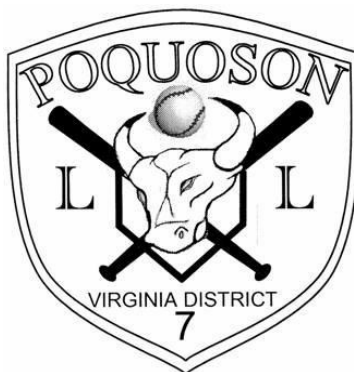


Poquoson Little League



Safety Plan

for

**Poquoson Little
League
(Virginia District 7)**

2017

Play Hard - Play Safe
League ID Number: 03460713

2017 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2017 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit both forms with your complete safety plan — including all 15 minimum requirements clearly detailed — online or with a postmark no later than March 31, 2017. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted starting Jan. 1, 2017.

Safety plans approved prior to the posted deadline will win your league a cash award based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2017 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be received and approved by Little League International by March 10. This is different than the league deadline and requirement. Districts with 87% or better of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a \$350 credit. Districts with 70%-86% of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a \$150 credit.

This Registration Form MUST Accompany Safety Plan Submission

League Name Poquoson Little League League I.D. # 03 460 713
 City _____ State _____ League I.D. # _____
 (If board operates more than one charter, please list all: League I.D. # _____)

League Safety Officer Gary Wojciechowski

Address PO Box 2194

City Poquoson

State VA Zip Code 23062

Work Telephone (____) _____

Home Telephone (757) 868 0603

Cell/Pager Number (757) 675 7753

Email gdwoj@0603@gmail.com

Items included with this application form:

of pages of league's safety program outline: 46

of non-returnable photographs: 0

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone (____) _____

Signature [Signature] Date 2/23/17

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2017 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program
 Little League International
 P.O. Box 3485
 Williamsport, PA 17701

or Shipping Address: ASAP Award Program
 Little League International
 539 U.S. Route 15 Hwy.
 So. Williamsport, PA 17702

Returned & Approved by March 10 for DA incentive no later than March 31 for basic approval

Over

Qualified Safety Plan Requirement

Making It "Safer For The Kids"



These two pages contain the 15 minimum requirements for your safety plan to qualify for the cash award if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey, as well as any other supporting pieces illustrating your safety program. Please specify all a reason which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.).

Judging: All judging will be conducted based on the material submitted. Non-original safety plans will not be considered for the awards.

* Please List
Page Number
Where Each
Item Below
Is Located
In Your
Safety Plan

* Please list dates when training was/will be held; and where each requirement can be found in your plan.

1. Page: 6

1. Have active safety officer on file with Little League International

2. Page: 7

2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to safety manual to volunteers

- The intent is to print and distribute the safety plan to all staff; concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.

Do you have a website? ☒ YES ☐ NO

Is your Safety Plan posted on your website? ☒ YES ☐ NO

3. Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

3. Page: 7

4. Post and distribute emergency and key officials' phone numbers

- Include emergency procedures for handling injuries and who to contact to track/report them.
- Include emergency phone numbers for ambulance, police, fire department, etc.
- Include league president and safety officer, consider head umpire, board members.

4. Page: 6

5. Use 2017 Volunteer Application Form

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy.
- Must conduct a search of the Department of Justice's nationwide sex offender registry, using 2017 Volunteer Application Forms, on all applicable volunteers.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as First Advantage.
- Anyone refusing to fill out Volunteer Application is ineligible to be a league member.
- League president must retain these confidential forms for the year of service.
- Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

Page: 7

5. Date Was/
Will Be Held: 2/26/17-
3/11/17

6. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)

- It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years; but one team representative still required each year.
- High school, college or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending
 - It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
 - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
 - Other individuals who attend various outside first aid training and courses are not exempt.
 - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; minimum of one participant per team.
 - Training qualifies volunteer for 3 years, but one team representative still needed each year.
7. Require coaches/umpires to walk fields for hazards before use
 - Recommend leagues use form to track and document any facility issues needing to be fixed.
 - Common sense activity - look for rocks, glass, holes, etc.
 - Specify who is responsible for doing this --- home coach, visitors, umpire, or all?
8. Complete the 2017 ANNUAL Little League Facility Survey
 - A requirement each year, can help leagues find and correct facility concerns.
 - Provided in the ASAP section on the Little League web site facilitysurvey.musco.com or email asap@musco.com
 - **DONOT** simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2017 form.
 - Keep a copy on file for future needs; Little League does not maintain copies of surveys.
9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures
 - Local restaurant operators are good resources for training assistance.
 - Training should also cover safe use, care and inspection of equipment.
 - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.
10. Require regular inspection and replacement of equipment
 - Inspect equipment before each use by coaches and umpires.
 - Don't just discard bad equipment; destroy it or make it unusable to stop children from attempting to "save it" from waste.
 - Recommend use form to remind coaches and to track equipment needs.
11. Implement prompt accident reporting, tracking procedure
 - Accident forms to safety officer within 24-48 hours of incident is common.
 - Forms are available through Little League website.
 - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
 - Share information on accidents and "near-misses" with District staff.
12. Require a first-aid kit at each game and practice
 - Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
 - Local hospitals and medical supply companies are good sources.
 - If necessary, fund through special drive.
13. Enforce Little League rules including proper equipment
 - Most Little League rules have some basis in safety - follow them.
 - Ensure players have required equipment at all times, even catchers warming up during infield.
 - Make sure coaches and managers enforce rule sat practices as well as games.
 - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
 - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
14. Submit league player registration data or player Roster data and coach and manager data
 - League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan.
15. Submit a qualified safety plan registration form with your ASAP plan.

6. Page: 8

6. Date Was/ Will Be Held: 2/26/17

6. Date Was/ Will Be Held: 3/11/17

7. Page: 15

8. Page: 31

9. Page: 5m-7

10. Page: 18

11. Page: 18

12. Page: 8

13. Page: 18

14. Page: 7

15. Page: 2

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League Safety Officer Gary Wojciechowski

Address PO Box 2194

City Poquoson

State VA Zip Code 23062

Work Telephone (____) _____

Home Telephone (757) 868 0603

Cell/Pager Number (757) 675 7753

Email gdwoj0603@gmail.com

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Shipping Address: ASAP Award Program
 Little League International
 539 U.S. Route 15 Hwy.
 So. Williamsport, PA 17702

Returned & Approved by March 10 for DA incentive no later than March 31 for basic approval

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Poquoson Little League Safety Plan

This Safety Plan – IAW Little League Internationals A Safety Awareness Program (ASAP) this plan has been prepared by Gary Wojciechowski, Safety Officer for Poquoson Little League.

Gary Wojciechowski
 12 Bayview Drive
 Poquoson, VA 23662
 Home: 757-868-0603 Cell:
 757-675-7753
 E-mail: gdwojo0603@gmail.com

Distribution of the Poquoson Little League Safety Manual for Managers (attached) – has been distributed to all Team Managers with instructions that they should ensure that their Coaches and Team Moms be familiar with the Manual. A copy of the Safety Manual has been posted in the PLL Concession Stand for reference by any and all other volunteers.

Emergency Contact Information

The list of Emergency Phone numbers is included within the Safety Plan, but is included here for easy reference.

President	Tom Sweeney	969-0572	Concession Manager	VACANT	
Vice President	Ronnie Bradshaw	880-1122	COMMISSIONERS		
Player Agent	Dawn Sweeney	969-7670	50/70 & Junior Baseball	Shane Harrison	746-0403
Secretary	Judy Pankoke	869-6915	Minor & Major Baseball	Jennifer Bunting	342-8266
Treasurer	Charlotte Ross	927-4269	T-Ball & Coach Pitch	Shannon Harrison	810-3910
Safety Officer	Gary Wojciechowski	675-7753	Softball	Nick Creasman	327-8269
Equipment Manager	Chris Stephan	777-7511	COMMITTEE CHAIRS		
Scheduler/Information Officer	Taylor Sherrill	593-1756	Sponsorships	Charlotte Ross	927-4269
Baseball Coach Coordinator	Grayson Bunting	342-7504		Judy Pankoke	869-6915
Softball Coach Coordinator	Jen Mosteller	817-8678			
Building & Properties Liaison	Jimmy Ruehl	713-3014			

POLICE AND FIRE-RESCUE PHONE NUMBERS

Poquoson Police - Emergency911

Poquoson Fire-Rescue - Emergency911

Poquoson Police - Non-emergency868-3501

Poquoson Fire-Rescue - Non-emergency

Station #1 on Poquoson Ave 868-8264 (Closest to all fields)

Station #2 on Wythe Creek Rd.....868-1300

A copy of the 2017 Poquoson Little League Safety Manual is to be distributed to all Managers and Coaches. They are to maintain a copy of this Safety Manual with the Team Binder and shall maintain the Team Binder in their possession at every team function, practice, meeting, or game.

Additional copies will be maintained in the Concession Stand at the Park Street Complex so that all volunteers will have access to a printed copy.

The Safety Manual will also be provided on the PoquosonLittleLeague.org website.

This Safety Plan, including the Safety Manual will be provided to the Virginia D7 Administrator, and maintained on file with the Safety Officer.

Registration Form / Medical Release Form / Photo Release Each player's parent or guardian must complete a Registration form (SP-4), Medical Release form (SP-5) , and Photo Release form (SP-6) every season that the player participates. The registration form is used by the Player Agent to develop contact lists for each player, the Medical Release form is provided to the Manager of the Team the player is assigned – the Medical Release form is to be maintained in the Team Binder and shall be available at every team function. The Photo Release form is maintained in the event the League wishes to utilize the player's photo for media relations, or sponsor acknowledgement. All Manager/Coach and player information will be uploaded by the PLL Player Agent to the Little League International Data Center once all rosters are finalized

Volunteer Application Form and Background Checks

Each and every volunteer must complete a 2017 Poquoson Little League Volunteer form if they were not an approved volunteer in 2016. If a volunteer was approved in 2016, they may fill out the abbreviated 2017 Returning Volunteer form. This form shown on pages SP-7 and SP-8 are used to obtain permission for the Safety Officer and others to perform Background checks. Each volunteer must complete the form, sign and date the form, and provide a Government issued identification. Their identification is used to verify name, birth of date, Eye color and address.

The Safety Officer then runs the Volunteer's name through the Department of Justice Nationwide Sex Offender Registry found at: <https://www.nsopw.gov>. Anyone who's name matches a name in the registry must be adjudicated. Adjudication is done by evaluating: Aliases, Middle Name, Date of Birth (age), Race, Eye Color, and or height. When everyone with a matching name is evaluated, that person is then evaluated with the First Advantage Program found at: <https://ca.fadv.com/CA/welcome.do?LLinternational> This site requires the use of Social Security Numbers – SSN's are collected at time of Volunteer Registration as such, these papers are treated as Confidential information and access to these papers are limited to only those with a need to know.

The State of Mississippi does not provide information to First Advantage, so additional checks are conducted for offenders from Mississippi by putting all volunteer names into the name matching site at: <http://state.sor.dps.ms.gov/> and the Choctaw Indians Registry located at: [HTTP://CHOCTAW.NSOPW.GOV](http://CHOCTAW.NSOPW.GOV).

Anyone volunteers that the description of anyone within either of the Registries listed above, will be referred to the Poquoson Police Department for further adjudication.

Fundamentals Training

All Managers must attend a Fundamentals training once every three years, and at least one member of the coaching staff must attend fundamentals training for the 2017 season. Fundamental training will be given by the Coaching Coordinators at each level during the first couple of weeks of the 2017 season.

First Aid Training

Poquoson Little League has prepared a UDEMY.com course for First Aid Training. Training will focus on situations expected in the course of practice and games. This course cover: Bruises and hematomas, Sprains, Dislocations and Breaks, Scrapes and Cuts, Heat Stress/Cramps/Exhaustion and Stroke, Loss of Consciousness, Mouth and Tooth injuries, Breathing Difficulty and Choking, Eye Injuries, Burns, Concussions, Allergic reactions CPR and AED training. The course will provide detailed information on each of the topic areas, be scrutinized by qualified individuals. The course will also present the taker with quizzes after each subject matter to ensure they have understood sufficiently. All managers and coaches will be required to complete the training at least every 3rd year, and at least one manager or coach on the staff of each team will be required to complete the training during the 2017 season.

This course will be available prior to the start of the season and will be required training for all Managers and Coaches who are not classically trained in First Aid and Life Saving (e.g. doctors, nurses, EMT, etc.. The training must be completed by at least one member of the team staff every year, and training will be good for a period of three years. There will be a special session on the Concession Stand Safety that will be required for all volunteers associated with the operations of the Concession Stand at the Park Street Complex. These courses will include burns and electrocution.

Concussion testing: The CDC's Heads Up course must be completed by every Manager and Coach during the 2017 season. This course and test must be completed satisfactorily and the certificate for each member of the team staff must have their certificate printed and maintained in the Team Binder. Training can be found at <https://headsup.cdc.gov/>

First Aid Kits: Each team has been furnished with a complete first aid kit meeting baseball specific needs. The list of contents for each kit has also been provided to each team. If the contents of the kits is utilized for any purpose, the Manager or Coach who depleted the supplies is required to contact the Safety Officer to obtain replacement items within 24 hours. If the injury was sufficient to remove the player for the remainder of the game, the notification of the depletion of the First Aid kit will be required to include a Preliminary Incident Report.

2017 PLL Registration Form

<http://www.poquosonlittleleague.org>

Late Registration (Waitlist) Fee is \$25

Player's Information

Name

First	MI	Last	Nickname	Birth Date (mm/dd/yy)	Gender M F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

Address

Street	City	State	Zip
<input type="text"/>	<input type="text" value="Poquoson"/>	<input type="text" value="VA"/>	<input type="text" value="23662"/>

Phone

Primary E-Mail Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

League Age (View Age Chart to determine age)

Uniform Shirt Size

Parent information

Name (Parent 1)

Address (if different from above)

Phone (If different from above)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

E-mail Address (if different from above)

Name (Parent 2)

Address (if different from above)

Phone (If different from above)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

E-mail Address (if different from above)

- 1) I/We, the parents/guardians of the above named child (candidate) for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- 2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify, and agree to hold harmless Poquoson Little League, Little League Baseball Inc., the City of Poquoson, the organizers, sponsors, supervisors, all managers, coaches, officials, officers, directors, authorized volunteers, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause and maintain full responsibility for any and all injuries any personal losses which may occur while my child participates in practices, games, and in any and all activities of the Poquoson Little League program, except to the extent and in amount covered by accidental or liability insurance.
- 3) I/We agree that our child (candidate) may be required to try out for a team. If such candidate does not attend at least 50 percent of the tryouts, local Board of Directors' approval is required for such candidate to be placed on a team.
- 4) I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by Poquoson Little League and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for Major Division for the current season and may be subject to further restrictions by Poquoson Little League.
- 5) I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and certified birth certificate to verify the age of my/ our child (candidate) to Poquoson Little League Officials. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Inc. to participate in Poquoson Little League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We understand that if any participant and/or team on which he/she participates be found ineligible, forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

Signature: _____ Date: _____

League Use Only

League Use Only

Last Year's Division/Team: _____

☐ Birth Certificate ☐ Proof of Residency ☐ Medical Release

Fees Paid by:

☐ Manager/Coach Form ☐ Volunteer Form

Cash ☐ Check ☐ Credit Card ☐

Little League Baseball and Poquoson 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.

2017 PLL Medical Release Form

<http://www.poquosonlittleleague.org>

Player's Name

First

MI

Last

--	--	--

Birth Date

(mm/dd/yy)

--

Parent/Guardian Authorization:

I, the undersigned parent/guardian of the above player, do hereby authorize Poquoson Little League, officers, directors, managers, coaches, or agents to obtain medical aid or assistance for my child in case of accident, injury, or illness during participation in any Poquoson Little League program.

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

In Case Of Emergency Contact:**Name****Phone****Relationship to player**

--	--	--

Name**Phone****Relationship to player**

--	--	--

Please list any allergies/medical problems/physical restrictions including those requiring maintenance medications (i.e. diabetic, asthmatic, seizure disorders, etc.).

Allergies:

--

Medical Problems:

--

Physical Restrictions:

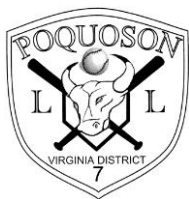
--

Medications:

--

Signature: _____**Date:** _____

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Poquoson Little League

2017 Manager/Coach Application

Name (Last, First)

Nickname

Phone

PRIMARY E-mail Address

Position/Level/Team (if applicable) you would like to be considered for

Position/Level/Team held during 2016 (if applicable)

Recent Previous Experience in Little League or similar activity.

Note: It is not necessary to have experience to coach in PLL, everyone has to start somewhere.

Remarks/Comments

I understand the position(s) of Manager and Coach do not retain tenure from year to year. Each year Managers/Coaches are appointed by the PLL President with the recommendation of the Commissioner and approval of the PLL Executive Board. This application does not guarantee me a Manager or Coach position.

Signature

Date

Poquoson Little League 2017 Photo Release/Consent Form

Name of individual: _____

I, _____ parent(s) / guardian(s)

of _____ (address)

hereby give Poquoson Little League and their legal representatives and assigns the right and permission to publish, my child's photographic image for the specific purpose of publication to their Website or League Publications (see below).

In giving my consent, I hereby release and agree to hold harmless Poquoson Little League, Virginia District 7 Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization from any and all responsibility or liability. I understand that I will receive no compensation, should any photographs of my child be used.

I understand my child's picture and this photo release form will be maintained with Poquoson Little League. I understand I may change or withdraw this release/consent at any time by contacting Poquoson Little League in writing.

This release and child's picture(s) will be valid up to one (1) annual year (October 1, 2016 – September 30, 2017). I understand all pictures released to Poquoson Little League will not be returned and will then be destroyed after the one-year (1) contract. I understand that I may resubmit another picture along with a 2017-updated photo release form.

I understand Poquoson Little League has full authority as to which pictures they choose to place on their website or League publication. Poquoson Little League is not required nor obligated to use any pictures I submit.

I have read this agreement and understand it.

Date: ____/____/____

Signature of parent/guardian

Print name of parent/guardian

Date: ____/____/____

Signature of League Representative

Print name of League Representative

The picture will be published to the following Website: <http://www.poquosonlittleleague.org> or on our Facebook page: Poquoson Little League

Poquoson Little League Code of Conduct 2017

Is to be used in conjunction with all other PLL rules and regulations and take precedence wherein alcohol consumption is the issue.

The Board of Directors of Poquoson Little League (PLL) has mandated the following Codes of Conduct during Little League events:

No board member, manager, coach, player, chaperone, volunteer, or spectator (hereinafter referred to as "Participant"), shall at any time:

- ❖ Lay a hand upon, push, shove, strike, or threaten to strike an official.
- ❖ Speak disrespectfully to any manager, coach, official or a representative of Poquoson Little League.
- ❖ Challenge an umpire's authority. The umpire shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.
- ❖ Consume alcohol directly prior to, during, or after any Little League function whereasthe "Participant" is acting as an official representative of PLL and/or directly responsible for the well being of any minor member of PLL. This includes having the smell of alcohol on your breath, and/or appearing to be in an intoxicated state. If a participant uses alcohol during a Little League function, the "Participant" will be asked to leave the area. If immediate action is warranted, a responsible Little League official will consult with the acting umpire in charge, designated manager in charge, tournament director, PLL Vice President, or the local authorities. Participants will not consume alcohol during the entire duration of trips to tournaments away from Poquoson.
- ❖ Use tobacco products during any Little League function whereas the "Participant" is acting as an official representative of PLL and/or directly responsible for the well being of any minor member of PLL.
- ❖ Be guilty of an objectionable demonstration of dissent at an official's decision bythrowing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- ❖ Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ❖ Be guilty of the use of profane, obscene or vulgar language in any matter at anytime.
- ❖ At no time will problems and or complaints be discussed openly at the playing field in front ofany players or spectators.

The Board of Directors will review all infractions of the Poquoson Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league. A Code of Conduct complaint/incident report must be filled out and sent to the Vice President of PLL within 24 hours of the incident. The PLL Vice President will investigate all properly documented incidents and report his/her findings to the PLL President. The President will report the incident, accompanied by all pertinent documentation to the PLL Board of Directors. Based on the severity of the incident, the President may choose to call a special meeting of the board.



POQUOSON LITTLE LEAGUE, Inc.

Baseball and Softball 2017

POQUOSON LITTLE LEAGUE CODE OF CONDUCT COMPLAINT FORM

Date: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Date of Incident: _____ Team: _____ Division: _____

Location of Incident: _____

Poquoson Little League Personnel Involved: _____

Other PLL personnel, referees, parents, tournament officials, etc. present:

Please describe, in detail, the incident that occurred:

This complaint or incident will be filed with the Vice President of PLL (Ronnie Bradshaw) and reported directly to the President.

Signature _____

Date _____



Little League Volunteer Application - 2017

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage) _____

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): _____

Do you have children in the program? Yes ☐ No ☐ If yes, list full name and what level? _____ Special _____

Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes ☐ No ☐

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ Yes ☐ No If yes, describe each in full: _____

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 ☐ Coach ☐ Umpire ☐ Field Maintenance ☐
Manager ☐ Scorekeeper ☐ Concession Stand ☐ 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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐ Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

Little League® “Returning” Volunteer Application - 2017

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Have you ever been refused participation in any other youth program? ☐ Yes ☐ No

If Yes, explain: _____

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

☐ League Official ☐ Manager ☐ Coach ☐ Umpire ☐ Field Maintenance

☐ Score Keeper ☐ Concession Stand ☐ Other: _____

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (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.

Please update ONLY the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name / Phone: _____ / _____

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc):

Special Affiliations (Clubs, Service Organizations, etc):

Previous volunteer experience (including baseball/softball and year(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: <http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐

Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**Please be advised that if you use First Advantage 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 directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.

Field Preparation:

Poquoson Little League is fortunate to have a dedicated team of Poquoson City employees who maintain all baseball fields. As a matter of procedure outlined in the Safety Manual, Coaches and Managers must walk the field prior to every game and practice to ensure no unsafe conditions exist. The Manager or Coach should evaluate all areas identified on the PLL Field Safety Check List. Anything that is UNSAT should be addressed and efforts should be made to prevent any injury from occurring as a result of something being listed as UNSAT. This situation does not require the field to not be used, and as long as appropriate actions are taken to eliminate the concern from becoming an issue, practices and games may continue. The Manager or Coach shall complete a PLL Unsafe Report and submit to the PLL League President, PLL Safety Officer, and the individual responsible for interfacing with the City to ensure the issue is resolved before it creates an issue that would prevent the field from being utilized.

Any situation that a Manager or Coach sees while at any field involving players, coaches, managers, spectators, shall also be addressed using the Unsafe Report.

Field Survey

All fields utilized by PLL during the 2017 season have been Surveyed using the Little League Facility Survey online. This survey is included here for inspection. PLL may be fielding an Intermediate team, which will not be run on any field in the PLL survey. The PLL Safety Officer will ensure that the field utilized by a PLL Intermediate team has been adequately surveyed by that league's Safety Officer.

PLL FIELD SAFETY CHECK LIST

All managers and coaches are responsible for checking field safety conditions before each game. This check list will be used as a guide to ensure the safety of the field. Any safety discrepancies or concerns should be brought to the attention of the umpire at the home plate meeting prior to the game. If repairs are needed, please forward this check list to the PLL Safety Officer, Gary Wojciechowski. 757-675-7753

FIELD	SAT	UNSAT	COMMENTS
Backstop			
Bases (secure)			
Pitchers mound			
Gopher holes/grass			
Rocks removed			
Home plate			
Infield fence			
Outfield fence			
Batter's box level			
Coaches' box level			
Field marked			
Dirt needed			
DUGOUT			
Fencing			
Bench			
Bat racks			
Helmet racks			
Clean-up			
Trash cans			
Roof			
SPECTATOR AREAS			
Bleachers			
Foul ball net			
Clean-up			
PLAYER'S EQPMT:			
Batting helmets			
Bats			
Jewelry removed			
Cleats			
Uniforms			

CONTINUED ON BACK

CATCHER'S EQPMT:	SAT	UNSAT	COMMENTS
------------------	-----	-------	----------

Shin guards			
Helmet			
Face mask			
Throat protector			
Chest protector			
Catcher's mitt (Baseball)			
Catcher's cup (boy's)			

SAFETY EQPMT:	YES	NO
---------------	-----	----

First-aid kit full		
PLL Safety Manual		
Incident Report forms		
Unsafe Report forms		
Telephone		

Equipment Safety:

The Equipment Officer is responsible for the inspection and replacement of any and all equipment owned by PLL. This includes the inspection of all team allocated Helmets, Bats, Gloves, and Catchers' Equipment. The initial inspection is conducted prior to the issuance of the equipment to the Team Manager. Periodic inspections during the season are to be conducted by the Team Manager and or Coaches to ensure that all equipment is in proper working order. Any issues or questions concerning the equipment shall be addressed to Chris Stephan 757-777-7511.

Equipment that is no longer suitable shall be destroyed to prevent others from utilizing defective materials.

Player furnished equipment – including bats shall be evaluated by the Managers, Coaches and Umpires prior to their use in any game / practice. Each Manager shall be familiar with the 2017 Little League Bat rules which can be found at: <http://www.littleleague.org/learn/equipment/baseballbatinfo/batrules.htm>. Any equipment that does not ensure the safety of the participants shall be removed from the field prior to play, and may not be returned to the field.

Managers and Coaches shall ensure that all players are properly equipped including removal of all non-emergency bracelet jewelry, male catchers must wear an athletic supporter and cup, all catchers must have a dangling throat guard on their helmets.

Concession Workers must inform the President of any equipment in the Concession Stand that is not performing correctly or not operating safely. This equipment shall be placed Out Of Commission until it can become repaired or replaced. Equipment provided by the Pepsi Company shall be brought to the Pepsi representative immediately. The Pepsi Representative is Robert Porter Robert.porter@pepsico.com. Additional Safety guidelines for the Concession Stand are included in the Safety Manual maintained in the Concession Stand.

Accident Reporting.

Any incident that involves an injury necessitating the removal of a player for the remainder of the duration of a game or practice must be reported. A Poquoson Little League Preliminary Incident Report must be submitted to the PLL Safety Officer within 24 hours of the incident. If a report cannot be filed electronically, the Manager or Coach in attendance must contact Gary Wojciechowski at 757-675-7753 to provide all of the responses to the report as soon as possible. Upon completion of the Initial Report, the Safety Officer shall fill out A Safety Awareness Program's Incident/Injury Tracking Report. This shall be submitted electronically to both the League President and District Administrator within 48 hours of the incident. The Little League General Liability Claim Form, along with the Instructions shown in the following pages shall be provided to the Player's Parents/Guardians.

Poquoson Little League Preliminary Incident Report

Little League ID # 03460713

Part 1 Injured Person's Background Information

Name: _____ Date of Birth: ____ / ____ / ____
Parents: _____ Age: _____ Sex: ☐ Male ☐ Female
Address: _____ Home Phone: _____
City/St/Zip: _____ Work Phone: _____

Part 2 Incident and Injury Information

Date of Incident: ____ / ____ / ____ Time of Incident: _____ AM ☐ PM Field Name: _____

Short Description of Incident:

Was first aid required? ☐ Yes ☐ No

If yes, explain what was done:

Was professional medical treatment required? ☐ Yes ☐ No

If yes, explain what was done:

(If yes, the manager, coach, or player must present a non-restrictive medical release, to a board member, prior to treated person being allowed to participate in a game or practice.)

Will there be a claim filed with Little League Insurance? ☐ Yes ☐ No ☐ Not sure

☐ Baseball ☐ Softball Team Name: _____ Manager's Name: _____ Manager's Phone: _____

Division: ☐ T-Ball ☐ Coach Pitch ☐ Minors ☐ Majors ☐ Juniors ☐ Seniors

Injured person was: ☐ Player ☐ Manager/Coach ☐ Umpire ☐ Scorekeeper ☐ Spectator ☐ Volunteer

Position when injured: ☐ 1st Base ☐ 2nd Base ☐ Shortstop ☐ 3rd Base ☐ Pitcher ☐ Catcher ☐ Left Field

☐ Center Field ☐ Right Field ☐ Batter ☐ Base runner ☐ Dugout ☐ Bullpen ☐ Batting Cage ☐ Coaching Box

☐ Warm-ups ☐ Other: _____

Type of injury: ☐ Abrasion ☐ Bite ☐ Concussion ☐ Contusion ☐ Dental ☐ Dislocation ☐ Dismemberment

☐ Epiphysis ☐ Fatality ☐ Fracture ☐ Hematoma ☐ Hemorrhage ☐ Laceration ☐ Paralysis ☐ Puncture

☐ Rupture ☐ Sprain ☐ Sunstroke ☐ Unknown ☐ Other: _____

(Continued on reverse)

PLL Preliminary Incident Report
Form SF-1

Part of body injured: ☒ Abdomen ☐ Ankle ☐ Arm ☐ Back ☐ Chest ☐ Ear ☐ Elbow ☐ Eye ☐ Face
☐ Finger ☐ Hip ☐ Foot ☐ Hand ☐ Head ☐ Knee ☐ Leg ☐ Lips ☐ Mouth ☐ Neck ☐ Nose ☐ Shoulder
☐ Side ☐ Teeth ☐ Testicle ☐ Wrist ☐ Other ☐ Unknown

Cause of injury: ☐ Batted Ball ☐ Batting ☐ Catching ☐ Colliding with Person(s) ☐ Colliding with Structure
☐ Falling ☐ Hit by Bat ☐ Horseplay ☐ Pitched Ball ☐ Running ☐ Sharp Object ☐ Sliding ☐ Tagging
☐ Throwing ☐ Thrown Ball ☐ Unknown ☐ Other: _____

Were there any witnesses to the accident? ☐ Yes ☐ No

If yes, list name, address, and phone number _____

Could this accident have been avoided? ☐ Yes ☐ No If yes, how: _____

Part 3

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. This form also establishes a record of an incident prior to any potential lawsuit to provide the Little League with advanced information.

When an incident occurs, obtain as much information as possible. Return this form to Gary Wojciechowski, PLL Safety Officer. Accident forms will be processed by the PLL Safety Officer and submitted to the insurance carrier for processing.

Prepared by/Position: _____ Phone Number: _____

Signature: _____ Date: _____

PLL UNSAFE REPORT 2015

The purpose of this report is to help the safety officer identify and investigate any potential safety situation at Poquoson Little League. The safety officer cannot be at every practice and game to observe adherence to safe procedures. Every adult in Poquoson Little League has the responsibility to ensure the safety of each child in the league. Please help keep PLL safe by highlighting unsafe procedures and practices. Fill out this report and forward it to the safety officer at the address below.

Date:	Time:	Place:	League:	Team:	Manager

Briefly describe the unsafe situation: (i.e. field condition, manager/coach/umpire problem, etc.)

Persons involved: _____

Thank you for your help in ensuring the safety of our children at Poquoson Little League!

**Gary Wojciechowski, Safety Officer
P.O. Box 2194
Poquoson, VA 23662
Phone: 757-675-7753
E-Mail: gdwojo@theofficestore.com**

Poquoson Little League Preliminary Incident Report

Little League ID # 03460713

Part 1 Injured Person's Background Information

Name: _____ Date of Birth: ____ / ____ / ____
Parents: _____ Age: _____ Sex: ☐ Male ☐ Female
Address: _____ Home Phone: _____
City/St/Zip: _____ Work Phone: _____

Part 2 Incident and Injury Information

Date of Incident: ____ / ____ / ____ Time of Incident: _____ AM ☐ PM Field Name: _____

Short Description of Incident:

Was first aid required? ☐ Yes ☐ No

If yes, explain what was done:

Was professional medical treatment required? ☐ Yes ☐ No

If yes, explain what was done:

(If yes, the manager, coach, or player must present a non-restrictive medical release, to a board member, prior to treated person being allowed to participate in a game or practice.)

Will there be a claim filed with Little League Insurance? ☐ Yes ☐ No ☐ Not sure

☐ Baseball ☐ Softball Team Name: _____ Manager's Name: _____ Manager's Phone: _____

Division: ☐ T-Ball ☐ Coach Pitch ☐ Minors ☐ Majors ☐ Juniors ☐ Seniors

Injured person was: ☐ Player ☐ Manager/Coach ☐ Umpire ☐ Scorekeeper ☐ Spectator ☐ Volunteer

Position when injured: ☐ 1st Base ☐ 2nd Base ☐ Shortstop ☐ 3rd Base ☐ Pitcher ☐ Catcher ☐ Left Field

☐ Center Field ☐ Right Field ☐ Batter ☐ Base runner ☐ Dugout ☐ Bullpen ☐ Batting Cage ☐ Coaching Box

☐ Warm-ups ☐ Other: _____

Type of injury: ☐ Abrasion ☐ Bite ☐ Concussion ☐ Contusion ☐ Dental ☐ Dislocation ☐ Dismemberment

☐ Epiphysis ☐ Fatality ☐ Fracture ☐ Hematoma ☐ Hemorrhage ☐ Laceration ☐ Paralysis ☐ Puncture

☐ Rupture ☐ Sprain ☐ Sunstroke ☐ Unknown ☐ Other: _____

(Continued on reverse)

PLL Preliminary Incident Report
Form SF-1

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.

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)
☐ Senior (14-16) ☐ Senior ☐ Big League**C.)** ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____**Position/Role of person(s) involved in incident:****D.)** ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____**Type of injury:** _____**Was first aid required?** ☐ Yes ☐ No If yes, what: _____**Was professional medical treatment required?** ☐ Yes ☐ No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:**A.)** On Primary Playing Field
☐ Base Path: ☐ Running *or* ☐ Sliding
☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
☐ Collision with: ☐ Player *or* ☐ Structure
☐ Grounds Defect
☐ Other: _____
B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area
C.) Concession Area
☐ Volunteer Worker
☐ Customer/Bystander
D.) Off Ball Field
☐ Travel:
☐ Car *or* ☐ Bike *or*
☐ Walking
☐ League Activity
☐ Other: _____**Please give a short description of incident:** _____**Could this accident have been avoided? How:** _____

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

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

General Liability Claim Form

Send Completed form to:

Little League Baseball and Softball

539 US Route 15 Hwy

P.O. Box 3485

Williamsport, Pennsylvania 17701-0485

(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

Insured	Name of League		League I.D. Number (Used as location code)						
	Name of League Official (please print)		Position in League						
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)						
			Phone No. (Bus.)						
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)					
	Arising out of Operations conducted at								
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)								

	Who owns Premises		Person in charge of Premises		
Coverage Data	Limits BI/PD:	Med. Pay: None	Elevator: Yes	Products: Yes	Cont: Yes
	Policy Number		Policy Dates: Begin: End:		

Is there any other insurance applicable to this risk?

☐ Yes ☐ No

Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repair		

Insured Person and Injuries	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Employers Name and Address		Phone No. (Bus)		

Did you provide or authorize
medical attention? ☐ Yes ☐ No

Attending Doctor's Name and Address

Description of Injury

Where was the injured taken after accident?

Probable length of Disability

Witnesses: Name, Address, Phone Number

Name, Address, Phone Number

Name, Address, Phone Number

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



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 Fax: 570-326-9280

Accident & Health (U.S.)

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

League Name			League I.D.		
PART 1					
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
	<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
<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(9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	(Submit a copy of your approval from Little League Incorporated)
	<input type="checkbox"/> INTERMEDIATE (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)	
	<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 photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____ Date _____

Clai
man
t/Par
ent/

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

Claimant/Parent/Guardian Signature

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> 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

- ☐ 01 1ST
- ☐ 02 2ND
- ☐ 03 3RD
- ☐ 04 BATTER
- ☐ 05 BENCH
- ☐ 06 BULLPEN
- ☐ 07 CATCHER
- ☐ 08 COACH
- ☐ 09 COACHING BOX
- ☐ 10 DUGOUT
- ☐ 11 MANAGER
- ☐ 12 ON DECK
- ☐ 13 OUTFIELD
- ☐ 14 PITCHER
- ☐ 15 RUNNER
- ☐ 16 SCOREKEEPER
- ☐ 17 SHORTSTOP
- ☐ 18 TO/FROM GAME
- ☐ 19 UMPIRE
- ☐ 20 OTHER
- ☐ 21 UNKNOWN
- ☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
- ☐ 02 BITES
- ☐ 03 CONCUSSION
- ☐ 04 CONTUSION
- ☐ 05 DENTAL
- ☐ 06 DISLOCATION
- ☐ 07 DISMEMBERMENT
- ☐ 08 EPIPHYSES
- ☐ 09 FATALITY
- ☐ 10 FRACTURE
- ☐ 11 HEMATOMA
- ☐ 12 HEMORRHAGE
- ☐ 13 LACERATION
- ☐ 14 PUNCTURE
- ☐ 15 RUPTURE
- ☐ 16 SPRAIN
- ☐ 17 SUNSTROKE
- ☐ 18 OTHER
- ☐ 19 UNKNOWN
- ☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
- ☐ 02 ANKLE
- ☐ 03 ARM
- ☐ 04 BACK
- ☐ 05 CHEST
- ☐ 06 EAR
- ☐ 07 ELBOW
- ☐ 08 EYE
- ☐ 09 FACE
- ☐ 10 FATALITY
- ☐ 11 FOOT
- ☐ 12 HAND
- ☐ 13 HEAD
- ☐ 14 HIP
- ☐ 15 KNEE
- ☐ 16 LEG
- ☐ 17 LIPS
- ☐ 18 MOUTH
- ☐ 19 NECK
- ☐ 20 NOSE
- ☐ 21 SHOULDER
- ☐ 22 SIDE
- ☐ 23 TEETH
- ☐ 24 TESTICLE
- ☐ 25 WRIST
- ☐ 26 UNKNOWN
- ☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
- ☐ 02 BATTING
- ☐ 03 CATCHING
- ☐ 04 COLLIDING
- ☐ 05 COLLIDING WITH FENCE
- ☐ 06 FALLING
- ☐ 07 HIT BY BAT
- ☐ 08 HORSEPLAY
- ☐ 09 PITCHED BALL
- ☐ 10 RUNNING
- ☐ 11 SHARP OBJECT
- ☐ 12 SLIDING
- ☐ 13 TAGGING
- ☐ 14 THROWING
- ☐ 15 THROWN BALL
- ☐ 16 OTHER
- ☐ 17 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 _____

LITTLE LEAGUE® BASEBALL & SOFTBALL **NATIONAL FACILITY SURVEY**

2017



League Name: Poquoson LL

District #: 07

ID #: 346-07-13

(if needed) ID #: _____

(if needed) ID #: _____

City: Poquoson State: VA

President: Thompson Sweeney

Safety Officer: Gary Wojciechowski

Address: P.O. Box 2194

Address: P.O. Box 2194

City: Poquoson

City: Poquoson

State: VA ZIP: 23662

State: VA ZIP: 23662

Phone (work): _____

Phone (work): _____

Phone (home): _____

Phone (home): _____

Email: _____

Email: _____

PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

Please complete for each field. Use additional space if necessary.

Bradshaw
D1
D2
D3
Firth High
Municipal
Pending -
Intermedi

Early Bird Date: March 10, 2017
Final Deadline Date: March 31, 2017

Shipping address:
Little League International
539 US Route 15 Hwy
S. Williamsport, PA 17702

No.	Questions	Bradshaw	D1	D2	D3	Firth High School	Municipal	Pending - Intermedi
1	How many cars can park in designated parking areas for this field?	101 or more	101 or more	101 or more	101 or more	101 or more	51-100	None
2	How many people will your bleachers seat for this field?	1-100	1-100	1-100	1-100	101-300	101-300	None/NA
3.a	Are the bleachers made of wood on this field?	Yes	No	No	No	No	Yes	No
3.b	Are the bleachers made of metal on this field?	No	Yes	Yes	Yes	Yes	No	No
3.c	Are bleachers for this field made of material other than wood or metal?	No	No	No	No	No	No	No
4	If bleachers are made of metal, is a ground wire attached to a ground rod?	No	No	Yes	Yes	No	No	No
5	If bleachers are made of wood, are they inspected annually for safety?	Yes	No	No	No	No	Yes	No
6	Is there a safety railing at the top/back of bleachers for this field?	No	Yes	Yes	Yes	Yes	No	No
7	Is there a handrail up the sides of bleachers for this field?	No	Yes	Yes	Yes	Yes	No	No
8.a	Is permanent telephone service available for this field?	No	No	No	No	No	No	No
8.b	Is cellular telephone service available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
9.a	Is a permanent public address system available for this field?	Yes	No	No	No	No	No	No
9.b	Is a portable public address system available for this field?	No	Yes	Yes	Yes	No	No	No
10	Is there a pressbox for this field?	Yes	Yes	Yes	Yes	Yes	No	No
11	Is there a scoreboard for this field?	Yes	Yes	Yes	Yes	Yes	No	No
12	Are adequate bathroom facilities available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
13	Are permanent concession stands available for this field?	No	Yes	Yes	Yes	No	Yes	No
14	Are mobile concession stands available for this field?	Yes	No	No	No	Yes	Yes	No
15	Is this field completely fenced?	No	Yes	Yes	Yes	Yes	No	No
16.a	Is the fencing made of chainlink on this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
16.b.	Is the fencing made of wood on this field?	No	No	No	No	No	No	No
16.c.	Is the fencing made of wire on this field?	No	No	No	No	No	No	No
17.a	Is the basepath material on this field is sand, clay or soil mix?	Yes	Yes	Yes	Yes	Yes	Yes	No
17.b.	Is the basepath material on this field is ground burnt brick?	No	No	No	No	No	No	No
17.c	Is the basepath material on this field other than sand, clay, soil mix or ground...	No	No	No	No	No	No	No
17.d	If yes to other material, what is the basepath material on this field?							

No.	Questions	Bradshaw	D1	D2	D3	Firth High School	Municipal	Pending-Intermediate
18.a.	Is non-caustic lime used to mark the baselines on this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
18.b.	Is spray paint used to mark the baselines on this field?	No	No	No	No	No	No	No
18.c.	Is commerical marking used to mark the baselines on this field?	No	No	No	No	No	No	No
19	Is the infield surface grass?	No	Yes	Yes	No	Yes	No	Yes
20	Does this field have a conventional dirt pitching mound?	Yes	Yes	Yes	Yes	Yes	Yes	No
21	Does this field have a temporary pitching mound?	No	No	No	No	No	No	No
22	Are there foul poles on this field?	No	Yes	Yes	Yes	Yes	Yes	No
23	Is there a backstop behind home plate on this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
24.a.	Is there an outfield warning track for this field?	No	Yes	Yes	Yes	No	No	No
24.b.	If yes, what width is the warning track?	0.00	10.00	10.00	10.00	0.00	0.00	0.00
25	Is there a batter's eye (screen/covering) at center field on this field?	Yes	Yes	Yes	Yes	Yes	No	No
26	Is there a pitcher's eye (screen/covering) behind home plate on this field?	No	Yes	Yes	Yes	Yes	Yes	No
27	Does this field have protective fences in front of the dugouts?	Yes	Yes	Yes	Yes	Yes	Yes	No
28	Is there a protected on-deck batter's area on this field?	No	No	No	No	No	No	No
29	Are fenced limited access bull pens available for this field?	No	Yes	Yes	Yes	Yes	No	No
30	Is a first aid kit provided for this field?	No	Yes	Yes	Yes	Yes	No	No
31.a.	Do bleachers for this field have overhead screens for spectator foul ball protec...	No	No	No	No	No	No	No
31.b.	Do bleachers for this field have fencing behind for spectator foul ball protecti...	Yes	Yes	Yes	Yes	Yes	Yes	No
32	Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33	Is this field lighted?	Yes	Yes	Yes	Yes	Yes	Yes	No
34.a.	Are light levels at/above Little League standards?	No	Yes	Yes	Yes	No	No	No
34.b.	Light levels on this field are not known?	Yes	No	No	No	Yes	No	No
35.a.	Are there wood poles on this field?	No	No	No	No	Yes	Yes	No
35.b.	Are there steel poles on this field?	Yes	Yes	Yes	Yes	No	No	No
35.c.	Are there concrete poles on this field?	No	No	No	No	No	No	No
36	Is the electrical wiring to each pole on this field is underground?	Yes	Yes	Yes	Yes	Yes	Yes	No

No.	Questions	Bradshaw	D1	D2	D3	Firth High School	Municipal	Pending-Intermediary
37	Are there ground wires connected to ground rods on each pole on this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
38 a	Was the electrical system on this field tested/inspected in last two years?	No	No	No	No	No	No	No
38 b	What month/year was electrical system testing done on this field?							
38 c	Were the light levels on this field tested/inspected in the last two years?	No	No	No	No	No	No	No
38 d	What month/year was the light level testing done on this field?							
39 a	Was the electrical system on this field tested/inspected by a qualified technician?	No	No	No	No	No	No	No
39 b	Were the light levels on this field tested/inspected by a qualified technician?	No	No	No	No	No	No	No
40 a	Does field have limitation on amount of time for practice?	Yes	Yes	Yes	Yes	Yes	Yes	No
40 b	Does field have limitation on number of teams or games?	Yes	Yes	Yes	Yes	Yes	Yes	No
40 c	Does field have limitation on scheduling and/or timing?	Yes	Yes	Yes	Yes	Yes	Yes	No
41.a.	Is this field owned by a municipality?	No	Yes	Yes	Yes	No	Yes	No
41.b.	Is this field owned by a school?	Yes	No	No	No	Yes	No	No
41.c.	Is this field owned by a league?	No	No	No	No	No	No	No
42 a	Municipality is responsible for operational energy costs on this field?	No	Yes	Yes	Yes	Yes	Yes	No
42 b	School is responsible for operational energy costs on this field?	Yes	No	No	No	No	No	No
42 c	League is responsible for operational energy costs on this field?	No	No	Yes	No	No	No	No
43 a	Municipality is responsible for operational maintenance on this field?	Yes	Yes	Yes	Yes	No	Yes	No
43 b	School is responsible for operational maintenance on this field?	No	No	No	No	Yes	No	No
43 c	League is responsible for operational maintenance on this field?	No	No	No	No	No	No	No
44 a	Municipality is responsible for improvements on this field?	Yes	Yes	Yes	Yes	Yes	Yes	No
44 b	School is responsible for improvements on this field?	No	No	No	No	Yes	No	No
44 c	League is responsible for improvements on this field?	No	Yes	Yes	Yes	No	Yes	No
44 d	Other group is responsible for improvements on this field?	No	No	No	No	No	No	No
45 a	Is T-ball and Minor League baseball played on this field?	No	No	Yes	Yes	No	Yes	No
45 b	Is Major division baseball played on this field?	No	Yes	Yes	No	No	No	No
45 c	Is Junior, Senior and Big League baseball played on this field?	No	No	No	No	Yes	No	No

[illegible]

This page confirms the completion of the 2017 online Facility Survey

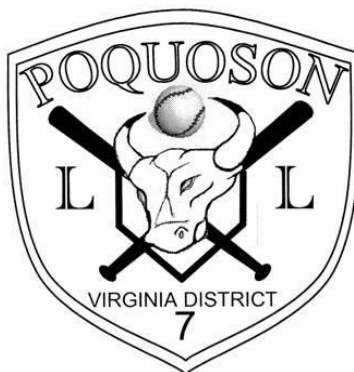
Poquoson LL
League Name

07
District #

346-07-13
League ID #

Submit this page with your hardcopy ASAP plan rather than the completed 2017 Facility Survey

Poquoson Little League



Safety Manual

for

**Poquoson Little
League
(Virginia District 7)**

2017

Play Hard - Play Safe

League ID Number: **03460713**

INTRODUCTION

ASAP - What is it? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is a tool to provide important information to the managers, coaches, and other participants in the Poquoson Little League.

Police and Fire-Rescue Phone Numbers

Poquoson Police - Emergency..... 911

Poquoson Police - Non-emergency868-3501

Poquoson Fire-Rescue - Emergency911

Poquoson Fire-Rescue - Non-emergency

Station #1 on Poquoson Ave868-

8264 Station #2 on Wythe Creek Rd868-

4300

Poquoson Little League Phone Numbers Board of Directors

OFFICERS	NAME	PHONE
President	Tom Sweeney	C: 969-0572*
Vice President	Ronnie Bradshaw	C: 880-1122*
Player Agent	Dawn Sweeney	C: 969-7670*
Secretary	Judy Pankoke	C: 869-6915*
Treasurer	Charlotte Ross	C: 927-4269*
Safety Officer	Gary Wojciechowski	C: 675-7753*
Equipment Manager	Chris Stephan	C: 777-7511*
Scheduler/Information Officer	Taylor Sherrill	C: 593-1756*
Baseball Coach Coordinator	Grayson Bunting	C: 342-7504*
Softball Coach Coordinator	Jen Mosteller	C: 817-8678*
Building & Properties Liaison	Jimmy Ruehl	C: 713-3014*
Concession Manager	VACANT	
COMMISSIONERS		
50/70 & Junior Baseball	Shane Harrison	C: 746-0403*
Minor & Major Baseball	Jennifer Bunting	C: 342-8266*
T-Ball & Coach Pitch	Shannon Harrison	C: 810-3910*
Softball	Nick Creasman	C: 327-8269*
COMMITTEE CHAIRS		
Sponsorships	Charlotte Ross	C: 927-4269*
	Judy Pankoke	C: 869-6915*

SAFETY CODE *Dedicated to Injury Prevention*

- The PLL Safety Officer is responsible for establishing and maintaining safety procedures within Poquoson Little League.
- Managers & Coaches know in advance of all games and practices how to contact emergency medical services.
- Managers, coaches, and umpires are required to attend Safety Awareness Training and recertify every two years. Other league officials are also encouraged to attend.
- Each team is provided a team first-aid kit. A larger, more inclusive first-aid kit will be kept at each field in the storageshed or concession stand. Each team will ensure a first-aid kit is available for every game and practice.
- No games or practices should be held when weather or field conditions are not safe, particularly when lighting is inadequate.
- Playing areas should be inspected before each game using the Field Safety Checklist as a guide.
- All team equipment should be stored within the team dugout or behind screens; not within the area defined by the umpire as “in play”.
- Team managers or coaches are responsible for keeping bats and loose equipment off the field of play during games and practices.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- No “Soft Toss”** or practice throwing allowed into any fence at any playing field.
- Foul balls hit out of the playing area will be returned to the nearest dugout or pressbox.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up and practice drills players should be positioned far enough apart to prevent injury from wild throws or missed catches.
- All pre-game warm-ups will be conducted within the confines of the playing field and not in areas frequented by, and thus endangering spectators (i.e. playing catch, swinging bats, etc.).
- Equipment should be inspected frequently for serviceable condition, as well as proper fit.
- Batters must wear Little League approved protective helmets during practice and in games.
- Batters are encouraged to wear helmets with face guards. These will be available to any player who requests to use one.
- Catchers must wear a catcher’s helmet (with face mask and throat guard), chest protector and shin guards. Skull caps are not permitted. Boys are required to wear a protective cup for all practices and games.
- Catchers must wear catcher’s helmet, face mask, throat guard and protective cup while warming up a pitcher including between innings and in the bull pen.
- Head first slides are only allowed when returning to a base (majors and below).
- Bases should not be strapped down or anchored down during sliding practice.
- “Horse play” is prohibited at all times.
- Parents of players who wear glasses are encouraged to

provide "safety glasses".

- Players will not wear watches, bracelets, rings, earrings, pins, or any other jewelry while in the field of play. Med-Alerts are permitted.
- On-deck batters are not permitted at Major League and below.

After an incident, be sure to follow PLL Incident Reporting Procedures. Talk to your team about the situation. Sometimes players are upset and worried when another player is injured.

Always have a cellular phone available for use at all practices and games!!!

MEDICAL EMERGENCY PROCEDURES

*****Be sure to have your Medical Release Forms with the team at all times*****

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. Be sure to follow these steps:

- 1) **First dial 9-1-1. Remember, if from a cell phone you must tell the dispatcher the city, they will forward to the Poquoson dispatcher.**
- 2) **Give the dispatcher the necessary information.** Answer any questions he or she might ask. Most will ask:
 - a. **Exact location or address of the emergency?** Include field name and location of the facility.
 - b. **The telephone number from which the call is being made?**
 - c. **The caller's name?**
 - d. **What happened** (i.e., a baseball-related accident, bicycle accident, fall, etc.)?
 - e. **How many people are involved?**
 - f. **The condition of the injured person(s)** (i.e. unconscious, chest pains, or severe bleeding)?
 - g. **What help is being given** (first aid, CPR, etc.)?
- 3) **Do not hang up until the dispatcher hangs up.** The dispatcher may be able to tell you how to best care for the victim(s).
- 4) **Continue to care for the victim(s) until professional help arrives.**
- 5) **Appoint someone to go to the street and look for the ambulance** or fire engine and flag them down, if necessary. This saves valuable time. Remember, every minute counts.
- 6) **Notify the parents immediately, if they are not at the scene.**

Some Important Do's and Don'ts

Do ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Ensure a properly stocked first-aid kit is available at all games and practices.
- Assist those who require medical attention - and when administering aid, remember to ...
LOOK for signs of injury (blood, black-and-blue, deformity of joint, etc.).
LISTEN to the injured person describe what happened and what hurts, if conscious. Before questioning, you may have to calm and soothe an excited child.
FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.

Don't ...

- **Don't administer any medications.**
- Don't provide any food or beverage (other than water).
- Don't hesitate in giving aid when needed.
- Don't be afraid to ask for help if you're not sure of the proper procedures (e.g. CPR, etc.).
- Don't transport injured individuals except in extreme emergencies.
- Don't leave an unattended child at a practice or game.
- Don't hesitate to report any present or potential safety hazard to the PLL Safety Officer immediately.

INCIDENT 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 PLL Safety Officer. This includes any passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report - All such incidents described above must be reported to the PLL Safety Officer by telephone *within 24 hours* of the incident. The PLL Safety Officer for 2017 is Gary Wojciechowski and he can be reached at the following:

Phone: (757) 675-7753

How to report - At a minimum, the following information must be provided in the initial/telephonic report (within 24 hours of the incident):

The name and phone number of the individual involved
The date, time, and location of the incident
As detailed a description of the incident as possible
The preliminary estimate of the extent of any injuries
The name and phone number of the person reporting the incident

Complete the Poquoson Little League **Incident Report Form** and hand deliver *within 24 hours* to the PLL Safety Officer or, in his absence, the PLL President or Vice President.

PLL Safety Officer's Responsibilities - Within 48 hours of receiving the incident report, the PLL Safety Officer will contact the injured person or their parents and (1) verify the information received; (2) obtain any other information

necessary; (3) check the status of the injured person and (4) in the event the injured person required other medical treatment (i.e. emergency room visit, doctor's visit, etc.) will advise the parent or guardian of the PLL's insurance coverage and the provisions for submitting claims.

If the extent of injuries are more than minor, the PLL Safety Officer shall call periodically to check on the status of injuries and render any other assistance necessary concerning submittal of insurance forms, etc. until such time as the incident is considered "closed" (i.e. no further claims are expected and/or the injured individual is participating in the league again).

Return to League Participation - Any player or volunteer who requires medical attention from a medical professional due to illness or injury during or after a game or function shall submit a medical release form completed by the attending physician. This form shall state that the player or volunteer has been cleared to participate in the league. The original medical release form must be submitted to a board member of the PLL prior to participation in a league function. If the medical release involves a player, a copy will be provided to the manager who will file it with the team's Medical Release Forms. If a medical release is not presented, the individual will not be permitted to participate in any league function until such time as one is submitted. Definition of *function*: game, practice, tryouts, volunteering your time to field maintenance, umpiring, coaching, managing, etc.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood-borne infectious diseases can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but not be limited to the following:

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue participating.
2. Routinely use gloves (provided in first-aid kits) to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Should resuscitation be necessary, mouthpieces, resuscitation bags, or other ventilation devices should be used.
6. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
7. Contaminated towels should be disposed of / disinfected properly.
8. Follow accepted guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards, and other articles containing or contacting body fluids.

LIGHTNING FACTS/SAFETY PROCEDURES

It is important to know some basic facts about lightning and its dangers:

- ⇒ All thunderstorms produce lightning and are dangerous.
- ⇒ Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.
- ⇒ If you hear thunder, you are in danger.
- ⇒ Lightning leaves many victims with permanent disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions:

- ⇒ Postpone activities, if thunderstorms are imminent.
- ⇒ Plan ahead. Know where to go for safety and allow time to safely get to a safe place.
- ⇒ Keep an eye on the sky. Watch for weather clues.
- ⇒ Listen for thunder. The National Oceanic and Atmospheric Administration and National Weather Service recommend suspending your event immediately and instructing everyone to get to a safe place. Where to go? Substantial buildings provide the best protection (like the Parks & Recreation building or the press box at Firth Field). For most participants, the best area available to seek shelter is in a hard-topped vehicle with the windows closed. Do not touch any metal inside the vehicle.
- ⇒ Where not to go? Avoid open areas, sheds, small or open shelters, dugouts, bleachers or grandstands. Stay away from trees, towers, and utility poles. Lightning tends to strike on or near taller objects. Stay away from metal bleachers, backstops, and fences. Lightning can travel long distances through metal.
- ⇒ If you feel your hair stand on end (indicating lightning is about to strike) crouch down on the balls of your feet, put your hands over your ears, and bend your head down. Do not lie flat on the ground.

LIGHTNING EVACUATION PROCEDURE

1. Stop the game or practice, if thunder is heard or lightning is sighted.
2. Stay away from metal fencing—including dugouts!!
3. Do not hold a metal bat.
4. Walk, don't run, to car and wait for a decision on whether or not to continue the game or practice.
5. No lightning for 30 minutes to resume play or practice.

The ultimate truth about lightning is it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety!

First Aid to a Lightning Victim

Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.

1. **Call for help.** Have someone call 9-1-1.

Medical attention is needed as quickly as possible.

2. **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented, if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR, if necessary.

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

3. **If possible, move the victim to a safer place.** Any active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.

GAME PROCEDURES

BEFORE THE GAME

Umpire and Managers Meeting at the Plate

- Introduce plate umpire, base umpire, managers, & coaches
- Receive official line-up cards from each team
- Review any local playing rules (time limit, playing boundaries, etc.)
- Review the strike zone
- Review unsportsmanlike conduct by the players
- Review unsportsmanlike conduct by coaches & parents
- Determine who will be keeping the official score book and pitch count
- Review the criteria for calling of the game due to darkness (on fields that are not lighted)
- Review the criteria for calling of the game due to weather (rain, lightning, etc.)
- Confirm a field safety check has been completed
- Review legal pitching motion (balks)
- Umpire receives two game balls from the home team
- Confirm players are not wearing any jewelry or metal cleats
- Confirm players are in full uniform - shirts tucked in & hats on
- Umpires inspect equipment for damage and within regulation
- Ensure games start promptly/on time. Note game starting time. Managers can utilize the Game Stoppage Rule where applicable.

DURING THE GAME

Umpire and Coaches

- Everyone think SAFETY FIRST
- Coaches of the team at bat with two outs have catchers & players on the bench prepared to take the field
- Coaches ensure catchers are wearing the proper equipment
- Ensure the field is playable and safe throughout the game
- If pitchers warm-up in the bullpen or at Bradshaw Field outside the fence, they must have a properly equipped catcher and adult supervision
- Ensure the game is kept moving – have a properly equipped player ready to warm up the pitcher, etc.
- Make calls loud and clear, signaling each call properly

- Umpires should be in position to make the call
- No arguing of any call made by the umpire, especially judgment calls
- Managers are responsible for keeping their fans on their best behavior

PLL RULES FOR SAFE PLAY

- **Speed Limit 5 mph** in roadways and parking lots while attending any PLL function. Watch for small children around parked cars.
- **No Alcohol allowed** in any parking lot, field, or common areas within a PLL complex.
- **No Playing in parking lots** at any time.
- **No Playing on or around** field maintenance equipment.
- **No Profanity.**
- **No Swinging Bats or Throwing Baseballs** at any time within walkways and common areas around PLL facilities.
- **No Throwing Balls** against dugouts, backstops, or fences. Managers and coaches shall not warmup pitchers.
- **No "Soft Toss"** or throwing practice allowed against fencing at any playing field.
- **No Throwing** rocks.
- **No Horse Play** in walkways or dugouts at any time.
- **No Climbing** fences.
- **Observe all posted signs.** Players and spectators should be **alert** at all times for **foul balls** and **errant throws**.
- **During games**, players not in playing positions must remain in the dugout in an orderly fashion at all times.
- **After each game**, each team must clean up all trash in the dugouts and aroundstands.

Failure to comply with the above may result in expulsion from the PLL field or complex.

LITTLE LEAGUE RULES

All Board Members, Coaches, Managers, Players and other Volunteers will abide by all rules as outlined in the following rule books:

- **2017 Little League Operating Manual**
- **2017 Little League Official Regulations and Playing Rules (all Divisions)**
- **2017 Little League Softball Regulations and Playing Rules (all Divisions)**

PLL recommends all managers, coaches, and umpires be familiar with the appropriate Little League rule book and have it available for consultation when necessary.

PLL CODE OF CONDUCT

Is to be used in conjunction with all other PLL rules and regulations and take precedence wherein alcohol consumption is the issue.

The Board of Directors of Poquoson Little League (PLL) has mandated the following Codes of Conduct during Little League events:

No board member, manager, coach, player, chaperone, volunteer, or spectator (hereinafter referred to as "Participant"), shall at any time:

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Speak disrespectfully to any manager, coach, official or representative of Poquoson Little League.
- Challenge an umpire's authority. The umpire shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.
- Consume alcohol directly prior to, during, or after any Little League function whereas the "Participant" is acting as an official representative of PLL and/or directly responsible for the well being of any minor member of PLL. This includes having the smell of alcohol on your breath, and/or appearing to be in an intoxicated state. If a participant uses alcohol during a Little League function, the "Participant" will be asked to leave the area. If immediate action is warranted, a responsible Little League official will consult with the acting umpire in charge, designated manager in charge, tournament director, PLL Vice President, or the local authorities. Participants will not consume alcohol during the entire duration of trips to tournaments away from Poquoson.
- Use tobacco products during any Little League function whereas the "Participant" is acting as an official representative of PLL and/or directly responsible for the well being of any minor member of PLL.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of the use of profane, obscene or vulgar language in any matter at anytime.
- At no time will problems and or complaints be discussed openly at the playing field in front of any players or spectators.

The Board of Directors will review all infractions of the Poquoson Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league. A Code of Conduct complaint/incident report must be filled out and sent to the Vice President of PLL within 24 hours of the incident. The PLL Vice President will investigate all properly documented incidents and report his/her findings to the PLL President. The President will report the incident, accompanied by all pertinent documentation to the PLL Board of Directors. Based on the severity of the incident, the President may choose to call a special meeting of the board.

PLL CHILD PROTECTION POLICY

Little League programs nationwide are required to conduct an annual mandatory background check of: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. Anyone who assists a manager or coach at a practice or game must first have a certified volunteer application on file with PLL. By policy of PLL, it is the responsibility of every manager, coach, and umpire to ensure that only PLL-certified volunteers participate in PLL activities where players are

present. The League will issue a Volunteer Identification Card to each certified volunteer and will provide a PLL-certified volunteer list to each manager. The PLL Volunteer ID Card will be presented by volunteers on demand of any PLL official, or the PLL certified volunteer list consulted to verify the volunteer status of anyone providing volunteer service at any PLL game, practice, or other league activity. Volunteer ID cards and lists are only valid for the year in which issued.

All managers, coaches, umpires, and league officials will be vigilant to:

- Only allow PLL-certified volunteers to participate in PLL activities.
- Check Volunteer ID cards or PLL provided volunteer list when needed to determine PLL-certified volunteers
- Be alert to anyone loitering near ball fields where games or practices are being conducted
- Report any suspicious activity to the PLL Safety Officer or other PLL Board member.
- The manager or coach conducting a practice or responsible for a team at a game will ensure each player is released only to a parent or guardian at the end of the practice, game, or other league activity.
- Two good rules of thumb for all PLL volunteers: 1) Do not put yourself in a one-on-one situation involving a child who is not your own. Of course, some isolated situations may arise where one-on-one situations could take place; however, this should not be actively sought out by the adult, and should not be an ongoing occurrence. 2) A volunteer should not provide unwarranted gifts, trips, attention, and affection to individual children who are not their own.
- If you suspect a child is being mistreated, call the Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). The Hotline can tell you where to file your report and can help you make the report.

PLL DIVISION PLACEMENT PROCEDURES

If a manager believes based on a combination of factors to include ability, experience, size, and maturity a child on his or her team was placed in the wrong division and poses a potential safety concern for that child or children playing in the same division, the manager will bring the matter forward to their commissioner. The commissioner will then inform the PLL Safety Officer. The PLL Safety Officer will then arrange for the PLL President, PLL Vice President, commissioners for both divisions (current division and possible future division) and team manager to observe the child at a practice. A decision based on inputs from the above individuals will be made on the future placement of the child.

PLL CONCESSIONS SAFETY

The following applies to all concessions activities conducted by Poquoson Little League:

- People working in PLL concession stands will be trained in safe food handling and preparation. Training will also include safe use and operation of food preparation and storage equipment. The PLL Concession Manager, appointed by the PLL Board of Directors, is responsible for training concessions volunteers. The PLL Concessions Manager will hold a valid Food Handler's permit issued by one of the local municipality's health department.

- Cooking and food storage equipment will be periodically inspected and repaired or replaced as needed.
- A certified fire extinguisher suitable for grease fires will be maintained in plain view when the concession stand is in operation. All concession stand workers will be instructed on the proper use of the fire extinguisher.
- A fully stocked First Aid Kit will be present in the concession stand when the concession stand is in operation.
- No concession stand workers under 18 year of age will be allowed to work in the concession stand without an accompanying trained adult concessions volunteer. No one under 15 year of age will be allowed to prepare or handle prepared foods. Only prepackaged food, such as candy bars, may be handled by those between 15 and 18 years of age.
- No one except concessions workers will be allowed to remain in the concession stand during operation.

PLL STORAGE SHED PROCEDURES

The following applies to all storage sheds and lockers used by PLL and applies to anyone who has been issued a key/combination by PLL to use those sheds or lockers:

- All individuals (i.e. managers, umpires, etc.) must be aware of their responsibilities for the ***orderly and safe storage of rakes, shovels, bases, etc.***
- Any machinery in these sheds/lockers shall be used in accordance with written operating procedures.
- All chemicals or organic materials stored in PLL sheds or lockers will be properly marked and contents labeled. Material Safety Data Sheets (MSDS) are posted on the shed wall for review.
- All chemicals or organic materials stored in PLL sheds or lockers will be separated from areas used to store machinery and gardening equipment (e.g. rakes, shovels, etc.) to minimize the risk of puncturing their containers.
- Any "loose" chemicals or organic materials within sheds or lockers should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.
- Storage sheds/lockers will be locked at all times.