

SPENCER-EAST BROOKFIELD LITTLE LEAGUE

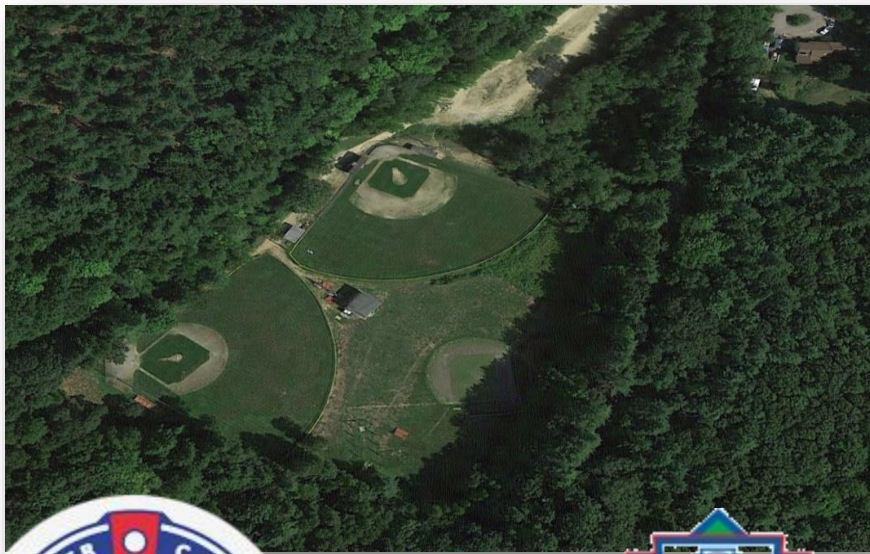
2018 Safety Manual

for

Managers and Coaches

League ID Number

2-21-05-18



SEBLL 2018

IT'S ALL ABOUT THE KIDS

SPENCER-EAST BROOKFIELD LITTLE LEAGUE

2018 Safety Manual



*******Notice*******

Please do not use forms within the bindings of this manual. Blank forms are inserted in the pockets and delivered electronically to each manager for your convenience. Please be sure to keep your medical release forms with you. Any additional forms you may need can be found at the concession stand or with the Safety Officer. If you need further assistance feel free to call the Safety Officer.

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Spencer-East Brookfield Little League Safety Plan Mission Statement

Spencer-East Brookfield Little League Is
A Non-Profit Organization Run By
Volunteers Whose Mission Is To Provide
An Opportunity For Our Community's
Children To Learn The Game Of
Baseball In A Safe And Friendly
Environment

Managers and Coaches,

Welcome to our new season with Spencer-East Brookfield Little League!

The Board of Directors would like to thank you for volunteering your time and energy to making this season one of the best ever. We also would like to thank you for completing the 2017 Official Little League Baseball Volunteer Application which will be used for our children and protection against any offender of crimes against children.

Please be sure to make good use of website, <http://www.sebll.org>, our Facebook page at www.facebook.com/SEBLLnow, and our bulletin board located on our concession stand. It is used for all information that will be helpful in scheduled events, times, as well as previous week's scores. All updates for safety concerns will be posted in a section on the website.

All coaches must fill out a Cori Check or you will not be allowed in the dugout or on the playing field. All volunteers MUST fill out this form, this will be strictly enforced in 2018.

Medical Release Forms must be filled out and signed by a parent or legal guardian and kept with the manager or acting manager at practice and games. Any child which does not have a medical release form completed is not eligible to play. There will be periodic checks to ensure that all managers have this information.

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has distributed safety rules within this safety manual which managers agree to follow. Managers may find it helpful to ask a parent to become the Team Mom or Dad. The Team Mom or Dad will assist the manager and the designated coaches of that team to ensure that the safety guidelines are followed whether at practice or during a game. They can also assist to ensure all medical release forms are completed, fill out any necessary accident reports, and be a good contact person for the SEBLL Safety Officer. They can also help find volunteers for the concession stand and field maintenance. The commitment to this Safety Manual is proof that we at SEBLL are dedicated to our cause. Please read it carefully as it will familiarize you with safety fundamentals. Then use the manual as a good reference guide throughout the season.

We will be holding some fundraising events to try to offset the cost of the repairs to the fields. Please feel free to help out any way that you can.

In closing, remember that safety rests with all of us, the volunteers of the Spencer-East Brookfield Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety violations when they occur. Now play ball and play it safe.

Sincerely,

Casey Cormier

Casey Cormier
President SEBLL

Jeff Sauvageau

Jeff Sauvageau
Safety Officer SEBLL



ASAP

What is it?

What does it do for you?

In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of "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". This manual is offered as a tool to place some important information at manager's and coach's fingertips.

Code of Conduct

The Board of Directors of the Spencer- East Brookfield Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understand and agree to comply with the Code of Conduct. After signing please deliver to Safety Officer for filing.

Spencer-East Brookfield Little League Code of Conduct

No Board Member. Manager, Coach, Player or Spectator shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any reason or imaginary belief of wrong decision or judgement.
- Be guilty of objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessary rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official, manager, coach, player, or spectator.
- Be guilty of the use of profane language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the SEBLL complex (Small Memorial Park) while in an intoxicated state, at any time.
- Be guilty of gambling upon any play, or outcome of the game with anyone, at any time.
- Smoking will not be permitted past the parking area.
- As a manager or coach be guilty of mingling or fraternizing with spectators during the course of the game.
- Be guilty of tampering or manipulating of any league rosters, schedules, draft positions, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and decision during the game to penalize the offender according to the infraction up to, and including removal from the game.

The Board of Directors will review all infractions to the SEBLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion form the league and its facilities.

Safety is Everyone's Responsibility

SEBLL Safety Code

The Board of Directors of Spencer-East Brookfield Little League has mandated the following Safety Code. All managers and coaches are asked to read this Safety Code, and then read it to the players on their teams. We are asking for signatures in spaces provided on the signing sheet acknowledging that the manager, coach, and players understand, and agree to comply with the Safety Code. After all have signed please deliver to Safety Officer. **THIS IS MANDATORY THIS YEAR!**

- Responsibility for safety procedures belong to member of every adult member of Spencer-East Brookfield Little League.
- Each player, manager, designated coach, and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league-approved managers and/or coaches are allowed to practice teams. All volunteers must have a Cori Check completed.
- Only league approved managers and/or coaches will supervise batting cages.
- Arrangements should be made for replacing any medical item used from the first aid kit immediately following its use. The completed accident report will be collected at this time.
- Managers, designated coaches and umpires will be asked to attend a First Aid training. It is mandatory that all attend.
- First-aid kits are issued in to each team during the preseason and for additional kits, contact the SEBLL Safety Officer.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- **Fire extinguishers are located in the following areas:**
 - **CONCESSION STAND**-(inside door on left)
 - **FIELD HOUSE**-(inside left of door going upstairs)
 - **PRESS BOX**-(inside left of door)
- Managers will never leave children unattended at a practice or a game.

- No children under the age of 12 are permitted in the Concession Stand.
- Never hesitate to report any present safety hazard to the SEBLL Safety Officer immediately.
- Speed Limit is 5 MPH on roadways and parking lots of all SEBLL field locations.
- No alcohol or drugs allowed on the premises at anytime
- No medication will be taken at the facility unless administered directly by the child's guardian. This includes aspirin and Tylenol.
- No playing on or around lawn equipment/machinery at any time.
- No smoking past the parking area
- No swinging bats or throwing baseballs at any time within the walkways and common areas on the complex.
- No throwing/batting of rocks will be permitted.
- No climbing trees.
- No climbing dugouts or fences (includes jumping fence to get to field house).
- No pets on any fields, or on the premises. This includes dogs, cats, horses etc.
- Players and spectators should be alert at all times for foul ball and poorly thrown balls.
- All gates to the fields must remain closed at all times. After any person has entered or left the playing field, gates should be closed and secured.
- All players will be required to wear an approved baseball helmet, and are encouraged to use a permanently attached full facemask. The helmet/mask will be worn at all times by the batter/runner when the player is in the field of play.
- All male players are required to wear athletic cups, and catchers are required to wear athletic cups, helmets and masks with throat protectors (or hockey-style masks) at all times while warming up pitchers, and during practice and games.

Safety Manual and First-aid Kits

Each team will be issues a Safety Manual and a first-aid kit at the beginning of the season. The manager or representative of the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

In addition, the signer will be responsible for filling out and efficiently delivering any accident reports, and maintaining the volume of contents of the first-aid kit with its original items.

The following items are to be kept in the first-aid kit:

- Chemical Ice packs
- Non-latex gloves
- Medical Gauze
- Medical Tape
- Antibiotic cream
- Alcohol wipes
- Cleaning wipes
- Variety of bandages
- Tweezers

All items on the list can be replaced at the concession stand.

■

Manager's Signature

Some Important Do's and Don'ts

Do ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices. Keep your safety manual with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ... look for signs of injury (Blood, Black-and-Blue, deformation of joints etc.).
- Listen to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of bones.
- Have your Medical Release Forms with you at all games and practices.
- Make arrangements to have a cell phone if playing other than at the fields at Small Memorial Park.

Some Important Do's and Don'ts

Don't . . .

- Administer any medications.
- Provide any food or drinks (other than water)
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of proper procedures.
- Transport injured individuals (except in extreme emergencies).
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Equipment Safety

Equipment safety is checked twice a year by our Equipment Manager (see below). The Equipment Manager inspects our equipment every year, before handing it out to our Team Managers and Coaches. In the rare occasion that something was overlooked, please contact the SEBLL Equipment Manager for immediate replacement. All damaged, broken or otherwise unsafe equipment should be returned to him to keep unsafe equipment out of the hands of our players.

During the season, if you need replacements as equipment does wear out, again please contact the SEBLL Equipment Manager for immediate replacement. At the end of every year equipment should be returned in the original equipment bags. If there are any concerns about equipment safety, please let the Equipment Manager or Safety Officer know.

The numbers for both Board Members can be found on our SEBLL Board Contact sheet found in the back of this manual.

Sincerely,

Eric Monette

Eric Monette
Equipment Manager, SEBLL

Jeff Sauvageau

Jeff Sauvageau
Safety Officer, SEBLL

Umpires Have a Big Role in Safety Too

Before the game umpires, with the help and cooperation of the managers of the playing teams, will make sure that all equipment and the field is ready and safe for play.

During the game the umpires shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks, declaring a ball unfit for use if it exhibits these traits.
- 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 conditions of the playing field; sole judge as to whether play will resume.
- Enforce the rule that no spectator shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling every ~~a~~ properly.
- Make sure players and spectators keep their fingers out of the fencing.

After the game, the umpire shall check with managers of both teams regarding safety violations. Also report any unsafe situations to the SEBLL Safety Officer.

Sincerely,

Josh Prater

Josh Prater

Umpire in Chief, SEBLL

Jeff Sauvageau

Jeff Sauvageau

Safety Officer, SEBLL

Field Maintenance is Safety

Managers and Coaches:

Field maintenance is done to keep our fields looking great as well as to keep them as safe as possible. To help support our fields, all managers will have their weekend assigned for extended field maintenance. This includes, but is not limited to:

- Filling in holes on the infield (pitcher's mound, home plate area, etc.)
- Tamping loose dirt
- Putting down infield foul lines, along with batter/catcher's box
- Removing rubbish from field and/or other designated areas.

To keep our fields from acquiring dangerous build-up where the infield and outfield ground meets, the Field Maintenance Team has asked the following:

- Pull/push dirt away from the lip of the grass when raking
- Before bringing in additional fill for holes, even out surrounding area in the event fill is not even needed
- Tamp all loose fill used to fill in holes
- The task of raking is intended for managers and coaches. Please do not allow players to rake.

We all should be looking for safety hazards on the fields at all times. This includes rocks, broken glass, sticks, or any other foreign object that does not belong. These hazards should be removed immediately. Notify Field Maintenance about any issue to ensure our children have the safest experience. Any safety hazard that if assumed to be a major task should be immediately reported to the Field Maintenance Coordinator, or SEBLL Safety Officer. When reporting issues, please be specific (Field #, baseline, outfield position etc.).

Thank you for your help in keeping our children safe!

Sincerely,

Jeff Sauvageau

Jeff Sauvageau

Safety Officer, SEBLL

Concession Stand Safety

To ensure that all guests to our fields are safe from the food we sell, and that all volunteers are safe behind the lines of our Concession Stand, it is important that all of the following are adhered to:

- No person under the age of 12 will be allowed behind the counter in the Concession Stand.
- Managers will be trained in the safe operation of the Concession Stand, including but not limited to Food Safety, opening/closing procedures, and proper use of all equipment. It will be the manager's responsibility to train parents, and oversee the concession stand during all open periods.
- Cooking equipment will be inspected periodically and repaired, or replaced, if need be. (see "Concession Stand Weekly Check list " in appendix)
- Cleaning chemicals must be stored in secure cabinet, separate from all food and cooking materials.
- A certified Fire Extinguisher will be placed in plain sight at all times, and all Concession Stand workers are to be instructed on the proper use.
- All board members and team managers will attend a training session in the Heimlich maneuver.
- A fully stocked First Aid Kit will be placed in the concession stand.
- The Concession Stand main entrance door **will not** be locked or blocked by any means while people are inside.

Keep It Clean: Concession Stand

Working in the Concession Stand, we all need to follow the following practices for proper food handling and sanitation, dictated by the State of Massachusetts and the Spencer Board of Health:

Good Personnel Hygiene

- Maintain personal cleanliness.
- Wear clean and appropriate clothing.
- Good hand washing practices.
- Avoid unsafe habits and actions.
- If you are not feeling well, please let your team manager know. So we can find a replacement.

Hand Washing Practices

- Hands need to be washed frequently and thoroughly with an antibacterial hand soap and hot water.
- Under fingernails should be cleaned as well.
- Dry with a single use paper towel.

Food Handling

- Food-safe gloves that are provided **must** to be used at all times when preparing and serving foods.
- Always change your gloves when you are done handling raw foods, and you are ready to handle cooked foods, or changing tasks.
- Gloves should be removed when handling money, and a new pair worn when you're ready to handle food. (to make things easier, assign a single person when possible to handle the money for your shift)
- **NO EATING, SMOKING OR CHEWING TOBACCO WHILE WORKING IN THE CONCESSION STAND.** Please take a quick break during the slow times, and wash hands thoroughly when you return from your break.
- If you have a cut on your finger, hand, or arm, you must have it covered by a bandage before serving food.

If there are any concerns, or any concerns are made to a volunteer by a guest, please report them to the SEBLL Safety Officer immediately.

Sincerely,

Jeff Sauvageau

Jeff Sauvageau

Safety Officer, SEBLL

Concession Stand Procedures

Concession Stand Set-up

*During the week, please plan to arrive by 5:00pm. On weekends, please arrive by 11:30am

- Plug in Coffee Pot, Popcorn Machine, and Hot Dog Steamer, (if planning to use based on business) or the griddle for the Hot Dogs.
- Once warmed up, start the popcorn, coffee, and hot dogs.
- If serving meatballs:
 - Remove meatballs from freezer put in microwave safe bowl and microwave for a minimum of 5 minutes.
 - Next, put in the crock pot with sauce on high.
 - Turn pot down to Low once internal temperature reads 165'
- Nacho sauce needs to be started in the small crock pot.
- Additional cooking instructions for Nacho's, Pizza, Soft Pretzels, and Hot Pockets will be posted in the Concession Stand. Along with the above, any new items that are added, along with any new equipment instructions, will also be posted inside.

Concession Stand Nightly Closing

Keep the Concession Stand Clean

On a daily basis we need to do the following to keep our Concession Stand clean and ready for the next day's business:

- All dishes, serving utensils and equipment must be washed thoroughly.
- All counters must be cleaned and sanitized.
- Floors swept, any spills wiped up immediately. Spot mop at the end of the night, if needed (i.e. rainy days).
- Garbage emptied and put in the dumpster.
- All food put away at night once they have cooled down properly.
- Fill drink cooler with soda, water, and Gatorade.
- Cash drawer must be counted and verified by two people working in the Concession Stand. Two slips will be filled out and signed by both parties. One will go with the nightly drop, the other will be left in the drawer with the starting money for the next day.
- A nightly close list will be posted in the Concession Stand to be followed.

Weather Safety

Central Massachusetts in Spring/Early Summer can be very unpredictable. To simplify the decision of safe play, the SEBLL Safety Officer will make all calls before games have started. After players are at the fields, and warm-ups have begun it will become the responsibility of the umpire to call the game because of unsafe weather conditions. If games have been cancelled for unsafe weather, that also means all practices should be rescheduled. The SEBLL Safety Officer will contact you at the number you provided, so please **do not call them, or any other board members.**

All calls will be made to league VPs by 5:00 PM for evening games; if you have not received a call by then, please proceed to the fields.

SEBLL Tips and Standards Unsafe Weather

Rain

If it begins to rain:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- 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.

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flowing 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 within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil clouds. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike 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:

- Suspend all games and practices immediately!!
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Get players to walk, not run, to their parents or designated drivers and wait for your decision on whether or not to continue the game or practice.

Hot weather:

Along with storms, we in Central Massachusetts get our fair share of hot weather. Precautions must be taken in order to make sure the players on your team do not ***dehydrate or hyperventilate***.

- Suggest players take drinks of water when coming and going off the field between innings.
- 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.
- 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 supplied in your first-aid kit to cool him/her down until the emergency medical team arrives.

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 sun exposure by the time they are 18 years old. Therefore, SEBLL recommends the use of sun screen with a SPF of at least 15 as a means of protection from damaging ultra-violet light.

SEBLL Fundamentals Training

Managers and coaches:

As managers and coaches of the Spencer-East Brookfield Little League we are very simply teachers of the game. Our main goal as an organization is to teach the game of baseball. By first teaching the basic fundamentals such as hitting, sliding, fielding and pitching, etc. we can then improve on our basics by adding different scenarios.

Training classes will be held during our monthly coaches meetings at the field house and as noted below. At least one representative for each team must attend fundamentals and first aid training and all coaches each year, and all coaches and managers must attend every three years. This will be beneficial to you if you are moving from one league to another. Additional fundamentals training may be held during monthly coaches meetings held on the first Sunday of every month, at 6:00 PM, at the Field House.

The SEBLL also has training material and will hold an informative meeting with their managers and coaches. If more information is needed please contact the Softball Director, Tee Ball/Minor League Director or AAA/Major League Director. Additional training videos, league curriculum and other training information is available at www.littleleague.org.

We also have, in our organization, volunteers with many years of experience with Little League baseball as well as school sports programs, many of them ready to lend a hand in explaining drills and techniques for practice.

Sincerely,

Casey Cormier

President, SEBLL

Safety Awareness, Fundamental Training & League Orientation

2:00 PM on April 29, 2017 at the Field House

First Aid Training

1:00 PM on April 29, 2017 Spencer Rescue Squad Facility 6 Bixby Road Spencer, MA

AT LEAST ONE MANAGER OR COACH FOR EACH TEAM MUST ATTEND BOTH

There are no exceptions for non-attendance regardless of tenure. Little League International mandates that SEBLL conduct these annual trainings for the safety of our children. Contact SEBLL Safety Officer, Jeff Sauvageau via email at Sauvageau.Jeff@gmail.com or call 781-562-9516 for questions. Thank you for your understanding – SBLL Board of Directors, 2018

Accident Reporting Procedures

What to report –

An accident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment (this includes the use of products in first aid kit) must be reported to the SEBLL Safety Officer. This also includes any such evaluation and diagnosis of the extent of the injury.

When to report –

All such accidents described above must be reported to SEBLL Safety Officer within 24 hours of the incident. The SEBLL Safety Officer, Jeff Sauvageau, can be reached by:

Mobile Phone: (781)562-9516 **Email:** Sauvageau.Jeff@gmail.com

How to make a report –

Reporting incidents can occur in a variety of ways, most typically through telephone conversations. At a minimum, the following must be provided during this time:

- Name and Phone Number of individual involved
- Date, Time and Location of the incident
- A detailed description of the incident
- Preliminary estimate of the extent of the injuries
- Name and Phone Number of person reporting the incident

Within 24 hours of receiving the accident report form, the SEBLL Safety Officer will contact the injured party (or Guardian if injured party is a minor) for follow-up:

- Verify information provided
- Update on status of injury and/or services received
- Review process for claim submission

If the extent of the injuries are more than minor in nature, the SEBLL Safety Officer shall periodically check in with the injured party (or Guardian if injured party is a minor) to:

- Update on status of injury/services
- Check if any additional assistance is necessary, until the incident is considered “closed” (i.e. no further claims are expected or individual is participating again)

Insurance Policies

Little League Accident Insurance covers only those activities approved or sanctioned by Little League, Incorporated. Spencer-East Brookfield Little League Majors Division, Minor League and T-Ball participants shall not participate as teams with other programs, or in tournaments, except those authorized by Little League International. Unless expressly authorized by the SEBLL Board of Directors, games played for any purpose other than to establish a League champion, or as part of the International Tournament, are prohibited.

Explanation of Coverage:

The AIG, Little League's insurance policy, is designed to afford protection to all participants at the most economical cost to the SEBLL. 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 coverage, AIG Little League Insurance – which is purchased by SEBLL, 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.

How the Insurance works:

1. Have the child's parent file a claim under their insurance policy
2. Should the family's insurance plan not fully cover the treatment, the Little League AIG Policy will help pay the difference, after the \$50 deductible per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, Little League AIG Policy shall become the primary insurance, providing benefits for all covered treatment costs, after %40 deductible, up to the maximum benefits allowed.
4. Treatment of dental injuries can extend beyond the normal 52 week period if dental work must be delayed due to physiological changes of the growing child. Maximum dollar benefit is \$500 for eligible treatment after the normal 52 week period, subject to the \$50 deductible per claim.

Filing a claim:

When filing a claim (forms attached), all medical costs should be itemized, along with any letters explaining lack of coverage. Dental Claims require both the Major Medical Form and Dental form, stating, "Accident damage to whole, sound normal teeth as a direct result of accident". Claims must be filed with the SEBLL Safety Officer, which will then be forwarded on to Little League, Incorporated, PO Box 3485 Williamsport, PA 17701. Claim officers can be contacted at (717)327-1674. Contact SEBLL Safety Officer for more information.

2018 SEBL Board of Directors

Name	Position	Email	Phone
Casey Cormier	President	casey@angelguardproducts.com	512-434-9840
Kayla Zielonka	Vice President/Fundraising	Kaylazielonka@icloud.com	508-735-3466
Kayla St. Laurent	Secretary	kayla.anne2218@gmail.com	774-200-5460
Jason Chase	Treasurer	Jason33080@yahoo.com	508-320-8212
Jeff Sauvageau	Safety Officer	sauvageau.jeff@gmail.com	781-562-9516
Chris Paine	Director of Baseball	ckpaine@aol.com	508-341-6482
Kim Desroisers	Director of Softball	Hmd4103@yahoo.com	508-769-7495
Cory Brodeur	Tball/Minor League Director	Coreymbrodeur@yahoo.com	508-579-9157
Josh Prater	Umpire in Chief	jprater74@yahoo.com	774-745-0309
Eric Monette	Equipment & Purchasing Manager	monette82@gmail.com	
Tara Volesky	Player Agent	taravolesky25@gmail.com	774-289-7857
Devon Zielonka	Field Maintenance Director	mdevonzielonka@gmail.com	

Emergency Phone Number List

Spencer

Emergency, Dial 9-1-1

Fire

Non-emergency (508) 885-7533

Police

Non-emergency (508) 885-6333

Ambulance

Non-emergency (508) 885-4476

East Brookfield

Emergency, Dial 9-1-1

Fire

Non-emergency (508) 867-3124

Police

Non-emergency (508) 867-6130

Ambulance

Non-emergency (508) 885-3124



The American Academy of Pediatric Dentistry has developed this brief guide to help parents and caregivers be prepared for the most common types of childhood tooth injuries.

WHAT TO DO IF...

A BABY TOOTH IS KNOCKED OUT



Contact your pediatric dentist as soon as possible. **QUICK ACTION** can lessen a child's discomfort and **PREVENT INFECTION**.



Rinse the mouth with water and apply **COLD COMPRESSES** to reduce swelling.



Spend time **COMFORTING THE CHILD** rather than looking for the tooth. Remember, baby teeth should not be replanted because of potential damage to developing permanent teeth.

A PERMANENT TOOTH IS KNOCKED OUT



Find the tooth. Rinse it gently in cool water. **DO NOT** scrub it or use soap.



REPLACE THE TOOTH in the socket and hold it there with clean gauze or a wash cloth. If you cannot put the tooth back in the socket, place the tooth in a clean container, preferably with cold milk. If milk is not available, put it in a container with the child's saliva, but **NOT IN WATER**.



Take the child and the tooth to your pediatric dental office **IMMEDIATELY** or call the emergency number if it is after hours.

A TOOTH IS CHIPPED OR BROKEN



Contact your pediatric dentist **IMMEDIATELY**. Fast action can save the tooth, prevent infection and reduce the need for extensive dental treatment.



Rinse the mouth with **WATER AND APPLY COLD COMPRESSES** to reduce swelling.



If a parent can find the broken tooth fragment, it is important to **TAKE IT TO THE DENTIST**.

AN ACTIVITY INVOLVES RISK OF FALLS OR COLLISIONS



Wear a **MOUTH GUARD** when activity involves a risk of falls, collisions or contact with hard surfaces or equipment.



Pre-formed mouth guards can be purchased in sporting goods stores, or **CUSTOMIZED MOUTH GUARDS** can be made by a pediatric dentist.

OUR PEDIATRIC DENTIST

Name _____

Phone Number _____

Visit MYCHILDRENTHEETH.ORG to locate a pediatric dentist near your home and to join AAPD's Monster-Free Mouths Movement.



TOOTH D.K.



GINGER BITE-US



TARTAR THE TERRIBLE



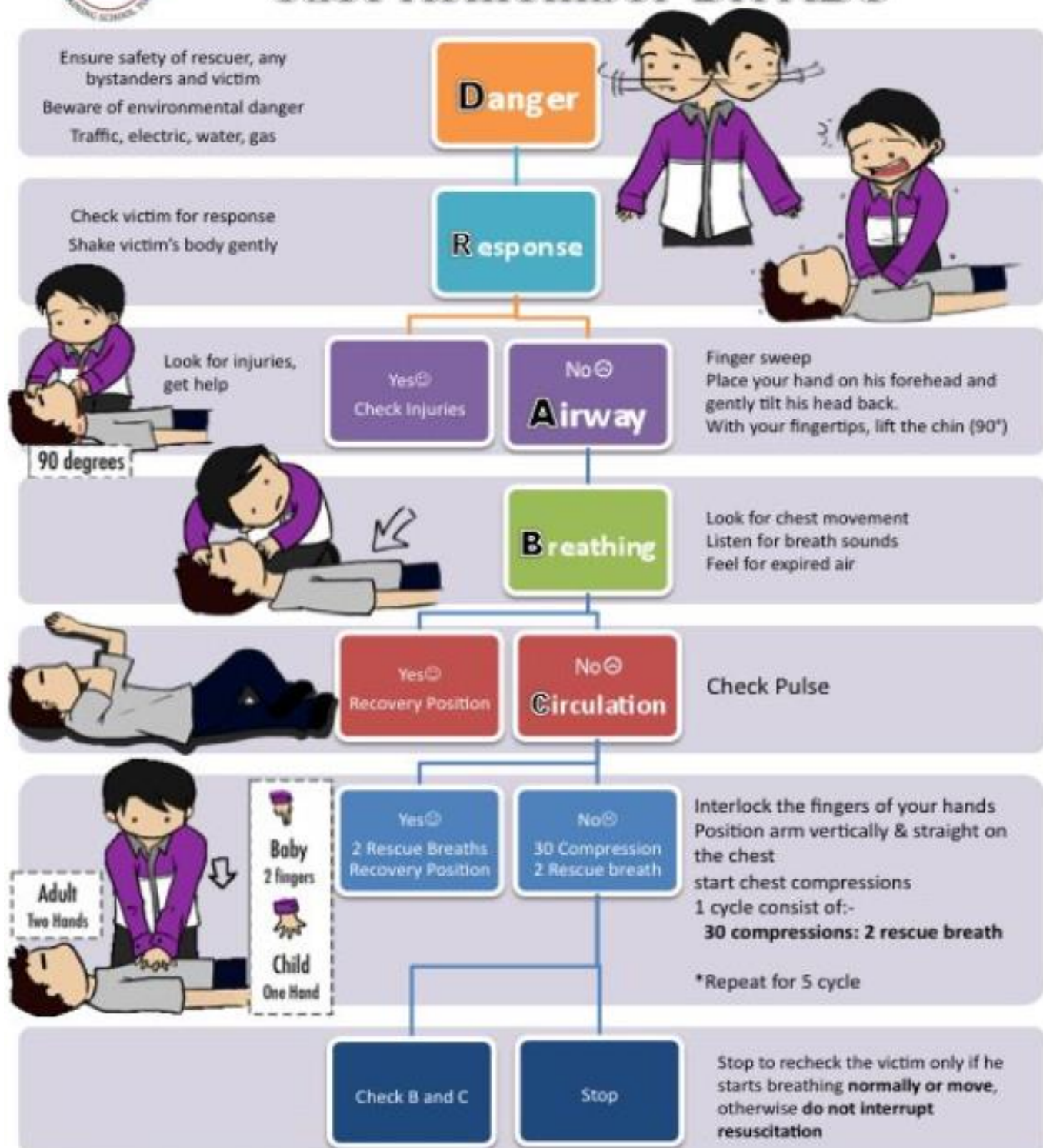
AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

BASIC LIFE SUPPORT



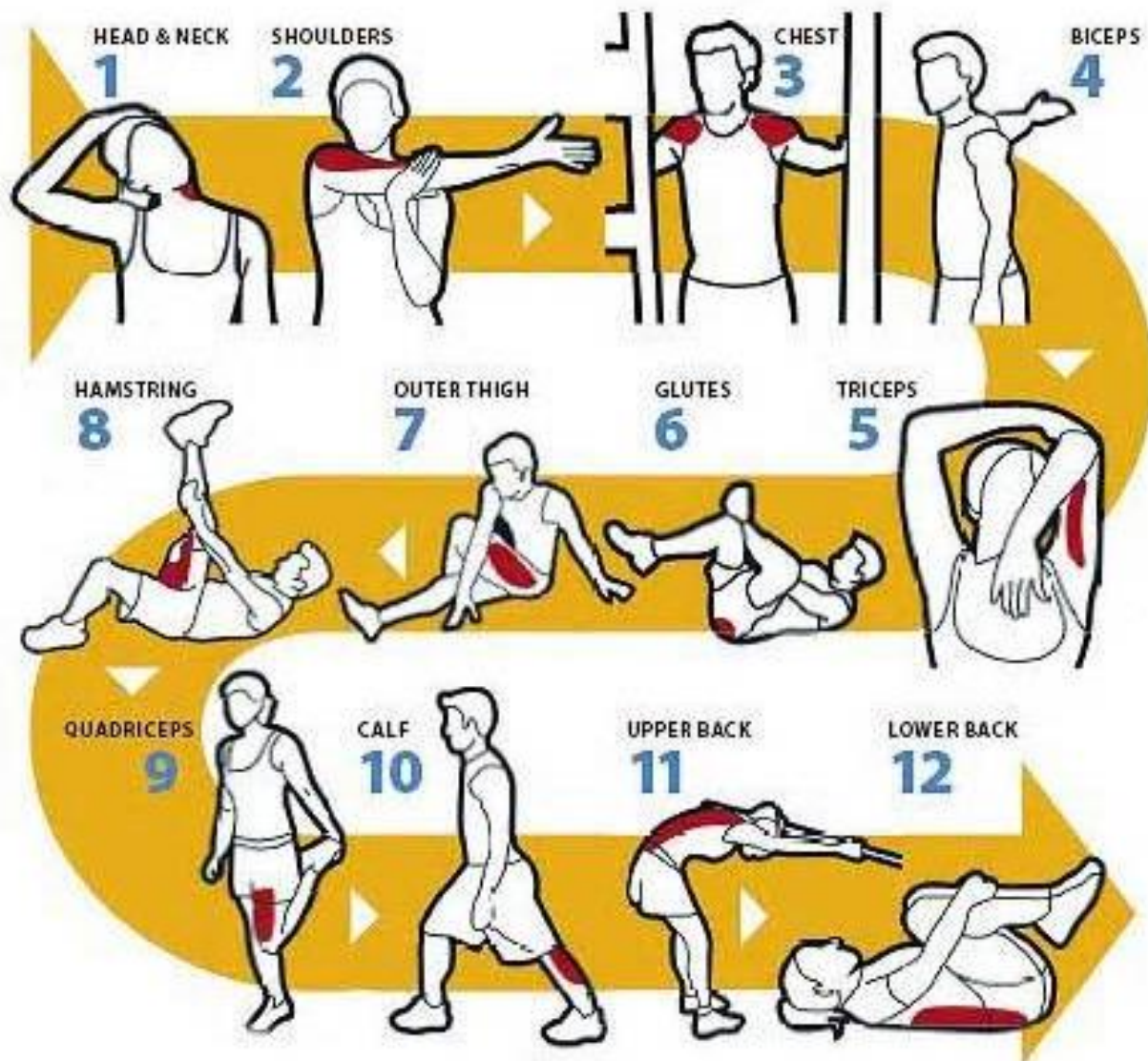
DID you know? BLS increases survival rate by 20% when the victim is sent to a hospital compared to one who did not have BLS performed on them. Don't hesitate. *Just act!*

Just Remember DR ABC



Stretching

To avoid injury, and help ensure the safety of each and every player, it is expected that all coaches will dedicate the first 10 minutes of practice to stretching and warm-up activities.



What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe **thunderstorm WATCH** is issued when conditions are favorable for severe weather to develop.

A severe **thunderstorm WARNING** is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS
THE BEST WAY TO RECEIVE
FORECASTS AND WARNINGS
FROM THE NATIONAL
WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at

National Weather Service
P.O. Box 1208
Gray, Maine 04039

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

LIGHTNING...
the underrated killer!

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION



NATIONAL WEATHER
SERVICE

Gray, Maine

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

LIGHTNING KILLS

Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

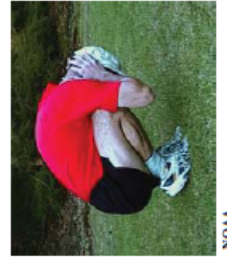
To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



NOAA

Don't Swing It

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



(Photos from North Scott, Iowa, Little League)

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

REMEMBER:

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

RULE 1.08, Notes

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

Coach, Please Let Players Catch!



REMEMBER:

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

RULE 3.09

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

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS
EXTENSION**



Thermy™ says:
"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA

For Local League Use Only**Activities/Reporting****A Safety Awareness Program's
Incident/Injury Tracking Report**

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1 Date of Birth (MM/DD/YY) Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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® Volunteer Application - 2018

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

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

Name First Middle Last Date

Address

City State Zip

Social Security # (mandatory with First Advantage or upon request)

Cell Phone Business Phone

Home Phone: E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

1. Do you have children in the program? Yes ☐ No ☐

If yes, list full name and what level?

2. Special Certification (CPR, Medical, etc.)? (list) Yes ☐ No ☐

3. Do you have a valid driver's license? Yes ☐ No ☐

Driver's License#: State

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

If yes, describe each in full:

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

If yes, describe each in full:

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

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

If yes, describe each in full:

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

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

If yes, explain:

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

- ☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

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

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

Applicant Signature Date

If Minor/Parent Signature Date

Applicant Name (please print or type)

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable

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

*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from Lexipol in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Notes

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving margins at the top and bottom. There are no vertical margin lines or other markings present.

Notes

[illegible]

