



Concord American Little League Safety Manual

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*“Do you
know what
my favorite
part of the
game is? The
opportunity
to play.”*

*– Mike
Singletary*

Little League® A Safety Awareness Program (ASAP)

The Little League® A Safety Awareness Program (ASAP) is a part of the organization's Child Protection program and provides local leagues with direction for best practices designed to make the Little League experience enjoyable and healthy for all participants.

Introduced in 1995 and long the pacesetter in youth sports safety, Little League has taken the lead with the development of ASAP (A Safety Awareness Program). With the help of corporate sponsors, Musco Lighting and AIG Insurance, ASAP has increased overall safety awareness, reduced injuries by 80% and lowered insurance costs for participating leagues.

This manual is printed and distributed to the manager and safety parent of every team. Additional copies are kept with the league equipment, in each score booth, and the concessions stands. It is also available online at www.concordamericanlittleleague.org.

Mission Statement

Concord American Little League is a non-profit organization run by volunteers who are committed to the children and their families in our community. We have been a part of that community for over 65 years. We work every day to instill the ideals of good sportsmanship, honesty, loyalty, courage, hard work, and respect. Our hope is that our players stay strong, healthy, and happy children who will grow to love and give back to their communities as adults. We provide an opportunity for children to learn the games of baseball and softball in a safe and encouraging environment, but they learn so much more than baseball, and so do we from them.

Our league's safety mission is to maintain a high degree of safety awareness and ensure our league is safe for the players and its volunteers. This document communicates what is expected from all Coaches, Players, Volunteers, and Parents. It is the policy of our league to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.



*“Set your
goals
high, and
don’t stop
till you
get there.”
– Bo
Jackson*

Little League California District 4

The district staff is integral in assisting its leagues in providing a safe and healthy environment for its players, parents, and volunteers around the world.

District Administrators in the United States are able to utilize the Little League® A Safety Awareness Program (ASAP) to assist with their safety efforts. By having a District Safety Officer on the district staff, efforts can be made to implement and ensure ASAP plans are executed in local leagues. The Safety Officer, with support from the District Administrator and staff, will serve as a resource for local leagues as each annually develops and submits an ASAP plan. The goal of each District shall be 100 percent compliance amongst the leagues in the district.

Due to the efforts of people like you committed to improving Little League through safety, we’ve seen extraordinary results in injury prevention. In 2021, California District 4 once again reached 100% compliance with the completion and submission of our League Safety Plans for the 20th year in a row!

One of the reasons for Little Leagues’ wide acceptance and phenomenal growth is that it fills an important need in our society. It instills confidence and an understanding of fair play and the rights of other people.

Our younger players are given the opportunity not only to develop their playing skills but to learn what competition and sportsmanship are all about. All who take part in our program are encouraged to develop a high moral code along with their improvement in physical skills and coordination. These high aims are more for the benefit of the great majority of children rather than the few who would otherwise come to the top in any competitive athletic endeavor.

Thank you!



*"I love
what I do
and I love
who I do
it for...the
kids."*

– Liz Berg

Concord American Little League Named National Winner

In 2019, I received a call from Little League International. The person on the phone said that our league had been selected as the Western Region winner of the ASAP. That statement would be great on its own, but then she said that as a reward, I would be going to the Little League World Series. After that, well...it got even better.

At a luncheon at Little League Headquarters in Williamsport, PA, the winners for each region were honored by a short speech and a slide show featuring their league. Our league was announced last and our speech went longer, and longer, until "...and the Western Regional winner and this year's National Winner and recipients of a set of Musco stadium lights, Concord American Little League!" I was stunned, elated, and yes, I cried.

Little League asked me for a statement of my favorite experiences in Williamsport. Where to begin...where to stop? Was it hearing the Little League and Parent Pledges read in each country's language prior to the start of every game? The Hawaiian team, having just lost to Japan, lining in front of Japan's dugout to tip their hats and bow? The Curacao fans and their incredible, contagious enthusiasm? The Louisiana players, having just won the final game, collecting dirt and grass from the field to take home? Pin trading...enough said. But the best, the awesomest experience? Walking onto the Lamade Stadium field representing my league and district as the Western Regional and National Winner.

I have been a part of Little League community for 15 years, as a parent, a coach, a member of the local board of directors, as well as a member of the California District 4 staff. This award is for all of us. I mean it when I say, "We did this." Our community is amazing, our volunteers incredible, and our kids, well, they are the best in the world!

It is our job as parents to keep our kids safe, so it seems like a natural extension of that job when you become a Little League volunteer. It is the responsibility of all of the adults in our league to ensure that our children are not only safe from the physical hazards on the field but are also safe to play baseball in a supportive and loving community. We did this and we will continue to do it for years to come.

Play Ball!



Emergency Contact Information

EMERGENCY

Police/Fire/EMT 911
Poison Control Center: . . . (800) 222-1222

NON-EMERGENCY NUMBERS

Police Department. (925) 671-3232
Fire Department (925) 941-3300

AREA HOSPITALS

Contra Costa Regional. . . (925) 370-5000
2500 Alhambra Ave., Martinez, CA

John Muir – Concord (925) 682-8200
2540 East St., Concord, CA

John Muir – Walnut Creek. (925) 939-3000
1601 Ygnacio Valley Rd. Walnut Creek, CA

Kaiser Permanente. (925) 295-4000
1425 S. Main St., Walnut Creek, CA

Kaiser Permanente. (925) 295-4000
4501 Sand Creek Rd, Antioch, CA



DISTRICT STAFF

District Administrator
Ted Boet (925) 367-3216

Assistant District Administrator
Geoffrey Shiu (510) 882-6917

District Safety Officer
Liz Berg (510) 701-8637



LITTLE LEAGUE

Western Region. (555) 123-4567
6707 Little League Drive, San Bernardino,
CA 92407

LL International Office. . . (570) 326-1921
PO Box 3485 or 539 Route 15 Hwy.
Williamsport, PA 17701



*"I ain't
ever had a
job, I just
always
played
baseball."
—Satchel
Paige*

CONCORD AMERICAN LITTLE LEAGUE

General Information (925) 472-8940
PO Box 722, Concord, CA 94522

Rain-Outs (925) 472-8940

Parks and Recreation Field Conditions
(option #7) (925) 671-3404

BOARD OF DIRECTORS

President

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When an emergency occurs, you may not have time to think about everything you need to know. So, prepare ahead of time for the worst, and you will be able to handle it no matter what happens.

Emergency Contact Procedures

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 9-1-1.

2) Give the dispatcher the necessary information.

Answer any questions that he or she might ask. Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.
 - ✓ Olivera Field is located on E. Olivera Rd. at Pyro St. next to Pixieland.
 - ✓ Galindo Field is located behind Mt. Diablo High School, the gate is at the end of Galindo St. at Almond Ave. GPS address is 2400 Galindo.
- **The telephone number from which the call is being made.**
- **The caller's name.**
- **What happened** — i.e., a baseball-related accident, fire, fall, etc.
- **How many people are involved.**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding.
- **What help is being given** (first aid, CPR, etc.).

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.



It is as much your duty to be careful and comply with safety rules as it is to properly perform your work.

Emergency Contact Procedures

WHEN TO CALL – IF YOU HAVE ANY DOUBT AT ALL, CALL 911

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.

Call 911 anyway and request paramedics if the victim —

- is, was or becomes unconscious
- has trouble breathing or is breathing in a strange way
- has chest pain or pressure
- is bleeding severely
- has pressure or pain in the abdomen that does not go away
- is their vomiting or passing blood
- has seizures, a severe headache, or slurred speech.
- appears to have been poisoned
- has injuries to the head, neck or back
- has possible broken bones

ALSO CALL 911 FOR ANY OF THESE SITUATIONS:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Our Facilities

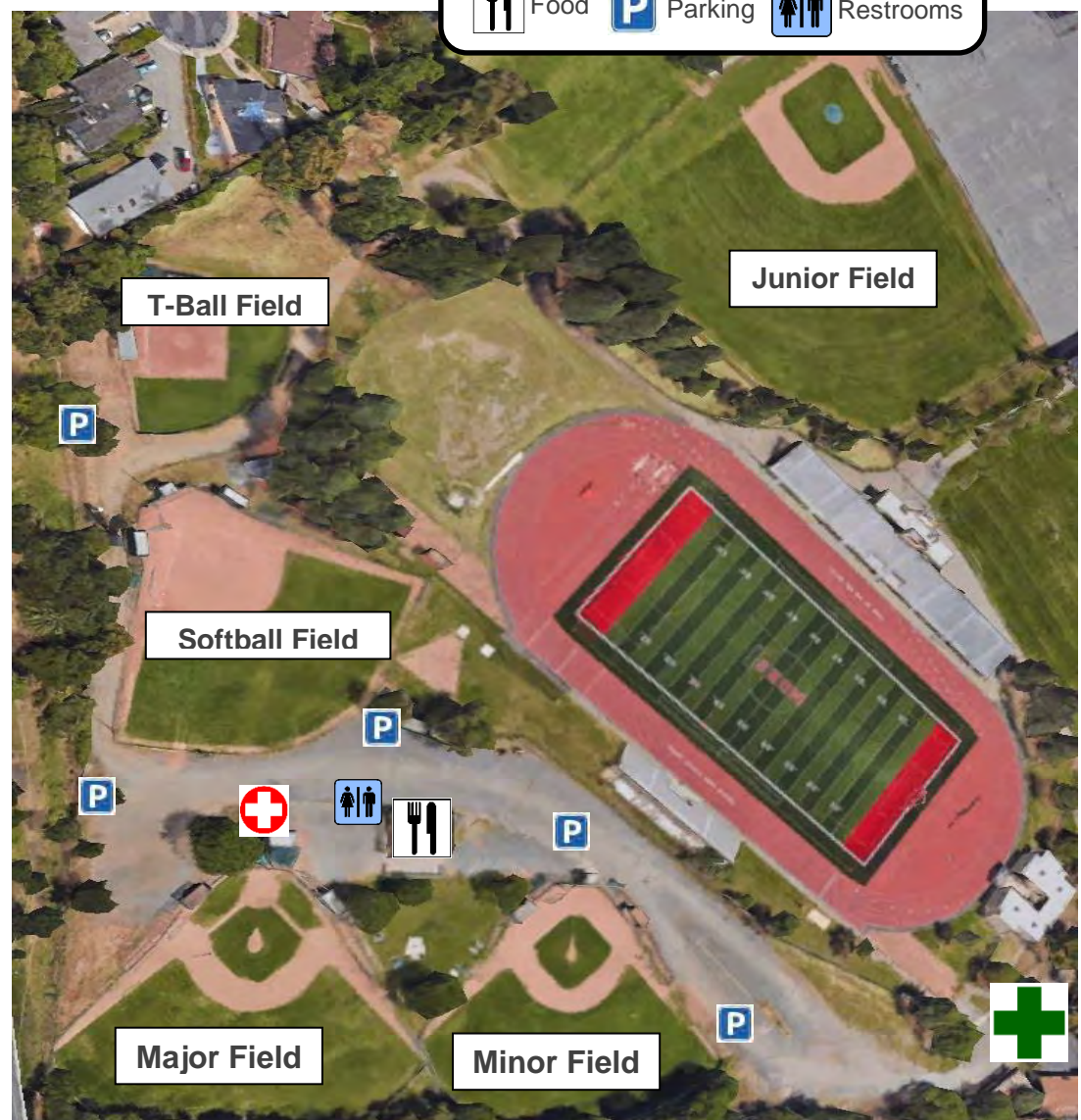
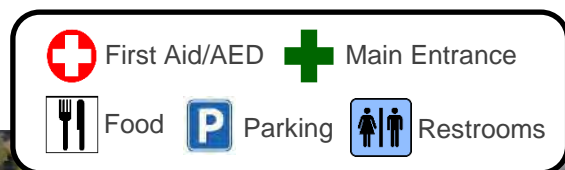
Michael Galindo Field

2400 Galindo St • Concord • CA 94520

Baseball – Juniors, Majors, Minors, T-Ball

Softball – All divisions

Snack Shack and First Aid



Our Facilities

Olivera Field

E. Olivera Rd • Concord • CA 94521

Baseball – 50/70, Majors, Minors, T-Ball

Softball – All divisions

Snack Shack and First Aid





You can never eliminate all of the possible injuries, however having a plan and using preventative safety precautions increase the odds for the injury-free season of baseball.

Safety Manual Acceptance

It is recognized that the area personnel and facilities available for the operation of a Little League will dictate the structure of an effective safety program. These safety guidelines are presented as a goal toward which the adults who administer a league can work. The effectiveness of their efforts to prevent accidents will be measured more by their sincerity of purpose than by the amount of money and preponderance of volunteer effort at their disposal.

Each Manager and Team Safety Parent is issued access to the online Safety Manual and a First Aid Kit at the start of the season. The manager and team safety parent acknowledges the receipt of both by signing in the space provided below when taking possession of these items.

The First Aid Kit is issued and kept by the team manager. It includes the necessary items to treat injured players until professional help arrives, if needed. Additional supplies are available from the League Safety Officer or in the concession stands.

The team's First Aid Kit must be in plain sight at all times. Safety Manuals are available online and hard/physical copies kept in each score booth and concession stand.

The Safety Manual includes the location of hospitals and other emergency services, phone numbers for all local league and district personnel, the League Code of Conduct, requirements for league volunteers, and instructions for treating injured players.

****Print this page and email a photo of completed copy to the League Safety Officer****

I have read the League Safety Manual and the team manager has received the league First Aid Kit. This kit will be present at ALL practices, games, and any other event where team members could become injured. It is our responsibility to ensure that the First Kit is kept properly stocked in coordination with League Safety Officer.

Bag # _____ Date _____ Division/Team _____

Print Manager's Name

Manager's Signature

Team Safety Parent's Name

Team Safety Parent's Signature



“The most important thing is to try and inspire people so that they can be great in whatever they want to do.”

– Kobe Bryant

Notice Regarding COVID-19

In these unprecedented times, many of us in charge of youth sports can only do our best to ensure that our children are safe. With the ever changing “rules” regarding COVID-19, it is difficult to publish a manual on how situations will be handled.

As such, Concord American Little League (CALL) will observe all county and state COVID safety guidelines. As authorities publish new guidelines, CALL will review and evaluate the official guidance on programs offered.

CALL will update and post the CDC and county recommendations with regard to practicing and playing baseball. These guidelines will be posted regularly at all facilities and be monitored by league officials.

Guidelines will include, but are not limited to the following:

- ☐ All attendees must wear masks as determined by CDC guidelines.
- ☐ Only registered team members and authorized adults present at practice
- ☐ Equipment is sanitized prior to and after each practice
- ☐ Players sanitize hands before and after pairs throwing
- ☐ Activities and drills properly modified for social distancing
- ☐ Equipment sharing minimized
- ☐ Players sanitize hands before and after practice

Stay healthy. Stay safe.



*At no time
should anyone
administering
first aid go
beyond
his or her
capabilities*

Basic First Aid

First Aid is the immediate, necessary, temporary, emergency care given for injuries. It means exactly what the term implies – it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives.

Selection and Qualifications of First Aiders

At least one coach per team will receive first aid training prior to the start of the season. It is impractical to have a completely trained and experienced first aid person on duty at all times. However, our league will make every effort should be made to have several alternate first aid trained persons available. These persons will be trained in the basic requirements of first aid treatment, and their duties will keep them at the league's fields.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have first aid trained individual briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.

Know Your Limits

The average response time on 911 calls is 5-7 minutes. In route Paramedics are always in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid Kits

First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether regular or post-season) and any other Little League event where children's safety is at risk. Inventory your kit weekly. To replenish materials in the Team First Aid Kit, the Manager or the appointed Team Safety Officer must contact the League's Safety Officer. Additional supplies are available in the concession stand.

The First Aid Kit must be turned in at the end of the season along with your equipment.



First Aid Kit Contents

1 Neosporin Foam Cleanser	3 – 4x4 Sterile Gauze Pads	1 – First Aid Roll Tape
6 – Triple Antibiotic Ointment	3 – 2x2 Sterile Gauze Pads	1 – Triangle Sling
6 – Antiseptic Wipes	6 – 2x4 Bandages	2 – Latex Free Exam Gloves
4 – Sting Relief Pads	6 – 1x3 Bandages	4 – Cotton Tip Applicators
1 – Finger Splint (tongue depressor)	6 – 3/8x1 Bandages	2 – Instant Ice Packs
1 – Sterile Eye Pad	2 – Butterfly Bandages	1 – Tweezer
1 – Roll Gauze	2 – Fingertip Bandages	1 – Scissors
	2 – Knuckle Bandages	1 – Zip Bag

*“You can’t
put a limit
on anything.
The more
you dream,
the farther
you get.”*

*– Michael
Phelps*

Additional First-Aid Kits and Items are available in the snack shacks and score booths.

Additional items include eyewash, self-adhesive wrap, and burn ointment. These additional kits are for emergency situations on the field or in the stands. Do not use these supplies to replenish your team’s kit. Contact the League Safety Officer for replenishments.

GOOD SAMARITAN LAWS

There are laws to protect you when you help someone in an emergency situation. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his/her best to save a life or prevent further injury.



*"Never let
the fear of
striking out
get in your
way."*

— Babe

Ruth

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site

DO . . .

- ✓ **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock
- ✓ **Know** your limitations
- ✓ **Call 911** immediately if person is unconscious or seriously injured
- ✓ **Look** for signs of injury (blood, black-and-blue, deformity of joint etc.)
- ✓ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child
- ✓ **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone
- ✓ **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred

DON'T . . .

- ✓ **Administer ANY medications**
- ✓ Provide any food or beverages (other than water)
- ✓ Hesitate in giving aid when needed
- ✓ Be afraid to ask for help if you're not sure of the proper Procedure, (i.e. CPR, etc.)
- ✓ Transport injured individual except in extreme emergencies.



*It is as much
your duty to be
careful and
comply with
safety rules as
it is to
properly
perform your
work.*

Defining Terms

Accident is a sudden, undesirable and unplanned occurrence often resulting in bodily injury, disability and/or property damage.

Accident Cause is an unsafe condition, situation or act that may result directly in or contribute to the occurrence of an accident.

Corrective Action is the positive steps or measures taken to eliminate, or at least minimize, an accident cause.

Hazard refers to a condition or a situation that could cause an accident.

Injury is the physical harm or damage often resulting from an accident.

Insurance Claim refers to the right of a parent, as in the case of accident insurance to have eligible medical expenses resulting from an accidental injury connected with a game or scheduled practice paid by the appropriate insurance company.

Type of Accident is a phrase used to describe an unintentional, sudden incident that can be identified so effective counter measures may be taken. Examples are: struck by, tripped, fell, collision with, caught between, etc.

An Unsafe Act refers to unintentional human failure or lack of skill that can lead to an accident. It is one of the two general accident causes, the other being an unsafe condition.

An Unsafe Condition is an abnormal or faulty situation or condition which may cause an accident. Its presence, particularly when an unsafe act is committed, may result in an accident.

THE FOUR E'S OF SAFETY

Education refers to the important matter of including suitable safety precautions in instructions, training, communications, drill work and follow-up.

Equipment applies to the safe upkeep and use of physical property, fields, personal protective equipment, bleachers, bats, balls, etc.

Enthusiasm is the key to selling this important ingredient called safety, which can prevent painful and disabling accidents.

Enforcement should be applied more as an incentive for skillful ball playing rather than as disciplinary action. Far better results can be obtained by praise and recognition than by forcing players into line. Tactful guidance must be backed by firmness and justly used discipline.



"Little League baseball is a very good thing because it keeps the parents off the streets."

—Yogi Berra

Every team manager is supplied a Team Binder which includes a copy of every player's Medical Release Form. This document contains emergency phone numbers, doctor and hospital information. The binder is required to be at and in view at every game or practice. Should a manager be unable to make a game or practice, he/she must ensure that the binder and first aid kit accompanies the equipment to any team function.

NOTIFICATION OF FAMILY

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment, their family be notified as soon as possible.

FOLLOW-UP ON FIRST AID CASES

1. The Team and League Safety Officer should follow up with the parents/guardians of the injured player within 24 hours of the incident.
2. A thorough investigation will be made to find the cause(s) of an accident and action started to prevent reoccurrence.
3. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
4. Any player placed under the care of a doctor is required to provide to their manager and the League Safety officer a letter from their physician releasing the player to play ball before being allowed to return to the field.



*"It's not
whether
you get
knocked
down; it's
whether
you get
up."*

*— Vince
Lombardi*

Treating an Injury

When Treating an Injury, Remember "RICE"

Rest **Ice** **Compression** **Elevation**

Rest the sprained or strained area. If necessary, use a sling for an arm injury or crutches for a leg or foot injury. Splint an injured finger or toe by taping it to an adjacent finger or toe.

Ice for 20 minutes every hour. Never put ice directly against the skin or it may damage the skin. Use a thin towel for protection.

Compress by wrapping an elastic (Ace) bandage or sleeve lightly (not tightly) around the joint or limb. Specialized braces, such as for the ankle, can work better than an elastic bandage for removing the swelling.

Elevate the area above heart level if possible.





*"Education
is the most
powerful
weapon we
can use to
change the
world."
—Nelson
Mandela*

Automatic External Defibrillator & CPR

Use of the AED

An Automated External Defibrillator (AED) is to be applied to a victim who is not responding, not breathing normally and has no signs of circulation, such as normal breathing, coughing, or movement.

Location

The AED's are located in the snack shacks at the Galindo and Olivera Complexes

On-Site Coordinator

The on-site coordinator is the League Safety Officer. Responsibilities of the on-site coordinator includes assuring that the AED's are maintained in a state of readiness, that this is documented, that there is a mechanism to assure continued competency of the authorized individuals trained to use the AED and that the EMS agency is notified of any change in on-site coordinators.

Authorized Users

All board members, managers, coaches, team safety parents, and snack shack supervisors who have completed the league provided AED training.

Maintaining Readiness

The AED will be checked for readiness after each use and the 1st Saturday of every month by the Board Member of the Day (BOD) or Snack Shack Supervisor. Checks will include:

- ☒ Assure that the battery is good.
- ☒ Check the expiration date on the electrode packet.

If the battery is bad or the electrodes have expired, contact the Safety Officer for replacements.

Quick Reference Cards

The quick reference cards will be kept posted next to the AED cabinet and will include the following information:

- ☒ Procedure for use of the AED
- ☒ Steps to follow after using the AED
- ☒ AED monthly checks

Heartsaver® **Adult CPR AED**



Tap and shout.

Shout for help. Send someone to phone 9-1-1 and get an AED.



Look for no breathing or only gasping.

Push hard and fast at a rate of 100 to 120 compressions per minute.



Open the airway and give 2 breaths.

Repeat sets of 30 compressions and 2 breaths.



When the AED arrives, turn it on and follow the prompts.

Heartsaver® Child CPR AED



Tap and shout

Yell for help. Send someone to phone 911 and get an AED



Look for no breathing or only gasping

*Push hard and fast.
Give 30 compressions*



Open the airway and give 2 breaths

Repeat sets of 30 compressions and 2 breaths



If you are alone after 5 sets of 30 compressions and 2 breaths, phone 911, and then resume sets of 30:2

When the AED arrives, turn it ON and follow the prompts



*"When you
win, say
nothing,
when you
lose, say
less."*

*– Paul
Brown*

Concussions

What is a Concussion?

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

Concussions Are Serious

Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.

Concussions Signs and Symptoms

Concussion Signs Observed:

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

Concussion Symptoms Reported:

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

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes your child or teen might be a little confused or a bit dazed, but an hour later your child might not be able to remember how he or she got hurt.



"You have to expect things of yourself before you can do them."

– Michael Jordan

You should continue to check for signs of concussion right after the injury and a few days after the injury. If your child or teen's concussion signs or symptoms get worse, you should take him or her to the emergency department right away.

When in Doubt, Sit Them Out!

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are six gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

Brain Injury Safety Tips and Prevention

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Prevention Tips

- Make sure athletes always wear a batting helmet that fits well and is in good condition.
- Teach athletes proper fielding techniques and ways to avoid collisions with other athletes.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment has padding that is in good condition.

Why This Is Important

- About 1 in 4 concussions in high school baseball result from a player from being hit by the pitch (26%).
- Over a quarter of concussions (26%) in high school baseball happen when an athlete is fielding a batted ball.

Concord American Little League requires that all team managers, coaches, team parents, team safety parents, board members, snack shack supervisors, and umpires complete the CDC HEADS UP Concussion training program. This is an online course that provides the necessary information on how to recognize, care for, and report a concussion. A copy of the completed certificates for all managers and coaches will be kept in the Team Binder. Copies for all other volunteers will be kept on file by the League Safety Officer. Volunteers must complete the training annually. <https://www.cdc.gov/headsup/youthsports/coach.html>
<https://www.cdc.gov/headsup/>



HEADS UP! CONCUSSION IN YOUTH SPORTS

Awarded to



THIS IS TO ACKNOWLEDGE COMPLETION OF
THE HEADS UP! CONCUSSION IN YOUTH SPORTS TRAINING
for Coaches

Date: _____





*"I've learned
that
something
constructive
comes from
every
defeat."*

*— Tom
Landry*

Medical Release Form

Documentation

Every player must have a completed Little League Medical Release form with the coach or manager at all times.

Insurance Riders

Insurance riders are needed if any practices, games or events involving baseball, on or off the complex take place before or after the regularly scheduled season and "All Star" post season. Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the League's facility.

CHECK PLAYING FIELD FOR HAZARDS	SAFETY FIRST
MAINTAIN CONTROL OF THE SITUATION	BE ALERT
PLAYERS WEAR PROPER EQUIPMENT	STAY CALM
ENSURE EQUIPMENT IS IN GOOD SHAPE	MAINTAIN DISCIPLINE
BE ORGANIZED	<u>MAKE IT FUN!</u>
KNOW PLAYERS' LIMITS AND DO NOT EXCEED THEM	

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





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.



*“Excellence
is the
gradual
result of
always
striving to
do better.”*

– Pat Riley

Accident Reporting Procedure

What to Report

An incident that causes any player, manager, coach, umpires, or volunteer to receive first aid and/or medical treatment must be reported to the League's Safety Officer. 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 League's Safety Officer within 24 hours of the incident. The League's Safety Officer, **Tina Kiyoi**, can be reached at **(925) 765-5934** or **btmedic@yahoo.com**. Her contact information will be posted at all times on the main message board outside the snack shack.

How to Make a Report

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

Team Safety Officer's Responsibility

The TSO will complete the **Incident/Injury Tracking Form** and submit it to the League's Safety Officer **within 24 hours of the incident**. If the team does not have a safety officer, or if he or she is not present, then the Team Manager will be responsible for filling out the form and submitting it to the League's Safety Officer. A sample of the form is below. A full copy can be found in the index and are also available online at www.concordamericanlittleleague.org. Accidents occurring outside the team such as spectator injuries, and third party injuries, shall be handled directly by the board member of the day or the League Safety Officer.



*"Win If You
Can, Lose If
You Must,
But NEVER
QUIT!"*

*— Cameron
Trammell*

League Safety Officer's Responsibility

Within 24 hours of receiving the **Incident/Injury Tracking Form**, the League's Safety Officer will contact the injured party or the party's parents and;

- Verify the information received
- Obtain any other information deemed necessary
- Check on the status of the injured party
- 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 insurance coverage and the provision for submitting any claims.

If the extent the injuries are more than minor in nature, the League's Safety Officer shall:

- Periodically call the injured party to check on the status of any injuries
- 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).
- Review and complete where necessary the **Incident/Injury Tracking Form** and route to the appropriate officials.

For Local League Use Only		A Safety Awareness Program's Incident/Injury Tracking Report	
Activities/Reporting			
League Name: _____		League ID: _____ Incident Date: _____	
Field Name/Location: _____		Incident Time: _____	
Injured Person's Name: _____		Date of Birth: _____	
Address: _____		Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City: _____ State: _____ ZIP: _____		Home Phone: () _____	
Parent's Name (If Player): _____		Work Phone: () _____	
Parents' Address (If Different): _____		City: _____	
Incident occurred while participating in:			
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70) C.) <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League D.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event E.) <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____			
Position/Role of person(s) involved in incident:			
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____			
Type of injury: _____			
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____			
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____			
B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area <input type="checkbox"/> Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____			
D.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____			
Please give a short description of incident: _____			
Could this accident have been avoided? How: _____ <small>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_guides/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_guides/genliabilityclaimform.pdf</small>			
Prepared By/Position: _____		Phone Number: () _____	
Signature: _____		Date: _____	



*"A little
rain never
hurt
anyone...ex
cept maybe
the Wicked
Witch of
the West."*

—

anonymous

Suspension of Play/Cancellation

Rain

We monitor several weather sites for rain activity and predictions. We also have our field supervisors and board members physically inspect all fields for drainage and any safety concerns for both players and fans. Our fields have been around for many, many years and as such they drain extremely well. We have materials to help dry and make fields playable. The decision to play, or not, is typically made two hours before scheduled game times. We will notify families through our voicemail system, Facebook page, and website. If there is no determination at that time, it will be a game time decision made by officials at each field.

Air Quality

With the many firestorms of the last several years, air quality has now become a deciding factor for player and family safety. Similar to a rain situation, league officials will monitor the air quality prior to games. Should the air quality reach 151 or higher, we will cancel games. Should the air quality deteriorate during a game, the officials at the field will make a determination at that time. Our league uses the AirVisual (IQAir) application/website. Should AirVisual fail, our back up will be the Bay Area Air Quality site.

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health alert: everyone may experience more serious health effects.
Hazardous	301 to 500	Health warnings of emergency conditions. The entire population is more likely to be affected.

Note: Values above 500 are considered Beyond the AQI. Follow recommendations for the "Hazardous" category. Additional information on reducing exposure to extremely high levels of particle pollution is available [here](#).



"The great value of the Little League experience is kids playing in a community-based program with their friends."

— Stephen Keener

Volunteering and Background Checks

We want to ensure the safest environment for children to enjoy the game of baseball and softball. It is a Little League requirement that all volunteers with repeated access to the players complete a background check. Beginning with the 2023 season, Little League will use Live Scan to conduct background checks for all our volunteers.

Concord American Little League has an approved CORI# and can request Live Scan authorizations, but the processes for getting the system fully operation is still in progress. Until all volunteers can be processed through Live Scan, we will also conduct background checks using the Little League approved provider, **JDP (JD Palentine)**. Live Scan will be fully operational by no later than January 1, 2024.

Who is Required to Complete the Background Check?

California passed a new legislative bill, Assembly Bill No.506, that requires a fingerprint-based background check and child abuse and neglect reporting training for **individuals who volunteer more than 16 hours a month or 32 hours a year**; which, for Little League, includes all **coaches, managers, board members, umpires, concessions supervisors, score keepers, announcers, team parents, team safety parents, etc.**

Background Check Process

If using JDP only, a completed background check must be submitted every year regardless of a volunteer's history with the league. Volunteers are required to supply their full name, email address, phone number, and team affiliation to the League Safety Officer. They will then receive an email directly from JDP with instructions for completing the background check online. The process only takes 10 minutes to complete and the results back in 24-48 hours.

If using Live Scan, a Live Scan document will be provided to each volunteer to complete and have processed at an authorized Live Scan site. Concord American has the benefit of a certified Live Scan roller as our Safety Officer and as such, will schedule "rolling events" at a discounted rate to save time and fees. **Live Scan only has to be completed once in a volunteer's career with Concord American.**

All background checks are performed by and reviewed only by our League Safety Officer and the League President. All results are kept confidential and secure.



Only those volunteers who have completed the background check process will be granted access to the players. Anyone refusing to complete a background check to be completed will NOT be allowed access to the players.

Volunteer Badges

Approved volunteers will be provided a volunteer badge and lanyard. This badge should be worn any time they are with the players or on the field. Badges are specific to each volunteer and are not allowed to be shared. Badges let the parents and guardians of the players know that the adults in charge of their players have successfully completed a background check.

"One man can be a crucial ingredient on a team, but one man cannot make a team."

— Kareem Abdul-Jabbar



A hard copy of the 2023 Volunteer Application is available in the appendix should it be needed for reference.



"There can be no keener revelation of a society's soul than the way in which it treats its children."
— Nelson Mandela

Abuse Awareness/Mandated Reporter

Concord American requires all coaches, administrators, directors, and safety officers to complete the online training. The training is FREE and takes approximately 30-40 minutes to complete. A certificate is provided at the end of the training and a copy of the completed certificate must be forwarded to the League Safety Officer in order to participate in any league activities that include minors.

To access the training, click on the link below (online version)

<https://sportdev.org/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>

Or go to LittleLeague.org/SafeSport and click on the Abuse Awareness for Adults link.

For more information on:

- The Little League Child Protection Program
- The SafeSport Law
- Background Checks

Please visit LittleLeague.org/University





"When I was a boy and I would see scary things on the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.'"
— Fred Rogers

Opioid Fact Sheet

The National Coalition Against Prescription Drug Abuse (NCAPDA) works to prevent prescription drug and illicit opioid related substance use disorder (addiction) and fatal overdoses through community education and the distribution of the opioid overdose reversal medication, Naloxone.

Included in our educational platform is our work to inform school coaches and leaders of youth sports leagues about a California law that went into effect on January 1, 2019. Senate Bill (SB) 1109 requires schools with athletics and youth sports leagues to provide parents and athletes with an Opioid Factsheet for Patients produced by the Center for Disease Control (CDC) that provides prescription opioid safety information.

Following are changes to the Health and Safety Code that SB 1109 facilitated: SEC. 14. Section 124236 is added to the Health and Safety Code, to read:

(a) A youth sports organization, as defined in paragraph (3) of subdivision (b) of Section 124235, that elects to offer an athletic program shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the youth sports organization before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section shall apply to all athletes participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

As student athletes may be prescribed opioids for sports related injuries, the Opioid Fact Sheet is an important tool to inform youth and parents about the possible risks and side effects associated with opioid use. It provides precautions to take if opioids are prescribed and shares alternative pain treatment options that should be used instead of opioids where possible.

Our league includes this Factsheet in our registration process each season.

If you have any questions regarding this requirement or where to get additional information, please contact your League Safety Officer.



"Safety is something that happens between your ears, not something you do with your hands."
— Jeff Cooper

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

CS264107C May 9, 2016



*Be Informed
and
Know Your
Options*

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



League Safety Code

The Board of Directors of our Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then discuss it with the players on their team.

- Responsibility for safety procedures belongs to every adult member of our Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise at batting cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each Snack Shack.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- 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.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-ups, and games. Note: Skullcaps are not permitted.
- Shoes with metal spikes or cleats are not permitted, except at the Intermediate Baseball Level and above. Shoes with molded cleats are permissible.
- Reduced impact balls will be used in all T-Ball, Coach Pitch and Challenger Divisions.
- Disengage-able bases are mandatory for ALL league fields.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. Exception: Jewelry that alerts medical personnel to a specific condition is permissible, but must be taped in place.
- No food or drink, at any time, in the dugouts. Exception: bottled water, Gatorade and water from drinking fountains.
- Catchers must wear a catcher's glove and not a first basemen's or fielder's glove.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing a full catcher's mask, athletic cup and catcher's glove
- Managers and coaches will never leave an unattended child at a practice or game.



- No children under the age of 15 are permitted in the Snack Bar.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots surrounding our fields.
- **NO ALCOHOL OR DRUGS ARE ALLOWED AT ANY FIELDS AT ANY TIME.**
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing in construction areas at any time. This includes the sand bins.
- No playing on and around lawn equipment, machinery at any time.
- **NO SMOKING / VAPING / TOBACCO PRODUCTS ALLOWED AT ANY OF OUR FACILITIES OR FIELDS. THIS INCLUDES E-CIGARETTES AND CHEWING TOBACCO.**
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- **PETS ARE NOT PERMITTED ON THE PREMISES AT ANY TIME—EVEN IN CARS. THIS INCLUDES DOGS, CATS, HORSES, ETC.**
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- The schools and businesses adjacent to our facilities and fields are off limits at all times.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.



"One man practicing sportsmanship is far better than 50 preaching it."

— Knute Rockne

Safety Responsibilities

The President

The President of our league is responsible for ensuring that the policies and regulations of the League's Safety Officer are carried out by the entire membership to the best of his abilities.

League Safety Officer

The main responsibility of the Safety Officer is to develop and implement our League's safety program. The Safety Officer is the link between the Board of Directors of our Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regard to safety matters, rules and regulations.

The Safety Officer's Responsibilities Include:

- Prepare and update the League's Safety Plan.
- Coordinate with the Team Safety Parents to provide the safest environment possible.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explain insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keep the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, and under what supervision.
- Correlate and summarize the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensure that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Install First-Aid Kits in all concession stands and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspect concession stands and checking fire extinguishers.
- Instruct Snack Shack workers on the use of fire extinguishers.
- Check fields with the Field Managers and list areas needing attention.
- Complete the Live Scan submission through Concord American Little League.
- Complete online CDC Concussion Training and include completed certificate in the team manager binder. (<http://www.cdc.gov/concussion/headsup/training/index.html>)
- **Conduct the First-Aid Clinics and CPR/AED training classes for managers, coaches, umpires, and team safety officers on Tuesday, March 7, 2023**



*"A coach
will impact
more young
people in a
year than
the average
person does
in a
lifetime."*

*—Billy
Graham*

- Create and maintain all safety signs on the our fields and facilities including: No Parking signs, No Smoking signs, No Pets Allowed, cautionary signs, etc.
- Act immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Make spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Track all injuries and near misses in order to identify injury trends.
- Visit other leagues to allow a fresh perspective on safety.
- Make sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety

Managers and Coaches

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

- The Manager is responsible for the team's conduct, observance of the official rules and deference to the umpires. **Remember coaches are Role Models.**
- The Manager is responsible for the safety of the players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Parent (TSP).
- If a Manager leaves the field, that Manager will designate an approved Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

PRE-SEASON

- Take possession of the First-Aid Kit and that the TSP has the Safety Manual.
- Appoint a volunteer parent as Team Safety Parent (TSP).
- The TSP must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the main complex.
- Complete the Live Scan submission through Concord American Little League.
- Complete online CDC Concussion Training and include completed certificate in your manager binder. (<http://www.cdc.gov/concussion/headsup/training/index.html>)
- **Attend the First Aid & AED/CPR training course on Tuesday, March 7, 2023.**
- **Attend the Manager/Coach Training on Tuesday, Jan. 31, 2023 (teen/maj div).**
- **Attend the Manager/Coach Training on Wednesday, Feb. 1, 2023 (min/farm).**
- **Attend the Manager/Coach Training on Friday, Feb. 3, 2023 (t-ball/coach pitch)**
- **Attend the Umpire Training on Sunday, March 5, 2023 (Farm division and up).**
- Have a team meeting to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.



"Somewhere behind the athlete you've become and the hours of practice and the coaches who have pushed you is a little girl who fell in love with the game and never looked back... play for her."

— Mia Hamm

- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A coach coordinator can be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Inform parents that if a child was injured and sought medical care, he or she cannot return to play or 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

- Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Do not expect more from your players than what the players are capable of.
- Teach the fundamentals of the game to players such as catching fly balls, sliding correctly, proper fielding of ground balls, simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

PRE-GAME AND PRACTICE

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the 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, a board member shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.



*"When
you've got
something to
prove, there's
nothing
greater than
a challenge."*

*– Terry
Bradshaw*

DURING THE GAME

- 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.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and non-batting players in the dugout.
- No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Keep players out of bullpen unless they are pitcher and catcher in the proper gear getting warmed up to enter the game.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

POST GAME

- Do cool down exercises with the players.
- 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 insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Inc. and our local league.
- Discuss any safety problems with the TSP that occurred before, during or after the game.
- If there was an injury, ensure an Accident Report was filled out and given to the League Safety Officer.
- Return the field to its pre-game condition, per League policy.

If a manager knowingly disregards safety, he/she will be brought before the League's Board of Directors to explain his or her conduct.



"There may be people that have more talent than you, but theres no excuse for anyone to work harder than you do."

– Derek Jeter

Team Safety Parent (TSP)

The TSP is a Role model to younger children, defender of safety, liaison between the team and the League Safety Officer, and hero when taking safety seriously prevents injuries.

PRE-SEASON

- Read the provided Team Safety Parent manual.
- Attend to all injuries and complete the "Incident/Injury Tracking Report" as needed.
- Maintain the first aid kit inventory, including ice packs. Refill with the Safety Officer as needed.
- **Complete online CDC Concussion Training and include completed certificate in the team manager binder.**
<http://www.cdc.gov/concussion/headsup/training/index.html>
- **Attend the First Aid & AED/CPR training course on Tuesday, March 7, 2023.**
- Acquire this Safety Manual from the team manager and read it.
- Ensure parents have completed their Little League Medical Release (parent signs) and the Parent/Athlete Concussion Information Sheet (parent signs). Samples documents are in the appendix.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Ask parents if their child has any medical conditions they would like to make you aware of that could affect their actions on the field. Please note: This is at the parents' discretion. Parents are not required to provide any medical information other than what is already listed on their medical release forms.

DURING THE SEASON

- Keep a Safety Log of all injuries that occur on his or her team.
- Report weekly as part of a Safety Committee to the League Safety Officer even if nothing is wrong.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the League Safety Officer or any other Board Member.
- Have parents fill out "driving permission slips" if transporting a child to a game/practice is necessary.
- Help managers and designated coaches give First-Aid if needed.
- Act as a conduit between parents, managers, the League Safety Officer and the kids.



"It's not the will to win that matters — everyone has that. It's the will to prepare to win that matters."

*— Paul
"Bear"
Bryant*

- Complete an Accident Reports if an injury occurs, submit the form to and inform the League Safety Officer within 12 hours of the occurrence.
- Monitor the First-Aid Kit inventory and ask the League Safety Officer for replacements when needed.

PRE-GAME

- Make sure that this Safety Manual and the First-Aid Kit are present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch players as they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field remove broken glass and other hazardous materials.
- Be ready to go into action if anyone should get hurt.

DURING THE GAME

- Watch players to see that they are alert at all times.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the conduit between the League Safety Officer, the team manager, the child and his or her parents.

POST-GAME

- Record any safety infractions or injuries in his/her Safety Log.
- Report any injuries to the League Safety Officer within 12 hours of the occurrence.
- Fill out an Accident Investigation Report (see appendix A) and send a copy to the League Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary (Claim form is in the appendix B with all necessary insurance information).
- Follow-up with parents to make sure the child is all right.

***If a Manager has not appointed a Team Safety Officer,
then they must assume those responsibilities.***



"I couldn't see well enough to play as a boy, so they gave me a special job – they made me an umpire."

— Harry S. Truman

Umpires

PRE-SEASON

- Complete the Live Scan submission through Concord American Little League.
- Complete online CDC Concussion Training and include completed certificate in your manager binder. (<http://www.cdc.gov/concussion/headsup/training/index.html>)
- **Attend the Umpire Training on Sunday, March 5, 2023.**

PRE-GAME

- 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.
- Check that all bats have the official USA Baseball logo.
- Ensure bats have no splinters or cracks and proper grips.
- Ensure helmets meet Little League NOCSAE specifications and free of damages.
- 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 (allowed in Intermediate and up)
- Make sure that all playing lines are clearly marked and distinguishable from the ground or grass.
- Secure official Little League balls for play from home team.

DURING THE GAME

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if needed.
- Determine, with Board Member of the Day, 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.
- Determine, with Board Member of the Day, as to when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness – if the installed "red light" indicators malfunction.
- Enforce the rule that no spectators 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 each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

POST GAME

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the League Safety Officer by telephone and in writing.



*"There's no
crying in
baseball!"*

*— Jimmy
Dugan*

Board Member of the Day

Concord American has board member present at each field for every game scheduled. Their duties will include:

Prior to Game Time & As Teams Arrive:

1. Arrive at least one hour prior to game times.
2. Unlock gates.
3. Hang American and Little League flags.
4. Check that restrooms are fully stocked and clean.
5. Monitor the speed of the cars in the parking lot.
6. Ensure the Home team sets up field and sets out garbage cans.
7. Provide water for umpires.

During Games:

1. Help enforce safety rules on the fields and in quad areas.
2. If needed, work with field umpires to determine safe lighting conditions should red light sensors malfunction.
3. Assist Snack Shack Supervisor.
4. Monitor spectators are following the Parent Code of Conduct.

After Games:

1. Take down, fold, and store flags.
2. Ensure the Visiting teams put bases away, drag fields, take out garbage, and lock up score booth.
3. Ensure all score booth doors, equipment doors, bathrooms and gates are locked.
4. Remain at field until Snack Shack is locked up and Supervisor is ready to go (leave together).
5. Lock complex gate(s).



*"A hot dog
at the game
beats roast
beef at the
Ritz."*

*—
Humphrey
Bogart*

Snack Shack Safety

The Snack Shacks are provided for the convenience of the parents and players of the league. To keep a snack shack operating safely, certain rules must be followed.

- No person under the age of eighteen (18) will be allowed to cook in the concession stands.
- No person under the age of twelve (12) will be allowed to work in the concession stand without an adult supervisor present.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment and food handling.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food not purchased by the League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease if used will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight.
- All Snack Shack workers are to be instructed on the use of fire extinguishers.
- All Snack Shack Supervisors will attend the Safety Parent/CPR/AED training.
- A fully stocked First Aid Kit will be placed in each Snack Shack.
- The Snack Shack main entrance door will not be locked or blocked while people are inside.

Volunteers Must Wash Hands

HOW

Wet
warm water

Wash
20 seconds
Use soap

Rinse

Dry
Use single-service
paper towels

Gloves

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.



"If you train hard, you'll not only be hard, you'll be hard to beat."

– Herschel Walker

Equipment

The Equipment Manager is an elected 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 Equipment Officer 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 and has not been altered or modified in any way.

All equipment and first aid kits must be returned to the Equipment Officer at the end of the season.

Equipment Guidelines

Before purchasing equipment for your son or daughter to use in playing Little League Baseball, please review the following guidelines taken from the rule cited in the Little League rulebook.

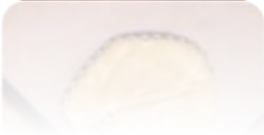
Bats (excerpt from Rule 1.10 of 2021 Little League Baseball Rule Book)

The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat).

Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed 2 $\frac{5}{8}$ inches for these divisions of play. **Bats meeting the Batted Ball Coefficient of Restitution (BBCOR) standard may also be used in the Intermediate (50-70) Division and Junior League divisions.** Additional information is available at LittleLeague.org/batinfo.

Tee Ball:

Under the USABat standard, certified T-Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All T-Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the new standard can be certified using an Approved T-



*"Obstacles
don't have to
stop you. If
you run into
a wall, don't
turn around
and give up.
Figure out
how to climb
it, go through
it, or work
around it."*

*— Michael
Jordan*

Ball Sticker via the USA Baseball Tee Ball Sticker Program (USABaseballShop.com) beginning September 1, 2017.

Minor/Major Divisions:

It shall not be more than 33 inches in length; nor more than 2 $\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed sixteen (16) inches from the small end.

NOTE: Solid one-piece wood barrel bats do not require a USA Baseball logo.

Intermediate (50-70) Division and Junior League:

It shall not be more than 34" inches in length; nor more than 2 $\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed eighteen (18) inches from the small end.

NOTE: Solid one-piece wood barrel bats do not require a USA Baseball logo.

Little League Challenger Division:

It shall not be more than 33 inches in length; nor more than 2 $\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed sixteen (16) inches from the small end.

NOTE 1: Solid one-piece wood barrel bats do not require a USA Baseball logo.

NOTE 2: Also, permitted for the Intermediate (50-70) and Junior League Division are bats meeting the BBCOR performance standard, and so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color. Aluminum/alloy and composite bats shall be marked as to their material makeup being aluminum/alloy or composite. This marking shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side, and located on the barrel of the bat in any contrasting color.



*Don't run
away from
challenges.
Run over
them!*

Rule 1.10 - Softball

The bat must be a softball bat which meets Little League specifications and standards as noted in this rule. It shall be a smooth, rounded stick and made of wood or a material tested and proved acceptable to Little League standards. The bat shall be no more than 33 inches (34 inches for Junior/Senior League) in length, not more than two and one-quarter ($2\frac{1}{4}$) inches in diameter, and if wood, not less than fifteen-sixteenth ($\frac{15}{16}$) inches in diameter ($\frac{7}{8}$ inch for bats less than 30 inches) at its smallest part. Non-wood bats shall be printed with a BPF (bat performance factor) of 1.20. Bats may be taped or fitted with a sleeve for a distance not exceeding 16 inches from the small end. Colored bats are acceptable. A non-wood bat must have a grip of cork, tape or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited.

An illegal or altered bat must be removed.

In all divisions, non-wood bat must have a grip of cork, tape, or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited.

NOTE 1: The traditional batting donut is not permissible.

NOTE 2: The use of pine tar or any other similar adhesive substance is prohibited at all levels of Little League Baseball and Softball. Use of these substances will result in the bat being declared illegal and removed from play.

NOTE 3: Non-wood bats may develop dents from time to time. Bats that have cracks or sharp edges, or that cannot pass through the approved Little League bat ring for the appropriate division must be removed from play. The $2\frac{1}{4}$ -inch bat ring must be used for bats labeled $2\frac{1}{4}$. The $2\frac{5}{8}$ -inch bat ring must be used for bats labeled for $2\frac{5}{8}$.

NOTE 4: An illegal bat must be removed. Any bat that has been altered shall be removed from play. PENALTY - See Rule - 6.06(d). Little League (Majors) and below – The bat shall not be more than 33" in length nor more than $2\frac{1}{4}$ " in diameter. Non-wood bats shall be labeled with a BPF (bat performance factor) of 1.15 or less.



"Love is the most important thing in the world, but baseball is pretty good, too."

—Yogi Berra

Glove or Mitt (Rule 1.13, 1.14, and 1.15)

The first baseman and every fielder other than the catcher must wear a glove or mitt of any weight and not more than 14" long from top to bottom, not more the 8" wide across the palm, and webbing not more than 5-3/4" wide at the top. The pitcher's glove may not, exclusive of the piping, be white or light gray, nor in the judgment of an umpire distracting in any manner. No pitcher shall wear sweat bands on their wrist or arm.

Catcher's Equipment (Rule 1.12 and 1.17)

The catcher must wear a catcher's mitt. Male catchers must wear a cup. Junior/Senior/Big League catchers must wear either a long or short model chest protector. All catchers must wear: a chest protector with a neck collar, throat guard, shin guards, and a catcher's helmet with mask. The catcher's helmet must bear the NOCSAE stamp (skull caps are not permitted). All catchers must wear a "dangling" type throat guard during infield/outfield practice, pitcher warm-ups, and games. Dangling means the throat guard will still hang down and protect the neck area when the catcher is looking straight up.

Miscellaneous Rule (1.11)

Shoes with molded cleats are permitted at all levels. Intermediate/Junior/Senior/Big Leagues may wear metal cleats. Players must not wear watches, bracelets, rings, pins, and jewelry (metallic or non-metallic). Jewelry that alerts medical personnel to a specific condition is permitted. All male players must wear athletic supporters. Only Official Little League balls will be used during practices and games. Make sure that the equipment issued to you is appropriate for the age and size of the players on your team. If it is not, get replacements from the Equipment Officer.

Helmets Rule (1.16)

All helmets must bear the NOCSAE stamp. Helmets may not be re-painted and may not contain tape, re-applied decals, or decals by anyone other than the manufacturer. Label your child's helmet by using a permanent marker and writing the player's name on the foam inside as writing on the helmet surface may disqualify the helmet from play.

Each team, at all times in the dugout, and shall have five (5) protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards. Make sure all helmets fit properly.

Use of a helmet by the batter, all base runners and any player/base coach is mandatory.
Use of a helmet by an adult base coach is optional.



*I became a
good pitcher
when I stopped
trying to make
them miss the
ball and
started trying
to make them
hit it.*

*— Sandy
Koufax*

Pitching Rules

Pitch Count Does Matter

Every year, at our annual First-Aid clinic, we provide warnings to our future managers and coaches about pitching injuries and how to prevent them. In the major leagues, a pitcher is removed after approximately 100 pitches.

A Child Cannot Be Expected to Perform Like an Adult

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15! Similarly on the outside of the elbow the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. The American Sports Medicine Institute has completed a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries.



Data Has Shown

- ✓ A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
- ✓ A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
- ✓ In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- ✓ The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- ✓ The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- ✓ The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- ✓ A slider increased the risk of both elbow and shoulder problems.

Managers and Coaches should look to their players' future and make every effort to protect their elbows against the tragedy of Avascular Necrosis.

The Pitch Count Regulation

The following is the text of the regular season Pitch Count Regulation for all levels of Little League Baseball.

Pitching Rules

VI - PITCHERS

- (a) Any player on a regular season team may pitch. Exception: Any player who has played the position of catcher in four (4) or more innings in a game is not eligible to pitch on that calendar day.
- (b) A pitcher once removed from the mound cannot return as a pitcher. Junior and Senior League Divisions only: A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.
- (c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

"Do you know what my favorite part of the game is? The opportunity to play."

— Mike Singletary



*"The more
difficult the
victory, the
greater the
happiness in
winning."*

– Pele

2023 Pitch Count Regulations

Ages	Maximum
13 – 16	95 pitches per day
11 – 12	85 pitches per day
9 – 10	75 pitches per day
7 – 8	50 pitches per day

Pitchers league age 14 and under must adhere to the following rest requirements:

If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.

If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.

If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.

If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.

If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-16 must adhere to the following rest requirements:

If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.

If a player pitches 61-75 pitches in a day, three (3) calendar days of rest must be observed.

If a player pitches 46-60 pitches in a day, two (2) calendar days of rest must be observed.

If a player pitches 31-45 pitches in a day, one (1) calendar day of rest must be observed.

If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs:

1. That batter reaches base;
2. That batter is put out;
3. The third out is made to complete the half-inning.



"The principle is competing against yourself. It's about self-improvement, about being better than you were the day before."

– Steve Young

At Major divisions and below, a pitcher may not pitch in more than one game in a day. A pitcher once removed from the mound may not return as a pitcher in the same game;

In the Junior/Senior/Big League Divisions, a pitcher remaining in the game, but moving to a different position, can return as a pitcher any time in the remainder of the game, but only once per game. In the Big League Division, a player may be used as a pitcher in up to two games in a day.

A player who has thrown more than 40 pitches on a given day may not be utilized as a catcher for the rest of that day. A player who has been utilized as catcher in four or more innings in a day is ineligible to pitch for the rest of that day (being the catcher for one pitch in an inning constitutes catching in that inning).

Each league must designate the scorekeeper or another game official as the official pitch count recorder.

The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).

The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible. Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility.



*"Nobody
who ever
gave his
best
regretted
it."*

*— George
Halas*

In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the "calendar week" with regard to pitching eligibility.

Tracking Pitches

- The Pitching Affidavit found on the next page will be used to track pitches.
- A copy of this form will be supplied to each team manager. Additional copies are available on the league website.
- Managers must present this form to the scorekeeper prior to the start of each game.
- If a form is lost or unavailable at game time, each pitcher will be limited to 20 pitches maximum.
- Managers who repeatedly fail to supply their pitching affidavits will be suspended.



*"You win
some, you
lose some,
and some
get rained
out, but
you gotta
suit up for
them all."*

*— J.
Askenberg*

Insurance Policies

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

Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

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

Explanation of Coverage

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 parent's 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, after a \$50.00 deductible per claim, 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



*"Baseball
is 90
percent
mental
and the
other
half is
physical."*

—Yogi Berra

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 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 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.



*“There are
only two
seasons –
winter and
Baseball.”*

*—Bill
Veeck*

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

A copy of the claim forms can be found in the Appendix.

Filing a Claim

When filing a claim, (forms available online at www.littleleague.org or from your League Safety Officer) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parents/guardians or claimant's employer explaining the lack of Group or 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, or 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.

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.

Claims must be filed with the League's Safety Officer. He/she forwards them to:

Little League Baseball Incorporated
PO Box 3485, Williamsport, PA, 17701

Accident Claim Contact Numbers: Phone: (570) 327-1674 Fax: (570) 326-9280

The League's Safety Officer will send a copy of the claim to the District 4 Safety Officer Liz Berg at:

ADA District 4 Safety Officer,
4782 Mintwood Dr., Concord, CA 94521

Contact the League's Safety Officer for more information.



Appendices

1. 2023 Volunteer Application
2. Medical Release Form
3. Parent Code of Conduct
4. Incident/Injury Tracking Form
5. Accident Claim Form and Instructions
6. General Liability Claim Form
7. What Parents Should Know About Little League Insurance
8. Asthma Emergency Signs
9. Dangers of Vaping
10. Let Players Catch!
11. Concussion Information
12. Volunteers Must Wash Their Hands!

*As the
season
goes on,
players
go from
teammates,
to friends,
to brothers.*





Little League® Volunteer Application - 2023

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



This volunteer application should only be used if a League is manually entering information into JOP or an outside background check provider that meets the standards of Little League Regulations 11C19. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JOP QUICKAPP. Visit littleleague.org/league-contacts for more information.

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

All RED fields are required.

Name _____ First _____ Middle Name (initial) _____ Last _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Social Security # (mandatory) _____
 Cell Phone _____ Business Phone _____
 Home Phone _____ E-mail address _____
 Date of Birth _____
 Occupation _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies _____
 Community affiliations (Club, Service Organizations, etc.) _____

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

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

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes ☐ No ☐

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

Driver's license #: _____ State: _____

4. Have you ever been charged with, convicted of, pleaded no contest, or guilty to any criminal (involving or against a minor, or of a sexual nature)? _____
 If yes, describe each in full: _____ Yes ☐ No ☐

(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or pleaded no contest or guilty to any criminal? _____ 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 criminal)? _____ 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 retested participation in any other youth programs and/or based on any youth organization investigation? _____ Yes ☐ No ☐

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (check all that apply)

☐ 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 _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

Review the Little League Regulation 11C19 for all background check requirements

☐ JOP (includes review of the U.S. Center of SafeSport's Centralized Disiplinary Database and Little League International Ineligible List) _____ OR _____

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disiplinary

☐ National Sex Offender Registry ☐ Database and Little League International Ineligible List

**Please note: when using JOP and the National Database check, only one national database is performed.*

You do not need to complete any of the other background checks if you are using JOP or the National Database check.

and the National Sex Offender Registry check, which may not be necessary in the league's database.

On your check to this application, copies of background checks, report what is reported at review, consultation of this application.

Little League 10/1/2021



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.

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

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:

- | | | |
|---|---|--|
| <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 <i>or</i></p> <p><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 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	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)
<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 & 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.

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

Telephone immediate notice to Little League® International

CN

(LEXINGTON USE ONLY)

Insured	Name of League		League I.D. Number (Used as location code)	
	Name of League Official (please print)		Position in League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
			Phone No. (Bus.)	

Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at			
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Description of Accident State cause and describe facts surrounding accident (Use reverse side if needed)

Coverage Data	Who owns Premises		Person in charge of Premises		
	Limits BI/PD:	Med. Pay: None	Elevator: Yes	Products: Yes	Cont: Yes
	Policy Number		Policy Dates: Begin: End:		
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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

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
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Witnesses:	Name, Address, Phone Number
	Name, Address, Phone Number
	Name, Address, Phone Number

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



Applicable in Arizona

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

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

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

Applicable in California

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

Applicable in Colorado

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

Applicable in Florida and Idaho

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

* In Florida - Third Degree Felony

Applicable in Hawaii

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

Applicable in Indiana

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

Applicable in Minnesota

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

Applicable in Nevada

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

Applicable in New Hampshire

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

Applicable in Ohio

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

Applicable in Oklahoma

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

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.

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

Vaping Deaths Increase in Youth Nationwide

By now, we have all heard the news stories about lung damage and the deaths of teens associated with vaping. Now is the time to educate yourself, know the signs and symptoms, and speak with your child about the dangers of vaping.

People with lung damage from vaping typically have symptoms that start a few days to a few weeks before they go see a doctor. All people hospitalized developed some type of breathing problems, but many people also have other symptoms. The symptoms reported by those who have gotten sick are:

- Coughing
- Chest pain
- Shortness of breath
- Nausea
- Abdominal pain
- Diarrhea
- Fatigue
- Weight loss
- Fever
- Vomiting

For more information on the risks of vaping, visit tabaccofreeca.com.



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.”



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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.



THE LITTLE LEAGUE PLEDGE

I trust in God

I love my country
and will respect its laws

I will play fair
and strive to win

but win or lose
I will always do my best



League Information

Concord American Little League

www.concordamericanlittleleague.org

Tel (925) 472-8940

www.concordamericanlittleleague.org

