

2017 Qualified Safety Program Registration Form



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

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

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

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

This Registration Form MUST Accompany Safety Plan Submission

League Name Georgetown Community Little League League I.D. # 01141008
City Fort Wayne State IN League I.D. # 01141013
(If board operates more than one charter, please list **all**: League I.D. # _____)

League Safety Officer Jason Harkless

League President Scott Welch

Address 4931 Trier Rd

Address 909 Edgewater Ave

City Fort Wayne

City Fort Wayne

State IN Zip Code 46815

State IN Zip Code 46805

Work Telephone (_____) _____

Work Telephone (_____) _____

Home Telephone (_____) _____

Home Telephone (_____) _____

Cell/Pager Number (260) 615-8070

Cell/Pager Number (260) 602-3504

Email jasonandjill@comcast.net

Email welchie.scott@gmail.com

Items included with this application form:

of pages of league's safety program outline: 32

of non-returnable photographs: _____

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone (_____) _____

Signature Jason Harkless Date 1/31/17

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

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

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

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

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

Over...

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

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

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

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

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

1. Page: 3

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

2. Page: 6

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

Do you have a website? YES NO

Is your Safety Plan posted on your website? YES NO

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

3. Page: 3

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

4. Use 2017 Volunteer Application Form

4. Page: _____

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

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

5. Page: 6

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

5. Date Was/ Will Be Held: _____

5. Date Was/ Will Be Held: _____

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



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

6. Page: 6

6. Date Was/
Will Be Held: _____

6. Date Was/
Will Be Held: _____

7. Page: 7, 8

8. Page: _____

9. Page: 14

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11. Page: M, 12

12. Page: 6

13. Page: 8

14. Page: 3, 3

15. Page: 1

Georgetown Community Little League

Safety Plan - 2017

League ID Numbers

114-10-13 (American)

114-10-08 (National)

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Electronic Registration of Players

- Submit league player registration data or player Roster data and coach and manager data
 - League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org.
 - This is a requirement for an approved ASAP plan.

POLICY STATEMENT

Georgetown Community Little League will adhere to the minimum requirements for a qualified safety program as defined by Little League Baseball, Inc. In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of the safety officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball.” It is our intent, to devote continuing resources to our safety plan to proactively prevent injuries, not just simply to react to them, and make it “Safer for the Kids.”

SAFETY CODE

- Responsibility for Safety procedures should be that of an adult member of Georgetown Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at each concession stand.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass, and other foreign objects.
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- During practice 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 wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e. playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League-approved protective helmets during batting practice and all games.
- Catcher must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times. Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except where runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should be strapped down or anchored.
- 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.”
- Player must not wear watches, rings, pins, or metallic items during games or practices.
- The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitches. This applies between innings and in the bull-pen during a game and also during practices.
- On-deck batters are not permitted (except in Juniors and Seniors League)

GEORGETOWN LITTLE LEAGUE TELEPHONE NUMBERS

Concession Stand	486-6582	
Fort Wayne City Police – Emergency		911
Fort Wayne City Police – Non-Emergency	427-1207	
Fort Wayne Fire Department – Emergency		911
Ambulance Service – Emergency		911
Parkview Memorial Hospital	484-6336	

2017 Georgetown Little League Safety Directors

President

Scott Welch
909 Edgewater Ave
Fort Wayne, IN 46805
(260) 602-3504

Player Agent

Suzanna Yuhasz
6705 Trier Rd
Fort Wayne, IN 46815
(260) 797-7610

Safety Director

Jason Harkless
4931 Trier Rd
Fort Wayne, IN 46815
(260) 615-8070

**Georgetown Community Little League
PLAYER/PARENT CODE OF CONDUCT**

As a player in the Georgetown Little League program, I will:

1. **RESPECT** the property, grounds, and equipment of Georgetown Community Little League.
2. **RESPECT** the authority of the adult volunteers of the league, including all umpires, managers, coaches, team mothers, and league officers.
3. **RESPECT** my fellow players and their possessions.
4. **REFRAIN** from using profanity while involved in all league activities, including practices, games, and ceremonies

As the parent/guardian of a Georgetown Community Little League (GCLL) player, I agree to:

- Conduct myself in a positive manner while watching my child's games and not engage in public displays of anger.
- Be a team fan, not a "my kid" fan.
- Cheer and support good team play and not be overly concerned with the outcome of the game.
- Show respect for the opposing players, managers, coaches, and spectators.
- Respect and accept umpiring decisions and understand that verbal abuse or harassment of umpires is detrimental to my child, the team and GCLL.
- Remember that playing time and positioning are the manager's decision within the guidelines of the GCLL playing rules.
- Address any concerns regarding my child's playing time, positioning, or other issues with the manager at an appropriate manner, time, and place; not during a game.
- Refrain from instructing or coaching my child or any other player during the game.
- Make every effort to have my child on time to practices and games and to pick my child up on time afterward.
- Gain an understanding and appreciation for Little League and any GCLL "in-house" rules.
- Teach my child to treat other players, coaches, fans, and umpires with respect.
- Refrain from the use of alcohol or any controlled substances before, during and after baseball games at GCLL or other locations where GCLL teams are participating.

Parent/Guardian:

- I have read the Georgetown Community Little League Parent Code of Conduct.
- I have also read and discussed with my child the Player Code of Conduct and will do my best to encourage my child to follow it.
- I also understand that verbal abuse or harassment of umpires, opposing coaches, players or fans may be grounds for my removal from games.

Player Name Parent Name Child Name Date

**Georgetown Community Little League
Coaches Code of Conduct**

Coaching a youth sport program such as Little League Baseball is a privilege that is not to be taken for granted. As a coach, appointed by the Georgetown Community Little League (GCLL) Board of Directors, you have an important role in the development of the young children in the community. We strive to teach each child the positive values of good sportsmanship, fair play and teamwork – values they can use throughout their lives. In order to ensure each coach is acting in the best interest of the children and Little League Baseball, the GCLL Board has developed a Coaches Code of Conduct for interactions with players, parents, fans, coaches, and umpires.

- 1) **Players** – When there are interactions with players, appropriate language and behavior is expected.
 - a. Language - At no time is cursing or yelling at a player acceptable. As a coach you are a mentor and should focus on the positive. A coach should always be looking for opportunities to praise and encourage the players.
 - b. Discipline – At no time is physical discipline of a player acceptable. At the beginning of the season, coaches are encouraged to establish and communicate rules of acceptable behavior to players and parents, and the consequences if not followed. Coaches have a variety of discipline measures at their disposal including restriction to the dugout, dismissal from practice or games, and, with approval of the GCLL Board of Directors, dismissal from the team. (Coaches are responsible for supervision of the child until the parents arrive at the field.) If a coach wishes to discipline his own child, he is expected to pull the player aside for corrective action.
- 2) **Parents / Fans** – Coaches are expected to interact with parents in a professional manner. Appropriate language and behavior is expected. At no time should a coach respond to comments from fans during a game.
- 3) **Coaches** – Coaches are expected to interact with opposing coaches in a professional manner. At no time should a coach yell from one dugout to another at an opposing coach. Coaches are to address other coaches between innings and with the umpire present. If the need arises to address an opposing coach before the end of the half inning, the coach should ask the umpire to call timeout to address the opposing coach at home plate.
- 4) **Umpires** – Coaches are expected to interact with umpires in a professional manner. At no time should a coach yell from the dugout, first base coach's box, or third base coach's box to an umpire. Coaches are to address the umpires between innings with the umpire's permission. If the need arises to address an umpire before the end of the half inning, the coach should call a timeout and request permission to address the umpire at home plate. If a coach asks for the umpire's permission to discuss a call, the umpire will be more willing to listen. Umpires are generally unpaid volunteers. Some are high school students. Adult coaches should be mindful of this when interacting with them.
- 5) **Drugs, Alcohol, & Tobacco** – A coach determined to be under the influence of drugs or alcohol will be asked to leave the field immediately. An infraction of this type will (with approval from the GCLL Board of Directors), result in a termination of coaching privileges. In addition, the use of tobacco (in any form) while coaching is strictly prohibited.

In the event a complaint is received by the GCLL Board of Directors of a coach failing to comply with the above listed code of conduct, the Board may decide to 1) dismiss the case, 2) draft a warning letter or 3) revoke all or part of the coach's privileges. By signing in the space provided below, you are agreeing that you have read and understand the Coaches Code of Conduct for Georgetown Community Little League.

Print Name Sig _____ nature Date _____

SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season.

Two chemical ice packs of physical therapy quality will be issued to each team at the beginning of the season. Others are available at all times in the concession stands.

Both concession stands will have a First Aid Kit and a Safety Manual in plain sight at all times.

The Safety Manual will include phone numbers for all Board Directors, the Georgetown Community Little League Code of Conduct, Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be (see First Aid Section). The names and phone numbers of the Safety Director, President and Player Agent will be affixed to each kit.

MANAGERS AND COACHES

The Manager is a person appointed by the president of GCLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and opposing team.

- a) **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- b) **The Manager** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.
- c) If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Pre-Season:

- Little League requires that at least one representative from each team is required to attend a fundamental coach's training session each year and that coaches and managers must attend training at least every year. Coaches and managers must attend a coach's clinic every year. The date for 2017 is scheduled for March 12th.
- Little League requires at least one representative from each team is required to attend a First Aid Meeting each year and that coaches and managers must attend training at least every year. Our league has decided that all coaches and managers must attend the First Aid Meeting every year. The date for 2017 is scheduled for March 12th.
- Meet all parents on "Parents' Day" to discuss Little League philosophy and *safety issues*.
- Cover the basics of *safe play* with his/her team before starting the first practice.
- **Teach players the fundamentals** of the game while advocating safety.
- Notify parents that if a child is injured or ill, he or she can not return to practice unless they have a note from their doctor. This **medical release** protects you if that child should become further injured or ill. ***There are no exceptions to this rule.***
- Encourage players to bring *water bottles* to practices and games.
- Tell parents to bring **sunscreen** for themselves and their child.
- Encourage your players to wear **mouth protection**.

Season Play:

Managers will:

- Work closely with Team Safety Officer to make sure *equipment* is in first-rate working order.
- Teach the *fundamentals* of the game to players.
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance
- Always have First Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-game and practice:

Managers will:

- Make sure players are wearing proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.

During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players *alert*.
- Maintain *discipline* at all times.
- Observe the “*no on-deck*” rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to *drink* often so that they do not dehydrate.
- Attend to children that become injured in a game.

Post Game:

Managers will:

- Not leave the field until every team member has been picked up by a known family member or designated driver.
- ***Notify parents if their child has been injured*** no matter how small or insignificant the injury. **There are no exceptions to this rule.** This protects you, Little League Baseball, Incorporated and GCLL.
- If there was an injury, make sure an accident report was filled out and given to the GCLL Safety Director.
- Return the field to its pre-game condition, per GCLL policy.

UMPIRES:

Pre Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Inspect batting helmets.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.

During the Game

During the game, the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make calls loud and clear, signaling each call properly.

EQUIPMENT

The Equipment Manager is an elected GCLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The GCLL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the GCLL Equipment Manager. First Aid Kits and Safety Manual must be turned in with the equipment.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- All male players must wear protective cups.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the GCLL Equipment Manager.
- *Make sure that players respect the equipment that is issued.*
- Multi-colored gloves can no longer be worn by pitchers.

WEATHER

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?

2. Determine the direction the storm is moving.
3. Stop practice if the playing conditions become unsafe – use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightening:

The average lightening stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightening strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightening deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightening stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can ***HEAR, SEE OR FEEL*** a ***THUNDERSTORM***:

1. ***Suspend all games and practices immediately.***
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run, to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather:

One thing we do get in Indiana is hot weather. Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call ***9-1-1*** immediately. Get the player to drink water and use the instant ice bags supplied in your First Aid Kit to cool him/her down until the emergency medical team arrives. (*See section on Hydration*)

Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as ***melanoma***.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old.

Therefore, GCLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as means of protection from damaging ultra-violet light.

STORAGE SHED PROCEDURES

The following applies to all storage sheds used by GCLL and further applies to anyone who has been issued keys by GCLL to use these sheds.

- Keys to the equipment sheds will only be issued by GCLL's President.
- A record shall be kept of all individuals possessing keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- All storage sheds will be kept locked at all times.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc....
- Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- All chemicals or organic materials (i.e. lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e. rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- All chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

MACHINERY

Tractors, mowers and any other heavy machinery will

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication).
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed garages if not in use.

REMEMBER.....safety is everyone's job.

- Report all hazardous conditions to the Safety Director or other Board member immediately.
- Don't play on a field that is not safe or with unsafe playing equipment.
- Be sure your players are properly equipped at all times, especially catchers and batters.

TOGETHER, WE RAISE SAFETY AWARENESS!

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the GCLL Safety Director. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report:

All such incidents described above must be reported to the GCLL Safety Director within 24 hours of the incident. See page 3 for contact information.

How to make a report:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At minimum, the following must be provided:

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

GCLL Safety Director's Responsibility

Within 24 hours of receiving the *GCLL Accident Investigation Form*, the GCLL Safety Director will contact the injured party of the party's parents and;

- Verify the information received;
- Obtain any other information necessary;
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise that parent or guardian of the GCLL's insurance coverage and the provision for submitting any claims.

If the extent of the injuries are more than minor in nature, the GCLL Safety Director shall periodically call the injured party to:

- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e. no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Georgetown Community Little League Insurance Policy is designed to supplement a parent's existing family policy.

Explanation of Coverage:

The *CAN Little League's insurance policy* is designed to afford protection to all participants at the most economical cost to GCLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance – which is purchased by the GCLL, not the parent – takes over and provides benefits, after a *\$50 deductible* per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the insurance works:

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CAN Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CAN Policy becomes primary and will provide benefits for all covered injury treatment cost, after a *\$50 deductible* per claim, up to the maximum benefits of the policy.
4. Treatment of *dental injuries* can extend beyond the normal 52 week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal 52 week period, subject to the *\$50 deductible* per claim.

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Filing a claim:

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group of Employer insurance must accompany a claim form.

On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant's parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the GCLL Safety Director. He/She forwards them to Little League Baseball, Incorporated, P.O. Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the GCLL Safety Director for more information.*

CONCESSION STAND SAFETY

- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager.

- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- All concession stand workers will attend a training session in the *Heimlich maneuver*.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.
- No person *under the age of 15* will be allowed behind the counter in the concession stand.

Tips From The Field

Keep It Clean: Concession Stand Tips

'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 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 the 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. *Ideally*, dishes and utensils should be washed 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 ½ 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.

(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan. Safety plans must be postmarked by May 1, 2000.)

LITTLE LEAGUE® BASEBALL & SOFTBALL NATIONAL FACILITY SURVEY

2017

"*****"



League Name: Georgetown Community LL
 District #: 10
 ID #: 114-10-13
 ID #: 114-10-08
 ID #: _____
 City: Fort Wayne State: IN

President: David Fiess
 Address: 6208 Landmark Dr
 City: Fort Wayne
 State: Indiana Zip: 46815
 Phone (work): _____
 Phone (home): 260-413-3918
 E-Mail: fliessdavid@comcast.net

Safety Officer: Trevor Loxton.....
 Address:3610 Harrow Ct.....
 City: Fort Wayne.....
 State: Indiana Zip: 46815.....
 Phone (home): 260-494-0155.....
 E-Mail: trevor.loxton@doitbest.com ...

PLANS FOR FUTURE NEEDS

What are leagues plans for improvements?	Indicate the number of fields in boxes below		
	Next 12 mons.	1 – 2 years	2 + years
a. New Fields	0	0	0
b. Basepath/Infield	0	0	0
c. Bases	0	0	0
d. Scoreboards	0	0	0
e. Pressbox	0	0	0
f. Concession Stand	0	0	0
g. Restrooms	0	0	0
h. Field Lighting	0	0	0
i. Warning Track	0	0	0
j. Bleachers	0	0	0
k. Fencing	0	0	0
l. Bull pens	0	0	0
m. Dugouts	0	0	0
n. Other (specify)	0	0	0

2016 LL Season

SPECIFIC BALLFIELD QUESTIONS

- Please list all fields by name. For more than 20 fields, copy this form or request additional forms from ASAP (800/811-7443 or asap@musco.com).

Field Identification (List your ballfields 1-20)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
ASAP – A Safety Awareness Program																					
This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan.	Name: Prep	Name: Minor	Name: Major	Name: Junior/Senior	Name:	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name
Please answer the following questions for each field:	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
GENERAL INVENTORY	(For the following questions, if the answer is “No” please leave the space blank.)																				
1. How many cars can park in designated parking areas?	None																				
	1-50																				
	51-100																				
	101 or more	X	X	X	X																
2. How many people can your bleachers seat?	None/NA																				
	1-100	X	X	X	X																
	10-300																				
	301-500																				
3. What material is used for bleachers?	501 or more																				
	Wood																				
	Metal	X	X	X	X																
4. Metal bleachers Ground where attached to ground rod?	Other																				
	Yes																				
	Yes																				
5. Wood bleachers: Are inspected annually for safety?	Yes																				
	Yes																				
	Yes																				
7. Is a handrail up the sides of the bleachers?	Yes																				
	Permanent			X	X																
8. Is telephone service available?	Cellular	X	X	X	X																
	Permanent	X	X	X	X																
9. Is a public address system available?	Portable																				
	Yes	X	X	X	X																
10. Is there a pressbox?	Yes	X	X	X	X																
11. Is there a scoreboard?	Yes	X	X	X	X																
12. Adequate bathroom facilities available?	Yes	X	X	X	X																
13. Permanent concession stands?	Yes	X	X	X	X																
14. Mobile concession stands?	Yes																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes	X	X	X	X																
16. What type of fencing material is used?	Chainlink	X	X	X	X																
	Wood																				
	Wire																				
17. What base path material is used?	Sand,clay,soil mix	X	X	X	X																
	Ground burndt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X	X																
	Spray paint																				
	Commerc'l marking																				
19. What is the infield surface?	Grass			X	X																
	Skinned	X	X																		
20. Does field have conventional dirt pitching mound?	Yes	X	X	X	X																
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X	X	X																
23. Backstop behind home plate?	Yes	X	X	X	X																
PERFORMANCE & PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes			X	X																
24a. If yes, what is the width of warning track?	Width in feet			10	10																
25. Batter's eye (screen/covering) at center field?	Yes	X	X	X	X																
26. Pitcher's eye behind home plate?	Yes		X	X	X																
27. Are there protective fences in front of dugouts?	Yes	X	X	X	X																
28. Is there a protected on deck batter's area? (On deck areas have been eliminated for 12 & below)	Yes				X																
	No	X	X	X																	
29. Do you have fenced, limited access bull pens?	Yes		X	X	X																
30. Is a first aid kit provided per field?	Yes	X	X	X	X																
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. What type of bases are used? (breakaway bases will be mandatory by the 2008 season.)	Standard																				
	Breakaway	X	X	X	X																
33. Is the field lighted?	Yes		X	X	X																
34. Are the light levels at/above Little League standards? (50 foot candles infield/30 outfield)	Yes		X	X	X																
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by LLB for new construction of lighting since 1994.)	Wood																				
	Steel		X	X	X																
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes		X	X	X																
37. Ground wires connected to ground rods on each pole?	Yes		X	X	X																
38. Which fields tested/inspected in last two years? Please indicate month/year testing was done.	Electrical System		4/16	4/16	4/16																
	Light Levels		4/16	4/16	4/16																
39. Fields tested/inspected by qualified technician?	Electrical System		X	X	X																
	Light Levels		X	X	X																

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
FACILITY MANAGEMENT																						
40. Which fields have the following limitations:																						
a. Amount of time for practice?		Yes																				
b. Number of teams or games?		Yes	12	9	7	5																
c. Scheduling and/or timing?		Yes																				
41. Who owns the fields?		Municipal																				
		School																				
		League	X	X	X	X																
42. Who is responsible for operational energy costs		Municipal																				
		School																				
		League	X	X	X	X																
43. Who is responsible for operational maintenance?		Municipal																				
		School																				
		League	X	X	X	X																
44. Who is responsible for purchasing improvements for the field – ie. Bleachers, fences, lights?		Municipal																				
		School																				
		League	X	X	X	X																
		Other																				
45. What division of baseball play on each field?		T-ball & Minor	X	X	X																	
		Major			X																	
		Jr., Sr., & Big				X																
		Challenger																				
46. What divisions of softball play on each field?		T-ball & Minor																				
		Major																				
		Jr., Sr., & Big																				
		Challenger																				
47. Do you plan to host tournaments on this field?		Yes	X	X	X	X																

FIELD DIMENSION DATA

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

Field No.	Height Of Outfield Fence	Distance from home plate to:				Foul Territory Distance from:					
		Outfield fence			Back Stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3 rd	Outfield foul pole	Home	1 st	Outfield Foul pole
Prep 6'		110	124	170	10	11	12	12	11	18	32
Minor 4'		200	200	200	27	25	25	25	24	24	24
Major 6'		200	200	200	23	24	23	23	24	23	31
Junior/Senior 6'		273	273	260	38	33	26	24	36	26	22
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2017 to:

Mailing address:

Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping Address:

Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

2017 LL Season



FIELD AND GAME SAFETY CHECKLIST

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

<i>Field Condition</i>	Repair needed?		<i>Catchers Equipment</i>	Repairs needed?	
	Yes	No		Yes	No
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases Secure			Face masks OK		
Bases repair			Throat protector OK		
Pitchers mound			Catchers cup (boys)		
Batters box level			Chest protector		
Batters box marked			Catchers mitt (boys)		
Grass surface (even)					
Gopher holes					
Infield fence repair					
Outfield fence repair			Safety Equipment		
Foul ball net repair			First-aid Kit each team		
Foul lines marked			Medical Release forms		
Sprinkler condition			Ice for injuries		
Warning track			Blanket for shock		
Coaches boxes level			Granada Hills Little League		
Coaches box marked			Safety Manual		
Dirt Needed			Injury report forms		
Dugouts	Yes	No	Players Equipment	Yes	No
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair			Bats inspected		
Bat racks			Shoes checked		
Helmet racks			Uniforms checked		
Trash cans			Athletic cups (boys)		
Clean up needed			Little League patch		
Spectator Areas	Yes	No			
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					

SAFETY FIRST

CHECK
PLAYING
FIELD FOR
HAZARDS

PLAYERS
MUST WEAR
PROPER
EQUIPMENT

ENSURE
EQUIPMENT IS
IN GOOD
SHAPE

MAINTAIN
DISCIPLINE

MAKE IT FUN!

REGULATIONS ON VOLUNTEER APPLICATIONS

(Regulation I (C) 8 and 9)

Each league shall:

- a. Require that all of the following personnel have annually submitted a fully completed official “Little League Volunteer Application” to the local league president, prior to the applicant assuming his/her duties for the current season: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. The “Little League Volunteer Application” must be maintained by the president of the local league board of directors for all personnel named above, for a minimum of the duration of the applicant’s service to the league for that year. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league’s charter by action of the Charter or Tournament Committee in Williamsport.

Conduct an annual background check on all personnel that are required to complete a “Little League Volunteer Application” prior to the applicant assuming his/her duties for the current season. No local league shall permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. A local league may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors. A local league must conduct a search of the applicable government operated statewide sex offender registry. If no sex offender registry exists in a State/Province, the local league must conduct a statewide/province-wide criminal background check through the appropriate governmental agency unless prohibited by law. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league’s charter by action of the Charter or Tournament Committee in Williamsport. If a local league becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players, and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Volunteer Applications

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident Reporting Procedures What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

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

_____ who can be reached (day) at _____ or (evening) at _____

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the _____ Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

LITTLE LEAGUE BASEBALL AND SOFTBALL CHARTIS ACCIDENT NOTIFICATION FORM				Send Completed Form To: Little League International 528 US Route 15 Hwy PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Numbers: Phone: 570-327-1674 Fax: 570-328-2951																																				
INSTRUCTIONS For claims occurring after January 1, 2005																																								
<ol style="list-style-type: none"> 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. 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. 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. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan. 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. 																																								
League Name _____		League I.D. _____																																						
Name of Injured Person/Claimant _____		PART 1 Date of Birth (MM/DD/YY) _____		Age _____ Sex _____ <input type="checkbox"/> Female <input type="checkbox"/> Male																																				
Name of Parent/Guardian, if Claimant is a Minor _____		Home Phone (Inc. Area Code) _____		Bus. Phone (Inc. Area Code) _____																																				
Address of Claimant _____		Address of Parent/Guardian, if different _____																																						
<p>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.</p> <p>Does the insured Person/Parent/Guardian have any insurance through:</p> <table border="0"> <tr> <td>Employer Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>School Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Individual Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Dental Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>						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																											
Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Date of Accident _____		Time of Accident _____		Type of Injury _____																																				
Describe exactly how accident happened, including playing position at the time of accident: _____																																								
<p>Check all applicable responses in each column:</p> <table border="0"> <tr> <td><input type="checkbox"/> BASEBALL</td> <td><input type="checkbox"/> CHALLENGER (5-18)</td> <td><input type="checkbox"/> PLAYER</td> <td><input type="checkbox"/> TRYOUTS</td> <td><input type="checkbox"/> SPECIAL EVENT (NOT GAMES)</td> </tr> <tr> <td><input type="checkbox"/> SOFTBALL</td> <td><input type="checkbox"/> T-BALL (5-8)</td> <td><input type="checkbox"/> MANAGER COACH</td> <td><input type="checkbox"/> PRACTICE</td> <td><input type="checkbox"/> SPECIAL GAME(S)</td> </tr> <tr> <td><input type="checkbox"/> CHALLENGER</td> <td><input type="checkbox"/> MINOR (7-12)</td> <td><input type="checkbox"/> VOLUNTEER UMPIRE</td> <td><input type="checkbox"/> SCHEDULED GAME</td> <td>(Submit a copy of your approval from Little League Incorporated)</td> </tr> <tr> <td><input type="checkbox"/> TAD (2ND SEASON)</td> <td><input type="checkbox"/> LITTLE LEAGUE (9-12)</td> <td><input type="checkbox"/> PLAYER AGENT</td> <td><input type="checkbox"/> TRAVEL TO</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> JUNIOR (13-14)</td> <td><input type="checkbox"/> OFFICIAL SCOREKEEPER</td> <td><input type="checkbox"/> TRAVEL FROM</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SENIOR (14-16)</td> <td><input type="checkbox"/> SAFETY OFFICER</td> <td><input type="checkbox"/> TOURNAMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> BIG LEAGUE (16-18)</td> <td><input type="checkbox"/> VOLUNTEER WORKER</td> <td><input type="checkbox"/> OTHER (Describe)</td> <td></td> </tr> </table>						<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)	<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<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"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM			<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT			<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
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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., an AIG Company, or its representative, any and all such information. 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 _____																																							

Incident/Injury Tracking Report

A Safety Awareness Program – Activities/Reporting

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 (5-8) Minor (7-12) Major (9-12) Junior (13)
 Senior (13-15) Sr./Minor (13-15) Big League (16-18)
- 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:

- | | | |
|---|---|--|
| <p>A) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p> | <p>B) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p>C) Concession Area</p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p> | <p>D) Off Ball Field</p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike</p> <p><i>or</i> <input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p> |
|---|---|--|

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

- A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field
- Base Path: Running *or* Sliding Seating Area Travel:
- Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
- Collision with: Player *or* Structure C.) Concession Area Walking
- Grounds Defect Volunteer Worker League Activity
- Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

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

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

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

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

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

Date	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)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

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Insured	Name of League		League I.D. Number (Used as location code)	
	Name of League Official (please print)		Position in League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
			Phone No. (Bus.)	
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at		<input type="checkbox"/> PM	
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)			
	Who owns Premises		Person in charge of Premises	
Coverage Data	Limits	Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes
	Policy Number	Policy Dates:		Yes
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Begin:	End:
Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res)	
	Address (Street, City, State, Zip)		Occupation	Age
			<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Employers Name and Address			
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address		
	Description of Injury			
	Where was the injured taken after accident?		Probable length of Disability	
Witnesses:	Name, Address, Phone Number			
	Name, Address, Phone Number			
	Name, Address, Phone Number			
Date of Report:	Signature of League Official:		Position in League	

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



Applicable in Arizona

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

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

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

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

Applicable in Colorado

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

Applicable in Florida and Idaho

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

* In Florida - Third Degree Felony

Applicable in Hawaii

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

Applicable in Indiana

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

Applicable in Minnesota

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

Applicable in Nevada

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

Applicable in New Hampshire

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

Applicable in Ohio

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

Applicable in Oklahoma

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

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.