Arcade Creek Little League

(Eastern Little League dba ACLL)

"Where Safety Comes First"

League ID# 4050505

LITTLE LEAGUE MISSION STATEMENT

"*LITTLE LEAGUE*® BELIEVES IN THE POWER OF YOUTH BASEBALL AND SOFTBALL TO TEACH LIFE LESSONS THAT BUILD STRONGER INDIVIDUALS AND COMMUNITIES."

2026 Safety Plan

Arcade Creek Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

All Arcade Creek Little League volunteers need to read and follow the safety plan. Each board member, team manager, team coach, and all other volunteers will receive a site-specific copy of the safety plan for reference.

Arcade Creek Little League - Board of Directors

Title	Name	Contact Information
President	Janel Denton	President@ArcadeCreekLL.com
Vice President	Nicole Mendonca	VicePresident@ArcadeCreekLL.com
Secretary	Open	Secretary@ArcadeCreekLL.com
Treasurer	Jennipher Fugina	Treasurer@ArcadeCreekLL.com
Player Agent	Chris Latino	PlayerAgent@ArcadeCreekLL.com
Safety Officer	Chelcey Lieber	Safety@ArcadeCreekLL.com
Coach Coordinator – Upper	Scott Cartwright	CoachCoordinator_upper@ArcadeCreekLL.com
Coach Coordinator – Lower	Carl Siegel	CoachCoordinator_lower@ArcadeCreekLL.com
Softball Coordinator	Open	Softball@ArcadeCreekLL.com
Information/ Social Media	Katie O'Brien	Info@ArcadeCreekLL.com
Sponsorship/ Fundraising	Brian Fugina	Sponsorship@ArcadeCreekLL.com
Concessions Manager	Jane Denton	Snackbar@ArcadeCreekLL.com
Umpire In Chief	Brandon Pinney	Umpires@ArcadeCreekLL.com
Equipment Manager	Open	Equipment@ArcadeCreekLL.com
Scorekeeper Coordinator	Open	Scorekeeper@arcadecreekll.com
Team Parent Coordinator	Tiffany Cantrell	TeamParents@ArcadeCreekLL.com
Registrar	Nicole Caramello	Registrar@ArcadeCreekLL.com
Groundskeeper	Ryan Durham Sr., Jordan Skinner	Groundskeeper@ArcadeCreekLL.com
Uniform Coordinator	Chanel Walters	Uniforms@ArcadeCreekLL.com

EMERGENT SITUATION PHONE NUMBERS

Police or Fire **Emergency**	911
Non-Emergency Police	(916) 874-5155 (Sacramento County Sheriff)
Non-Emergency Fire Department	(916) 859-4300 (Metro Fire)
California **Poison Control**	(800) 222-1222 (Sacramento Division)
Wildlife Removal Sacramento	(916) 875-6603 or 311 for domestic animals

Sacramento County CPS - **Mandated Reporter** Hotline (916) 875-5437

Nearby Sacramento Hospitals

Kaiser - Morse	(916) 973-5000 (2025 Morse Ave. 95825)
Dignity Health Children's Center	(916) 450-2600 (9837 Folsom Blvd. 95827)
UC Davis Children's Hospital	(800) 823-4543 (4301 X Street 95817)
Mercy SJMC	(916) 537-5000 (6501 Coyle Ave. 95608)

Emergency Contacts – Post in Each Dugout Area

EMERGENCY PHONE NUMBER 911		
Local Fire Department	(916) 859-4300	
Local Police Department	(916) 874-5155	
Arcade Creek LL Board-Position	**Name**	**Phone**
League President	Janel Denton	(916) 837-7172
League Vice President	Nicole Mendonca	(916) 996-8021
League Player Agent	Chris Latino	(916) 743-8549
League Coach Coordinator - Upper	Scott Cartwright	
League Coach Coordinator - Lower	Carl Siegel	
League Safety Officer	Chelcey Lieber	(310) 721-5299

Background Checks

Little League International requires that a background check be completed for any volunteer member within the association. Arcade Creek utilizes the official *Little League Volunteer Application* of the current year. This application gives permission to the league to investigate the lawful background for each volunteer member submitting an application. The background will produce any infractions prior to the application period and throughout volunteer status within the league. The investigation will include a review of sex offender registries (some of which contain names only and will need to be investigated further), records of child abuse, and any other records of criminal history. A fingerprinted background check will be utilized as it is a requirement of the state of California for non-profit organizations serving minors.

Current Year Little League Volunteer Application is completed through Sports Connect and JDP via ArcadeCreekLL.com

Little League Baseball Volunteer Application:

https://www.littleleague.org/downloads/volunteer-application/

Training Sessions

Fundamental Coaches Training	Starr King Fields 2/7/2026 Time 0900
Safety Manual and First Aid Training	Starr King Fields 2/7/2026 Time 0900

*****Safety manuals should be kept by the Team Manager or Team Parent/ Safety Officer for each team and available at all practices and games. Electronic versions are available.

Field Inspections and Care

Prior To the Start of the Season:

*Read the entire Safety Manual and familiarize yourself with materials and safety equipment pertinent to your position.

*Team manager will appoint a Safety Officer or Safety Parent for the team to be present and available (with cellular service) at each game. This may be fulfilled by an Assistant Coach.

Prior to Each Practice or Game:

*Complete the Pre-Game Field Safety Checklist (see example below) and report any immediate issues to the Field Commissioner or League Safety Officer.

*Inspect team equipment for readiness and remove any unsatisfactory or unsafe equipment. Report any issues to the Equipment Manager.

*Ensure the first aid kit is ready and available. Report any issues or missing equipment/ supplies to the League Safety Officer.

Storage Sheds at Starr King or Whitney:

*Persons responsible for the storage sheds used by Arcade Creek Little League are any persons with a key to either storage shed.

*Storage sheds must be kept free of debris and clutter with a clear exit path. Rakes, shovels, bases, barrels, and wheel barrels must be operated and stored appropriately.

*Any persons responsible for technical equipment utilized from the storage shed must comply with the written operating procedures of said equipment (includes the lights and scoreboard).

*All materials containing chemical, combustion (fire), or hazard implications must be properly labeled and stored appropriately.

*Spills of any kind must be properly decontaminated and disposed of as soon as possible. If the appropriate decontamination procedure is unknown, please consult the hazards sheet.

PRE-GAME FIELD and EQUIPMENT INSPECTION CHECK-LIST

MANAGERS NAME: **DATE:**
DIVISION AND TEAM NAME: **TIME:**
FIELD:

Field Condition Intact/ Safe?	**Yes**	**No**	**Catchers Equipment**	**Yes**	**No**
Backstop			Catchers (Hockey) Helmet		
Home Plate			Dangling Throat Guard		
Bases Secure			Shin Guards		
Pitcher's Mound			Catcher's Mitt		
Batter Box Lined and Level			Chest Protector		
Infield Fence					
Outfield Fence			**Dugouts**	**Yes**	**No**
Outfield			Fencing Needs Repair		
Infield			Bench Needs Repair		
Foul Lines Marked			Trash Cans		
Warning Track (if applicable)			Clean Up Is Needed		
Base-Coach Boxes Lined					
Free Of Foreign Objects			**Spectator Area**	**Yes**	**No**
Grass Surface Even			Bleachers Need Repair		
			Protective Screen/ Fence Ok		
Player Equipment	**Yes**	**No**	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Face Mask (Minors/ Majors)					
Full Uniform			**Safety Equipment**	**Yes**	**No**
Jewelry Removed			Medical Release Forms Signed		
Proper Cleats			Safety Manual and First Aid Kit		
Athletic Cups (Male Players)			Ice Packs Available		
Shoes/Bats Inspected			Injury Report Forms		
Bats Meet Standards			Drinking Water		

***REPORT CONCERNS TO THE COMMISSIONER OR SAFETY OFFICER.**

***Submit the completed form to the concession stand or division safety representative.**

***Submit the Annual Little League Facility Survey in the Data Center.**

Concession Stand Guidelines

*All concession stand workers and volunteers must read and abide by these guidelines.

Wash your hands regularly:

- Use soap and warm water.
- Rub your hands and fingers together vigorously for 30 seconds.
- Wash all surfaces including the backs of hands, wrists, between fingers, and under the fingernails.
- Rinse hands well.
- Dry hands well with paper towels and avoid touching any surfaces.
- Turn off water and open any doors using a paper towel instead of your bare hands.

Thoroughly wash your hands before you begin work and after performing any of these activities:

- Wash after touching human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing or sneezing into a hand, handkerchief, or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During and between food preparation.
- When switching from raw to ready to eat foods.
- After engaging in any activities that contaminate hands.

Basic Rules:

1. Menu… smaller is better. No salads, cut up fruit or vegetables, no foods prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees or below when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach bacteria-killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F or below as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place foods in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored in stacks and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. DO NOT LEAVE FOOD OUT AT ALL!!
5. FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease or illness (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.

7. Food handling: Avoid hand contact with raw food, ready-to-eat foods, and food contact surfaces. Use a utensil and/or a gloved hand.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally, utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
9. Ice that is used to cool cans/bottles should not be used for consumption in cup beverages and should be stored separately. Use scoop to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.
11. Insect control and waste: Keep foods covered to protect it from insects. Store pesticides away from food and food prep area. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from an approved source.
12. Keep stored food at least 6 inches off the floor. After your event is finished, clean the concession area and discard any unusable foods. Do not save food for reheating.

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.
Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.
Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.
Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.
Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.
Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.
Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.
Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.
Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.
Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice, never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

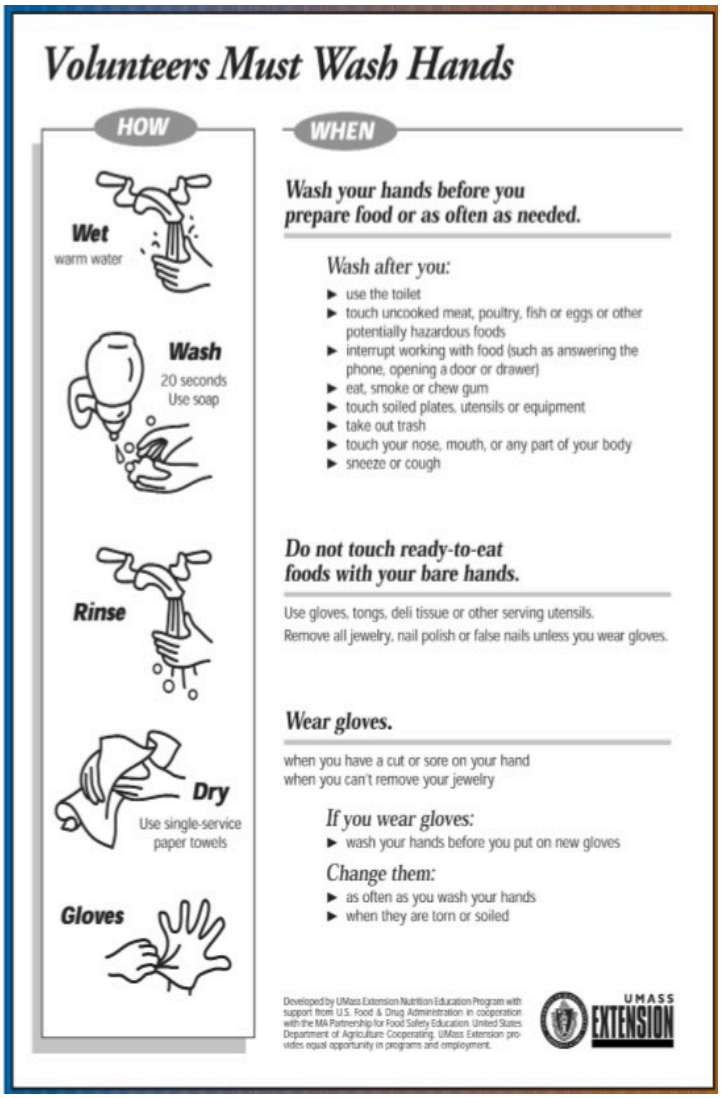
10. Wiping Cloths.
Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.
Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.
Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.



Reporting Injuries

- Accident Claim Forms and Injury/ Incident Tracking Forms are to be completed by the Team Manager/ Coach/ Safety Parent, Safety Officer, or League President at time of incident and submitted accordingly.
- Accident Forms are to be turned into Safety Officer within 24-48 hours when medical treatment is necessary.
- A near-miss incident is a proactive tool to evaluate practices and avoid future injuries.

What to Report: An incident that causes a Player, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

When to Report: All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

The Safety Officer is:

Name: Chelcey Lieber
Cell Number: (310) 721-5299
Email: Safety@arcadecreekll.com

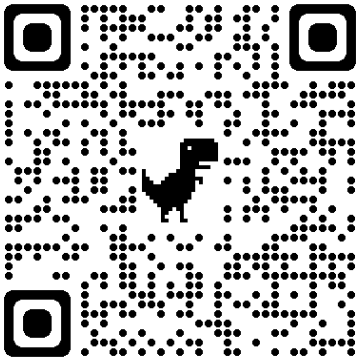
How to Make a Report: Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information is needed.

1. The name and address of the injured person.
2. The date, time, and location of the incident.
3. As detailed of a description of the incident as possible.
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone number of any witnesses.

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

How to Replace the Injury Report Forms: The forms can be replaced by The Safety Officer or downloaded from www.leagueleague.org found under forms and publications.

Accident Claim Form Instructions found here:



https://www.littleleague.org/downloads/accident-claim-form-%20%20%20%20instructions/

Injury Reporting Form found here:

https://www.littleleague.org/downloads/incident-injury-tracking-form/

Accident Claim Form found here:

https://www.littleleague.org/downloads/accident-claim-form/

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: ❒ Male ❒ Female

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

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

_____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ❒ Baseball ❒ Softball ❒ Challenger ❒ TAD

B.) ❒ Challenger ❒ T-Ball ❒ Minor ❒ Major ❒ Intermediate (50/70)
❒ Junior ❒ Senior ❒ Big League

C.) ❒ Tryout ❒ Practice ❒ Game ❒ Tournament ❒ Special Event
❒ Travel to ❒ Travel from ❒ Other (Describe): _____

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

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

Type of injury: _____

_____

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

Was professional medical treatment required? ❒ Yes ❒ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to 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: _____

Accident Notification Form Page 1 – To be completed by the Parent or Guardian

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

AIG

Accident & Health (U.S.)

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

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

League Name | League I.D.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ 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 ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

Describe exactly how accident happened, including playing position at the time of accident:

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

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

Accident Notification Form Page 2 – To be completed by a League Representative

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
- ☐ 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

FIRST AID KITS

Each team is provided with a league issued first aid kit to remain with the Head Coach equipment bag. At minimum, each kit should include the following:

(10) Adhesive sterile bandage
(2) Extra-large adhesive sterile bandage
(2) Non-adherent pads 2 x 3
(2) Gauze pad 12-ply 3 x 3 sterile
(1) Adhesive tape
(2) Instant cold compress 4 x 4
(3) Triple antibiotic ointment
(3) Antiseptic towelette
1/8 oz. Burn Cream
(3) Sting relief wipes
(1) Tweezers
Disposable Gloves

Communicable Disease Procedures

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

Enforcement of Little League Rules

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used… (rule 1.10)
- The traditional batting donut is not permissible… (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. White long sleeve shirts are not permitted… (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists… (rule 1.15)
- Players must not wear jewelry… (rule 1.11)
- Catcher must wear a catcher's mitt… (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets… (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted… (rule 1.17)
- Each team is allowed three coaches in the dugout…
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below… (rule 1.08)

HEY COACH

HAVE YOU:

- Walked field for debris/foreign objects
- Inspected helmets, bats, catchers' gear
- Made sure a First Aid kit is available
- Checked conditions of fences, backstops, bases and warning track
- Made sure a working telephone is available
- Held a warm-up drill

Make Sure They Are Safe!

REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 5.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Coach, Please Let Players Catch!

REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

Don't Swing It

...Until You're Up to the Plate!

(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Lightning Facts and Procedures

Consider the following facts:

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

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

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

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

First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack.
- Consider if moving the injured person will cause more injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does and can strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim to a safer location.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions for two minutes.
- If the victim is not breathing, you may start mouth to mouth resuscitation secondary to compressions. If it is decided to move the victim, give two minutes of CPR prior to moving locations.

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

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

Hydration

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

Tips to Prevent Heat Illness:

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

How is it treated?

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

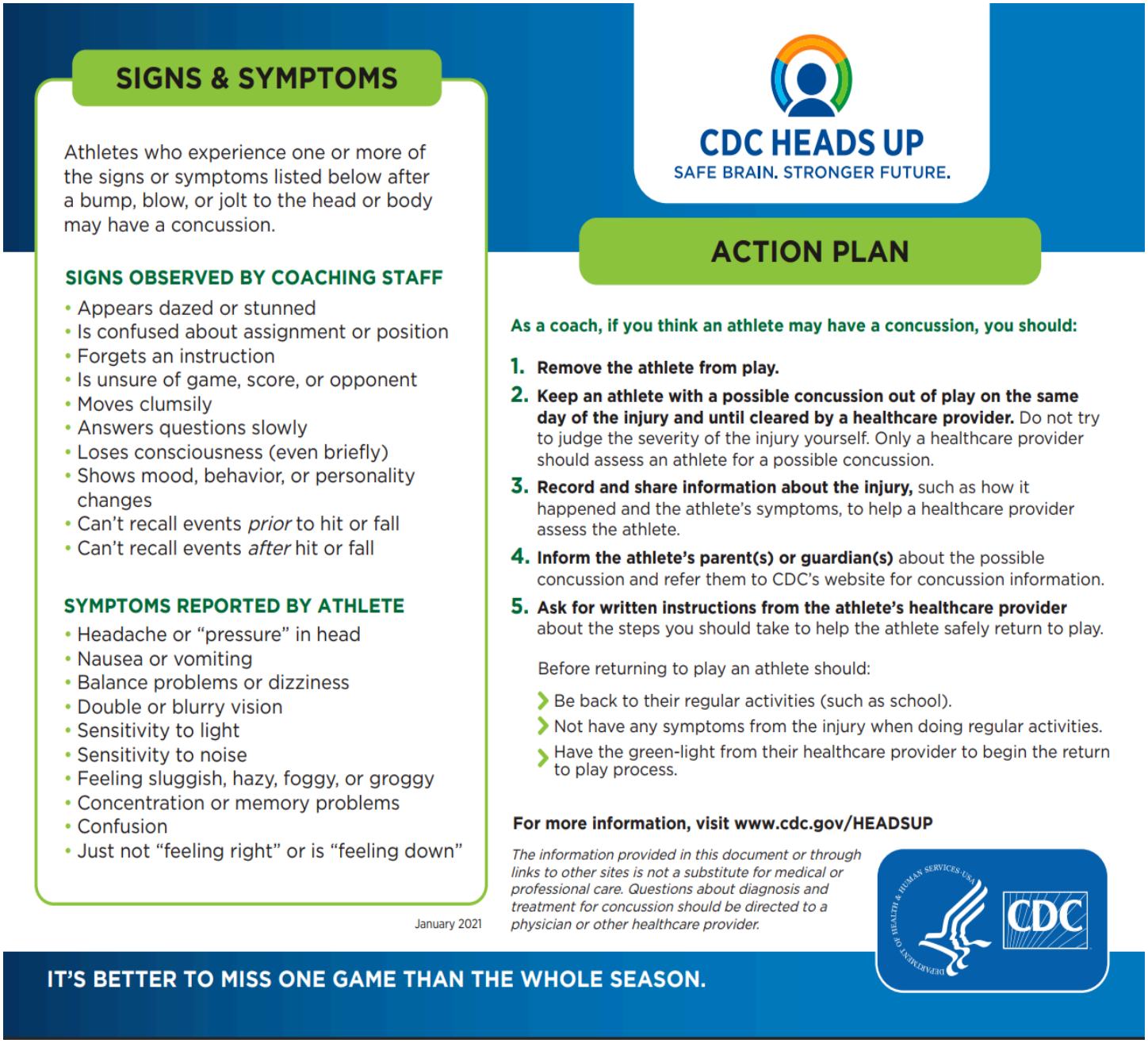
- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head and back of the neck, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.

Submitting Player, Manager, and Coach Data

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org by April 1, 2026, or two weeks following the draft.

We will answer the survey questions in the Little League Data Center.

Concussions and Returning an Injured Player to Play



Concussion Signs Observed

- Can't recall events *prior to* or *after* a hit or fall.
- 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 the questions slowly.
- Loses consciousness *(even briefly)*.
- Shows mood, behavior, or personality changes.

Concussion Symptoms Reported by Athlete

- 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".

*All 50 states have laws specific to the management of concussions and head injuries. Some states require not just League Administrators but District Administrators, Assistant District Admins, and Umpires to undergo annual training.

Little League has developed a concussion overview page for each state.
https://www.littleleague.org/player-safety/concussions-youth-athletes/

- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information: https://www.cdc.gov/headsup/
- DA's must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the District.
- Failure to adhere to these laws could expose the District and/or host to unwanted liability and penalties.
- California requires that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate.
- California also requires immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

A FACT SHEET FOR

Youth Sports Coaches

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury 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 brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.[3] Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

Focus on safety at games and practices:

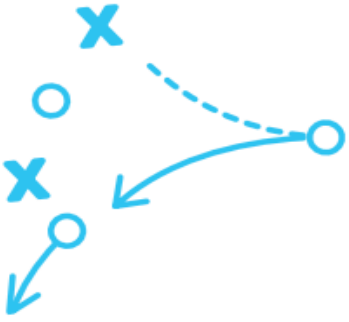
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.[1,2]

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



cdc.gov/HEADSUP

Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.[4]

How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who 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. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can't remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not "feel right"

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.[5-7]

What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

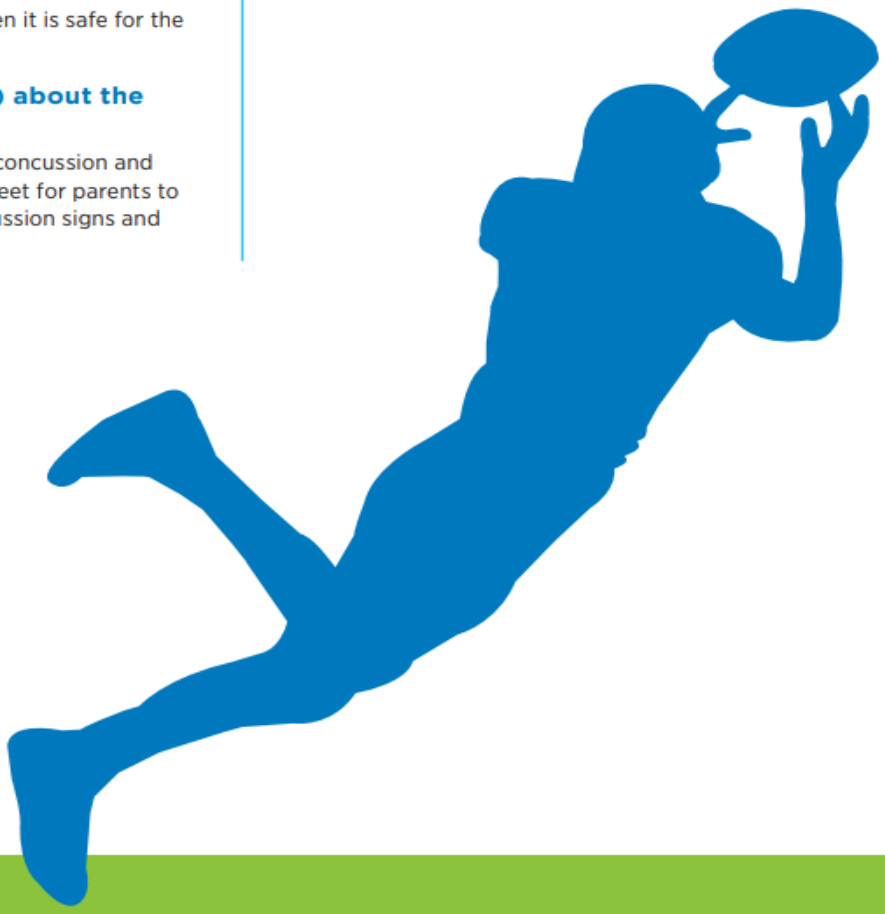
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. ***An athlete should move to the next step only if they do not have any new symptoms at the current step.***

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.

1. Chrisman SPD, Lowry S, Herring SA, et al. Concussion incidence, duration, and return to school and sport in 5- to 14-year-old American football athletes. *J Pediatr.* 2019;207:176-184. doi:10.1016/j.jpeds.2018.11.003.

2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA.* 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev.* 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med.* 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj.* 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train.* 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health.* 2013;52(3):330-335.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised August 2019

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Arcade Creek Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Arcade Creek Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:

a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,

b) Complete the CDC online training course at:

https://www.train.org/cdctrain/course/1089818/

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:

a. Be immediately removed from the game or event; and

b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

Arcade Creek Little League Concussion Prevention, Management and Treatment Policy
Player and Parental Acknowledgement

We, the undersigned, acknowledge that we have been provided with a copy of the Arcade Creek Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in this policy during which our son or daughter participates in Little League activities and events.

Dated: _____ _____

Player

Dated: _____ _____ _____

Parent/Legal Guardian

Parent/Legal Guardian

LEAGUE USE: *Division:* _____ *Team:* _____

Dated: _____ _____

League Representative

CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.				
Date & Initials	**Stage**	**Activity**	**Exercise Example**	**Objective of the Stage**
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	• Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes)	• Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	• 10-15 minutes *(min)* of brisk walking or stationary biking • **Must be performed under direct supervision by designated individual**	• Increase heart rate to ≤ 50% of perceived maximum *(max)* exertion (e.g.,< 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity *(Light resistance training)*	• 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total	• Increase heart rate to 50-75% max exertion (e.g.,100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity *(Moderate resistance training)*	• 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight	• Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills *(No restrictions for weightlifting)*	• Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat	• Add total body movement • Monitor for symptom return
Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. *You must be symptom-free prior to beginning Stage III.*				
	III	Limited contact practice	• Controlled contact drills allowed (no scrimmaging)	• Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	• Return to normal training, with contact • Return to normal unrestricted training	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice *(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)*				
	IV	Return to play (competition)	• Normal game play (competitive event)	• Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Injury** _____ **Date of Concussion Diagnosis:** _____

CIFSTATE.ORG *Revised 02/2019 CIF*

Safe Sports Act

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

USA Baseball - Pure Baseball Initiative

Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:

- Report any abuse involving a minor to the proper authorities.
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed or reported act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-on-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by Little League Baseball.

https://www.littleleague.org/university/resources/training/

Examples of Heads Up and Abuse Awareness Certifications

Mandated Reporter TRAINING

In partnership with
California Department of Social Services

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CERTIFICATE OF COMPLETION

CHILD ABUSE & NEGLECT MANDATED REPORTER TRAINING

PRESENTED TO

JENNIPHER FUGINA

1/12/2024

Volunteers

Volunteers | 2 hours
Volunteers Exam

CERT-01525204

VALIDATE

To Be Placed Inside Each Dugout

Proper warm-up routines can help prevent injury.

Warm-ups should start with a simple version of the movements the children are about to do followed by a progression into more complex motions. Make it specific to the activity and the needs of the child (including age, fitness level and endurance).

The most common types of Baseball Injuries:

- Strain of muscles or tendon
- Sprain of ligaments
- Fractures to fingers, hands, or wrist.
- Concussion
- **Overuse injuries** (usually pitchers):

Little league shoulder or elbow (injury to the growth plate), rotator cuff tear, and ulnar collateral ligament injury (Tommy John Surgery). **Follow pitch count guidelines.**

Fatigue leads to greater risk for injuries to self or others.

Signs of fatigue:

•Decreased Velocity

•Loss of Proper Mechanics (like elbow height at foot contact)

•Extending time between pitches

•Slower or Abnormal Reaction Time

•Decreased Performance

•Complaints of soreness that is not decreasing or an inability to loosen a muscle

Basic First Aid

1. **If you suspect a fractured (broken) bone** – DO NOT MOVE IT from its position unless you have training to do so. Maintain calm around the player and get help from the safety officer, another trained professional, or league representative for assistance.

2. **For minor scrapes and cuts** – With clean hands, thoroughly wash the area with soap and water or an antiseptic wipe and cover with a bandage or Band-Aid (can be found in the first aid kit).

3. **For lacerations or cuts that continue bleeding through a bandage** – With clean hands use gauze or a clean dressing and put pressure over the wound to staunch the bleeding.

4. **Swelling/ hematoma/ unusual soreness** – Allow the player to apply a cold compress to the affected area for 10-15 minutes at a time and allow for a rewarming period in between.

5. **Muscle cramp** – Instruct the player to lengthen the cramped muscle (stretch it out) and if possible, to gently massage the area (or have a family member do so). Eating a banana or an apple after a cramp will help to keep another cramp from occurring but eating one prior to practice and games will help to avoid muscle cramps.

6. **SUSPECTED CONCUSSION – REMOVE THE PLAYER FROM PLAY AND FOLLOW CONCUSSION PROTOCOL.**

7. **Blunt Chest Trauma** – A hard hit or pitch to the mid-chest can cause Commotio Cordis in young athletes. If a player falls to the ground following a hit to the chest immediately call for help and CHECK FOR A PULSE. If no pulse – begin CPR and defibrillation from an AED may be necessary.