

# **Interbay Little League ASAP Plan 2025**

## **A.S.A.P. 15 Requirement Overview**

### **1. Have a safety officer on file at Little League International.**

- Safety officers' information will be updated in the little league data center by December 31 of each year.

### **2. Make safety plans accessible to coaches, managers, board members and any other volunteer in the league.**

- Safety Plan will be shared on the main website, shared digitally with all coaches, staff and board members.

### **3. Post and distribute emergency and league officer phone numbers.**

- League officer phone numbers are included in the coaches manual and also posted on our website as well as in the dugout closets.

### **4. Require volunteers to complete and submit the Official Little League Volunteer Application.**

- This is a requirement for all volunteers, managers and coaches and tracked by a spreadsheet. Coaches will not be provided badges until all requirements are completed.

### **5. Provide fundamentals training.**

- Annual Coaches Training includes baseball and softball fundamentals is completed at the beginning of each season and required for all coaches and managers.

### **6. Provide first-aid training.**

- First Aid Training is included for all coaches.

### **7. Require field inspections before games and practices.**

- Managers will inspect the fields before each game to ensure no safety hazards exist.
- Any concerns that cannot be addressed will be communicated in a timely manner to the safety officer and league president.

## **8. Complete the annual Facility Survey**

- Annual facility surveys are completed in the Data Center at the end of the physical year.

## **9. Post and utilize concession stand procedures**

- Concession procedures are posted in the concession stand and will be updated as needed.

## **10. Regularly inspect and replace equipment as needed**

- Managers and coaches are instructed to manually inspect equipment, remove any items with defects and report any concerns.

## **11. Have a procedure for reporting accidents/injuries**

- All incidents are to be reported to the league president and safety officer within 24 hours. We have an online incident reporting form: <https://form.jotform.com/250240759500147>

## **12. Require First Aid Kits at all league events.**

- First aid kits are provided to managers and available at the park

## **13. Enforce Little League Rules & Regulations.**

- All coaches are required to download the little league rules app or have a physical copy of the actual rulebook. These, along with D6 interlock rules, are reviewed at the coaches training.

## **14. Submit League Registration Data for players, coaches and managers.**

- League registration data is entered in the data center by December 31 each year.

## **15. Complete survey question in LL Data Center.**

- Survey will be completed in the data center by December 31 each year.

## **Interbay Little League Safety Plan (updated 01.2024):**

### **Important Numbers:**

Police/Fire/Emergency: 911

Non-Emergency Police: 813.276.3200

### **League Numbers:**

#### **2025 Board of Directors Contact Numbers**

<b>Name</b>	<b>Position</b>	<b>Phone</b>
Jody Roller	President	813.453.9381
June Scanlon	Vice President/League Information Officer	813-786-2431
Brandon Scott Howell	Treasurer	813-610-5133
Marie McBride	Secretary	813-450-7685
Derek Scanlon	Baseball Commissioner	813-326-8676
Mary Milne	Softball Commissioner	813-352-9101
Laura Bell	Challenger Coordinator	813-605-9871
Steve Stanford	Tee Ball Coordinator	813-767-7693
Nick Daugherty	Coaches Coordinator	910-391-5753
Bryan Higgins	Umpire in Chief	646-320-6934
Mitchell Tulk	Player Agent	813-391-3012
David Brackman	Board Member	813-325-9628
Shannon Dixie	Board Member	419-205-8796
Louis Godeaux	Board Member	361-446-6892

## **Safety Code**

- Responsibility for safety procedures belongs to every adult member of the local league.
- Each player, manager, designated coach, and umpire shall use proper reasoning and care to prevent injury to him/herself and to others
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is present.
- Play areas should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Foul balls batted out of the playing area should be returned to the dugout or umpire.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
- Softball players must wear fielding face masks during games and practices.
- Except when a runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball.
- During sliding practice bases should not be strapped down. Helmets must be worn during sliding practice.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear a catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.

- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
- Managers will remain at the field until all parents/guardians have picked up all players.
- Managers and Coaches will avoid one on one time with players in any private setting and should always be within observable distance of another adult.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.

### **First Aid:**

- First aid kits will be provided to each manager at the start of each season and should be available to them at all practices and games.
- First aid kits with cold packs can be found in the dugout closet on each field.
- Ice can also be found in the concession stand and softball club house.
- Main First aid kits should include:

Adhesive Bandages	Gauze
Athletic tape	Antiseptic cleanser
Gloves	Instant cold packs
CPR face mask	Scissors

### **Accident and Incident Reporting:**

- All accidents and incidents are to be reported to the league president and safety officer within 24 hours. Forms included in the safety manual and also available on our website.

### **Batting Cages:**

- Helmets must be worn at all times
- Batting Cages are for little league use only
- No metal spikes
- No horseplay
- Protective screens must be used.
- Children may not pitch to batters

### **Board Member on duty:**

- Each game day of the season, there will be a designated board member on duty.
- They will be at the park or available via cell phone if any situations arise and will have a badge displayed at all times.
- List of BMOD for the week provided in coaches communication app

### **Severe Weather:**

- Currently, Interbay Little League does not have an onsite lightning detector. The BMOD and coaches are responsible to monitor weather using an approved weather app.
- A general rule of thumb is that if lightning is within 6 miles then practices and games should be delayed until there is no lightning within 6 miles for a period of 30 minutes.
- The BMOD will sound the air horn when lightning is within 6 miles. Coaches will vacate fields and players should move to parent vehicles. If parents are not present, coaches are to remain with players indoors (softball clubhouse, pressbox, etc.).
- Once lightning has cleared for 30 minutes, regular play may resume.

### **Abuse Awareness and Reporting:**

- It is the responsibility of everyone in the little league community to keep our game safe for all athletes. This begins with being able to recognize, prevent, and respond to any abuse or misconduct appropriately.
- Emotional and physical misconduct can be more prevalent in sports than anyone would like to admit. Recognizing and reporting misbehavior to the authorities is the most important way to stop the misconduct from continuing to happen.
- We have a zero-tolerance culture that does not allow any type of activity that promotes or allows any form of misconduct or abuse (mental, physical, emotional, or sexual) between players, coaches, parents/guardians/caretakers, spectators, volunteers, and/or any other individual.
- Coaches, managers and all volunteers are required to report child abuse, including sexual abuse involving a minor, to the proper authorities within 24 hours. Not reporting any witnessed act of child abuse within 24 hours could lead to criminal charges.
- Mandatory reporting is defined as reporting all interactions suspected as cases of misconduct as a way to protect individuals and to prevent misconduct and abuse from happening.
- Reporting suspicion or disclosure of abuse to authorities is mandatory within 24 hours of acknowledgment of the situation. No matter if you are sure whether or not the allegation is true, you must always make the report so that precautionary measures can be taken to protect the victim and keep them safe. When reporting suspicion or disclosure of abuse, be prepared to provide authorities with as much information as you can.
- The league does not tolerate any retaliation against "good faith" reports of child abuse
- Reporting abuse in FL can be done through the abuse Hotline **1-800-962-2873** or online at <https://reportabuse.myflfamilies.com/s/> . Reports may be made anonymously.

- Additional details on FL requirements for abuse reporting can be viewed at <https://www.littleleague.org/player-safety/child-protection-program/state-specific-information-child-abuse/>.

### **Concession Stand Procedures:**

- Signs will be posted regarding hand washing
- Signs will be posted regarding first aid kits
- A listing of all important phone numbers, including board members will be posted
- 5-10 bags of ice will be ready in the freezer for injuries
- Operating procedures for safe handling will be posted
- The league safety officer will meet with concession manager/vendor to confirm the above conditions at the start of each season.

### **Field and Equipment:**

- Managers are to regularly inspect equipment and update as needed.
- All equipment in the storage closet will be inspected at the beginning and end of each season
- Managers are to walk fields to observe for any hazards prior to games and practices and report any issues to the league immediately.

## For Local League Use Only

### Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Parents' Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_

#### Incident occurred while participating in:

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

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

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

#### Type of injury:

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

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

#### Type of incident and location:

- A.) On Primary Playing Field  
☐ 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](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_

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





# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674

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.	
Name of Injured Person/Claimant		SSN	Age
Date of Birth (MM/DD/YY)		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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
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Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)               |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |  |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |  |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |  |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |  |

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

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

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

**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? ☐ Yes ☐ No

Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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 AND SOFTBALL MEDICAL RELEASE



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

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

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

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

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

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

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

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

Name	Phone	Relationship to Player
_____	_____	_____

Name	Phone	Relationship to Player
_____	_____	_____

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Legal Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



# Concussion

## INFORMATION SHEET



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

### What Is a Concussion?

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

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

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



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

### How Can I Spot a Possible Concussion?

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

#### Signs Observed by Parents or Coaches

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

#### Symptoms Reported by Children and Teens

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

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

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

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

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

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

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

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

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



#### Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

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

As of Fall 2025, our registration system includes the following waivers:

**Media Release:**

I hereby give my permission to Interbay Little League, to use photographs, voice recordings, or video taken of the registered player during the games and associated events in any manner to help promote the league activities as determined in the sole discretion of the league. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such images are the property of Interbay Little League.

**Waiver and Release:**

Please read carefully:

1. I am the parent or legal guardian of the player I am registering at Interbay Little League and give my approval to participate in any and all league activities.
2. I know that participation in Little League activities may result in serious injury and even death. Protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, officers, directors, coaches, volunteers, the organizers, sponsors, participants, and persons transporting the participant to and from activities from any claim arising out of any injury whether the result of negligence or for any other cause.
3. I hereby agree to comply with the Rules and Regulations of Interbay Little League. Because of the dangers of participating in Little League activities, I recognize the importance of following staff instructions. I accept full responsibility for staying informed of any changes to applicable rules, regulations, policies, or procedures
4. I accept responsibility for reporting all injuries and serious illnesses to coaches at Interbay Little League, including any signs and symptoms of CONCUSSION. I have read and understand the information on concussion provided by the CDC at the following link.  
<https://dt5602vnjxv0c.cloudfront.net/portals/54597/docs/cdc%20concussion.pdf> I will inform the manager and league safety office immediately if my child experiences any of these symptoms or if I witness a teammate with these symptoms.

**Parent/Guardian Code of Conduct**

**As an Interbay LL parent/family member,**

**I WILL:**

Remember that children participate to have fun

Remember that at Interbay LL, we prioritize development of players' skills, teamwork, and love for the game.

Be a positive role model for my child and encourage sportsmanship

Teach my child to play by the rules and resolve conflicts without resorting to hostility or violence

Demand that my child treats coaches, officials, and other players with respect regardless of race, creed, color, sex, or ability

Teach my child that doing one's best is more important than winning

Praise my child for competing fairly and trying hard

Promote the emotional and physical well being of athletes ahead of my personal desire to win

Respect the officials and their authority during games

**I WILL NOT:**

Force my child to participate

Engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent

Boo, taunt, refuse to shake hands, or use profane language

Encourage any behaviors or practices that would endanger the health and well being of athletes

Ridicule or yell at my child or other participants for making a mistake or losing a game

Use drugs, tobacco, or alcohol at any league event

Coach my child or other players during games and practices, unless I am a coach.

Any parent, guardian, or guest guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations will result in the suspension from all league wide events.