

A Safety Awareness Program (ASAP) PLAN

Colorado Springs Little League (CSLL)
Colorado Springs, Colorado



League Safety Officer Manual

2025

Colorado Springs Little League
League # 04060506

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EMERGENCY CONTACT INFORMATION

*This information will be displayed in the dugout *

EMERGENCY PHONE NUMBERS

Police Emergencies	911
Non-threat Emergency	311
Fire	911
Non-Emergency	
Colorado Springs Police Department	(719) 385-2100
Colorado Springs Fire Department	(719) 576-1200

Be Prepared To Tell:

- Location
- Street Address
- City
- Directions
- Telephone number from where the call is being made from
- Your name
- What happened (be brief but answer questions)
- Your assessment of the condition of the injured party
- Be able to tell what is being done for the injured party

DO NOT HANG UP

LET THE DISPATCHER HANG UP FIRST

League President:	Jon Duncan	(415) 971-8754
Equipment Manager (Baseball):	Justin McIntyre	(719) 271-4514
Equipment Manager (Softball):	Kendra Bloom	(719) 644-9844
League Safety Officer:	Thomas Guerra	(408) 375-9658

2025 Board of Directors

CSLL ASAP PLAN

Name:	Position	Email
Jon Duncan	President	pres@coloradospringslittleleague.com
Thomas Floyd	VP- Baseball	vpres@coloradospringslittleleague.com
Bill Ferraro	VP- Softball	vicepressoftball@coloradospringslittleleague.com
Chris Robinson	VP- Challenger	vicepreschallenger@coloradospringslittleleague.com
Elizabeth Robinson	Special Needs Advocate	challengerbuddies@coloradospringslittleleague.com
Kendra Bloom	Treasurer	treasurer@coloradospringslittleleague.com
Ashley Zeiler	Secretary	sec@coloradospringslittleleague.com
Shannon Garcia	Registration & Info	informationofficer@coloradospringslittleleague.com
James Cardis	Scheduler	scheduler@coloradospringslittleleague.com
Juston Van Horn	Coach Coordinator	coachcoordinator@coloradospringslittleleague.com
Thomas Guerra	Volunteer Coordinator	volunteercoordinator@coloradospringslittleleague.com
Jordan McFall	Player Agent	playeragent@coloradospringslittleleague.com
Justin McIntyre	Equip Manager- Baseball	equipassistant@coloradospringslittleleague.com
Thomas Guerra	Safety Officer	safety@coloradospringslittleleague.com
Anastasia Stratmann	Sponsorship Director	sponsorship@coloradospringslittleleague.com
Will Marshall	Lower Baseball Commissioner	lowerbaseball@coloradospringslittleleague.com
Tyler Phipps	Upper Baseball Commissioner	upperbaseball@coloradospringslittleleague.com
Ashley Zeiler	Marketing/Public Relations Manager	marketing@coloradospringslittleleague.com
Juston Van Horn	Military & Veteran Outreach Coordinator	militaryoutreach@coloradospringslittleleague.com
Vacant	Umpire in Chief	umpire@coloradospringslittleleague.com
Cam Erkson	Softball Commissioner	softball@coloradospringslittleleague.com
Scott Maytan	Softball Coordinator	softballcoordinator@coloradospringslittleleague.com

Safety Manual & First Aid Kits

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Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager/coach or the team representative will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

Two chemical ice packs of physical therapy quality will be issued to each team at the beginning of the season.

The Safety Manual will include maps to hospitals and other emergency services, phone numbers for all Board Directors, the Colorado Springs Little League Code of Conduct, and the Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be (see First Aid section).

I have received my Safety Manual and First Aid Kit and will have them both present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

Print name of Coach/Manager

Team name and division

Signature of Coach/Manager

Date

Introduction

CSLL ASAP PLAN

The Colorado Springs Little League (CSLL) is committed to providing baseball and softball programs for our community youth that are fun, competitive, and above all else, safe. This document outlines the policies and procedures the League will execute on an annual basis to ensure the protection and safety of its members.

CSLL is a non-profit organization run by volunteers from the community who are committed to the children and families we serve. We provide a place for our community's children to learn the fundamentals of baseball and softball in a safe, supportive, and friendly environment. We are dedicated to helping build good character traits in our players and demonstrating and teaching honesty, loyalty, courage, respect, and good sportsmanship – in accordance with the goals and precepts of Little League International. We hope that our efforts help our players to be stronger and happier, leaving them with fond memories of playing for CSLL and a love for the game of baseball and/or softball. CSLL's implementation of ASAP (<https://www.littleleague.org/player-safety/asap>) aims to maintain a high degree of safety awareness to ensure that our league is as safe as possible for the players we serve. All sports carry with them an inherent risk of injury, but our safety program seeks to mitigate and reduce that risk as much as possible through the application of the precepts in this safety plan. This document communicates what is expected from all managers, coaches, players, volunteers, and parents. Behavior that violates the tenants outlined in this document will be treated as misconduct and may result in the application of appropriate corrective action up to and including dismissal. Safety is a responsibility shared by all.

Key CSLL goals and procedures below:

- Allow only those volunteers and coaches that have had a background check completed by our league; on the field during games and maintain an approved list of cleared individuals
- Continue First Aid training for all board members, managers, and coaches
- Continue to require each coach to have a first aid kit and cell phones at practices and games
- Every board member, umpire, manager, coach, volunteer, and player abides by the rules set forth in the Little League Rulebooks.
- The Little League Pledge will be recited before every game
- Every manager is issued a rulebook for his/her use throughout the season.
- Umpires will inspect equipment before the beginning of every game, and every manager is responsible for their players using proper equipment during practice and games.
- Most Little League rules have some basis in safety, and should always be followed - Always ensure that all players have required equipment
- Enforce rules at practice as well as games
- All board members, managers, coaches, and umpires are responsible for reading and knowing this Safety Code.
- Managers and coaches are required to discuss our Safety Code with the players on their team and their players' parents.
- The responsibility for following safety procedures belongs to every adult member of CSLL
- Every player, manager, coach, umpire, and volunteer shall use proper reasoning and care to prevent injury to him/herself and to others
- The play areas of the fields we use will be inspected before games and practices for holes, damage, stones, glass, dangerous insects, and other foreign objects
- Managers and coaches will never leave an unattended player at a practice or game
- Continue with monitoring of lighting and weather conditions for halting play
- Continue to improve the filling out and turning in of injury report forms
- Issue citations to volunteers and coaches that violate safety rules and code of conduct, place these citations in the individual's file and bring them before the competition committee
- Keep playing fields Tobacco Free. Smoking will only be allowed in designated areas.
- All parents must sign the Code of Conduct.

CSLL is committed to providing a safe and fun environment for our children to learn and play baseball and softball. We are looking forward to working with you to make the upcoming season great and memorable.

Best regards,

Jon Duncan, President
Thomas Guerra, Safety Officer

Safety Mission Statement

Provide our players, parents, coaches, and community the opportunity to learn as well as enjoy the game of baseball in a safe environment.

Teach values of sportsmanship, hard work, fair play, and teamwork.

Little League Pledge

I trust in God
I love my country and will respect its laws
I will play fair and strive to win
But win or lose I will always do my best

Little League Parent/ Volunteer Pledge

I will teach all children to play fair and do their best
I will positively support all managers, coaches and players
I will respect the decisions of the umpires
I will praise a good effort despite the outcome of the game

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What Is ASAP?

“ASAP (A Safety Awareness Program) was introduced in 1995 with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”.

Purpose:

The purpose of the Colorado Springs Little League Baseball Safety Program is to ensure all persons participating in Little League Baseball do so in the safest methods available. Our goal is to enjoy the season and prevent as many injuries to our players, coaches, umpires, and fans as possible.

If anyone has a suggestion to improve our safety program, please feel free to contact the Safety Officer, Thomas Guerra, at (408) 375-9658 or csllsafety@gmail.com.

Please Note: Required by the Little League (LL) ASAP plan and the Colorado Springs Little League local requirements, a copy of this plan must be on-hand at ALL activities associated with CSLL. All coaches must have a plan with them at all times when engaged in practice, games, or other functions in conjunction with LL activities.

This plan is to be augmented with information provided on safety issues such as lightning, first aid, and equipment regulations provided by LL. Coaches MUST be familiar with the LL “Operating Manual” and the “Official Regulations and Playing Rules” provided to all coaches each year. Additional information and training aids are provided on the LL website. Ignorance is not to be used as an excuse.

Colorado Springs Safety Plan Requirements:

- -A copy of this plan must be printed or distributed to ALL coaches, board members, and key personnel
- A copy must be accessible to coaches while conducting practice, at games, and all other little league activities (either digital or hard copy)
- All coaches (or a team assistant) must attend annual fundamentals training as identified in this manual provided by Colorado Springs Little League
- All coaches and assistant coaches must complete concussion training as indicated by Colorado Springs Little League
- All volunteers will be screened by using the Little League Volunteer Application
- All injuries/Accidents will be reported within 48 hours to the Safety Officer

Do's and Don'ts

Do...

- Reassure and Aid children who are injured, frightened, or lost
- Provide, or assist in obtaining, medical attention for those who require it
- Know your limitations
- Carry your first-aid kits to all games and practices
- Keep your “Prevention and Emergency Management of Little League Baseball & Softball Injuries” booklet with your first-aid kit

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- Have all players' Medical Release Forms with you at all games and practices. (See attachment #6)
- Ensure a cellular phone is on site, if public phone is not available at practice or game
- Check equipment for serviceability and safety; ensure there are not cracks, tears, brakes or fractures to equipment
- Assist those who require medical attention:
 - LOOK for signs of injury (Blood, Black and Blue deformity of joint, swelling, tenderness etc...)
 - LISTEN to the injured describe what happened and what hurts if conscious (Note: Before questioning you may need to calm the child as well as sooth them)
 - FEEL gently and carefully the injured area for swelling, or grating of broken bones

Don't...

- Administer any medications
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, Lightning protocol, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- Engage in altercations with parents, players or fans

Safety Code

QUALIFIED SAFETY PLAN

1. League Safety Officer: Thomas Guerra on file with Little League Headquarters
 2. CSLL will distribute copies of this Safety Manual to all managers/coaches, volunteers, and the District Administrator
 3. The emergency numbers list will be posted in the dugout area (see emergency contact form)
 4. CSLL will use the Official LL Volunteer Application 2025 form to screen all volunteers
 5. Abuse Awareness Training:
 - Volunteers are required to complete Abuse Awareness training each year.NEW for 2025 Little League has launched the new Little League Abuse Awareness Course, available for all volunteers to complete at www.LittleLeague.org/AbuseAwareness
This course, which serves as a replacement for the programs previously available through third-party organizations like USA Baseball, is custom to the Little League program and provides an easier learning experience for volunteers. This course is required to be completed by all volunteers each year.
 6. Fundamentals Training:
 - At least one manager/coach from each team must attend the training
 - Every Manager/Coach will attend this training at least once every 3 years
 7. First-Aid Training:
 - Required first aid training for coaches and managers, with at least one coach or manager from each team attending
 - Concussion Training: All Colorado Springs Little League coaches are required to complete the free Heads Up Training Course offered by the CDC (Center for Disease Control and Prevention). This course is mandatory and must be completed/renewed annually. The course can be found via the website:
 - <https://www.cdc.gov/headsup/youthsports/training/index.html>
- Colorado Law: *Highly recommended that Coaches research additional concussion protocols and First Aid - <https://www.littleleague.org/player-safety/concussions-youth-athletes/>
8. Checking Field Conditions: (see attachment #2)
 - Coaches and Umpires will be required to walk/inspect the fields prior to practices/games
 9. Colorado Springs Little League has completed and updated our 2023 Facility Survey on-line
 10. Concessions are run by private companies (the following but will be provided if concessions change)
 - Certified Fire Extinguishers suitable for grease fires must be in plain sight at all times
 - All Concession Stand workers are to be instructed on the use of fire extinguishers
 - A fully stocked First Aid Kit will be placed in each Concession Stand
 - Concession manager will post all required documentation in accordance to El Paso County food service procedures
 - Concession workers will be trained in all aspects of food and equipment safety, as well as first aid minor cuts and burns
 11. The League Equipment Manager will inspect all equipment in the pre-season.

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- Managers/ Coaches and Umpires will inspect equipment prior to each game
 - Damaged equipment will be reported to the CSLL equipment manager and will be removed and/or destroyed
12. Implement Prompt Accident Reporting
- The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident. Please see copy of accident Reporting form. (See attachment #5). This form can be found via the website:
www.littleleague.org/forms-publications/#asap
13. The Safety Officer will inspect first aid kits in the pre-season
- Teams will be issued an First Aid Kit and are required to have it at every practice/game
 - If First Aid items are used and require replacement contact the Safety Officer
14. Colorado Springs Little League will require ALL TEAMS enforce ALL Little League Rules
- See LL International Rule Book (each head coach will be issued one at the beginning of the season) for specific rules for each division. Rules can also be found via the website:
<http://www.littleleague.org/playing-rules/rules-regulations-policies/>
15. 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 LL Data Center at www.LittleLeague.org
16. Complete Qualified Safety Plan Survey
17. Little League Diamond Leadership Training: All managers and coaches are required to have this training completed. <https://www.littleleague.org/diamondleader/>

CSLL SAFETY CODE

The Board of Directors of Colorado Springs Little League has mandated the following Safety Code.

All managers and coaches will read this Safety Code and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager and coaches understand and agree to comply with the Safety Code. Place it in the CSLL Safety Officer's mailbox.

Safety:

- Responsibility for safety procedures belong to every adult member of CSLL
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others
- Only league approved managers and/or coaches are allowed to practice with teams
- Only league approved managers and/or coaches will supervise batting cages
- Arrangement should be made in advance of all games and practices for emergency medical services
- Managers, designated coaches, and umpires will have mandatory training in First Aid
- First-aid kits are mandatory for each team manager to have available at all games and practices

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- No games or practices will be held when weather or field conditions are poor (particularly when lightning is present)
- The play area will be inspected before games and practices for holes, stones, glass, and other foreign objects
- Team equipment should be stored within the team dugout or behind fences--not within the area defined by the umpires as "in play"
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions

Rules:

- Foul balls batted out of the playing area will be returned to the umpire and not thrown over the fence during a game.
- Except when a runner is returning to a base, head first, slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- On-deck batters are not permitted except in 50/70, Juniors and Seniors Divisions
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible
- No food or drink, at any time (this includes seeds and gum) in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Managers will never leave an unattended child at a practice or game
- Never hesitate to report any present and potential safety hazard to the CSLL Safety Officer or Board members on site immediately
- Make arrangements to have a phone available at all times during practices and games
- Speed Limit is 5 miles per hour in roadways and parking lots
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent this includes aspirin and Tylenol
- No playing in the parking lots at any time
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex
- No throwing rocks
- No climbing fences on fields and around complex
- No swinging on dugout roofs
- Observe all posted signs
- Players and spectators should be alert at all times for foul balls
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured
- Bicycle helmets must be worn a tall time's when riding bicycles on the premises as well as to and from the premises
- There is no running allowed in the bleachers

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Warm-Up:

- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Managers and coaches will be issued warnings, when violations are noted

Code of Conduct

COACHES:

Coaching a youth sport program such as Little League Baseball is a privilege that is not to be taken for granted. As a Manager or coach, appointed by the Colorado Springs Little League (CSLL) Board of Directors, you have an important role in the development of the young children in our community. We strive to teach each child the positive values of trust, good sportsmanship, good citizenship, responsibility, respect, fair play and teamwork – values they can use throughout their lives. Baseball and softball embody the discipline of teamwork. They challenge players towards perfection of physical skills and bring into play the excitement of tactics and strategy. The very nature of baseball and softball also teaches that while every player eventually strikes out, or is on a losing team, there is always another chance for success in the next at-bat or game. With this in mind, the CSLL expects each manager and coach to adhere to the following Code of Conduct:

Sportsmanship

- I will promote good sportsmanship, teach good baseball skills, and have fun in the process
- I realize, accept and will practice the principle that a team's reputation is built not only on its playing ability, but also on its sportsmanship, courtesy and manner
- I understand verbal abuse of an official, coach, player, or spectator, including obscene gestures, will not be tolerated and that the offender may be removed from the CSLL fields at the discretion of an umpire or CSLL board member
- I understand coaches will refrain from complaining about perceived bad calls to players and fans
- I understand all discussions will be held in conversational tones. Under no circumstances will a coach, fan, or player yell at an umpire, coach, fan, or player. Exception to this rule is when a coach or player shouts to another coach or teammate during the course of a play as part of that play
- I understand profanity is expressly forbidden at all times at the CSLL complex
- I understand alcoholic beverages and the use of illicit drugs are prohibited at all CSLL games, including events outside the CSLL complex
- I understand the use of tobacco products on the CSLL fields and in the dugouts is strictly Prohibited

Rules and Policies

- I will know and understand the rules and abide by them (whether local or national). I will instruct my team members in the rules and coach my team in such a way as to motivate each player to compete according to the rules at all times
- I will adhere to all LL safety guidelines from the LL handbook and the CSLL Safety Manual, including participating in CPR and First Aid training
- I will understand the local league participation rules for my division. All coaches will ensure each player gets minimum opportunities to bat and play the field in each game. I also understand that specific rules are in place to limit the number/frequency of innings pitched by a particular player
- I will fully comply with the Player/Parents Code of Conduct
- I will review the CSLL website (www.ColoradoSpringsLittleLeague.com) on a regular basis to make sure that I am informed of all updated LL and CSLL Rules and policies

The Umpires and Other Resources

- I recognize baseball is a game of interpretations, and as a result, disputes will occur from time to time. However, it is important that players learn respect. All disputes that are taken up with the umpire will be handled in a civil manner. I understand only managers may initiate such discussions with an umpire. The managers/coaches will conduct themselves with decorum and once the umpire has made his/her final ruling, the managers will make no further field protest. Off-field protests may be lodged with the Board of Directors per league policy
- I understand most of the umpires are “in training” as well as the players. I recognize that all umpires will make mistakes occasionally, and as manager/coach, I will give the umpires the respect their position within the game deserves
- I will be responsible for caring for equipment, keys delegated for my use for field care
- and for cleaning up fields, dugouts and stands after games in accordance with policies that CSLL may establish from time to time. I will make sure that all league-provided equipment is clean and accounted for when returned after the season

The Parents and the League

- I will maintain an open line of communication with players and their parents. I will be approachable. When approached by a parent to discuss any issue, I will interact and respond in a courteous manner.
- I will understand and explain the philosophies, goals and objectives, and Codes of Conduct of CSLL, i.e. CSLL is organized as a recreational league, meant for the enjoyment of all the players
- I will ensure that fans of the team conduct themselves with sportsmanship and maturity at all times while in attendance at game sites and will assist the officials in maintaining control of spectators during games. Players, managers and coaches of participating teams may not address or mingle with spectators, nor sit in the stands during a game in which they are engaged. I will make sure that coaches and players are the only persons allowed in the dugout during a game

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- I will support (through participation and organization of parents) CSLL in all fundraising efforts and field improvement efforts along with other duties that may be assigned to teams from time to time

The Team

- I will conduct practices in an organized manner, with a planned agenda that focuses on specific skill development appropriate for the skill level of the players.
- I will focus on providing instruction commensurate with players abilities so all players have the opportunity to advance their skills towards their full potential, gain confidence and develop self- esteem, as well as establish a solid foundation for further baseball/softball competition
- I will teach each player, especially through personal example, to be humble and generous in victory and proud and courteous in defeat
- I understand that managers are appointed by the league to be responsible for the team's actions on the field and to represent the team in communications with the umpires, opposing teams and league. If a manager leaves the field, he shall designate a coach as substitute who will then be responsible and held accountable for the manager's duties

Non-Game Duties of Managers Each manager has considerable duties outside of coordinating practices and managing the games. Accordingly, if I am a Manager, I will adhere to the following:

- I will maintain open communication with players and parents to inform them of practices, games and other responsibilities in a timely and efficient manner
- I understand that teams are required to provide qualified umpires for assigned games throughout the season. I understand that it is my responsibility to either umpire the game myself or find a qualified umpire (such as an assistant coach or a volunteer parent).
- I will attend all required coaches meetings, safety and umpiring clinics unless I am out of town or have a significant previously made commitment. If I cannot attend, I will ensure that one of my assistant coaches attends on my behalf
- I will complete, obtain and submit to the League all required paperwork, which will include Volunteer Applications and Player/Parent Code of Conduct forms.
- I will make sure that I maintain a notebook containing the, the Player Medical Release Forms, the Local CSLL By-laws and Rules and a copy of the national Little League rule book and make sure it is present at each team practice and game
- I understand that I am the point of contact between my team and other teams and CSLL officials. I understand that I am the person who is responsible for my team. I will take my obligations seriously and communicate effectively and in a courteous manner.

Coaches Code of Conduct

I, the undersigned, agree to the Code of Conduct and comply with all League rules, policies, and procedures. I understand the violation of the Code will not be tolerated and that violations will subject me to disciplinary action in accordance to the CSLL By-laws under Article V- Discipline, and could include a warning, game(s) suspension or season suspension, as well as impact my opportunity to manage or coach in future seasons. I further acknowledge the authority of the Board of Directors of Colorado Springs Little League and understand that if permitted to manage or coach, I serve solely at the pleasure of the Board, whose permission may be revoked at any time. My failure to honor the authority of the Board and its members or to show them proper respect will be deemed to be a violation of this Code of Conduct. Accordingly, I understand that I may be called to speak to some or all of the Board at any time and that if called, my failure to attend could result in an immediate suspension. I understand that if I am suspended, I will not be permitted to attend any league functions (practices, games, etc.).

Signature _____

Name (printed) _____

Date _____

*This page is to be returned to the Player Agent, Division VP or President

Player Code of Conduct Agreement

I pledge to be responsible for my participation by following the Player Code of Conduct of Colorado Springs Little League:

- I agree to practice good sportsmanship at all times, to win without boasting, lose without excuse and never quit
- I agree to attend and participate in all scheduled games and practices when reasonable possible
- I will never throw a bat or equipment in anger and I agree to be aware of safety and will follow team and league rules to ensure safe play
- I agree to my coach's authority and will participate and communicate positively with my coach and teammates
- I agree to treat fellow players, opponents, fans and umpires with respect
- I agree to exercise self-control at all times, refraining from foul language and setting a positive example for others to follow
- I agree to support and encourage my teammates, and to always try my best to try and keep a positive attitude.

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. Consequences may include removal from practice/game, suspension and/or removal from our league.

Players Signature _____

Name (printed) _____

Date _____

Parents Code of Conduct Agreement

I hereby pledge to provide positive support, care and encouragement for all children participants, coaches, other parents and umpires in Colorado Springs Little League:

- I agree to cheer, let the coaches coach, let the umpires ump and let the players play
- I agree to respect the schedules of the coaches and teammates by having my ballplayer arrive on time for practices and games and will notify my coach if my ballplayer will arrive late or not able to attend
- I agree to be a positive role model and will not engage in public displays of anger
- I will promote good sportsmanship by respecting opposing fans, coaches, participants and umpires
- I agree to respect coaching decisions regarding playing time, position and placement and will refrain from coaching any player
- I will not approach players or coaches before, during or immediately after games with anything other than support. All questions/concerns regarding players or coaches will be addressed the day after the game in an atmosphere conducive to problem solving
- I agree to file, in writing to the League Board of Directors complaints regarding: violation of rules, questionable conduct such as abusive behavior by a player, coach or fan and irreconcilable personality conflicts
- I will return all league items and equipment to my players coach in a timely manner

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. I also agree with the consequences determined by Colorado Springs Little League. I have also read and discussed with my ballplayer the Players Code of Conduct. Consequences may include removal from practice/game, suspension, and/or removal from our league.

Parents Signature _____

Name (printed) _____

Date _____

Member Responsibilities

CSLL President:

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

CSLL Safety Officer:

The main responsibility of the CSLL Safety Officer is to develop, maintain and implement the League's safety program.

The Safety Officer is the link between the Board of Directors of CSLL and its volunteers, coaches, umpires, players, spectators and any other third parties on the complex in regards to safety, rules and regulations.

Responsibilities:

- Coordinating with coaches, umpires and player in order to provide the safest environment
- Make Little League's "no tolerance with child abuse" clear to all
- Assisting parents and individuals with insurance claims and will act as a liaison between the insurance company and the parents and individuals
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, farm, tee ball), at what times, under what supervision
- Ensure each team receives a Safety Manual and First-Aid Kit at the beginning of the season
- Ensure First Aid Kits are inspected annually
- Inspecting concession stands and checking fire extinguishers
- Instructing concession stand workers on the use of the fire extinguishers
- Install First Aid kits in all concessions and re-stock items as needed
- Checking fields with Field Managers and listing areas needing attention
- Scheduling First Aid training class
- Act immediately to resolve unsafe or hazardous conditions once a situation has been brought to his/her attention
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals
- Tracking all injuries and near misses in order to identify injury trends
- Making sure that safety is a monthly Board Meeting topic, and allow experienced people to share ideas on improving safety

CSLL Members:

The CSLL Members will adhere to and carry out the policies as set forth in this safety manual

Coaches, Assistant Coaches and Volunteers:

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

1. The Coach shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
2. The Coach is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and team volunteers.
3. If a coach leaves the field, the Coach will designate an Assistant Coach as a substitute and such substitute shall have the duties, rights and responsibilities of the Coach.

Coaches will:

- Take possession of this Safety Manual supplied by CSLL

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- Have a copy of the Safety Manual at all practices and games
- Appoint a volunteer parent as Team parent. The Team parent must have completed a volunteer application
- Communicate with assistant coaches and team parent to ensure equipment is in top-rate working order
- Appoint a score keeper. The score keeper will keep count of the pitch count for all pitchers and have it validated at the end of every game with opposing teams score keeper
- Attend a training session on First Aid and fundamentals given by CSLL with his/her designated coaches
- Meet with all parents on "Meet the coach night" to discuss Little League philosophy and safety issues
- Cover the basics of safe play with his/her team before starting the first practice
- Teach players fundamentals of the game while advocating safety. Fundamental training is mandatory. At least one representative from each team will attend each year
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Proper throwing mechanics
 - Simple pitching motion for balance
- Return the signed CSLL Code of Conduct and the CSLL Safety Code to the CSLL Safety Officer before the first game
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule
- Encourage players to bring water bottles to practices and games
- Encourage parents to bring sunscreen for themselves and their child
- Encourage your players to wear mouth protection and heart guards
- Each manager and coach will complete concussion training

Regular Season Play; Coaches will:

- Work closely with the CSLL Safety Officer and Equipment Manager to make sure equipment is in first rate working order
- Make sure telephone access is available at all activities including practices. It is mandatory that a cellular phone always be on hand
- Not expect more from their players than what the players are capable of
- Keep a Safety Log of all injuries that occur on his or her team
- Inspect players' equipment for cracks broken straps on a routine basis
- Communicate any safety infractions to the CSLL Safety Officer or any other Board Member
- Help other coaches and designated volunteers give First-Aid if needed
- Act as a conduit between parents, volunteers, the CSLL Safety Officer and the kids
 - Fill out accident reports if an injury occurs
 - Report an injury to the CSLL Safety Officer within 12 hours of the occurrence
 - Track First-Aid Kit inventory and ask the CSLL Safety Officer for replacements as needed
- Be open to ideas, suggestions, or help
- Enforce that prevention is the key to reducing accidents to a minimum
- Always have First-Aid Kit and Safety Manual on hand

Pre-Game and Practice; Coaches will:

- Make sure that players are healthy, rested and alert
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play, no exceptions

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- Make sure players are wearing the proper uniform and catchers are wearing a cup
- Make sure that the equipment is in good working order and is safe
- Agree with the opposing manager on the fitness of the playing field. In the event that the two coaches cannot agree, the President or a duty delegated representative shall make the determination
- Make sure that this Safety Manual and the First-Aid Kit are present
- Watch the players when they stretch and do warm up exercises signs for signs of stress injury
- Check equipment for cracks and broken straps
- Walk the field removing any broken glass and other hazardous materials
- Complete the pre-game safety checklist
- Be ready to go into action if anyone should get hurt

During the Game; Coaches will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory
- Keep players ALERT!
- Maintain discipline at all times
- Be organized
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game
- Make sure catchers are wearing the proper equipment
- Encourage everyone to think SAFETY FIRST
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No players should handle a bat in the dugouts at any time
- Keep players off fences
- Get players to stay hydrated; they need to drink a lot!
- Encourage everyone to dress according to the weather and prepare for weather changes
- Not play children that are ill or injured
- Attend to children that become injured in a game
- Not lose focus by engaging in conversation with parents and passerby's
- Watch players to see that they are alert at all time
- In case of injury, treat the child until professional help arrives
- Act as the conduit between the CSLL Safety Officer, the child and his or her parents

Post-Game; Coaches will:

- Do cool down exercises with the players
- Encourage those who throw regularly (pitchers and catchers) to ice shoulders and elbows
- Encourage catchers to ice their knees
- Not leave the field until every team member has been picked up by a known family member or designated driver
- Discuss any safety problems with the Safety Officer that occurred before, during or after the game
- If there was an injury, make sure an accident report is filled out and return to the CSLL Safety Officer
- Return the field to its pre-game condition, per CSLL and COS Parks and Recreation's policy
- Notify parents if their child has been injured, no matter how small or insignificant the injury is. (There are no exceptions to this rule) This protects you, LL Incorporated baseball and CSLL
- Record any safety infractions or injuries in his/her Safety Log
- Report any injuries to the CSLL Safety Officer within 12 hours of the occurrence
- Fill out an accident investigation report and send a copy to the CSLL Safety Officer if there is an injury requiring medical attention
- Assist parents if child must go to a hospital or to see a doctor

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- Provide insurance documentation to the hospital if necessary
- Follow-up with parents to make sure the child is all right

Essentials for a safe program:

- Develop a plan for every practice and inform assistants or parents of their responsibilities, especially what they should do in case of an accident. At a minimum, plan should include:
 - Loosening up drills before all activities
 - Pairing of players by similar skills
 - Teach fundamentals in a progression and never allow players to do anything before it's taught
 - Run disciplined practices without being a dictator
 - Ensure an emergency first aid kit and ice is available
 - Give frequent breaks and insure fluids are available
 - Thoroughly check facilities and equipment before every practice and game
 - Never return an injured player to participation until they are truly ready. Insist on doctor's clearance if in doubt
 - Be knowledgeable of basic first aid procedures

CSLL Equipment Manager

The Equipment Officer is an elected CSLL Board Member who assumes responsibility for all CSLL issued equipment but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice

Responsibilities:

- Ensure that the fields and structures used by CSLL meet the safety requirements as set forth in this manual
- Purchasing and distributing equipment to the individual teams
- Check and test before it is issued to team managers
- Promptly replace damaged and ill-fitting equipment
- Collect and Inspect gear at the end of the season and determine usability
- Ensure First Aid kits and Safety Manuals are turned in with the equipment
- Keep an inventory of all CSLL equipment items
- Maintain and ensure safe storage of all equipment

Equipment Safety

EQUIPMENT SAFETY:

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.

Equipment should be inspected at each use for the condition as well as for proper fit.

- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the CSLL Equipment Manager
- Make sure that players respect the equipment that is issued
- Replace questionable equipment immediately by notifying the CSLL Equipment Manager
- All fields have break-away bases
- Backstop padding behind home plate fence
- All male players must wear athletic supporters
- Players are encouraged to wear mouth pieces
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children
- Only Official Little League balls will be used during practices and games
- Only USA branded bats are allowed for baseball in CSLL
- Batters must wear Little League approved protective helmets during batting practice and games. Players are encouraged to wear helmets with face guards
- Each team, at all times in the dugout, shall have four (4) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by CSLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. NOTE: the warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Make sure helmets fit
- Use of a helmet by the batter and all base runners is mandatory
- Use of a helmet by a player/base coach is mandatory
- Use of a helmet by an adult base coach is optional
- Bats that are fractured in any way, must be discarded. Bats with dents are not to be used
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired

CATCHERS SAFETY:

- Male catchers **must** wear the fiber or plastic type cup and a long-model chest protector
- Female catchers **must** wear long or short model chest protectors
- All catchers **must** wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards
- All catchers **must** wear a mask, "dangling" type throat protector and catcher's helmet
 - **Note: Skullcaps are not permitted**
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand

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- Catchers may not catch, whether warming up a pitcher, in practices or games without wearing full catcher's gear and an athletic cup as described above

PITCHING MACHINES:

CSLL has four JUGS pitching machines. Pitching machines will be maintained and in good working order and must be operated by adult Managers and/or coaches. The pitching machines and extension cords will be stored in a container by field. The manager of each machine pitch team will have the key to the container.

Leon Young has four electrical outlets located on the outside of the bathroom facilities, located between fields 1 and 3 and field 6. Goose Gossage has electrical outlets located in the concessions building between the red, yellow and blue fields. Village Green has an electrical outlet behind the backstop inside the electrical box. The use of a Ground Fault Circuit Interrupter (GFCI) is mandatory when plugging in the machines and is provided by the league. Contact the Safety officer if the GFCI is nonfunctional or missing GFCI. Contact the on-site supervisor for any additional facility problems.

PITCHING MACHINE RULES:

1. Pitching Machines are to be set up and operated by adults/coaches only. This includes feeding the machines and making adjustments (no person under 18 years of age)
2. Cords must be plugged in using the Ground Fault Circuit Interrupter (GFCI) provided
3. When using a pitching machine on the field, the machine will be placed in a stable position, and the power cord will be managed so players are not able to trip over exposed power cord.
4. When making adjustments to the machine, ensure all players are clear from the backstop
5. Always read and adhere to all manufacturer warnings and instructions on the machine
6. Complete removal to storage is the responsibility of the coach of the last team using the machine (machine, legs, power cord, GFCI, and balls)
7. For safety reasons, pitchers must not enter the machine circle. Players playing the position of Pitcher with long hair must pull it back and/or secure it in their hat to avoid it getting caught in the machine.
8. NO coach catchers; only player catchers
Mandatory wear of protective cup for male players
9. In the event of rain, power off the machine and cover it with the provided tarp.

MACHINE MALFUNCTIONS

1. Troubleshoot by checking the power source, cords, and all connections
2. Notify Commissioner immediately
3. If there is an available machine, swap out machine
4. When testing machines after rain delay, do not attempt to troubleshoot if the machine does not immediately power on. Contact Equipment manager

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Field Locations & Safety

FIELD LOCATIONS:

CSLL utilizes several field locations as primary and backup sites within Colorado Springs

Name	Address	Nearby Emergency Room
Leon Young Sports Complex/United Way	1335 S Chelton Rd, Colorado Springs, CO 80910	UCHealth Emergency Care - Memorial Hospital Central 1400 E Boulder St Colorado Springs, CO 80909
Village Green Park	3590 N Carefree Cir, Colorado Springs, CO 80917	St. Francis Medical Center 6001 E Woodmen Rd Colorado Springs, CO80923
Palmer Park Baseball/Softball Field	3462-3498 Paseo Rd, Colorado Springs, CO 80909	UCHealth Emergency Care - Memorial Hospital Central 1400 E Boulder St Colorado Springs, CO 80909
Goose Gossage Youth Sports Complex	3950 Mark Dabbling Blvd, Colorado Springs, CO 80907	UCHealth Grandview Hospital: Emergency Room 5623 Pulpit Peak View Colorado Springs, CO 80918
Penrose Park	Nonchalant Cir S, Colorado Springs, CO 80917	St. Francis Medical Center 6001 E Woodmen Rd Colorado Springs, CO80923
El Pomar Youth Sports Park	2212 Executive Cir, Colorado Springs, CO 80906	UCHealth Emergency Care - Memorial Hospital Central 1400 E Boulder St Colorado Springs, CO 80909
Cottonwood Creek Park	7040 Rangewood Drive Colorado Springs, CO 80923	St. Francis Medical Center 6001 E Woodmen Rd Colorado Springs, CO80923
Wasson Park	2115 Afton Way, Colorado Springs, CO 80909	Memorial Emergency Medical 1018 E Pikes Peak Ave Colorado Springs, CO 80903
Palmer Park	3650 Maizeland Road Colorado Springs CO, 80909	St. Francis Medical Center 6001 E Woodmen Rd Colorado Springs, CO80923

Little League Baseball Field Dimension recommendation

- Baseline — 60 feet
- Home plate to second base — 84 feet 10 1/4 inches
- Home plate to front of pitching rubber — 46 feet
- Infield arc radius — 50 feet
- Home plate to backstop — 25 feet
- Foul lines — 200 feet minimum to outfield fence
- Center field fence — 275 feet

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FIELD SAFETY:

Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects. Prior to field use, the coach/manager should complete the Facility and Field Inspection Checklist and the Field and Game Safety Checklist to ensure the safest playing conditions (see attachment 2 &3)

Field Conditions:

Standing water on the infield, a muddy pitching mound, and soggy grass areas, all create unsafe playing conditions. Do not hesitate to cancel a game for safety issues. (Remember...you will be filling out the safety/injury report if there are injuries) **Always be safe!**

Darkness:

Darkness creates hazardous conditions for play when players cannot see the ball. No game is important enough to risk injury. Stopping a game in late innings is hard to do especially when the outcome of the game is at hand, but safety must always be paramount. Common Sense is usually best. And it usually comes earlier than realized when the desire to win is at hand. The desire to win must NEVER take priority over safety of players

Lighting:

Night games have been permitted in Little League programs starting in 1957 with the second Little League International Congress in Chicago. Standards set by the Illuminating Engineering Society (IES) of North America were adopted by Little League Baseball in 1957, and have been updated with recommendations from the National Electric Code, the Uniform Building Code, and others. Over the years, these standards have been refined and have been adopted by Little League Baseball, the National Recreation Society and other organizations. THE IMPORTANCE OF ADHERING TO THESE STANDARDS CANNOT BE OVERSTATED, TO ENSURE THE UNIFORMITY OF LIGHTING LITTLE LEAGUE FIELDS. ALL LIGHTING SYSTEMS MUST COMPLY WITH LITTLE LEAGUE STANDARDS, WITHOUT REGARD TO WHO INSTALLS OR FINANCES THE SYSTEM (such as city, county, private individual, etc.). Many leagues operate in conjunction with other organizations or municipalities. This does not need to be a roadblock in making sure that standards are met. Instead, it is a matter of educating people at all levels on this vital aspect of league operations. The District Administrator (and each local Little League President) is directly responsible for ensuring that any fields on which night games are played within his/her league or district are up to these standards. The potential liability risks we all face make compliance even more imperative. As the Little League program grows and leagues charter more divisions, the demand for fields increases dramatically. For many leagues, a less costly alternative to constructing new fields is the installation of lighting, providing optimum use of available fields within the curfew limitations for each division. In planning for lights, it is most important that minimum lighting standards be attained. Every precaution should be taken to guard against mishaps that might result because of the installation of an inadequate lighting system. The local district administrator must pre-approve plans for any new lighting system as being adequate and within minimum standards for play. The District Administrator and President of the league must check the system after installation to determine that the installed system complies with the plans and meets or exceeds the minimum standards for play. Lighting systems must be checked once per year, and should be done before the season begins. Copies of project plans must be submitted to the District Administrator, for prior approval that the plans and installation comply with required standards. The following standards have been adopted by Little League. They are divided into required minimum standards and desirable optional features. The minimum standards establish criteria which are important to the Little League activities. The desirable features are established to provide guidelines for adding important value to your lighting system. Notice: Any upgrade or addition of lighting equipment to existing systems after July 1, 1992, must be done so that the systems will be in complete compliance with current standards. Increasing field sizes – such as extending the outfield fence – and/or increasing the base path distances – such as from a 60-foot

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base path to a 70-foot base path – on a lighted Little League field involves many potential variables that need to be examined on a per-field basis. A lighting audit of such a field change must be performed to show the lighting on the increased area will still meet Little League standards. If it does not, any proposed update to the existing lighting system for a field should be done such that the manufacturer shows the Little League lighting standards will be maintained with the new design.

The full version of the Lighting Standards & Safety Audit can be found at:
<https://www.littleleague.org/forms-publications/#asap>

Weather Safety & Evacuation Procedures

INCLEMENT WEATHER SAFETY

Weather:

Little League gives sole authority to the umpire to determine when a game shall be called, halted, or resumed on account of weather or conditions of playing fields. Team managers can, and are encouraged to, express concerns for team safety in regards to weather and field conditions. Contact the umpire as soon as possible prior to the game if conditions are considered unsafe upon arrival at the field. Remember, this is your team, and safety is always a primary concern

RAIN: If it begins to rain:

- Evaluate the strength of the rain. Is it a light drizzle, or is it pouring?
- Determine the direction of the storm is moving
- Evaluate the playing field as it becomes more and more saturated
- Stop practice if the playing conditions become unsafe--use common sense
- If playing a game, consult with the other coach and the umpire to formulate a decision

LIGHTNING:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity, and background noise around you. By the time you can hear the thunder, the storm has already approached within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of downdrafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

CSLL utilizes these apps at all events **WeatherBug Lightning Detector or My Lighting Tracker**.

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

- If the lightning is within 7 miles of the field, suspend all games and practices immediately
 - Stay away from metal including fencing and bleachers
 - Do not hold metal bats
 - All players and family members are to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
- PLAYERS **MUST** REMAIN INSIDE THE VEHICLES until **ALL CLEAR** is given

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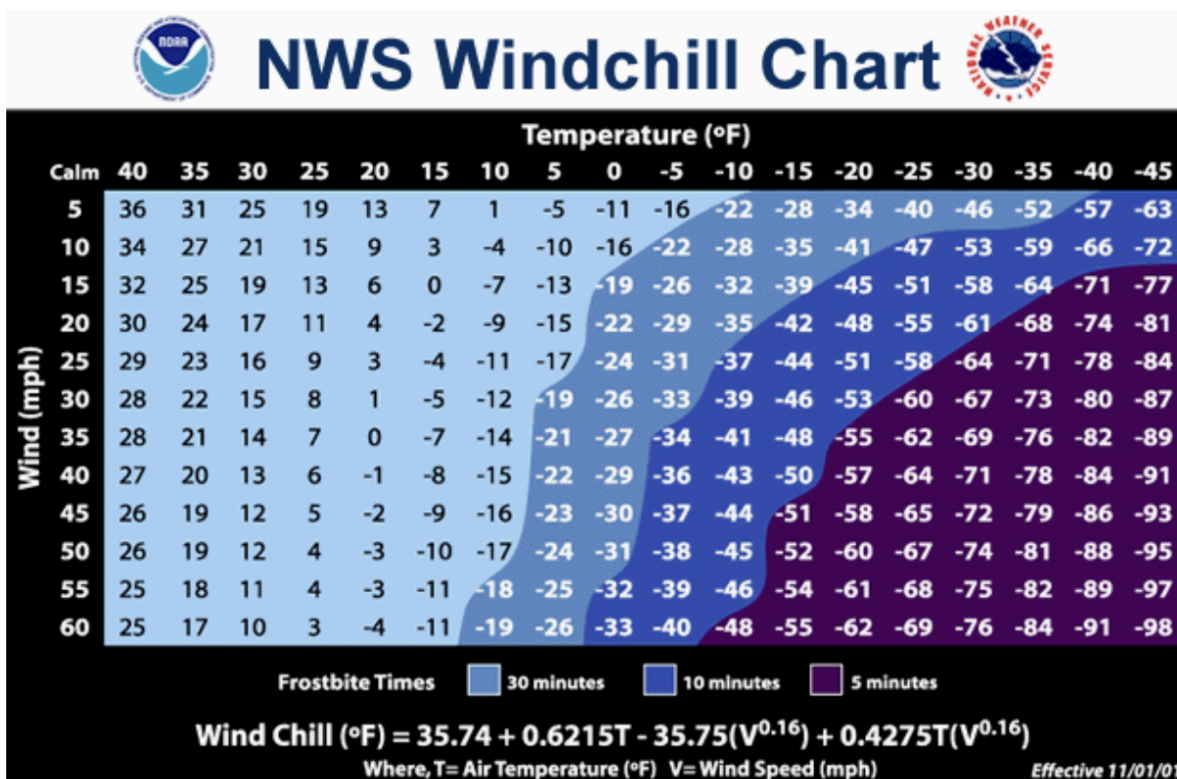
- After 15 minutes, the coach will assess the risk once again and suspend the practice for another 15 minutes if the threat of lightning is still within the 7 mile radius. Following the second 15 minute delay if conditions remain unsafe the practice will be called

****During official games, a CSLL Board member must give the all clear for the teams to continue playing****

COLD WEATHER:

In Colorado Springs we often get cold weather in the beginning of season and practices. Precautions must be taken in order to make sure the players on your team do not **dehydrate, hypothermia, or have frostbite.**

- The weather in Colorado can feel the opposite of what the thermostat says. For this reason, we RECOMMEND (this is only a recommendation this is not mandatory) practice cancellation if the temperature is below 35 degrees with a wind chill of 5 degrees (ages 8 and above), and below 40 degree with wind chill of 5 degrees (ages 8 and below)
- Game cancellations will be determined by CSLL Board members and will consider the temperature recommendations above
- Suggest players dress in layers; a thermal layer, waterproof layer and wind blocking layer
- Have players limit exposed skin and have warm materials available if needed
- If there is a concern and/or there is any uncertainty of cold related injury, please contact parent and/or 9-1-1 immediately
- If a player looks distressed, remove them from play and have parents wrap the player up
- If player has grayish yellow skin and/or numbness have the area wrapped in warm material to prevent further damage and to warm the area up



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HOT WEATHER:

In Colorado Springs we do not only get cold weather but we get hot weather. Precautions must be taken to make sure the players on your team do not dehydrate or hyperventilate.

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

Excessive Heat:

Check all players, especially your catcher, during periods of excessive heat. Remind and REQUIRE your players entering the dugout to drink after each inning. Staying hydrated is better than waiting until heat exhaustion sets in. Do not hesitate to ask for extra time for your team to cool off. Encourage drinking cool water. It enters your body faster than most other drinks.

Hydration:

Good nutrition is important for children. Sometimes, the most important nutrient children need is water especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism, sweat, kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months.

Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning. During any activity, water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sports drinks or fruit juice can help encourage children to drink. Caffeinated beverages (tea, coffee and sodas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

ULTRA-VIOLET RAY EXPOSURE:

Colorado Springs sits at about 6100 feet above sea level. This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old. Therefore, CSLL will recommend the use of sunscreen with an SPF (sun protection factor) of at least 15 to 30 as a means of protection from damaging ultraviolet light.

EVACUATION PLAN:

Severe storms, lightning, earthquakes, and fire are all possible in Colorado

- At that time all players will return to the dugout and wait for their parents to come and get them
- If a player's parent is not attending the game, the coach will take responsibility for evacuating that child
- Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner

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- Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit
- Once outside the facility, drivers will observe the posted speed limits

Injury Prevention Training

CONDITIONING & STRETCHING

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as "warm-up", have demonstrated that:

- The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness
- Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

- Stretch necks, backs, arms, thighs, legs and calves
- Don't ask the child to stretch more than he or she is capable of
- Hold the stretch for at least 10 seconds
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it
- Have one of the players lead the stretching exercises

Hints on Calisthenics

- Repetitions of at least 10 minutes
- Have kids synchronize their movements
- Vary upper body with lower body
- Keep the pace up for a good cardiovascular workout

PITCHING

Pitch Count:

Pitch count matters! Every year, there are lectures by sports doctors that focus on warning future managers and coaches about pitching injuries and how to prevent them. LL International has instituted a pitch count program

*Remember, in the major leagues, a pitcher is removed after approximately 85 pitches.

A child cannot be expected to perform like an adult!

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

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Protocol for Pitch Count Regulation

Per Little Leagues new pitch count regulation, regulation VI - Pitchers

CSLL will follow the following protocol:

- Each game will follow the pitch count established by Regulation VI for pitchers
- Each game will have an official scorekeeper that the home team will provide, and will compare counts with visiting team scorekeeper
- Each game will have an official pitch counter that the visiting team will provide, and will compare counts with the home team scorekeeper. The individual is encouraged to have a counter; this official pitch log will be kept in with the official score-book
- Each game will require that both the home and visiting teams have a pitch counter, recording the pitches for all pitchers
- Between each inning both the home and visiting teams pitch counters will go to each other and verify pitch counts. The umpire will determine the official pitch count and will make any discrepancies official
- No inning will be delayed by disputes of pitch counts after the umpire has declared the pitch count for that inning. Protest can be filed after the game, per league rules
- Pitch count logs can be found at [www.littleleague.org/media/pitch count publication.pdf](http://www.littleleague.org/media/pitch%20count%20publication.pdf). (see attachment # 7) Each team is required to have copies for recording pitches, including the official pitch counter
- After each game the home team manager will post the final game score along with the pitchers of record and their pitch counts to the respective division commissioner

PRELIMINARY DATA HAS DEMONSTRATED THE FOLLOWING:

- A significantly higher risk of elbow injury occurs after pitchers reach 50 pitches/outing
- A significantly higher risk of shoulder injury occurs after pitchers reach 75 pitches/outing
- In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder
- The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries
- The preliminary data suggest that throwing curve-balls increase risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve
- The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm
- A slider increased the risk of both elbow and shoulder problems
 - Managers and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of vascular Necrosis

Regular Season Pitching Rules Baseball

Pitchers:

- Any player on a regular season team may pitch. (NOTE: There is no limit to the number of pitchers a team may use in a game.)
- A pitcher once removed from the mound cannot return as a pitcher. Junior, Senior, and Big League Divisions only: A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.
- The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

CSLL ASAP PLAN

AGE	DAILY MAX (PITCHES IN GAME)	REQUIRED REST (PITCHES)					
		0 Days	1 Days	2 Days	3 Days	4 Days	5 Days
7-8	50	1-20	21-35	36-50	N/A	N/A	N/A
9-10	75	1-20	21-35	36-50	51-65	66+	N/A
11-12	85	1-20	21-35	36-50	51-65	66+	N/A
13-14	95	1-20	21-35	36-50	51-65	66+	N/A
15-16	95	1-30	31-45	46-60	61-75	76+	N/A
17-18	105	1-30	31-45	46-60	61-80	81+	N/A
19-22	120	1-30	31-45	46-60	61-80	81-105	106+

LEAGUE AGE:

17-18 105 pitches per day

13 -16 95 pitches per day

11 -12 85 pitches per day

9-10 75 pitches per day

7-8 50 pitches per day

- Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning

*Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day

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

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed
- If a player pitches 51- 65 pitches in a day, three (3) calendar days of rest must be observed
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed
- If a player pitches 21-35 pitches in a day, one (1) calendar days of rest must be observed
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required

Pitchers league age 15-18 must adhere to the following rest requirements:

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

- If a player pitches 61- 75 pitches in a day, three (3) calendar days of rest must be observed
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed
- If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required

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

CSLL ASAP PLAN

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

The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI. The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed per Regulation VI. However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible

Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19. A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (Sec Regulation V - Selection of Players)

A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day.)

NOTES:

- The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately
- Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility
- In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest
 - Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest
 - Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest
 - Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

*Note: The use of this regulation negates the concept of the "calendar week" concerning pitching eligibility

Regular Season Pitching Rules Softball

Pitching Limits:

-Minors division will set their pitching rubber at 35 feet.

CSLL ASAP PLAN

-No pitch count is taken, however, if a player pitches in one or more innings, one calendar day of rest is mandatory. One pitch is considered one inning. A player may pitch a maximum of six innings in one calendar day.

-Pitchers shall be removed from pitching if they hit two batters in an inning or three batters in a game. Hitting a batter is defined in Little League Rule 6.08.b. The pitcher may be assigned to another position on the field. The removed pitcher will not be permitted to pitch again until the next game. In addition, the umpire may remove a pitcher at any time if they feel the pitcher is intentionally hitting batters or if, in the umpire's assessment, the pitcher presents a safety concern.

The Pitcher

-Pitcher subs – pitcher can be replaced in an inning one time and be placed on the field in a defensive position and brought back to pitch again in the same inning. If pulled off the field and placed in the dugout that pitcher cannot return that same inning. A sat pitcher may return ONE time in a different inning of the same game.

-Pitchers shall be removed from pitching if they hit two batters in an inning or three batters in a game. Hitting a batter is defined in Little League Rule 6.08.b. The pitcher may be assigned to another position on the field. The removed pitcher will not be permitted to pitch again until the next game. In addition, the umpire may remove a pitcher at any time if they feel the pitcher is intentionally hitting batters or if, in the umpire's assessment, the pitcher presents a safety concern.

Pitchers Max Innings and Mandatory Rest

Pitchers		
	Majors	Juniors
Innings	Max 12 per day Max 12 per game	No restrictions
Rest	Six or fewer innings in a day - none required Seven or more innings in a day - one calendar day	No rest required
Consecutive Games	Allowed, subject to rest requirements.	No restrictions
Consecutive Days	1 six or fewer innings previously pitched in the game of record in	No restrictions
Returning to Mound	May move to a different position and return once per inning. If withdrawn from the game offensively or defensively for a substitute, may not return as pitcher later in the game.	May move to a different position and return once per inning. May be removed from game and return once per inning if return does not violate substitution, charged conference, or mandatory play rule(s).

CSLL ASAP PLAN

ARM CARE:

There are three steps you can follow regarding proper arm care and injury prevention:

- First, be sure that the shoulder always works properly and there is good muscle balance and flexibility around the shoulder. This can be done via conditioning and rotator cuff programs.
- Second, an enormous part of good arm care comes from learning good mechanics. If you just let pitchers throw without proper instruction, they develop bad habits, and it reinforces poor mechanics.
- Third, adhere to the pitch count limits guidelines. Good rotator cuff strength and proper pitching mechanics, plus following age-appropriate guidelines on workload limits to limit the likelihood of pitching with fatigue, will help parents, players, and coaches avoid overuse injuries and foster long, healthy careers for youth pitchers.

If you notice a pitcher grabbing his or her elbow or shoulder or favoring his or her arm in any way while on the mound, call timeout to check on the pitcher and take him or her out of the game to rest. Minimize the amount of time pitchers spend playing catcher immediately before and after pitching appearances.

Accident Reporting Procedures

WHAT TO REPORT

Any incident that causes a player, umpire, manager, coach, or fan, that requires medical treatment and/or first aid must be reported to the Safety Officer

What to do:

- Give first aid as needed. Call 911 for emergency medical treatment
- Call the parent or guardian
- Keep everyone calm. Remove or isolate the other players away from the injured player
- Have someone start the injury/ accident report. A form is located at the back of this safety plan. Give a full account, including all first aid given
- After the injured person is stable or removed for further medical treatment, explain calmly to the team what happened. Be positive and ensure them everything is ok
- Notify the league safety officer by phone within 24 hours. Hand deliver the league injury/accident report within 48 hours to the league safety officer
- Keep speculation and gossip to a minimum. Maintain a positive attitude and outlook. Do not let players be traumatized any more than possible
- Assist the league in any further requests for information and investigation

* NOTE: Always place safety first! If in doubt, fill out a safety report. Let the safety officer determine what must be formally filed with LL. Do not forget to restock your first aid kit.

WHEN TO REPORT:

All such incidents described above must be reported to the CSLL Safety Officer within 48 hours of the incident

The CSLL Safety Officer, Thomas Guerra, can be reached at the following:

Day/Evening Phone: 408-375-9658

Cell Phone: 408-375-9658

E-Mail: safetyofficer@coloradospringslittleleague.com

The CSLL Safety Officer's contact information will be posted at all times on the main message board on the CSLL website

HOW TO MAKE A REPORT:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations.

At a minimum, the following information must be provided:

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

Coaches Responsibility:

The Coach will fill out the CSLL Injury Accident report and submit it to the CSLL Safety Officer within 24-48 hours of the incident. If the team does not have a Coach at the time, then a CSLL member or the Team parent will be expected to fill out the form and turn it in to the CSLL Safety Officer. Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries, and third party injuries) shall be handled directly by the CSLL Safety Officer.

Insurance Policies

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

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 the parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents 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 and dental treatment must be rendered within 30 days of the Little League accident
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred; subject to the Policy's maximum limit of \$100,000 for any injury to anyone 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: A maximum of \$1,500 or Reasonable Expenses incurred for the deferred dental treatment.

CSLL ASAP PLAN

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 summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

If you have questions, please contact the CSLL Safety Officer Thomas Guerra, 408-375-9658

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 claim forms 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.

CSLL ASAP PLAN

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORMS

- Print or type all Information
- Complete all portions of the claim form before mailing to our office
- Be sure to include league name and league ID number

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

- The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor
- 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
- 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.
- 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.
- Be certain all necessary papers are attached to the claim form. Only itemized bills are acceptable
- 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 the 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

- This section must be filled out, signed, and dated by the league official
- 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

Child Protection

LITTLE LEAGUE CHILD PROTECTION PROGRAM

The safety and well-being of all participants in the Little League program is paramount. As adults, we want to ensure that the young people playing in the Little League program can grow up happy, healthy, and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

Child Abuse

Volunteers

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. However, some potential volunteers may be attracted to Little League to be near children for **abusive reasons**.

Child Sexual Abuse:

This is the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual. Abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. 1 in 10 children are likely to be sexually abused by the age of 18. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening. Anyone can be an abuser, and it could happen anywhere. By educating parents, volunteers, and children, you can help reduce the risk it happening at CSLL.

Prevention is the key. CSLL is careful to select caring, competent, and safe volunteers through the application and interview processes.

Reporting

The "Protecting Young Victims from Sexual Abuse and Safe Sport Act of 2017" mandates that all amateur sports organizations, which participate in an interstate or international amateur athletic competition and whose membership includes any adult who is in regular contact with an amateur athlete who is a minor must report suspected child abuse, including sexual abuse, within 24 hours to law enforcement

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the CSLL President, or a CSLL Board Member if the President is not available, to report the abuse. CSLL, along with district administrators, will contact the proper law enforcement agencies.

Investigating

CSLL will appoint an individual with a significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League's liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, we must protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League

CSLL ASAP PLAN

Immunity from Liability

Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated. However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused. Little League policies prohibit retaliation of any kind when a good faith report of child abuse is made. When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear; assuring that the individual will not have any further contact with the children in the League.

Make Our Position Clear

Make adults and kids aware that Little League Baseball and CSLL will not tolerate child abuse, in any form.

The Buddy System

There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

Access

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors, or any other volunteer.

Lighting

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots, and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance, when in the T-Ball divisions, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

Transportation

Before any manager or designated coach can transport any CSLL child, other than his/her own, anywhere, he/she must:

- Have a valid Driver's License
- Wear corrective lenses when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses
- Not carry more children in their vehicle than they have seat belts for
- Not drive in a careless or reckless manner
- Not drive under the influence of alcohol, drugs, or medication
- Obey all traffic laws and speed limits at all times

Basic First Aid

WHAT IS FIRST-AID?

First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities.

Know your limits!

The average response time on **9-1-1** calls is 10-15 minutes. En-route Paramedics are in constant communication with the local hospital, preparing them for whatever emergency action might need to be taken. Additionally, they are professionally trained and maintain an advanced skill set and knowledge base to deliver life sustain care. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

FIRST-AID KITS:

- First Aid Kits will be furnished to each team at the beginning of the season.
- The CSLL Safety Officer's name and phone number are inside of all First-Aid Kits
- Have access to a cell phone during practice and games
- The First Aid Kit will become part of the team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other CSLL event where children's safety is at risk
- To replenish materials in the Team First Aid Kit, the Manager, designated coaches must contact the CSLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)
- First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package
- If you are missing any of the above items, contact the CSLL safety officer immediately

PERMISSION TO GIVE CARE:

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

PERMISSION TO GIVE CARE:

The First Aid Kit will come in a red bag and include the following:

- | | |
|-------------------------------------------------|------------------------------------------|
| • (2) Extra strength non-aspirin tablets | • (20) ¾" x 3" adhesive plastic bandage |
| • (2) Aspirin tablets | • (10) ¾" x 3" fabric bandage |
| • (2) Ibuprofen tablets | • (5) 1"x3" adhesive plastic bandage |
| • (3) Antibiotic ointment packs | • (1) 1 ½"x 1 ½" patch plastic bandage |
| • (6) Antiseptic cleansing wipes (sting free) | • (1) 5"x9" trauma pad |
| • (1) ½"x5 yd first aid tape roll | • (1) 2" conforming gauze roll bandage |
| • (3) Butterfly wound closures | • (2) Exam quality vinyl gloves |
| • (4) 2"x2" gauze dressing pads | • (1) First aid guide |
| • (1) 2"x4" Elbow & knee plastic bandage | • (2) Additional ice packs will be added |
| • (5) ¾" x 1 ½" junior adhesive plastic bandage | |

Colorado Springs Little League First Aid Training

*Please Note: No injury should be minimized or ignored in the interest of a ball game.

Immediately remove ALL injured players from the game and always choose to side with caution. The following are guidelines for basic first aid procedures to be performed until medical treatment can be obtained and not to be used in place of proper medical treatment.

Coaches: All injuries are to be reported. As soon as possible, have someone start filling out an accident report, noting treatments, times, details of the injury, etc.

Legal Considerations:

- **Consent:** Before giving first aid, a first aid must gain consent from the victim. Consent must be obtained from every **conscious** mentally competent victim
- **Implied Consent:** Implied consent involves an unconscious and/or life-threatening condition
- **Good Samaritan Laws:** Encourage people to assist others in distress by granting them legal immunity

When to call EMS:

Severe Bleeding, possible heart attack, difficult or no breathing, Choking, seizure cases, paralysis, spine injury, head trauma, broken bones, and other deemed serious injuries.

How to call EMS: 9-1-1

- Give Location
- Phone number and name
- Details of accident
- Number of people needing help
- Victims condition

* Do not hang up until dispatcher instructs you to do so

As soon as possible, make sure the parents/guardian of any injured player is notified. (Make sure a team roster and all contact information is available at all practices and games.)

CHECKING THE VICTIM:

Conscious Victims

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life-threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- **Talk to the victim** and to any people standing by who saw the accident take place
- **Check the victim** from head to toe, so you do not overlook any problems
 - Do not ask the victim to move, and do not move the victim yourself
 - Examine the scalp, face, ears, nose, and mouth
 - Look for cuts, bruises, bumps, or depressions
 - Watch for changes in consciousness

CSLL ASAP PLAN

- Notice if the victim is drowsy, not alert, or confused
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot
- Ask the victim again about the areas that hurt
- Ask the victim to move each part of the body that doesn't hurt
- Check the shoulders by asking the victim to shrug them
- Check the chest and abdomen by asking the victim to take a deep breath
- Ask the victim if he or she can move the fingers, hands, and arms
- Check the hips and legs in the same way
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries
- Look for odd bumps or depressions
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up
- When the victim feels ready, help him or her stand up

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately

Physical Exam

Ensure the surrounding area is safe to enter, failure to do so can result in further injury to yourself and the victim

- Tap the person and check responsiveness (with no response)
 - Ensure member is on back (roll if needed as long as no head, neck, or spine injury is suspected)
 - If victim is not breathing
 - Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
 - Look, listen, and feel for breathing for about 5 seconds
 - If the victim is not breathing, give 2 slow breaths into the victim's mouth
 - Check pulse for 5 to 10 seconds
 - Check for severe bleeding

GOOD SAMARITAN LAWS:

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

For example, a reasonable and prudent person would:

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

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

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan Laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care

BREATHING & AIRWAY:

If the victim is not breathing:

- Position victim on back while supporting head and neck
- With victim’s head tilted back and chin lifted, pinch the nose shut
- Give two 2 slow breaths into the victim's mouth. Breathe in until chest gently rises
- Check for a pulse at the carotid artery (use fingers instead of thumb)
- If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds
- Do this for about 1 minute 12 breaths
- Continue rescue breathing as long as a pulse is present but person is not breathing
- If a pulse is not present, and the person is not breathing, start chest compressions at a rate of 120 per minute. Deliver 2 breathes after every 30 compressions
 - Compression depth should be:
 - Infant and child 1/3 to 1/2 the depth of the chest
 - Adults 1 1/2 to 2 inches

Once a victim requires emergency breathing you become the life support for that person—without you the person will be clinically dead

You must continue to administer emergency breathing and/or CPR until the paramedics arrive

SureFire CPR

PRESENTS

THE ULTIMATE CPR GUIDE

EVERYTHING YOU NEED TO KNOW FOR ADULT, CHILD, INFANT AND PET CPR

5 STEPS TO PERFORMING CPR

1 ASSESS SCENE SAFETY

Check the area for any safety hazards that may be harmful to you

2 CHECK FOR RESPONSIVENESS

Are you okay?
Tap the victim's shoulder and shout, "Are you OK?"

3 LOOK FOR NORMAL BREATHING

Look for normal chest rise and fall

4 CALL 9-1-1

If no response, call 9-1-1 or send someone else to do so. Make sure the victim is lying on a firm and flat surface facing upwards

5 START CPR

If not breathing and unresponsive

ADULT

STEPS FOR HOW TO PERFORM ADULT CPR (8 YRS +)

1 GIVE 30 CHEST COMPRESSIONS

- PUSH HARD
- PUSH FAST

DEPTH: 2in - 2.4in
RATE: 100-120X MIN
30X

2 GIVE 2 RESCUE BREATHS

- HEAD TILT CHIN LIFT
- PINCH NOSE
- GIVE 2 BREATHS

2X

Mouth to mouth is optional, but highly recommended for Child and Infant CPR

1 GIVE CHEST COMPRESSIONS

- PUSH HARD
- PUSH FAST

DEPTH: 2in - 2.4in
RATE: 100-120X MIN
30X

1 GIVE CONTINUOUS ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the victim's abdomen, just above the navel
- Cover your first with your other hand

2 CONTINUE ABDOMINAL THRUSTS UNTIL:

- The object is forced out
- The adult/child can cough forcefully or breathe
- The adult/child becomes unconscious. Call 9-1-1 if not done already

If victim becomes unconscious, perform CPR. Start 30 to 2

CHILD

STEPS FOR HOW TO PERFORM CHILD CPR (1YR - 8 YRS)

1 GIVE 30 CHEST COMPRESSIONS

- Use 1 or 2 hands depending on the size of the child

- PUSH HARD
- PUSH FAST

DEPTH: 2in
RATE: 100-120X MIN
30X

2 GIVE 2 RESCUE BREATHS

- HEAD TILT CHIN LIFT
- PINCH NOSE
- GIVE 2 BREATHS

2X

1 GIVE CONTINUOUS ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel
- Cover your first with your other hand

2 CONTINUE ABDOMINAL THRUSTS UNTIL:

- The object is forced out
- The adult/child can cough forcefully or breathe
- The adult/child becomes unconscious. Call 9-1-1 if not done already

If child becomes unconscious, perform CPR. Start 30 to 2

INFANT

STEPS FOR HOW TO PERFORM INFANT CPR (0 - 1YR)

1 GIVE 30 CHEST COMPRESSIONS

- Use 2 fingers
- Push hard, push fast

DEPTH: 1.5in
RATE: 100-120X MIN
30X

2 GIVE 2 RESCUE BREATHS

- Make sure the head is tilted back and the chin is lifted into a neutral or sniffling position
- Cover the infant's mouth and nose with your mouth to form a complete seal
- You should see the infant's chest rise with each breath

2X

A BABY'S LUNGS ARE MUCH SMALLER THAN AN ADULT'S, SO IT TAKES MUCH LESS THAN A FULL BREATH TO FILL THEM

1 GIVE 5 BACK BLOWS

- Place the infant in one hand with their face facing down

5X | BACK SLAPS

2 GIVE 5 CHEST THRUSTS

- Be sure to support the infant's head and neck with your hands and arms. Make sure the hands are under the chest

1.5in
5X

CONTINUE SETS OF 5 BACK BLOWS AND 5 CHEST THRUSTS UNTIL:

- The object is forced out
- The infant can cough, cry or breathe
- The infant becomes unconscious. Call 9-1-1, if not done already

If infant becomes unconscious, perform CPR. Start 30 to 2

PET

STEPS FOR HOW TO PERFORM PET CPR

1 CHECK FOR BREATHING AND A PULSE

CHECK PULSE below wrists, inner thigh, ankle or where left elbow touches chest

2 LOOK FOR OTHER VISIBLE SIGNS

- The gums and lips will appear pale or blue
- The pet may not be breathing

3 IF NO PULSE, START CPR

- LAY PET ON RIGHT SIDE WITH HEART FACING UP
- HANDS OVER THE RIBS
- BRUSH CHEST COMPRESSIONS

1.5in
100-120X MIN

CATS AND SMALL DOGS UNDER 30 POUNDS: PRESS DOWN 1/2 - 1 INCH

MEDIUM DOGS BETWEEN 30-90 POUNDS: PRESS DOWN 1 - 1 1/2 INCHES

LARGE DOGS OVER 90 POUNDS: PRESS DOWN 1 1/2 - 2 INCHES

4 RESCUE BREATHS

NOT BREATHING = GIVE BREATHS

- CLOSE MOUTH SHUT
- PLACE MOUTH OVER NOSE & MOUTH (for cats and small dogs)
- PLACE MOUTH OVER NOSE (for medium to large dogs)
- BLOW UNTIL YOU SEE THE CHEST RISE

CATS AND SMALL DOGS UNDER 30 POUNDS: GIVE 5 COMPRESSIONS PER BREATH

MEDIUM DOGS BETWEEN 30-90 POUNDS: GIVE 5 COMPRESSIONS PER BREATH

LARGE DOGS OVER 90 POUNDS: GIVE 10 COMPRESSIONS PER BREATH

CONTINUE COMPRESSIONS UNTIL:

Your pet starts to breathe or has a pulse

Check its pulse after 1 minute when first starting CPR, and then after every five minutes

CONTINUE COMPRESSION OR 30 COMPRESSIONS AND 2 BREATHS UNTIL:

- The victim begins to breathe
- An AED is ready to use
- A trained rescuer arrives
- You are too exhausted to continue

Heart Attack:

Warning Signs of a Heart Attack:

- Pain/tightness/numbness/heaviness in the shoulders, arms, neck, back, chest
- Rapid but weak pulse
- Shortness of breath
- Nausea or vomiting
- Unconsciousness

These signs may come and go. Even if the warning signs disappear, this person may still be having a heart attack and still need immediate help.

Care for Heart Attack:

- Help them get comfortable, make sure they stop activity, and help the victim rest comfortably
- Call 9-1-1
- Reassure them that help is on the way
- Assist with medication, if prescribed
- If they wish, they may take one Bayer Aspirin, as this may prevent further damage to the heart muscle. Note, if they have asthma, they may be allergic to aspirin – ask first
- Do not give them anything to eat or drink
- Stay with them and give them reassurance
- Be prepared to give CPR if the victim's heart stops beating

Choking:

If victim is not breathing and air won't go in:

- Re-tilt person's head
- Give breaths again
- If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel
- Give up to 5 abdominal thrusts
- Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions
- Tilt head back, lift chin, and give breaths again
- Repeat breaths, thrust, and sweeps until breaths go in

****Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction**

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.

When approaching a conscious choking person, ask "Can you cough? Can you speak? If the person can speak or cough, do not perform the Heimlich maneuver or pat them on the back. Encourage them to cough

To perform the Heimlich on an adult:

- Grasp the person from behind. Place a fist, thumb side in, just below the sternum but above the navel.
 - Wrap the second hand firmly over the first. Pull the fist firmly and abruptly into the top of the stomach
- The procedure should be repeated until the airway is free from obstruction or until the person loses consciousness

CSLL ASAP PLAN

To perform the Heimlich on a child:

- Place your hands at the top of the pelvis, with your thumbs at the pelvic line
- Put the second hand on top of the first
- Pull forcibly back as many times as needed to get the object out of the victim

Most individuals are fine after the object is removed. However, occasionally the object will go into one of the lungs. If there is a chance that the object was not expelled, medical attention should be sought. If any foreign object cannot be completely removed by performing the Heimlich maneuver, immediate medical attention should be sought by calling 911 or by going to the local emergency room

CARING FOR SHOCK:

The definition of shock is poor circulation to the vital organs. Severe emotional trauma, physical injury, and illness can lead to a drop in blood pressure which results in poor circulation.

Signals of shock include:

- Unusual behavior (e.g., very calm or very anxious)
- Lack of pain to an injury
- Bluish skin (cyanosis)
- Rapid breathing
- Rapid but weak pulse
- Unconsciousness

Caring for shock involves the following simple steps:

- Call 9-1-1. Assist the person to lie on their side to improve circulation. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock
- Control any external bleeding.
- Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling
- Try to reassure the victim
- Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

o "If his face is red, raise his head. If his face is pale, raise his tail."

- Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty

****Note:** Shock is very serious and life threatening. The victim may not know that they are in shock. Stay calm, make sure they rest, and reassure them that help is on the way

BLEEDING:

Before initiating any First Aid to control bleeding, be sure to protect yourself against disease by wearing the latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin

If it's a minor bleed, allow some bleeding to take place as this will help clean the wound.

Then wash with warm water and soap, apply dressing to keep clean, change the dressing every few hours, and monitor for signs of infection

- If the bleeding is severe then apply the RED principle:

o Rest: make sure the person is resting so as to decrease the heart rate and blood pressure

o Elevate: raise the injured limb above the heart to slow down the bleeding.

o Direct Pressure: put pressure directly over the wound to help control the bleeding, tie the dressing in place. But do not make the dressing too tight so as to restrict blood flow

If bleeding does not stop within ten minutes, pressure may be too light or in the wrong area.

CSLL ASAP PLAN

Do not remove the dressing. Get medical help call 9-1-1

****Note:** If there is an impaled object do not remove it as this can cause much more injury and bleeding. Instead, apply dressing around the object, and then tie in place to control bleeding

Take extra care not to move the object

**** Do not apply direct pressure to protruding bones, skull fractures, or embedded items**

Signs of Internal Bleeding:

- Bruising/Contusions of the skin
- Painful/tender/rigid/bruised abdomen
- Bruises on chest (Fractured ribs)
- Vomiting or coughing up blood
- Stools containing bright red blood

What to do for Internal Bleeding:

- Treat for shock
- Lay victim on his/her back
- Raise feet 8-12 inches
- Prevent body heat loss
- Keep victim calm

Treat all internal bleeding as a serious medical condition and seek immediate medical attention.

Deep Cuts & Splinters:

If the cut is deep apply pressure to stop bleeding, apply bandage, and encourage the victim to get to a hospital so he/she can be stitched up *Stitches prevent scars

Splinters:

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin

If splinter is in eye, DO NOT remove it

- If a foreign object is in someone's eye, soak an eye pad in saline, cover the eye with it and tape the edges. Seek medical attention

Symptoms: May include, pain, redness, and/or swelling

Treatment:

- First wash your hands thoroughly, then gently wash affected area with mild soap and water
- Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use
- Loosen skin around the splinter with a needle; use tweezers to remove the splinter. If the splinter breaks or is deeply lodged, consult professional medical help
- Cover with adhesive bandage or sterile pad, if necessary

Broken nose:

- Apply an ice pack and control bleeding. Have victim lean forward and not swallow blood
- Seek medical attention

Nose Bleeds:

Anterior (front of the nose) is the most common. Usually stops over time with direct pressure
Posterior (back of nose) involved bleeding backward in the mouth and down the throat. The victim usually is coughing, choking, or vomiting blood. A posterior nosebleed is serious and requires immediate medical attention

CSLL ASAP PLAN

Treatment:

- Have the victim sit up while leaning forward so they
- Do not swallow blood
- Apply direct pressure by slightly pinching the nostrils
- Apply an ice pack

*Seek medical attention if bleeding does not stop, you suspect a posterior nosebleed, or the victim has a possible broken nose

Bleeding On the Inside and Outside of the Mouth:

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound

To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict

INFECTION:

To prevent infection when treating open wounds you must:

- **CLEANSE** - the wound and surrounding area gently with mild soap and water, saline or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing
- **TREAT** - to protect against contamination with ointment supplied in your First-Aid Kit
- **COVER** - to absorb fluids and protect wounds from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)
- **TAPE** - to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs

MUSCLE, BONE OR JOINT INJURIES:

Symptoms: Always suspect a serious injury when the following signals are present - Deformity

- Bruising
- Swelling
- Inability to use the affected part
- Bone Fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- If ankle or knee is hurt, do not allow victim to walk
- Apply cold packs to affected area
- Consult professional medical assistance for further treatment if necessary

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc.

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you called 9-1-1, all you can do is comfort the victim, keep him/her warm and still treat for shock if necessary (see "Caring for Shock" section)

CSLL ASAP PLAN

Dismemberment: If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it

Penetrating Objects:

- If an object, such as a knife or a piece of glass or metal, is impaled in a wound:
 - Do not remove it.
 - Place several dressings around the object to keep it from moving.
 - Bandage the dressings in place around the object.
- If the object penetrates the chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary
- Treat for shock if needed (see “Care for Shock” section).
- Call 9-1-1 for professional medical care

HEAD AND SPINE INJURIES:

With the exception of minor cuts and bruising, head trauma and potential skull fractures (which are hard to field diagnose) should be treated by medical professionals as soon as possible. Symptoms include:

- Bleeding from nose or ears
- Deformity of the skull
- Unequal pupils
- Profuse scalp bleeding
- Discoloration around eyes or ears, along with concussion like symptoms *With ALL head trauma call 911. Internal head bleeding needs to be treated as soon as possible

Concussions: (Heads Up training must be completed and certificate on hand) The following is for reference only!

Concussions are defined as any blow to the head. They can be fatal if proper precautions are not taken.

- Remove player from the game
- See that the victim gets adequate rest
- Note any symptoms and see if they change within a short period of time
- Tell the parents about the injury and have them monitor the child after the game Urge parents to take the child to a doctor

DO NOT MOVE the victim. Call 9-1-1 immediately if the victim is unconscious after the blow to the head, diagnose head & neck injury

Temporary loss of consciousness

Please take the time to read this website page from the mayo clinic:

<http://www.mayoclinic.com/health/concussion/DS00320/METHOD=print&DSECTION=8>

CSLL ASAP PLAN

Seizures:

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. A traumatic brain injury of any kind can put a person at risk for seizures.

A person having a seizure may fall to the ground and have convulsions. If a person appears to be having a seizure:

- Remove victim from any dangerous objects or hazardous situations;
- Check for breathing;
- Don't put anything in the victim's mouth;
- Try to keep the person as comfortable as possible; and
- Call for emergency medical assistance if the seizure lasts more than 5 minutes without signs of slowing down, if the person has trouble breathing afterwards, or if the person is in pain or other injury is present

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk such as from a bat or line drive baseball
- Any person thrown from a motor vehicle
- Any person struck by a motor vehicle
- Any injury in which a victim's helmet is broken, including a motorcycle and batting helmet - Any incident involving a lightning strike

Signals of Head and Spine Injuries

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

- Call 9-1-1 immediately
- Minimize movement of the head and spine
- Maintain an open airway
- Check consciousness and breathing
- Control any external bleeding
- Keep the victim from getting chilled or overheated till paramedics arrive

Eye Injuries

- Immediately apply ice to the area

CSLL ASAP PLAN

- o Do not apply any pressure to the eye
- o Seek medical attention for all cases involving reduced/impaired vision, and direct eye injuries

Contusion to Sternum

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- If a player is hit in the chest and appears to be alright, urge the parent to take their child to the hospital
- If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives

Commotio Cordis

Commotio cordis is a condition in which blunt trauma to the chest triggers sudden cardiac arrest. Although this condition is quite rare, commotio cordis is one of the more common causes of sudden cardiac arrest in young athletes, particularly baseball players.

While commotio cordis can be caused by any blunt trauma to the chest, it is most commonly caused by relatively low velocity (<40 mph) blunt trauma from a cylindrical object such as baseball, hockey puck or lacrosse ball

- Commercial chest protection has not been shown to be effective in preventing commotio cordis.
- Commotio cordis is most common in young athletes, particularly males
- Commotio cordis should be immediately considered in any athlete who collapses after being struck in the chest
- Once universally fatal, many young athletes now can survive commotio cordis if they are treated with rapid initiation CPR and defibrillation

DENTAL INJURIES:

Avulsion (Entire Tooth Knocked Out):

- If a tooth is knocked out, place a sterile dressing in the space left by the tooth. Tell the victim to bite down
- Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly
- Avoid additional trauma to the tooth while handling. Do not handle teeth by the root. o Do not brush or scrub tooth
- If debris is on tooth, gently rinse with water
- If possible, re-plant and stabilize by biting down on a towel
- o Do only if the athlete is alert and conscious
- If unable to re-plant, wrap tooth in saline soaked gauze or a cup of water

****Time is very important. Re-implantation within 30 minutes has the highest degree of success
TRANSPORT IMMEDIATELY TO DENTIST**

Luxation (Tooth in Socket, but Wrong Position):

THREE POSITIONS

CSLL ASAP PLAN

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up - Reposition tooth in socket using firm finger pressure

- Stabilize tooth by gently biting on towel or handkerchief
- TRANSPORT IMMEDIATELY TO DENTIST

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward

- Try to reposition tooth using finger pressure
- Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief
- TRANSPORT IMMEDIATELY TO DENTIST

INTRUDED TOOTH - Tooth pushed into gum - looks short

- Do nothing - avoid any re-positioning of tooth
- TRANSPORT IMMEDIATELY TO DENTIST

Fracture (Broken Tooth): If the tooth is totally broken in half, save the broken portion and bring it to the dental office as described under Avulsion, Item 4.

- Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding
- Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete
- Save all fragments of fractured tooth as described under Avulsion, Item 4 - IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST in the plastic baggie supplied in your First-Aid kit

HEAT EXHAUSTION:

Symptoms:

- Fatigue
- Irritability
- Headache
- Faintness
- Weak, rapid pulse
- Shallow breathing
- Cold, clammy skin
- Profuse perspiration

Treatment:

Instruct the victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet Massage legs toward heart

- Only if victim is conscious, give cool water or electrolyte solution every 15 minutes - Use caution when letting victim first sit up, even after feeling recovered

HEAT STROKE (SUN STROKE):

CSLL ASAP PLAN

Symptoms:

- Extremely high body temperature (106°F or higher)
- Hot, red, dry skin
- Absence of sweating
- Rapid pulse
- Convulsions
- Unconsciousness

Treatment:

- Call 9-1-1 immediately
- Lower body temperature quickly by placing the victim in a partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge the victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced - DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda

TRANSPORTING INJURED PERSONS:

- If the injury involves the neck or back, DO NOT move the victim unless absolutely necessary Wait for paramedics
- If the victim must be pulled to safety, move the body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:
- Carefully turn victim toward you and slip a half-rolled blanket under back
- Turn victim on side over blanket, unroll, and return victim onto back
- Drag victim head first, keeping back as straight as possible

If victim must be lifted:

- Support each part of the body
- Position a person at victim's head to provide additional stability
- Use a board, shutter, tabletop or other firm surface to keep body as level as possible

PRESCRIPTION MEDICATION:

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and LL does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication

ASTHMA AND ALLERGIES:

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insects/stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched.

If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

INSECT STINGS:

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR

- Ask the victim if they are allergic to bee stings. Determine if they have a medical alert bracelet or tag.
- If they have a known allergy to bee stings, do they have a sting (Epi-Pen) kit? This is only to be used if anaphylactic shock symptoms are seen

Symptoms: Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

- For mild or moderate symptoms, wash with soap and cold water
- Honey bees leave behind a stinger when stinging a victim, remove stinger or venom sac by gently scraping with fingernail or business card
 - o Leaving the stinger behind allows the venom to continue into the victims system
 - o Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body
- For multiple stings, soak the affected area in cool water. Add one tablespoon of baking soda per quart of water
- If victim has gone into shock, treat accordingly (see "Care for Shock")

****Note:** Hornets, yellow jackets, wasps, bumblebees, and other stinging insects do not leave behind a stinger

****If you use ice bags and other supplies, an injury/accident report should be filled out. There are cases where a seemingly small injury is found to be more serious later. Knowing the details as they happen is important for reporting purposes**

BURNS:

A burn is damage to the skin or underlying tissue caused by heat. There are 3 levels of severity; 1st, 2nd, 3rd. The 5 main sources of burns are electricity, radiant (sun) thermal (something hot), chemical, and friction

Prevention:

- Use safety rules
- Use safety equipment when working with chemicals
- Hire professional for work dealing with electricity
- Avoid sun exposure (see sun exposure section)
- Keep hot objects away from children

Warning Signs:

- 1st degree: red, swollen, pain
- 2nd degree: red, swollen, blisters
- 3rd degree: damaged skin to the point where the underlying tissue is visible

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Care for Burns:

For 1st and 2nd degree burns you should cool the area immediately with gently running water for about 10-15 minutes, or until it has cooled off. Do not break any blisters as this will make the wound worse

For 3rd degree burns do not put anything on the burn, seek medical help immediately and treat for shock. Third degree is extremely life threatening even when a small body part is affected. If there is clothing on the burn do not remove it as this may also remove the skin. There is a very high risk of infection from this kind of burn.

Sunburn:

- If victim has been sunburned
- Treat as you would any major burn (see above)
- Treat for shock if necessary (see section on "Caring for Shock")
- Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water
- Give victim fluids to drink
- Get professional medical help immediately for severe cases

Chemical Burns:

- Remove contaminated clothing
- Flush burned area with cool water for at least 5 minutes
- Treat as you would any major burn (see above).

If an eye has been burned:

- Immediately flood face, inside of eyelid, and eye with cool running water for at least 15 minutes
- Turn head so water does not drain into uninjured eye
- Lift eyelid away from eye so the inside of the lid can also be washed
- If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth
- Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place

POISONING:

Call 9-1-1 immediately before administering first aid then:

- Do not give any first aid if the victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible
- If professional medical help does not arrive immediately:
 - DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid)
 - Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give an adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available
- Take poison container, (or vomitus if poison is unknown) with victim to hospital

SUDDEN ILLNESS:

When a victim becomes suddenly ill, he or she often looks and feels sick.

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Symptoms:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

Treatment:

- Call 9-1-1
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated
- Reassure the victim.
- Watch for changes in consciousness and breathing.
- Do not give anything to eat or drink unless the victim is fully conscious.

If The Victim:

- Vomits -- Place the victim on his or her side
- Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury. Encourage the person to stay lying down for a few minutes until they feel better. If they do not wake up within one minute, or become injured during the fall, call 9-1-1
- Has a diabetic emergency -- Give the victim some form of sugar (candy, juice, fruit, etc). However, NutraSweet or aspartame is not effective. Monitor their condition and do not hesitate to call 9-1-1 if their condition does not improve
- Do not administer medication, as this is reserved for a medical professional. - Has a seizure – Keep calm and let the seizure take its course
- Do not hold or restrain the person or force anything in the person's mouth as this can cause teeth and jaw damage, or choking
- Remove any nearby objects that might cause injury
- Roll the person on their side as soon as possible to allow saliva to drain away and also help clear the airway
- If the seizure goes longer than 5 minutes, repeats without full recovery, or the person becomes injured, call 9-1-1

Note: If the seizure is a result of a possible concussion, call 9-1-1 immediately

Colds and Flu:

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players.

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****Prevention is the solution here. Don't be afraid to tell parents to keep their child at home**

COVID-19

COVID-19 is a respiratory condition caused by a coronavirus. Some people are infected but don't notice any symptoms. Most people will have mild symptoms and get better on their own. But about 1 in 6 will have severe problems, such as trouble breathing. The odds of more serious symptoms are higher if you're older or have another health condition like diabetes or heart disease.

Most Common Symptoms:

- Fever
- Fatigue
- A dry cough
- Loss of appetite
- Body aches
- Shortness of breath
- Mucus or phlegm

Symptoms usually begin 2 to 14 days after you come into contact with the virus. Other symptoms may include:

- Sore throat
- Headache
- Chills, sometimes with shaking
- Loss of smell or taste
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Emergency Symptoms

Call a doctor or hospital right away if you have one or more of these COVID-19 symptoms: - Trouble breathing

- Constant pain or pressure in your chest
- Bluish lips or face
- Sudden confusion

COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate
- Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated

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- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use
- Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves
- Contaminated towels should be properly disposed of/disinfected
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids
- Additional information is available from your state high school association and from the National Federation TARGET program

ATTENTION DEFICIT DISORDER:

What is Attention Deficit Disorder (ADD)?

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or ADHD, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neuro-biological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1). No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him

What are the symptoms of ADHD?

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

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- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish school

Hyperactivity

This is where the child:

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected - Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Often “on the go” or often act as if “driven by a motor”
- Often talks excessively

Impulsivity

This is where the child:

- Often blurts out answers before questions have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

This is where the child:

- Often have angry outbursts
- Is a social loner
- Blames others for problems
- Fights with others quickly
- Is very sensitive to criticism

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called memory problems due to not listening in the first place

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two-step instructions. For older children more complicated directions should be stated in writing

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time fitting in. They need to focus on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is no simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

Gender Identity Policy:

LL promotes fair play and participation for all children and acknowledges that some players may require modifications and waivers. Discrimination that is based upon gender and/or sexual identity affects the

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fundamental integrity of sport and is often linked to other integrity issues such as violence, harassment or abuse and will not be tolerated in this league.

Challenger Division:

The Little League Challenger Division was founded in 1989, and is Little League's adaptive baseball program for individuals with physical and intellectual challenges. Any individual with a physical or intellectual challenge may participate. If an individual can participate in the traditional Little League

Baseball or Softball program with reasonable accommodations they should do so. The Challenger Division is a non-competitive program so it is important that managers and coaches understand that their primary responsibility is to make sure the players have fun, while learning and playing the game of baseball.

Buddies:

Buddies allow Challenger participants to enjoy social interaction and develop friendships with other participants in the league. It is important for buddies to be patient, show good sportsmanship, and not be interested in showcasing their own athletic abilities. Game Play Be flexible, it is important to understand that flexibility is required within the Challenger Division in order to adapt the game to the needs of all participants.

The main duty of the coaches and volunteers in a Challenger game is to maintain a safe playing environment and to assist players with any needs they have. When on the field, it is the buddies responsibility to ensure the player is safe at all times.

- Be Patient!
- Pay attention at all times, do not get distracted
- Be A human SHIELD! Ensure your assigned player does not get hit by incoming balls - If pushing a wheelchair, be aware of any loose dirt or holes in the ground - Be ready to assist your player with physical needs while running bases
- Do not give your player any food or drinks without parent or guardian consent

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Attachment 1

Facility and Field Inspection Checklist

Facility Name _____

Inspector _____ Date _____ Time _____ *Circle the areas of concern and provide details as needed in the notes section.

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery Areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitchers mound, plates
- ☐ Warning Track condition
- ☐ Dugouts condition before and after games (Dirty, Damaged, Vandalized) ☐ Make sure telephones are available
- ☐ Area's around Spectators area free of debris
- ☐ General Garbage clean-up
- ☐ First Aid Kit available, Ice packs, safety manual
- ☐ Conditions of restrooms and restroom supplies

NOTES/HAZARDS

Signature _____

Attachment 2
Field and Game Safety Checklist

Repair Needed?			Repair Needed?		
Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop			Shin Guards		
Home Plate			Helmets		
Bases Secure			Face Masks		
Bases Repair			Throat Protector		
Pitcher's mound			Catchers Cup		
Batter's box level			Chest Protector		
Batter box marked			Catcher's mitt		
Grass Surface (even)					
Gopher Holes			Safety Equipment	Yes	No
Infield fence			First-aid Kit each team		
Outfield Fence			Medical Release forms		
Foul Ball net			Ice for injuries		
Foul Lines			Blanket for shock		

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Sprinklers			CSLL Safety manual		
Warning Track			Manuel		
Coaches boxes level			Injury report forms		
Coaches boxes marked					
Dirt Needed					
Dug Outs	Yes	No	Players Equipment	Yes	No
Fencing			Batting Helmet ok		
Benches			Jewelry removed		
Roof			Bats inspected		
Bat racks			Shoes checked		
Helmet racks			Uniforms checked		
Trash Cans			Athletic cups (males)		
Clean Up					
Spectator Area	Yes	No			
Hand rails need repair					
No Smoking					

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Parking Area safe					
Protective screen					
Bleachers clean					

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Attachment 3

Coaches Pre-Game Checklist

- ☐ Walk the field for debris/Foreign objects
- ☐ Inspect helmets, bats, catchers gear
- ☐ Make sure first aid kit is available
- ☐ Have a safety manual available
- ☐ Check fences, backstops, bases, and warning track
- ☐ Make sure a working telephone is available
- ☐ Have water available at all practices and games
- ☐ Ensure your team properly warms-up!
- ☐ Make sure pitchers are authorized to pitch as mandated by LL requirements
- ☐ Ensure all volunteers are properly screened and authorized to participate in LL activities.

NOTES/HAZARDS

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Attachment 4

Colorado Springs Little League Injury/Accident Report

*This report must be submitted to the league Safety Officer within 48 hours of any accident or injury involving a Colorado Springs Little League player, coach, or fan. Call CSLL Safety Officer Thomas Guerra at (408) 375-9658 with any questions or assistance.

Injured Person _____ Phone Number _____ Indicate if
Player /Coach /Fan Team _____ Division _____ Location of
Injury _____ Nature of
Injury _____ Cause of
Injury _____

Description/Details of Injury _____

_____ Actions
Taken

First Aid by Coach ___ Parent ___ Other Name(s): _____ Ambulance
called ___ Unit _____

Parent(s) notified _____ Date: _____ Time _____ Coach
Reporting: _____

Received By _____ Date _____

Follow up Action: _____

Coaches Please keep a copy of this report in your safety books


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Attachment 5 Medical Release Form



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.

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Attachment 6

Pitching Log

Little League -- Baseball Game Pitch Log			
Team	Opponent	Date	
Pitcher's Name	Uniform Number	League Age	<input type="checkbox"/> Cross out the number as that pitch is thrown. <input type="checkbox"/> Circle the number for the last pitch thrown in each half-inning.
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
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			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
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			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105
			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105

Pitching eligibility varies by the league age of the pitcher, which is the pitcher's age as of May 1 of the current year. The pitching eligibility regulation is Regulation VI (see current rule book for details). A blank electronic version of this form is available for free download at www.littleleague.org.

Attachment 7 Incident/Injury Report

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ State: _____ ZIP: _____	Home Phone: () _____
Parent's Name (If Player): _____	Work Phone: () _____
Parents' Address (If Different): _____ City: _____	
Incident occurred while participating in:	
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70) <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____	
Position/Role of person(s) involved in incident:	
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
Type of Injury: _____	
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)	
Type of incident and location:	
A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____	
Please give a short description of incident: _____	
Could this accident have been avoided? How: _____	
<small>This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_public/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_public/asap/GLClaimForm.pdf.</small>	
Prepared By/Position: _____	Phone Number: () _____
Signature: _____	Date: _____

Attachment 8

AIG General Liability Claim Form

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)		<div style="border: 1px solid black; width: 100%; height: 1.2em; margin: 0 auto;"></div>	
	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)	
	Xiting 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 BIPD: Med. Pay: None		Elevator: Yes		Products: Yes	
	Policy Number		Policy Dates: Begin: End:		Cont. Yes	
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Property Damage	Name of Owner		Description of Property			
	Address (Street, City, State, Zip)		Name of Insurance Co.			
			Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res.)			
	Address (Street, City, State, Zip)		Occupation		Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Employers Name and Address		Phone No. (Bus.)			
	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

CSLL ASAP PLAN

Little League® Volunteer Application – 2025

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

This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Social Security # (mandatory) _____
 Cell Phone _____ Business Phone _____
 Home Phone: _____ E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies: _____
 Community affiliations (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.)? ☐ Yes ☐ No
 If yes, list: _____
- Do you have a valid driver's license? ☐ Yes ☐ No
 Driver's License#: _____ State _____
- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 4, the local league must contact Little League International.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
 If yes, explain: _____
 (If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

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

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

Name/Phone _____

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

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 _____

Review the Little League Regulation 1(c)(9) for all background check requirements

- ☐ JDP Background Check Completed (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List) *

*Please be advised that if you use JDP 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 or email directly from JDP 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.

- ☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

Last Updated: 12/4/2024

Little League® "Basic" Volunteer Application – 2025

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App. Visit LittleLeague.org/LocalBGcheck for more information.

All RED fields are required.

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone _____
 Work Phone: _____ E-mail Address: _____
 Driver's License#: _____

- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 1, the local league must contact Little League International.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
 If yes, describe each in full: _____
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
 If yes, explain: _____
 (If volunteer answered yes to Question 4, the local league must contact Little League Security International.)
 In which of the following would you like to participate? (Check one or more.)

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____
 Employer: _____
 Address: _____

Special professional training, skills, hobbies: _____

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

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

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

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.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

Review the Little League Regulation 1(c)(9) for all background check requirements

- ☐ JDP Background Check Completed (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List) *

*Please be advised that if you use JDP 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 or email directly from JDP 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.

- ☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

Last Updated: 12/4/2024