

League Safety Officer Manual

League Name Capitol Little League

League # 208-02-06



**Capitol Little League
League Id # 2080206**

**2015
League Safety Manual**

ASAP PLAN

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IMPORTANCE OF SAFETY

In 1995, Little League Baseball introduced A Safety Awareness Program (ASAP) with the goal of re-emphasizing the position of a Safety Officer to “create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This program has been very successful by dramatically decreasing little league baseball related injuries.

The purpose of this document is to emphasize the importance of safety in the Capitol Little League and to identify important safety issues of which all individuals involved should be aware. This safety plan is qualified by the ASAP program. There are several points addressed in this document that are required for an approved ASAP Safety Plan as well as additional safety issues/concerns that Capitol Little League feels are important.

The following is a list of the 15 mandatory requirements for an approved ASAP plan:

1. Active Safety Officer on file with Little League International.
2. Publish and distribute a paper copy of the applicable safety manual to all appropriate and applicable volunteers.
3. Post and distribute emergency and key official's phone numbers.
4. Use the Little League official Volunteer Application Form for background checks.
5. Provide and require Fundamentals Training.
6. Require First Aid Training for Managers & Coaches.
7. Require Coaches & Umpires to walk fields for hazards before use.
8. Complete the annual Little League Facility Survey.
9. Written safety procedures for Concession Stand.
10. Require regular inspection and replacement of equipment.
11. Implement prompt accident reporting and tracking procedures.
12. Require a First Aid Kit at each game and practice.
13. Enforce Little League Rules including proper equipment.
14. Complete a Qualified Safety Plan Registration Form.
15. Submit League Player/Manager/Coach registration/roster data to National Little League Data Center.

League administrators, coaches, parents and players should take safety issues very seriously.

Capitol Little League Safety Officer

The Capitol Little League program has an active Safety Officer on file with Little League Headquarters. This Safety Officer for the 2015 season is:

Michael E. Zielinski
4008 Old Capitol Trail
Wilmington, DE 19808
302-683-9392 (h)
302-395-8077 (w)
302-299-3634 (c)
irishmikez@aol.com

Any questions regarding this plan and Capitol Little League safety can be directed to the Safety Officer or the League President.

Role of the League Safety Officer

- Selected by the league president, the officer must possess a sufficient knowledge of baseball to evaluate and suggest corrective actions for any hazards encountered. The candidate should have an understanding and appreciation of safety and be a leader in promoting a safe operation of the league and coordinating safety efforts of others in the organization.
- The League Safety Officer's authority is mainly advisory with strong support given by the league president and its board of directors. The officer is a focal point when introducing new safety programs to the league. They are encouraged to facilitate training and understanding to all volunteers who will be managing the programs.

Capitol Little League Safety Plan

- A written plan is developed to document the specific programs used by the Capitol Little League (CLL) to promote a safe, incident free baseball season.
- The existence of this plan demonstrates a clear commitment by CLL to safety.
- This plan encompasses all fields, games, practices for all levels of play within Capital Little League.
- Copies of this plan are distributed to all Board Members of CLL. Copies are also distributed to all Managers, Coaches, Volunteers and the District Office. It is also posted on the CLL website and a copy located in the CLL Club House.
- Updates to the plan will be made as deemed appropriate by the governing board of CLL.
- Each year a new plan will be submitted to the Little League International. Included in this plan are site surveys for fields used by the organization for games and practices.

Safety Responsibilities within the League

League President

- Has the primary responsibility for safe conditions. The president will appoint or delegate some of this responsibility to others specified below:
- The safe maintenance of fields and accompanying facilities to the Facilities Director and their assistants.
- All pre-season checks, distribution of, purchasing of new and maintaining conditions of all equipment are the responsibility of the Equipment Manager.
- Establishing a good dialogue and advising managers/coaches on proper techniques and methods of instructions is the responsibility of the Coaching Coordinator.
- A safe concession stand operation is the responsibility of the Concession Stand Manager.

League Safety Officer

- Develop and implement the league's safety program.
- Spot checks at games and practices to insure the proper safety protocols are being followed and assist whenever possible with proper advice.
- Insure the first aid facilities and kits at the field are available and are properly maintained.
- Advise and follow up on inquiries related to the control of unsafe conditions. This is done by routinely inspecting the field, grounds, player equipment, and concession stands to look for conditions that may cause accidents and near misses.
- Review procedures and methods of instructions used by manager and coaches to control the human elements that may be the root cause of accidents. This includes information on team warm-ups, baseball drills, and other aspects of baseball to insure that the techniques used are proper and in accordance with Little League Baseball.

Managers/Coaches

- They routinely check for any unsafe conditions on the field or with the equipment used by the players and coaches.
- If an unsafe condition is noticed, it is their responsibility to take appropriate action to address the situation immediately, even if it may result in delay or rescheduling of a game.
- Insure that a first aid kit is available to all members of the team during games or practices.
- They are to notice any change in facility or equipment conditions that occur during the course of the game which can create unsafe conditions. Examples may be turf torn creating a tripping hazard or a crack in a bat or helmet.

Umpires

- Walk around the field before the game taking special note of any unsafe conditions within the playing facility and getting it addressed before starting the game.
- Work closely with the managers and coaches to identify and correct any unsafe conditions or equipment noticed or created during the course of the game.

Parents

- Parents are strongly encouraged to review and sign the "Parent Code of Conduct" and to follow its contents.
- This is listed in the Appendix Section.

Safe Weather Conditions

Capitol Little League realizes that during the course of the season, weather will become a factor in determining safe and proper conditions with which to play baseball. The specific conditions and steps taken to properly address weather issues are given below.

Rain

- If rain begins, it is the responsibility of the managers, league VP's and umpires to closely monitor the extent of the rain and the field conditions that result from it. Storm direction, forecasts, strength of the rain, and the playing field conditions as the field becomes more saturated are all factors that must be considered by all.
- If playing conditions develop which makes the field unsafe, then play will either be interrupted or the game postponed. It is expected that team managers, umpires and league VP's will use common sense and avoid any unsafe conditions.

Hot Weather

- Precautions are to be taken to prevent field personnel from becoming dehydrated. Managers and coaches must closely monitor this and encourage their team to drink plenty of fluids when coming off and going on the field in between innings.
- Umpires must also be aware of this condition and taken proper steps to keep themselves hydrated. Water is available through the concession stand.
- If a player has symptoms heat exhaustion they should be removed from the field and given proper first aid. If necessary, emergency steps such as calling 911 for medical assistance is required.

Sunburn

- Prolonged exposure to the sun during the hot afternoons is something that all managers and coaches need to be aware of and insist their players to take proper precautions. The threat of skin cancer (melanoma) is real. CLL encourages the use of appropriate sunscreen for exposed areas around the face, neck, and arms for all participants.

Lightning Safety and Procedures

The following is Capitol Little League policy regarding lightning safety:

1. Watch for developing or approaching storms; use all resources (web/internet, TV, radio, etc.) to determine the risk level.
2. At the first sound of thunder or visible lightning - **CLEAR THE FIELD!** A thunderstorm can cast lightning up to 10 miles from the edge of the storm, or about as far as the sound thunder can carry.

WHAT TO DO:

- Go to a large enclosed building, if one is nearby.
- Go to metal-top cars, with windows rolled up, if no enclosed building is available.
- Complete a check of the facility for anyone still outdoors.

WHAT NOT TO DO:

- Don't allow players to remain in the dugouts or spectators to stay in the stands.
- Don't carry metal items (like bats) or walk beside metal fences.
- Don't go to an open-sided shelter; it is not adequate and should not be used.
- Wait at least 30 minutes after the last lightning strike/peal of thunder before returning to play.
- Do not leave facility until directed; wait at designated location(s) at field until the game is postponed or cancelled.
- Make sure all players are accounted for and leaving with approved person(s).

If someone is struck by lightning:

- Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.
- Call for help. Have someone call 9-1-1 or your local ambulance service.
- Give first aid. Begin CPR if necessary.
- If possible, move the victim to a safer place.

For more information on lightning safety, visit NOAA's website and refer to attached the NOAA flyer regarding lightning safety. Also refer to Appendix section for additional information about lightning.

Parents, coaches, umpires and all volunteers - please help enforce this policy. Our kids' lives may depend on you!

Capitol Little League Board Members

2015 CAPITOL LITTLE LEAGUE BOARD MEMBERS

| BOARD MEMBER | POSITION | |
|-----------------|--|--------------|
| Andrew Brantley | Fields & Buildings Manager | 610-742-3379 |
| Cindy Heckler | VP Jrs. & Srs. | 215-450-5937 |
| Diane Hedrick | Fundraising & Concessions | 302-540-3582 |
| Joseph Huffman | VP TBall & PeeWee | 856-281-0130 |
| Dave Jennings | Treasurer | 302-932-3832 |
| Karen Lester | Player Agent | 302-740-6576 |
| Patrick McGrory | President | 302-367-4694 |
| Phil Mitchner | Coaching Coordinator & Equipment Manager | 302-540-8610 |
| Thomas Moore Jr | Vice President | 302-584-8317 |
| Erik Opderbeck | VP Majors & Minors and Umpire in Chief | 302-690-2337 |
| Kim Paternoster | Secretary & Information Officer | 302-521-4338 |
| Mike Zielinski | Safety Officer | 302-299-3634 |



Emergency Phone List



EMERGENCY

Police/Fire/EMT.....911
AAPCC Poison Control Center.....(800) 222-1222
Delmarva Power (electric).....(800) 898-8042
Artesian (water).....(800) 332-5114

Non-Emergency Contact Numbers

Police/Fire/EMT.....(302) 573-2800
Delmarva Power (electric).....(800) 375-7117
Artesian (water)(302) 453-6930

Area Hospitals

Alfred I. DuPont Hospital.....(302) 651-4000
1600 Rockland Road
Wilmington, DE 19803

Christiana Hospital.....(302) 733-1000
4755 Ogletown-Stanton Road
Newark, DE 19713

St. Francis Hospital.....(302) 421-4100
701 N. Clayton Street
Wilmington, DE 19805

Wilmington Hospital.....(302) 733-1000
501 W. 14th Street
Wilmington, DE 19801

Capitol Little League

Catalina Complex(302) 999-1184
2111 Old Capitol Trail
Wilmington, DE 19808

Mailing Address:
P.O. Box 4153
Wilmington, DE 19808

Brandywine Springs Complex
Vaught & Pyle Fields
2916 Duncan Rd
Wilmington, DE 19808

Safety Committee

Safety Officer, Michael Zielinski.....irishmikez@aol.com
• Facilities Chair, Andrew Brantley.....andrewbrantley1@gmail.com
• Equipment Chair, Phil Mitchener.....Jmalloy406@yahoo.com

CLL Board of Directors Officers

President, Patrick McGrory(302) 367-4694
Vice President, Thomas Moore Jr(302) 584-8317
Player Agent, Karen Lester.....lesterkd@aol.com
Treasurer, David Jennings.....djennings@belfint.com
Secretary, Kim Paternoster.....kimpaternoster@gmail.com
Umpire in Chief, Erik Opderbeck.....ecbeck@comcast.net
Information Officer, Kim Paternoster.....kimpaternoster@gmail.com

District Staff

District Administrator II
Frank DiStefano.....nick7777@aol.com

Little League Regional Support

LL Regional Office.....(860) 585-4730
LL Regional Office (fax).....(860) 585-4734
335 Mix Street
Bristol, CT 06010

Little League International Support

LL International Office.....(570) 326-1921
LL International Office (fax).....(570) 322-2376
P.O. Box or 539 Route 15 Hwy
Bristol, CT 06010 S. Williamsport, PA 17702

This list will be posted in the concession area and dugout areas.

Volunteer Background Checks

- Volunteers are an important part of Little League Baseball. The dedication and commitment of individuals serving on the board, coaching, umpiring, and assisting with parental duties, is critical to insure a safe and rewarding experience for the children and families of the organization.
- The Capitol Little League will use the Little League Official Volunteer Application Form to screen all of our volunteers. Attached in Appendix Section.
- Managers, coaches, board members and any other volunteers or hired workers, who provide regular service to the league and/or have repetitive access to or contact with players or teams will be required to fill out an application form as well as provide a government-issued photo identification card for ID verification.
- The league President must retain these confidential forms for the year of service.
- CLL has a two-step program for selecting appropriate volunteers for their organization:
 1. **Application** - All people who wish to volunteer for the organization in any capacity must complete an application (included in the Appendix). This document contains details about proper identification, references, criminal records, and provides the authority for a criminal background check to be conducted by CLL.
 2. **Criminal Background Checks** – All volunteers are checked by a person designated by a responsible person selected by the league president to check the backgrounds of each volunteer using the First Advantage National Criminal File Database and United States Department of Justice National Sex Offender Registry (www.nsopr.gov). In addition, one must insure the information provided on the application by the volunteer is accurate and meets the requirements. This is done before any individual is allowed to take part in any activities.
- Failure of any individual to not provide accurate information or have a history which is considered unacceptable by Little League volunteer standards will result in an individual to be denied involvement in CLL activities. This information will be kept on file by CLL for 1 calendar year.
- New volunteer forms and background checks will be performed each year at the beginning of the spring season to insure that the information on this critical subject is current. Forms from the previous year are destroyed.
- If during the course of the season, a child or individual reports inappropriate behavior, they are encouraged to report the issue promptly. CLL and its administrators will then see that the proper law enforcement agencies are notified for proper action.

Fundamentals Training

- Capitol Little League stresses good coaching and baseball techniques to insure a safe game and an enjoyable experience for the players and their families.
- CLL will hold two Fundamental Training Sessions – in March & April of each year. The location will be determined by the CLL Coaching Coordinator.
- At least one Manager or Coach from each team must attend the training.
- CLL will document the date, location and who is required to attend as well as who actually attended.
- A minimum of one participant per team must attend training annually.
- Training qualifies a volunteer for 3 years; but one team representative is still required each year to attend the training.
- The training will be specific to the divisions of play and will be appropriate to the age/skill level of players involved.

Coaching Coordinator

- The league has a position on the board of directors entitled, “Coaching Coordinator.” The responsibilities of this individual are to work with managers and coaches at all levels to ensure proper fundamentals are being covered.
- A coach clinic covering the fundamentals of baseball will be held for coaches and managers in March and again in April.
- Some of the topics covered in the fundamentals training program are as follows:
 - 1) Organize practices for maximum effectiveness.
 - 2) Demonstrating drills to make practices fun and enjoyable.
 - 3) Proper throwing, pitching, and fielding skills.
 - 4) Sliding and base running techniques.
 - 5) Batting/bunting techniques and associated drills.
 - 6) Defensive position skills and drills (example: Catcher, 1st Base, etc.)
 - 7) Stretching, conditioning, and warm-ups
- In addition, throughout the course of the season, information learned from games and practices is coordinated and distributed by the Coaching Coordinator to coaches at all levels within CLL.
- Appropriate information from the Little League International (newsletters, etc.) is also circulated and provides additional information to managers and coaches.

Umpire in Chief

- An Umpire-in-Chief position is also part of the board of directors. This person coordinates umpiring training, scheduling, and works with league VP's to ensure the rules are being followed and understood.
- This role is intended to seek out volunteers who wish to learn the skill of umpiring. District wide clinics conducted by the head umpire from the Little League headquarters are conducted annually and attended by many umpiring volunteers from CLL.
- In addition, CLL holds a series of local clinics conducted by the Umpire-in-Chief to provide further instruction for volunteers filling this critical role at the beginning of the spring season.
- Among the topics discussed are proper positioning, new rules in effect for the upcoming year, using/inspecting equipment, handling disagreements, and other topics.
- To prepare for the season, training sessions about these subjects will be conducted by the district.
- The Umpire-in- Chief for CLL provided additional training for the local league umpires in April.

Minimizing Unsafe Practices

Unsafe acts and practices are far more difficult to control and manage due to the human element involved. However, part of CLL's commitment to safety is not only to provide safe conditions and equipment, but also to address exposure to a player's own or someone else's unsafe acts. Below is an identification of some potential unsafe acts by people and the rules that are in place to prevent such actions.

Conditioning

- Conditioning (warm-up and stretching) is considered critical to minimizing injuries and also teaching young players important sports training that will stay with them for their entire lives. Managers and coaches are urged to perform proper stretching and warm-up drills before rigorous practice drills and games are conducted.
- Team type warm-ups and stretching make this more enjoyable and helps improve team unity and morale.
- Drills should be patterned after natural baseball movements such as reaching for the ball with your arms or stretching for a ball in the "hole".

Tryouts

- Tryouts are conducted indoors due to the time of they are held (early spring). Tryouts are performed with players of similar age with abilities that are closely matched. This is to insure that any drills where two or more players handling the ball is done where everyone is comfortable with the speed and distances of the ball.
- Volunteers running such hitting, catching, and throwing drills must be aware of a wide variety of ability and practice common sense to insure that the player's skills are clearly demonstrated without exposing them to safety risks.
- Running drills should be done in small groups or individually running against a clock rather than as a large group to prevent pile ups and the tripping hazards that can result.

Warm-Ups (Ball Handling)

- Players are stressed by their coaches that their eyes should be on the ball at all times.
- Warm-up areas should provide enough space and distance from people which are not part of the drill (spectators) to insure that they will not be hit by a misdirected ball.
- Unauthorized people should be clear of the team to minimize an unsuspecting person getting struck.
- Helmets are to be worn by anyone batting a ball regardless of the abilities of each drill participant.
- Throwing and catching drills should be done with 2 lines of players facing one another. This minimizes the chances of someone getting hit by a misdirected ball. Also random throws should be strongly discouraged by coaches and all players who are participating in the drill must be alert when throws are directed at them.
- Special soft balls will be used in situations until the player demonstrates the ability to safely handle the harder type. Generally the balls used in Tee Ball will be the soft type with all other leagues using the regulation hard ball style.

Safe Ball Handling

- Fly ball drills will be conducted by instructing players in easy flies and gradually making the catches more challenging as their abilities improve.
- Players are instructed to keep their eyes on the ball at all times and to position the glove and body properly to make a safe catch.
- Infielders are instructed to field short hop grounders by keeping their “nose pointed towards the ball” with their eyes focused on it.

Collisions

- Players are instructed to communicate with each other over who is going to catch a fly ball which is considered between the fielders' typical area. Players are drilled to shout out loud in a forceful voice any ball that they considered theirs to catch.
- Coaches will establish guidelines within their fielders over what zone each person is to take charge of. This will vary from team to team due to the abilities and physical skills of the players.
- Once the coverage areas and zones are established, the coaches are to work with the players to insure they are familiar with the areas and protocols established within the team.

Warning Tracks

- Drills are conducted with players to insure they are comfortable with the feel of the warning track under their feet. This area is important to provide players with an idea about how close they are to a fence or immovable barrier.
- Judging and working within these distances are learned through repetition. In addition, reaching over the fence also presents some hazards and coaches are encouraged to consider this in their instructions.

Grounds Clear of Equipment

- All players are instructed to pick up after themselves and to not leave their equipment lying around, creating tripping hazards. All equipment should have a designated place where it is to be placed so as to not create a hazard.

Sliding Safety

- Sliding is an important part of the game. It helps minimize base collisions and in some cases also prevents runners being struck hit by a thrown ball. A correct technique by coaches is critical to doing this safely.
- Safe sliding drills should include the following:
 - Perform drill in long grass.
 - The base sliding to should not be anchored down.
 - Sliding pads or long pants should be used by the players.
 - When first starting out, the player should approach the base at half speed and put his hands and feet in the air.
 - Tennis shoes should be used for beginners to improve sliding until they are comfortable with the basic techniques.
 - Head first sliding is not allowed except to return to a base.

Batter Safety

- A batter's greatest exposure to this is from wild pitches therefore a well fitted helmet is required to provide protection for the head area.
- Jumping around the plate or crowding the plate is discouraged. This helps to distract the pitcher creating more potential for wild pitches and also puts the batter in a difficult position for getting out of the way of inside pitch.
- Proper butting techniques are shown to batters to make sure their fingers and hands are not too far over the plate and well out toward the end of the bat.

Bat Safety

- Batters are instructed on how to safely let go of the bat after hitting the ball so that the catcher and umpire are not struck by it.
- Bats should have proper grips so that they do not slip out of the batters hands.
- Any player who does not properly release their bat after hitting the ball should be immediately reminded about this and instructed before their next at bat.
- Any time a batter or coach is swinging a bat they must be aware of the area that they are swinging in and insure that it is clear. Some precautions that can be taken are as follows:
 - A player used for catching balls for a coach hitting flies or grounders can be used to warn off unsuspecting people who come too close to the hitter.
 - On deck areas for practice swings have been eliminated.
 - Soft toss and hitting drills are conducted only in caged areas where entry into is not allowed until the player swinging has completed their drill. This should be policed by the coach working with the players.

Catcher Safety

- Proper gear and conditions of that gear are acceptable.
- The back of the throwing hand is toward the pitcher when in position to catch.
- When going after a fly ball or preparing for a play at the plate, the mask is to be discarded in the direction opposite of the approach or away from the play and the path of the oncoming runner.
- A safe distance is to be used by the catcher so as to not interfere with the batter's swing.

Inattention and Horseplay

- Practices should involve plenty of variety and fun activities to minimize the potential for horseplay and inactivity.
- Practices and drill should be limited in time so as to hold the team's interest.
- Idle players should be given activities to assist the team or manager.
- Horseplay and other non-baseball type activities should not be tolerated. This can result in injury or allowing someone to lose concentration on the field resulting in an accident.

First Aid Training

- A strong first aid program is critical to any safety program. Key factors in a good program is training and having the correct equipment readily available to properly respond to an emergency involving an injury.
- Although impractical to have a completely trained and experienced first aide responder available at all times, efforts are made to have alternate people who have been given basic first aid treatment training.
- CLL will hold one Basic First Aid, CPR and AED training class each year. The training session will take place in March or April of each year.
- Location will be determined by the League Safety Officer in conjunction with vendor providing training. Typically, the location will be a local Volunteer Fire Company Station.
- CLL will require at least one Manager or Coach from each team to attend.
- Training qualifies volunteer for three (3) years, but one team representative still needed to attend each year.
- CLL will document the date, location, and who is required to attend as well as who did attend.
- The intent is to provide training to ALL team Coaches / Managers.
- The training will be conducted by the New Castle County Department of Public Safety Paramedics.
- Due to the nature of their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses, paramedics, fireman, emergency medical technicians and police officers to attend first aid training in order to meet requirements.
- Other individuals who attend various outside first aid training and courses are not exempt.

Field Duty for Hazards

- Procedural guidelines for volunteers who prepare the field for play have been developed and are listed in the Appendix under Field Duty Checklist & "Hey Coach."
- Using these guidelines insures that the field surfaces, particularly around the bases, home plate and pitcher's mound are in good shape and meet the leagues standards for acceptable conditions.
- CLL will require a Coach or Manager from each team to walk and inspect the fields for hazards, prior to practices or games.
- CLL will also require Umpires to walk and inspect the fields for hazards before each game.

Field and Facility Safety Inspections

Regular inspections of field and facilities by managers, coaches, league VP's and umpires will insure that unsafe conditions are recognized and addressed properly before they can harm someone. The inspections done routinely by volunteers before games are listed in this section. In addition, the Manager of each team will encourage his/her team to be on the lookout for these items and to let him/her know if and when they are recognized.

- All bleachers will have side and back safety rails.
- Field conditions such as holes, ditches, slippery spots, and long grass will be corrected before play occurs.
- Foreign objects such as bottles, glass, stones, etc. will be removed from the playing surface.
- Damaged or ripped screens used to deflect foul balls will be reviewed and if necessary repaired to prevent a spectator from getting hit with a ball.
- Wire or chain links fences will be inspected to insure there are no pinch points of sharp edges. The tops of the fences where a player can come in contact with it will have a safety barrier covering all exposed edges. The officials will check to insure that this covering is secure.
- Any board fences will be checked for any splinters or protruding nails.
- A section in the outfield will be painted a dark color to provide a contrast with balls thrown towards home plate.
- The warning track will be identified with a different surface than grass and will be maintained to minimize weed growth and other debris which can pose a tripping hazard.
- Each dugout will have a rack for helmets and bats and will be used accordingly. This minimizes the chance of someone tripping over equipment in the dugout.
- Each dugout will be clear of debris and inspected to make sure there are no splinters or protruding nails. All dugouts will have a trash can to insure that any waste is properly stored.
- The backstop will be padded and painted green to provide a guard against the catcher running into the fence.
- Home plate will be checked to insure that there are no tripping hazards or unacceptable holes which can cause ankle injuries.
- The bases and pitching rubber will be checked to insure that they are properly secured and that there are no unacceptable hazards such low spots which can cause uneven and soft footing conditions.
- The batting cage and pitcher warm-up areas will also be checked using the appropriate guidelines above to insure the safe conditions.
- All CLL fields are considered to be non-smoking areas. Signs alerting people to this rule are posted around the facility and it is the responsibility of all volunteers.

Public Address System

- Procedural guidelines for volunteers who use the public address (PA) system have been developed and are listed in the Appendix under “Announcing Duties.” Using these guidelines insures that the field is properly lit (document provides details on when to turn on the lights), provides game information to the public, and may act as an emergency communication system to the spectators and the players if necessary.
- The volunteers who operate the PA system are also responsible for keeping the scoreboard up-to-date with game information.

Sanitary Facilities

- CLL will provide sanitary facilities at all of their game ready fields. These facilities will be maintained by volunteers from CLL. Each facility will have an appropriate locking device on the door to insure privacy.
- In the event that any of the facilities is deemed inoperable, a portable facility will be provided.

Facility Survey

- Each year, a facility survey of all fields used by the CLL will be conducted and included in the safety manual.
- This survey will be conducted by a person appointed by the league president and board of directors.
- This survey was developed by Little League Baseball, and is a standard used by all its members and affiliates.
- The purpose of this survey is to provide information about the fields and grounds and identify improvement plans.
- This survey will assist CLL with identifying and correcting facility concerns in a safe and timely manner.
- A current copy of the CLL Facility Survey will be kept on file within the CLL clubhouse safety manual.
- A copy of this survey is included in the Appendix under “Little League Facility Survey”.

Concession Stand / Snack Shack Safety Procedures

- The menu shall be posted and approved by the CLL Safety Officer and the CLL President.
- CLL will operate a concession stand at Catalina Field and a Snack Shack at Pyle/Vaught Fields.
- CLL will post Concession Safety Procedures within the Concession Stand area
- Volunteers working in the concession stand will be trained in safe food preparation. Training will cover the use of the equipment. The training will be provided by the Concession Stand Manager and given to the Team Parents at the beginning of each season.
- Cooking equipment will be inspected periodically and repaired or replaced if needed.
- Cooking grease will be stored safely in containers away from flames or other heat sources.
- Cleaning chemicals must be stored in a locked container.
- A certified fire extinguisher suitable for grease fires must be in plain sight at all times.
- All concession stand workers are instructed in the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the concession stand.
- The concession stand main entrance door will not be locked or blocked while people are inside.
- No one under the age of 16 is permitted inside the stand for any reason.
- No one under 18 is permitted to use the deep fryer.
- All equipment, counters and condiment dispensers will be cleaned at the end of each day.
- Everyone must wash his or her hands before handling food product and after handling money.
- Someone should be assigned duties in which someone handles food and someone else handles money.

Rules of Safe Food Handling

1. Practice good personal hygiene. Always wash hands thoroughly with soap and water before starting or resuming the handling of food.
2. The use of gloves is required for all food handling.
3. Never handle food if you have any type of skin infections.
4. You should never handle food if you have a cold or sore throat since coughing and sneezing can contaminate food via airborne particles.
5. Always be aware of **Temperature Danger Zone**. This range of temperature is an ideal breeding environment for bacteria. This range is 40-140 degrees. Foods held in storage must be held above or below this range.
6. Food should always be properly covered when stored.
7. Hot food should be kept hot and cold food cold. Remember that food not served should be promptly refrigerated below 40 degrees.
8. Leftovers are a common source of food poisoning outbreaks. Food should only be held heated for no more than 3 hours and then discarded.
9. When washing cooking utensils, you should not only remove the visible soil, but the items should be dipped in sanitizing bath and allowed to air dry.

Equipment Safety Inspections

- Regular inspections of equipment by managers, coaches, league VP's, and umpires will insure that unsafe conditions are recognized and addressed properly before they can harm someone.
- CLL Safety Officer will inspect all equipment in the pre-season. CLL Safety Officer will make all necessary and appropriate recommendations to the CLL Equipment Manager.
- Coaches and Managers will inspect equipment prior to, during each game/practice and after each game/practice. In addition, the manager will encourage his team to be on the lookout for these items and to let him know if and when they are recognized.
- Umpires will be required to inspect equipment prior to each game.
- Equipment such as bats, helmets, balls, etc. is to be kept off the ground as much as possible to avoid tripping hazards. Provisions should be made insure that proper storage before and during games is used (i.e. Bat racks, helmet racks, buckets for balls).
- Officials should continuously be on the lookout for lack or poor fit of personal protective equipment. Helmets and masks fitting snug, catcher's equipment straps tightened, and proper shoes are some of the specific situations where a player can be using equipment which is not proper fitted.
- All catchers must wear an approved face mask, catcher's helmet, chest protector, proper mitt, throat protector, shin guards, and plastic cup supporter when playing the position. Wearing of athletic cup supporters for all players is also recommended. It is the responsibility of the manager and coach to insure that catchers are equipped with this personal protective equipment.
- Corrective eyewear that players wear should be designed for "sports and active wear" and are equipped with industrial safety lenses. Flip-type sunglasses are also recommended for players to improve vision during sunny days.
- Bats are to be approved by Little League rules, meeting the required bat barrel dimensions. A visual check of proper gripping and absence of cracks or dents in the bat are standards that must be met. Any bat not meeting these criteria will be removed from service.
- Uniforms worn must also be properly fitted and have the proper appearance for all players. Uniforms must also have the approved Little League emblems on them. Shirts are to be tucked in neatly worn to reflect the pride and standards required by Little League baseball. Setting proper appearance standards helps instill upon all league members a culture of greater feel of play at thus improved safety performance.
- Congestion or having too many individuals on the bench and field will be monitored by the managers, coaches, and umpires to improve upon having too many people in too small a space. This can lead to unsafe acts and conditions.
- Personal jewelry used by participants must be properly worn and kept contained to avoid it creating a hazard for the players.
- Proper shoes are required of all players. Metal spikes are not allowed.

Accident Reporting

- CLL will use the provided Incident / Injury Tracking Form from the Little League website.
- Completed Accident Claim Forms will be provided to the CLL Safety Officer within 24-48 hours of the incident.
- Despite proper steps taken to reduce injuries and near misses, accidents can happen. When they occur, they must be properly documented so that we can learn from each incident in order to correct the unsafe condition of behavior and prevent it from occurring in the future.
- Accurate tracking of accidents will provide us with a better idea of how safe our league is and how to make it safer for all participants involved.

Accident Reporting

- **What to Report** – Anything that results in a player, manager, coach, umpire, or volunteer receiving medical treatment. It is the responsibility of all league officials to abide by this rule. This not only covers what happens on the field, but also the snack shack, parking lot, bleachers, or any other area assumed part of the CLL facilities. If a player gets hurt in a game/practice, someone falls out of the stands, or a volunteer gets their hand burned in the concession stand are further examples of what must be reported.
- **When to Report** – All accidents must be reported within 24-48 hours of when they occur. They are to be reported to the League Safety Officer by email or telephone. If the Safety Officer is not available then the accident must be reported to the League President.
- **Who is to Report** – The manager or coach must report all injuries to any member of their team (including coaches) and are required to complete an “Incident/Injury Tracking Form” which provides details of the accident. A copy of this report is included in the Appendix.

Claim Form

- The manager or coach must also complete an Incident / Injury Tracking Form. Instructions specific to these forms and the forms themselves are included in the Appendix. This information is used to submit the accident to the Little League Headquarters.

Form Processing

- CLL has designated a locker in the clubhouse where the Incident / Injury Tracking Form and Accident Claim Forms are to be dropped off as soon as possible following the accident.
- The League Safety Officer will collect these forms and take the following steps:
 - Verify the information on the forms is correct and check for completeness.
 - Collect any other information required.
 - Advise the family of the injured party about CLL’s insurance coverage policy.

First Aid Kit at each game and practice

- CLL will ensure that ALL teams are provided with a standard first aid kit and a set of cold packs.
- CLL will require these to be with the team at all games and practices.
- The CLL Clubhouse provides additional first aid equipment such as running water, unlimited supply of ice (ice machine), a telephone, and fire extinguishers.
- CLL will also have an AED stored in the clubhouse.
- Managers and coaches are also encouraged to have a cell phone readily accessible at all times in order to contact professional emergency response people.

Enforce Little League Rules – Including proper equipment

- CLL will require ALL TEAMS to enforce ALL LITTLE LEAGUE RULES.
- CLL Managers and Coaches will ensure players have required equipment at all times.
- CLL will require all catchers to have proper equipment even during infield warm up.
- CLL will ensure Coaches and Managers enforce rules at practices as well as games.
- No on deck batters.
- Coaches / Managers will not warm up pitchers.
- All playing fields utilized by CLL will have bases that disengage from their anchors.
- CLL will issue an official Little League Rules book/ manual to each team Coach / Manager within the league.

Qualified Safety Plan Registration Form

- CLL will complete a Qualified Safety Plan Registration Form each year.
- CLL will submit this form to the National Little League headquarters each year.

League Player, Coach and Manager Registration Data / Roster

- League Player Registration Data or Player Roster Data, Coach and Manager Data must be submitted yearly to the Little League Data Center at www.LittleLeague.org
- Mandatory requirement for an approved ASAP Plan.



Appendix



Capitol Little League Player Registration Form

Please Use One Form Per Family

| | | | | | |
|--------------------------|--------|-------------------|--------------|-------------|---------------------------|
| Player's Name: | | Birth Date: | | Gender: | Age as of April 30, 2015: |
| School: | Grade: | New or Returning: | | Last Team: | |
| Second Player's Name: | | Birth Date: | | Gender: | Age as of April 30, 2015: |
| School: | Grade: | New or Returning: | | Last Team: | |
| Third Player's Name: | | Birth Date: | | Gender: | Age as of April 30, 2015: |
| School: | Grade: | New or Returning: | | Last Team: | |
| Street Address: | | | Development: | | |
| City: | | State: | | Zip Code: | |
| Parent/Guardian #1 Name: | | | Email: | | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Employer: | | | Occupation: | | |
| Parent/Guardian #2 Name: | | | Email: | | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Employer: | | | Occupation: | | |

Please answer a few questions for us about the league:

If you are a returning member,

What does your child enjoy the most about our league? _____

Are you pleased with the coaching your player received last season? _____

How could we make the league more enjoyable for the parents? _____

Would you be interested in serving on the Board of Directors? _____

If you are a new member,

How did you hear about Capitol Little League? _____

Have you visited the league website? _____

What made you decide to register your player in our league? _____

Other comments: _____

| Player | Registration Fee* | Amount |
|-------------------------------------|-------------------|--|
| Tee Ball and Rookie Minor Divisions | \$100.00 | |
| Minors and Majors Divisions | \$125.00 | Subtract \$20 from player Registration Fee for each additional player. |
| Junior and Senior Divisions | \$140.00 | \$20 late fee after 2/14/15 |

| | |
|--|----|
| Checks Payable to: Capitol Little League | \$ |
| No refunds after Player Evaluations are held without a documented medical justification. | |

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We agree to provide proof of legal residence and age (as defined by Little League Baseball, Incorporated). I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We will furnish a certified birth certificate of the above-named candidate to League Officials. I/We understand that Little League Baseball is supported solely through the activities of volunteers, and I/We agree to contribute my time, skills and/or labor as needed to support the league and my child's participation in this program.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|



Parents Code of Conduct

Capitol Little League (CLL) believes strongly in the values of teamwork, sportsmanship and leadership through example. The program's overall goal of player development both on and off the field relies heavily on our ability, as a group of families, to create and maintain a safe, fun and positive environment for our players.

CLL is taking this opportunity to both ask for your support in this effort and to remind you that proper conduct and sportsmanship is expected of all families at all times.

Parent / Legal Guardian Code of Conduct Agreement

As a parent / legal guardian of a child involved in CLL, I agree to abide by and follow the rules of the guidelines below.

- I will be a role model for my player and others around me.
- I will not tolerate poor behavior by others around me. I will notify the team manager or league officials of improper behavior by children or adults.
- I will bring my player to practice & games, on time and if my player is unable to attend I will notify the coach in advance.
- I will leave the coaching to the coaching staff. I will encourage my child to play in a manner consistent with the team's strategy or plans. I will not undermine the coaches' authority by trying to be a coach instead of a parent.
- I will provide support for coaches and others working with the players to provide a positive experience for all. I understand that coaching is a difficult endeavor, and I will always give coaches the benefit of the doubt and treat them with respect.
- I will promote the emotional and physical well-being of the players ahead of any desire to win.
- I will encourage my player to play according to the rules.
- I will never ridicule or yell at my child for making a mistake or losing a game. I understand that making mistakes is a key part of learning.
- I will remember that children learn by example. I will applaud good plays by both my child's team and their opponents. I will not be critical of, or embarrass any player, including opposing players.
- I will not question an umpire's or coach's judgment or honesty in public.
- I will encourage good sportsmanship by demonstrating positive support for all players. I will never yell, taunt, threaten or inflict physical violence upon any player, coach, umpire or spectator.
- I will refrain from the use of abusive or vulgar language, racial, ethnic or gender-related slurs at any. I will support all efforts to remove verbal and physical abuse from games or practices.
- I will not use or possess alcohol at any CLL complex or at any CLL event. **Anyone suspected of using alcohol at a CLL event or on the premises will be asked to exit the grounds immediately.**
- I will smoke only in designated areas, away from players and the playing field. I will inform my guests of the leagues of expectations of behavior. Since they are my guests, I am responsible for their behavior.

I understand that by signing this document I am agreeing to support and promote this Parent / Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this agreement or continued violations of this Code of Conduct will result in board discipline which can include my son/daughter and I being dismissed from my team and the league for the season.

Parent(s) / Legal Guardian Name(s)

Signature(s)

te _____



Photographic Release

I hereby grant to the *Capitol Little League*, and their respective board members, licensees, successors and assigns, the right and permission, with respect to those photographs taken of the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all local print editions of newspapers as well as promotional products, Facebook posts and website posts maintained and printed by Capitol Little League's Board of Directors.
2. To use the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the *Capitol Little League* and their respective board of directors/officers, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Printed Name of Minor Player

Address of Primary Residence

I hereby certify that I am the [parent and/or guardian] of _____ a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Signature of Parent or Guardian of Minor Subject of Photograph

Printed Name and Address



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:

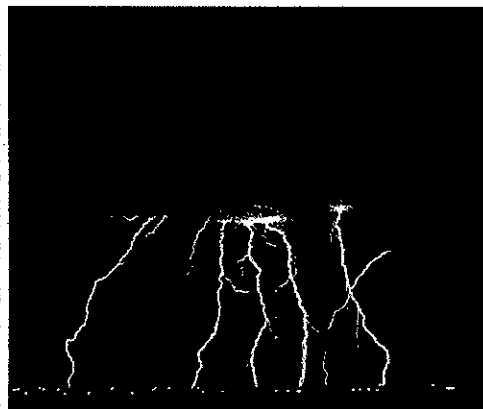
League Name: _____ League ID: _____

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.

What to do if someone is struck by lightning

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



NOAA

STAY INFORMED

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

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

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



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

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

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

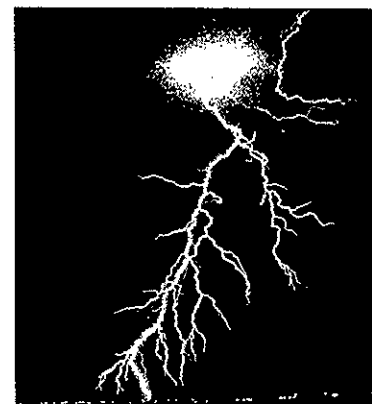
<http://www.lightningsafety.noaa.gov>

or contact us at:

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

GYX 0301 (August 2003) - Revised

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



NOAA

LIGHTNING... the underrated killer!

A SAFETY GUIDE

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

**NATIONAL WEATHER
SERVICE**

Gray, Maine



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

LIGHTNING KILLS

Play It Safe !

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

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

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

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

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

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

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

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



NOAA



Little League Volunteer Application -2015

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

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

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

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

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License#: _____ State _____

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

If yes, describe each-in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ Yes ☐ No If yes, describe each in full: _____

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

If yes, explain: _____

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ Other ☐

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

Name/Phone _____

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer: _____
on _____

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

Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage ☐

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

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

Little League® "Returning" Volunteer Application - 2015

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Have you ever been refused participation in any other youth program? ☐ Yes ☐ No

If Yes, explain: _____

In which of the following would you like to volunteer? (Check one or more)

☐ League Official ☐ Manager ☐ Coach ☐ Umpire ☐ Field Maintenance

☐ Score Keeper ☐ Concession Stand ☐ Other: _____

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

Applicant Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

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

Please update **ONLY** the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone: _____ / _____
_____ / _____
_____ / _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

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

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____ on _____

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

☐ Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage

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

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

Announcing Duties

1. One parent / representative from each team is responsible for working the clubhouse during each game.
2. You will need to get a line up from each team manager/coach prior to the start of the game.
3. If you are volunteering for the first game of the day, you will need to set up the CD player to play the National Anthem prior to the start of the game. (Instructions are in the clubhouse)
4. You will need to announce the team, the number and the name of each player as they come to the plate to bat. Also mention the team sponsor from time to time throughout the game. Just like you, they are an important part of the league's success.
5. TBall teams do not keep score. You may use the scoreboard to keep track of innings and outs. For all other divisions, please keep score; track innings, along with all strikes and balls.
6. You may ask trivia questions throughout the game at breaks in play. This will increase the enthusiasm and interest in the game.
7. Turn the lights on approximately 30 minutes before dusk. (Instructions are in the Clubhouse)
8. After the last game of the day/night, the score board needs to be turned off along with all other electronic equipment used for announcing duties. All windows need to be closed. The home team manager will lock up and turn off the field lights.

Field Duty Requirements

**** All equipment needed for field duty will be stored in the following areas ****

Catalina Field – Storage building behind first base line.

Pyle / Vaught Field – Storage shed located between both fields.

NCC Fields – Lock box behind backstop/home plate.

Prior to Game:

1. Rake home plate area, 1st & 3rd base foul lines and pitcher's mound.
2. Line batter's box (items needed are shown below).
 - a. Box template (outline outside of template)
 - b. Line machine
3. Line 1st & 3rd base foul line (items needed are shown below).
 - a. String Line
 - b. Screwdrivers to anchor string line
 - c. Line machine
4. Remove plugs and install bases.
5. Install helmet and bat racks in each dugout (if applicable)
6. Return all tools and equipment to appropriate area prior to game starting.

End of Game: (if yours is not the last game of day)

1. Assist with raking of home plate area and pitcher's mound.
2. Drag infield (from 1st to 3rd base). Drag is located in storage building / shed.
3. Return drag to storage building / shed.

End of Game: (if yours is the last game of the day)

1. Rake or broom sweep pitcher's mound, home plate area and area around bases. Be sure to fill in any holes.
2. Remove bases, re-install plugs and put bases in storage building / shed.
3. Remove helmet and bat racks and return to storage building / shed.
4. Ensure all equipment is stowed in storage building / shed and lock up.



HAVE YOU:

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



Facility and Field Inspection Checklist

Facility Name: _____

Inspector: _____

Date: _____ Time: _____

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery areas, long grass
- ☐ Glass, rocks and other debris / foreign objects
- ☐ Damage to screens or fences
- ☐ Unsafe conditions around backstop, pitcher's mound or playing area
- ☐ Warning Track condition
- ☐ Dugout condition before and after games
- ☐ Make sure telephones are available
- ☐ Area's around bleachers free from debris
- ☐ General garbage clean-up
- ☐ Who's in charge of emptying garbage cans
- ☐ Conditions of restrooms and restroom supplies
- ☐ Concession Stand inspection

Notes / Hazards

Signature: _____

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL **NATIONAL FACILITY SURVEY**

2015



League Name: Capitol Little League

District #: 02

ID #: 208-02-06

(if needed) ID #: N / A

(if needed) ID #: A

City: Wilmington State: DE

President: Patrick McGrory

Address: 2114 Elder Drive

Address: _____

City: Wilmington

State: DE ZIP: 19808

Phone (work): 302-658-6400 EXT. 13

Phone (home): N/A

Phone (cell): 302-367-4694

Email: P.McGrory@TigheCottrell
.com

Safety Officer: Michael E. Zielinski

Address: 4008 Old Capitol Trail

Address: _____

City: Wilmington

State: DE ZIP: 19808

Phone (work): 302-395-8077

Phone (home): 302-683-9392

Phone (cell): 302-299-3634

Email: irishmike2@aol.com

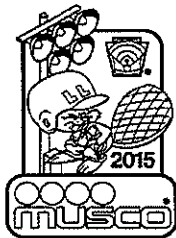
PLANNING TOOL FOR FUTURE LEAGUE NEEDS

| What are league's plans for improvements? | Indicate number of fields in boxes below. | | |
|---|---|----------|---------|
| | Next 12 mons. | 1-2 yrs. | 2+ yrs. |
| a. New fields | 0 | 0 | 0 |
| b. Basepath/infield | 2 | 0 | 0 |
| c. Bases | 0 | 0 | 0 |
| d. Scoreboards | 0 | 0 | 0 |
| e. Pressbox | 0 | 0 | 0 |
| f. Concession stand | 0 | 0 | 0 |
| g. Restrooms | 0 | 0 | 0 |
| h. Field lighting | 0 | 0 | 0 |
| i. Warning track | 0 | 0 | 0 |
| j. Bleachers | 0 | 0 | 0 |
| k. Fencing | 0 | 0 | 0 |
| l. Bull pens | 0 | 0 | 0 |
| m. Dugouts | 0 | 0 | 0 |
| n. Other (specify): <u>SOD</u> | 2 | 0 | 0 |

2015 LL Season

SPECIFIC BALLFIELD QUESTIONS

- Please list all fields by name.

| Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|--|-------------|--|------------|--------------|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|
| <p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2015 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your</p>  | | Name: Catalina | Name: Pyle | Name: Vaught | | | | | | | | | | | | | | | | | |
| Please answer the following questions for each field. | | Field # | | | | | | | | | | | | | | | | | | | |
| GENERAL INVENTORY | | (For the following questions, if the answer is "No" please leave the space blank.) | | | | | | | | | | | | | | | | | | | |
| 1. How many cars can park in designated parking areas? | None | | | | | | | | | | | | | | | | | | | | |
| | 1-50 | | | | | | | | | | | | | | | | | | | | |
| | 51-100 | X | X | X | | | | | | | | | | | | | | | | | |
| | 101 or more | | | | | | | | | | | | | | | | | | | | |
| 2. How many people can your bleachers seat? | None/NA | | | | | | | | | | | | | | | | | | | | |
| | 1-100 | X | | | | | | | | | | | | | | | | | | | |
| | 101-300 | | | | | | | | | | | | | | | | | | | | |
| | 301-500 | | | | | | | | | | | | | | | | | | | | |
| | 501 or more | | | | | | | | | | | | | | | | | | | | |
| 3. What material is used for bleachers? | Wood | X | | | | | | | | | | | | | | | | | | | |
| | Metal | | | | | | | | | | | | | | | | | | | | |
| | Other | | | | | | | | | | | | | | | | | | | | |
| 4. Metal bleachers: Ground wire attached to ground rod? | Yes | | | | | | | | | | | | | | | | | | | | |
| 5. Wood bleachers: Are inspected annually for safety? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 6. Is a safety railing at the top/back of bleachers? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 7. Is a handrail up the sides of bleachers? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 8. Is telephone service available? | Permanent | X | | | | | | | | | | | | | | | | | | | |
| | Cellular | X | X | X | | | | | | | | | | | | | | | | | |
| 9. Is a public address system available? | Permanent | X | | | | | | | | | | | | | | | | | | | |
| | Portable | | X | X | | | | | | | | | | | | | | | | | |
| 10. Is there a pressbox? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 11. Is there a scoreboard? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 12. Adequate bathroom facilities available? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 13. Permanent concession stands? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 14. Mobile concession stands? | Yes | | | | | | | | | | | | | | | | | | | | |

| Field # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|--|----------------------|-----|-----|-----|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|
| FIELD | | | | | | | | | | | | | | | | | | | | | |
| 15. Is field completely fenced? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 16. What type of fencing material is used? | Chainlink | X | X | X | | | | | | | | | | | | | | | | | |
| | Wood | | | | | | | | | | | | | | | | | | | | |
| | Wire | | | | | | | | | | | | | | | | | | | | |
| 17. What base path material is used? | Sand, clay, soil mix | X | X | X | | | | | | | | | | | | | | | | | |
| | Ground burnt brick | | | | | | | | | | | | | | | | | | | | |
| | Other: | | | | | | | | | | | | | | | | | | | | |
| 18. What is used to mark baseline? | Non-caustic lime | X | X | X | | | | | | | | | | | | | | | | | |
| | Spray paint | | | | | | | | | | | | | | | | | | | | |
| | Commerc'l marking | | | | | | | | | | | | | | | | | | | | |
| 19. Is your the infield surface grass? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 20. Does field have conventional dirt pitching mound? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 21. Does field have a temporary pitching mound? | Yes | | | | | | | | | | | | | | | | | | | | |
| 22. Are there foul poles? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 23. Backstop behind home plate? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| PERFORMANCE AND PLAYER SAFETY | | | | | | | | | | | | | | | | | | | | | |
| 24. Is there an outfield warning track? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 24.a. If yes, what width is warning track? Please specify: | (Width in feet) | 4.0 | 4.0 | 4.0 | | | | | | | | | | | | | | | | | |
| 25. Batter's eye (screen/covering) at center field? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 26. Pitcher's eye (screen/covering) behind home plate? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 27. Are there protective fences in front of the dugouts? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.) | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 29. Do you have fenced, limited access bull pens? | Yes | | | | | | | | | | | | | | | | | | | | |
| 30. Is a first aid kit provided per field? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 31. Do bleachers have spectator foul ball protection? | Overhead screens | | | | | | | | | | | | | | | | | | | | |
| | Fencing behind | X | | | | | | | | | | | | | | | | | | | |
| 32. Do your bases disengage from their anchors? (Mandatory since 2008) | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 33. Is the field lighted? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield) | Yes | X | | | | | | | | | | | | | | | | | | | |
| | Don't know | | | | | | | | | | | | | | | | | | | | |
| 35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994) | Wood* | X | | | | | | | | | | | | | | | | | | | |
| | Steel | | | | | | | | | | | | | | | | | | | | |
| | Concrete | | | | | | | | | | | | | | | | | | | | |
| 36. Is electrical wiring to each pole underground? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 37. Ground wires connected to ground rods on each pole? | Yes | X | | | | | | | | | | | | | | | | | | | |
| 38. Which fields were tested/inspected in the last two years? | Electrical System | | | | | | | | | | | | | | | | | | | | |
| | Light Levels | | | | | | | | | | | | | | | | | | | | |
| 39. Fields tested/inspected by qualified technician? | Electrical System | | | | | | | | | | | | | | | | | | | | |
| | Light Levels | | | | | | | | | | | | | | | | | | | | |

| Field # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|--|----------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|
| FACILITY MANAGEMENT | | | | | | | | | | | | | | | | | | | | | |
| 40. Which fields have the following limitations: | | | | | | | | | | | | | | | | | | | | | |
| a. Amount of time for practice? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| b. Number of teams or games? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| c. Scheduling and/or timing? | Yes | X | X | X | | | | | | | | | | | | | | | | | |
| 41. Who owns the field? | Municipal | X | | | | | | | | | | | | | | | | | | | |
| | School | | X | X | | | | | | | | | | | | | | | | | |
| | League | | | | | | | | | | | | | | | | | | | | |
| 42. Who is responsible for operational energy costs? | Municipal | | | | | | | | | | | | | | | | | | | | |
| | School | | | | | | | | | | | | | | | | | | | | |
| | League | | X | X | X | | | | | | | | | | | | | | | | |
| 43. Who is responsible for operational maintenance? | Municipal | | | | | | | | | | | | | | | | | | | | |
| | School | | | | | | | | | | | | | | | | | | | | |
| | League | | X | X | X | | | | | | | | | | | | | | | | |
| 44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights? | Municipal | | | | | | | | | | | | | | | | | | | | |
| | School | | | | | | | | | | | | | | | | | | | | |
| | League | | X | X | X | | | | | | | | | | | | | | | | |
| | Other | | | | | | | | | | | | | | | | | | | | |
| 45. What divisions of baseball play on each field? | T-Ball & Minor | X | X | X | | | | | | | | | | | | | | | | | |
| | Major | | | | | | | | | | | | | | | | | | | | |
| | Jr., Sr. & Big | | | | | | | | | | | | | | | | | | | | |
| | Challenger | | | | | | | | | | | | | | | | | | | | |
| | 50 - 70 | | | | | | | | | | | | | | | | | | | | |
| 46. What divisions of softball play on each field? | T-Ball & Minor | | | | | | | | | | | | | | | | | | | | |
| | Major | | | | | | | | | | | | | | | | | | | | |
| | Jr., Sr. & Big | | | | | | | | | | | | | | | | | | | | |
| | Challenger | | | | | | | | | | | | | | | | | | | | |
| 47. Do you plan to host tournaments on this field? | Yes | | | | | | | | | | | | | | | | | | | | |

FIELD DIMENSION DATA

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

| Field No. | Height of outfield fence | Distance from home plate to: | | | | Foul territory distance from: | | | | | |
|-----------|--------------------------|------------------------------|--------|--------|-----------|-------------------------------|-------|--------------------|-------------------------------|-------|--------------------|
| | | Outfield fence | | | Back stop | Left field line to fence at: | | | Right field line to fence at: | | |
| | | Left | Center | Right | | Home | 3rd | Outfield foul pole | Home | 1st | Outfield foul pole |
| 1 | 4.00 | 200.00 | 200.00 | 200.00 | 12.00 | 12.00 | 12.00 | 10.00 | 12.00 | 12.00 | 10.00 |
| 2 | 4.00 | 220.00 | 220.00 | 220.00 | 0.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| 3 | 4.00 | 220.00 | 220.00 | 220.00 | 0.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |

Catalina
Pyle
VAUGHT

Return completed survey with safety program registration and supporting materials by April 1, 2015 to:

Mailing address:
Little League International
PO Box 3485
Williamsport, PA 17701

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

Leagues completing their facility survey online at <http://facilitiesurvey.musco.com> should include it with safety plan submission.



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

Food Safety and Inspection Service, USDA

Volunteers Must Wash Hands

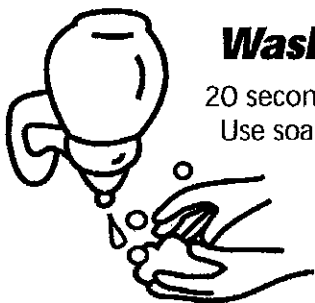
HOW

Wet
warm water

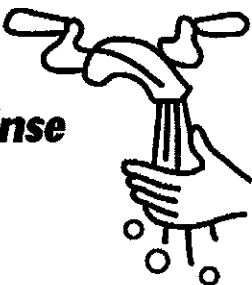


Wash

20 seconds
Use soap

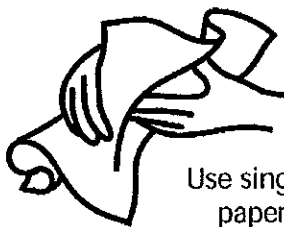


Rinse



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.



**UMASS
EXTENSION**

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

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

Field Name/Location: _____ Incident Time: _____

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

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

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of Incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

AIG

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

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. | | |
| PART 1 | | | | | |
| 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 | | |

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

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

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

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

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.

| | |
|------|---|
| | 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.

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) | | | |

| | | | | | |
|---|--|-------------------------------------|---|--------------------|---|
| Who owns Premises | | Person in charge of Premises | | | |
| Coverage Data | 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 |
| | | | Phone No. (Bus) | | |
| | Employers Name and Address | | | | |
| Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Attending Doctor's Name and Address | | | |
| Description of Injury | | | | | |
| Where was the injured taken after accident? | | | Probable length of Disability | | |
| Witnesses: | Name, Address, Phone Number | | | | |
| | Name, Address, Phone Number | | | | |
| | Name, Address, Phone Number | | | | |
| Date of Report: | Signature of League Official: | | | Position in League | |

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

CHARTIS 

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.

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.

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.

2015 Qualified Safety Program Registration Form



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

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2015 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms *with* your complete safety plan — including **all 15 minimum requirements clearly detailed** — with a postmark no later than **April 1, 2015**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted **starting Jan. 1, 2015**.

Approved safety plans will win your league a cash credit based on the number of teams your safety plan covers, if you carry Little League AIG Insurance. In addition, your program will automatically be entered in the 2015 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be **received and approved by Little League International by March 13**. This is different than the league deadline and requirement. Districts with **87% or better** of their leagues that LLI received an approved and qualified safety plan by March 13 will earn a **\$350 credit**. Districts with **70%-86%** of their leagues that LLI received an approved and qualified safety plan by March 13 will earn a **\$150 credit**.

This Registration Form MUST Accompany Safety Plan Submission

| | |
|---|-------------------------------|
| League Name <u>Capitol Little League</u> | League I.D. # <u>02080206</u> |
| City <u>Wilmington</u> State <u>DE</u> | League I.D. # _____ |
| (If board operates more than one charter, please list all:) League I.D. # _____ | |

League Safety Officer Michael E. Zielinski
 Address 4008 Old Capitol Trail
 City Wilmington
 State DE Zip Code 19808
 Work Telephone (302) 395-8077
 Home Telephone (302) 683-9392
 Cell/Pager Number (302) 299-3634
 Email irishmikez@aol.com

League President Patrick McGrory
 Address 2114 Elder Drive
 City Wilmington
 State DE Zip Code 19808
 Work Telephone (302) 658-6400 ext 13
 Home Telephone () N/A
 Cell/Pager Number (302) 367-4694
 Email P.McGrory@TigheCottrell.com

Items included with this application form:

of pages of league's safety program outline: _____
 # of non-returnable photographs: 0

Person submitting application (if different from above):

Name N/A Title N/A
 Address N/A City N/A
 State N/A Zip Code N/A Telephone ()

Signature *Michael E. Zielinski* Date 03/01/15

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

Return this form and 2015 Little League Facility Survey, along with supporting safety manual, to:

| | | |
|---|----|---|
| Mailing Address: ASAP Award Program Little League International P.O. Box 3485 Williamsport, PA 17701 | or | Shipping Address: ASAP Award Program Little League International 539 U.S. Route 15 Hwy. So. Williamsport, PA 17702 |
|---|----|---|

Returned & Approved by March 13 for DA incentive or no later than April 1 for basic approval

Over →

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



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

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

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

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

1. Page: 2

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

2. Page: 2

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

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

3. Page: 6 & 7

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

4. Use 2015 Volunteer Application Form

4. Page: 8, Appendix

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams **must fill out application form as well as provide a government-issued photo identification card for ID verification.** Check name spellings and numbers for accuracy.
- Must conduct a search of the Department of Justice's *nationwide* sex offender registry, using 2015 Volunteer Application Forms, on all applicable volunteers.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as *First Advantage*.
- Anyone **refusing** to fill out Volunteer Application is **ineligible** to be a league member.
- League president must retain these confidential forms for the year of service.
- Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

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

5. Page: 9 & 10

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

**5. Date Was/
Will Be Held:** March-April

**5. Date Was/
Will Be Held:** March-April

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



6. **Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**

- It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are not exempt.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; *minimum of one participant per team*.
- Training qualifies volunteer for 3 years, but one team representative still needed each year.

6. Page: 15

6. Date Was/ Will Be Held: March-April

6. Date Was/ Will Be Held: March-April

15, Appendix

7. **Require coaches/umpires to walk fields for hazards before use**

- Recommend leagues use form to track and document any facility issues needing to be fixed.
- Common sense activity — look for rocks, glass, holes, etc.
- Specify who is responsible for doing this — home coach, visitors, umpire, or all?

7. Page: 17, Appendix

8. **Complete the 2015 ANNUAL Little League Facility Survey**

- A requirement each year, can help leagues find and correct facility concerns.
- Provided in the ASAP section on the Little League web site — facilitysurvey.musco.com or email asap@musco.com
- Excel spreadsheet included for recording for future use and records.
- DO NOT simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2015 form.
- Keep a copy on file for future needs; Little League does not maintain copies of surveys.

8. Page: 18 & 19

9. **Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**

- Local restaurant operators are good resources for training assistance.
- Training should also cover safe use, care and inspection of equipment.
- See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.

9. Page: 20

10. **Require regular inspection and replacement of equipment**

- Inspect equipment before each use by coaches and umpires.
- Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
- Recommend use form to remind coaches and to track equipment needs.

10. Page: 21

11. **Implement prompt accident reporting, tracking procedure**

- Accident forms to safety officer within 24-48 hours of incident is common.
- Forms are available through Little League website.
- Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
- Share information on accidents and "near-misses" with District staff.

11. Page: 22

12. **Require a first-aid kit at each game and practice**

- Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
- Local hospitals and medical supply companies are good sources.
- If necessary, fund through special drive.

12. Page: 22

13. **Enforce Little League rules including proper equipment**

- Most Little League rules have some basis in safety — follow them.
- Ensure players have required equipment at all times, even catchers warming up during infield.
- Make sure coaches and managers enforce rules at practices as well as games.
- Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
- Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

13. Page: 22, Appendix

14. **Submit a qualified safety plan registration form with your ASAP plan.**

14. Page: 22, Appendix

15. **Submit league player registration data or player Roster data and coach and manager data**

- League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan again in 2015.

15. Page: 3

2015 Qualified Safety Program Registration



Highly Recommended Ideas

Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:

ORGANIZATION

| | |
|---|-----------------------|
| 16. Conduct supplemental criminal checks on all applicable personnel (i.e., thru First Advantage) | 16. Page: 8 |
| 17. Have your safety plan reviewed by your DA or DSO | 17. Page: N/A |
| 18. Include the safety officer as a board position | 18. Page: 7 |
| 19. Have team safety representatives (i.e. team parents) | 19. Page: 4, Appendix |
| 20. Have player safety representatives (i.e. team safety officers) | 20. Page: N/A |
| 21. Allocate part of annual budget for safety | 21. Page: N/A |
| 22. Distribute ASAP News newsletters within league | 22. Page: Website |
| 23. Use local safety resources (i.e. police, fire dept., hospital staff) | 23. Page: 6 & 7 |
| 24. Have league safety mission statement | 24. Page: 1 |

TRAINING

| | |
|---|--------------------------|
| 25. Provide CPR/AED training to coaches, managers, board members, parents | 25. Page: 15 |
| 26. Provide bicycle and traffic training to players | 26. Page: N/A |
| 27. Provide drug education training to players and volunteers | 27. Page: N/A |
| 28. Provide Parent Orientation Program on Code of Conduct | 28. Page: 4, Appendix |
| 29. Teach coaches/managers about heat illnesses, warning signs | 29. Page: 4 |
| 30. Teach coaches/managers about stopping play, breaks for weather: • Stop play for lightning; take breaks between innings for water, shade in high heat | 30. Page: 4, 5, Appendix |
| 31. Teach coaches/managers about sports fundamentals, like: • Proper warm-ups, running safe practices and games | 31. Page: 9, 11-14 |
| 32. Involve umpires in safety training and safety importance | 32. Page: 4, 10 |

FACILITIES AND EQUIPMENT

| | |
|---|----------------------|
| 33. Complete annual LL Lighting Safety Audit for lighted fields | 33. Page: Survey |
| 34. Complete a long-range facility plan for safety improvements | 34. Page: Survey |
| 35. Use reduced impact balls, especially for younger ages | 35. Page: 11 |
| 36. Use disengage-able bases (mandatory starting in 2008) for ALL fields | 36. Page: 22 |
| 37. Use double-first base to avoid collisions of fielders, runners at first | 37. Page: N/A |
| 38. Use warning tracks in the outfield to protect outfielders | 38. Page: Survey |
| 39. Use protective/padded fence tops to protect fielders | 39. Page: Survey |
| 40. Use fencing or netting to protect spectators from foul balls | 40. Page: Survey |
| 41. Have a telephone available to all fields even for practices | 41. Page: Survey |
| 42. Have back guard rails and side rails on taller bleachers | 42. Page: Survey |
| 43. Have an AED (automatic external defibrillator) available for use | 43. Page: 22 |
| 44. Have electronic weather detector to alert for approaching storms | 44. Page: Cell phone |
| 45. Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.) | 45. Page: At Field |
| 46. Control speed and flow of traffic in and around facilities | 46. Page: N/A |

ACTIVITIES

| | |
|--|-------------------------|
| 47. Encourage league input through 'Safety Suggestion Box' | 47. Page: 2 |
| 48. Provide continuous safety messages through: • Bulletin boards, newsletters, emails, meetings | 48. Page: Website/email |
| 49. Encourage and recognize safety efforts from players: • Safety poster contest, safety tips, player team safety officer | 49. Page: N/A |
| 50. Require/Encourage use of protective cups for players, esp. infielders | 50. Page: 20 |
| 51. Require/Encourage use of mouth guards for players, esp. infielders | 51. Page: 20 |
| 52. Require/Encourage use of face guards on batting helmets | 52. Page: 20 |
| 53. Encourage all adults to sign up for Little League E-News | 53. Page: Website/email |