

13. COVID-19 Safety Plans (Practice/Games/Concessions)

Practice

- Players are not to attend practice if they are sick.
- Each player will have their own personal labeled water bottle, not to be shared.

Games

- Players are not to attend practice if they are sick.
- Each player will have their own personal labeled water bottle, not to be shared.

Tuckertown Field Concession Stand

- Food Service
 - Hand sanitizer available for customers
 - Wrapped utensils given out per order/as requested
 - All surfaces continually cleaned and sanitized
- General Schedule / Outline / Additional Information
 - If concession stand are professionally managed by a third party vendor they will be responsible for all State and Local Health Ordinances.
 - All of the the staff will be licensed food safety managers with the RI Department of Health

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14. Appendix A: Volunteer Applications

Little League® “Basic” Volunteer Application - 2020

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 meet the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information.

All fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

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

If yes, describe each in full: _____ Yes No

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager.)

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

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

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

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

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Manager | <input type="checkbox"/> Other |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Scorekeeper | |

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ or _____
(selected used for background check (minimum of one used to check) 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.

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/By-StateLaws

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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.



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 for more information.

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

Name _____ Date _____

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/ByStateLaw

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.

Last Updated: 10/10/2019

15. Appendix B: Incident & Accident Reports

1. Local League Reporting Form

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

- A.) On Primary Playing Field 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 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: _____

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2. AIG Reporting Form



**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