2025
South Kitsap Eastern Little League

Safety Awareness Manual

South Kitsap Eastern Little League
League: 447 - 02 - 03

Table of Contents

WELCOME LETTER FOR THE 2025 SEASON

Dear South Kitsap Eastern Little League Participants:

Welcome to another fun and exciting season of South Kitsap Eastern Little League Baseball!

This Safety Awareness Manual is intended to inform our league participants with respect to the League's safety standards, and to provide key safety information and guidelines to help promote the health and wellbeing of our players and our league. Every member of South Kitsap Eastern Little League has a responsibility to follow all safety rules and to take an active role in identifying and communicating safety issues that may arise during the season.

South Kitsap Eastern Little League's Board of Directors has continued to focus on the improvement of the overall safety of our league. We are addressing the wellbeing of our Players both from a physical and psychological standpoint. From the physical standpoint, we have continued to improve our complex in order to provide our players with a safe and healthy environment in which to play. From the psychological standpoint, we remain dedicated to our League's Code of Conduct Policy. This policy pertains to every parent, guardian, volunteer and member of the league.

To oversee and administer this policy, the League's Board of Directors has the ability to call a Code of Conduct Investigation Committee. Obviously, our hope is that through the continued fostering of community involvement and cooperation amongst our membership, the spirit of Little League will prevail, and the Code of Conduct Investigation Committee will never be called into action.

In closing, please remember that safety rests with all of us, the volunteers, members and participants of South Kitsap Eastern Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.
Now, let's play ball…and let's play it safe!

Sincerely,

Your South Kitsap Eastern Little League Board of Directors

ASAP - WHAT IS IT?

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

This Safety Manual provides important information, for use by managers, coaches, umpires, and all other league volunteers to support their ability to ensure the safest environment possible for all players. This manual will be reproduced and distributed to all board members, team managers and team parents and copies will be kept in the concessions stand. In addition, this manual will be placed prominently on our website at www.skellbaseball.com for the benefit of all league members.

This safety manual and a qualified safety plan registration form with the league player roster and coach/manager data is to be submitted to Little League Baseball and the Washington State District 2 District Safety Officer. The roster/coach/manager data is to be submitted via the little league data center @ www.LittleLeague.org .

South Kitsap Eastern Little League Safety Officer

Your Safety Officer for the 2025 baseball season is: Jennifer Greenwood

Safety Mission Statement

South Kitsap Eastern Little League is committed to the safety and well-being of all our families, visitors and organizational guests, with the welfare of our athlete members being our top priority.

SAFETY IS EVERYONE'S RESPONSIBILITY!

For the best possible player experience, we urge everyone to step up and help deliver on the goal of providing a fun, safe, and positive environment for our children. Creating this environment requires help and participation from board members, managers, coaches, players, parents, volunteers and spectators. As part of your commitment, we ask that you read and abide by both the South Kitsap Eastern Little League Safety Code and the Code of Conduct, provided on the following pages.

2025 South Kitsap Eastern Little League Board of Directors

POSITION	NAME	EMAIL
President	Kent Hassebrock	skellmbgm@gmail.com
Vice President	Brittany Freeze	skellbaseball.ba@gmail.com
Player Agent	Nicole Dame	Ndame.skell@gmail.com
Secretary	Steve Dillon	skellstevedillon@gmail.com
Treasurer	Erin Civilla	erincivilla@gmail.com
Juniors & Seniors General Manager	Trever Stockwell	stockwell422@gmail.com
Majors & Minor Baseball General Manager	Brandon Walton	Bw.skellbaseball@gmail.com
Softball General Manager	Rae Doan	raspeb@gmail.com
Coach Pitch & T-Ball Baseball General Manager	Cory Dame	cdamecs@aol.com
Safety/First Aid officer	Jennifer Greenwood	Jctfam3@gmail.com
Uniform Coordinator	Jon Andrzejewski	skelljon@gmail.com
Umpire in Charge (UIC)	Clint Forsythe	skellbaeseball@outlook.com
Junior level Umpire in Charge (Jr UIC)	Jacob Andrzejewski	skelljacob@gmail.com
Equipment Manager	Tim Oyler	tgoyler@wavecable.com
Concession Manager	Dean Anderson	skellconcessions@gmail.com
Facility & Building Manager	Clint Anderson	clint.nmn.anderson@gmail.com
Field & Ground Maintenance	Greg Allen	skellplayeragent@yahoo.com
Fundraiser/Sponsor Coordinator	Fletcher Horton	hortonfl@gmail.com
SKELL-A-Thon Coordinator	Steve Kephart	gvksmk@gmail.com
Team Parent Coordinator	Todd Yelish	Todd.yelish.skell@gmail.com
Schedule Coordinator	Jeannette Sandoval	skellscheduler@gmail.com
Scorekeeper Coordinator	Katie Johnson	Katiejohnson3228@gmail.com

THE ROLE OF THE SAFETY OFFICER

Every year, South Kitsap Eastern Little League seeks out and nominates a volunteer to the Board level position of Safety Officer. This individual is responsible for the overall safety awareness initiatives mandated by Little League Baseball, Incorporated. The Safety Officer is responsible for creating awareness programs, through education and information, to promote a safer environment for youngsters and all participants of the South Kitsap Eastern Little League.

This Safety Awareness Manual is a major component of the South Kitsap Eastern Little League safety initiative, which seeks to promote safety through the use of education, compliance and reporting. In managing the safety efforts of the league, the Safety

Officer will:
 facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.

 promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.

 Define a process to assure that incidents are recorded, information is sent to League / District and national offices, and follow-up information on medical and other data is forwarded as available.

A budget is set aside each year for supplies and documentation for safety purposes.

The Safety Officer for the 2025 baseball season is Jennifer Greenwood. Please report injuries or unsafe issues to him via one of the contact numbers listed in this manual or via the South Kitsap Eastern Little League Web Site at www.skellbaseball.com.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

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

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a $50.00 deductible per claim, up to the maximum stated benefits.

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.

3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.

5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
    a. Deferred medical benefits apply when necessary, treatment requiring the

removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of $100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. a maximum of $1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

South Kitsap Eastern Little League participates in the Little League Insurance Program and carries Accident Insurance, Crime Insurance, Directors and Officers Liability Insurance and General Liability Insurance. 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.

PARENTAL CONCERNS ABOUT SAFETY

Background Checks

Starting with the 2003 season, Little League programs nationwide were required to annually conduct a background check of: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to do harm. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

South Kitsap Eastern utilizes a Little League approved, secure third-party service provider to manage our online registration process, during which time we collect personal information on each of our volunteers, pursuant to the requirements of the **2025 Little League Volunteer Application Form**. A copy of this form is attached to this manual. This information is kept confidential and is deleted from our records at the end of the require retention period as required by Little League International (requiring ALL returning volunteers to submit their information on an annual basis).

Following registration, and prior to the start of each season, South Kitsap Eastern Little League utilizes a League approved, secure third-party service provider to conduct background checks on all Managers, Coaches, Board of Directors members and any other persons, and volunteers who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. These background checks are run against both governmental criminal databases, as well as governmental sex offender registry data.

Mandatory Abuse Awareness Training

As of 2025, Little League® requires all volunteers to annually complete the Abuse Awareness Training, provided by USA Baseball. The training is available through the US Center for SafeSport Centralized Disciplinary Database. From Safesport "The U.S. Center for SafeSport's Centralized Disciplinary Database is a resource designed to keep the public informed when individuals connected with the U.S. Olympic & Paralympic Movements are either subject to certain temporary restrictions pending investigation by the Center or are subject to certain sanctions after an investigation found them in violation of the SafeSport Code. The database also contains certain eligibility decisions made by the National Governing Bodies (NGB), their Local Affiliated Organizations (LAO), or the U.S. Olympic & Paralympic Committee (USOPC), including those rendered prior to the establishment of the Center."

Mandatory Training & Continuing Education

- Annually require all volunteers to complete an Abuse Awareness Training provided by USA Baseball or a comparable training.

Mandatory Reporting Requirements

- Report Chile Abuse, including sexual abuse involving a minor, to the proper authorities with 24 hours.

Non-Retaliation for Reporting

- Adopt a policy that prohibits retaliation against "good faith" reports of child abuse.

Prohibit One-on-One Interactions

- Adopt a policy that limits one-on-one contact with minors without being in an observable and interruptible distance from another adult.

Volunteer Badges

As of 2017 season, volunteer badges are no longer required to be worn by Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers. However, a current list of ALL volunteers that are approved by JDP will be given to the Managers, Coaches, Board of Directors. A current list of ALL volunteers will be updated on a weekly basis and available upon request.

SOUTH KITSAP EASTERN LITTLE LEAGUE CODE OF CONDUCT

(For Parents, Guardians, Volunteers and Fans of the South Kitsap Eastern Little League)

South Kitsap Eastern Little League has implemented the following Code of Conduct for the important message it holds about the proper role of parents, guardians, volunteers and fans in support of the children participating in South Kitsap Eastern Little League.

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

Preamble

South Kitsap Eastern Little League believes that the essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

• Trustworthiness
• Respect
• Responsibility
• Fairness
• Caring
• Good Citizenship

South Kitsap Eastern Little League believes that the highest potential of sports is achieved when competition reflects these “six pillars of character.”

As a Parent, Guardian, Volunteer and/or Fan, I therefore agree:

- I will not force children to participate in Little League.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will inform a league official of any physical disability or ailment that may affect the safety of children or the safety of others.
- I will learn the rules of the game and the policies of the South Kitsap Eastern Little League.
- I (and my guests) will be a positive role model for players and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, managers, coaches, officials and spectators at every game, practice or other sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to

shake hands; or using profane language or gestures.

- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach youth to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that athletes treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I will teach my child that doing ones' best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise athletes for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my youth or other participants for making a mistake or losing a competition.
- I will emphasize skill development and practices and how they benefit athletes over winning. I will also de-emphasize games and competition in the lower age groups.
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my players to win.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all events.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

SOUTH KITSAP EASTERN LITTLE LEAGUE SAFETY CODE

Fundamentals Training

Fundamentals Training: February 13, 2025 for Junior/Senior Divisions
Fundamentals Training: February 13, 2025 for our Minor and Major Divisions Baseball & Softball
Fundamentals Training: February 25, 2025 for our Coach Pitch (Minor) and T-Ball Divisions, Baseball & Softball

At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once a season. The training will be at the South Kitsap Eastern Little League Fields, by President, Vice President, Division GM & Safety Officer.

The Board of Directors of South Kitsap Eastern 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. All managers, coaches, players, volunteers, fans and members of the league understand and agree to comply with the Safety Code.

General

- Responsibility for safety procedures belong to every adult member of South Kitsap Eastern Little League.
- Each player, manager, designated coach, umpire and/or volunteer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- Managers will never leave an unattended child at a practice or game.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- 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 smoking, vaping or tobacco allowed on the premises at any time.
- No firearms on the premises at any time
- No domestic animals on premises, excluding registered service animals.

First Aid

- Managers, coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located in the concessions stand.

Fields of Play

- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- 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.
- Foul balls batted out of the playing area will be returned to the scorekeeper and not thrown over the fence during a game.
- During practice and games, all players should be alert and attentive on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering, spectators.
- At no time should “horse play” be permitted on the playing field.
- On-deck batters are not permitted at Majors and below.
- No food or drink, at any time, in the dugouts (Exception: bottled water, sport drinks, water from drinking fountains and sunflower seeds).

Equipment

- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games, and face shields are strongly encouraged.
- Except when a runner is returning to a base, headfirst, slides are not permitted.
- Disengage-able bases will be used on all fields.
- Double –First bases will be used on the Minor and Majors field to reduce collisions between fielders and runners at first.
- During sliding practice, bases will not be strapped down or anchored.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- Managers will only use the official Little League balls supplied by SKELL.
- Use only reduced impact balls for both T-ball and Coach Pitch baseball divisions.
- Once a ball has become scuffed, it cannot be used in a scheduled game.
- All male players will wear athletic supporters, including cups during both games and practices. Mouth guards are strongly encouraged, especially for infielders.
- All catchers must wear chest protectors with a 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 during practice, pitcher warm-up, and games. **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.
- Shoes with metal spikes or cleats are **not** permitted at levels Majors and below. Shoes with molded cleats are permissible.

Players

- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place).

Grounds

- No throwing rocks.
- No climbing fences.
- No playing on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Always be alert about traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed on or around the bleachers.
- Never hesitate to report any present or potential safety hazard to the SKELL Safety Officer immediately.

SOUTH KITSAP EASTERN LITTLE LEAGUE
GAME/PRACTICE SAFETY PROCEDURES

Pre-Season:

- One Manager or Coach from each team is required to attend a Coaching Clinic and a First Aid Clinic every year. All Managers and Coaches must attend each of these clinics at least once every three years.

Regular Season:

Managers will:

- Work closely with the Equipment manager to make sure the equipment is in first-rate condition.
- Make sure that telephone access is available for all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expecting more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.
- Enforce the notion that prevention is the key to reducing accidents to a minimum.
- Always have a First-Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-Game & Practice:

Managers will:

- Make sure that the players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players wear the proper uniform and catchers are wearing an athletic support cup.
- Walk to the field to check the field is free of hazards and obstructions (e.g. rocks and glass) before use.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.

Umpires will:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers. Check non wood bats for round.

- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.

During the Game

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep player's 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 about Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not losing focus by engaging in conversation with parents and passersby.

Umpires will:

- Govern the game as mandated by Little League rules and regulations.
- Check baseball for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.

- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-Game:

Managers will:

- Do cool down exercises with the players.
- Not leaving the field until every team member has been picked up by a known family member or designated driver.
- Notify parents and complete an Incident/Injury Tracking Form if a child has been injured no matter how small or insignificant the injury. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and SKELL.
- Discuss any safety problems with the Safety Officer that occurred before, during or after the game.
- Return the field to its pre-game condition.

Umpires will:

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

CONCESSION STAND SAFETY PROCEDURES

To help minimize the risk of foodborne illness, please adhere to the following simple guidelines:

Menu:

Keep it simple and keep potentially hazardous foods (meats, eggs, dairy products, fruits and vegetables) to a minimum. Avoid using precooked foods, leftovers or food that was prepared at home. Complete control over your concession stand food, from source to service, is the key to safe, sanitary food service.

Cooking and Storage:

All potentially hazardous food should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot). Most foodborne illnesses are traced back to lapses in temperature control.
Allowing hazardous food to remain unrefrigerated for too long has been the number one cause of foodborne illness. Keep food stored off the floor at least six inches. Keep food covered to protect them from insects. Do not store pesticides near food. Thoroughly clean concession area and discard all unusable food after each event.

Hand Washing:

Always wash hands before starting your shift, handling food, after using the bathroom, coughing, sneezing, handling money or touching raw food. Wearing disposable gloves can offer an additional barrier to contamination, but it is no substitute for hand washing! Frequent and thorough hand washing is the first line of defense in preventing foodborne illness.

Dishwashing:

Use disposable utensils for food service and never reuse disposable dishware. In instances where cooking utensils are not disposable, wash in hot soapy water, rinse in clean hot water and air dry.

Equipment:

The Concession Manager will regularly inspect all equipment to ensure safe operation. All workers should note the fire extinguisher location. Report any equipment malfunction or safety hazard to Concession Manager immediately. Post the name and telephone number of the Concession Manager for immediate contact.

Volunteers:

The Concession Manager will have a current SERV safe food handlers permit. An adult 18 years of age or older will be always present. All volunteers must be 13 years of age or older, volunteers from the ages of 13 to 17 years of age will meet with the Concession Manager prior to working in the concessions. All concession volunteers are to be instructed on proper hand washing, food handling and use of equipment. Only healthy workers should be allowed in the concession stand. No one with symptoms of fever, nausea, vomiting, diarrhea, jaundice, open sores, infected cuts, etc., is allowed in the food service area. The use of hair restraints is recommended.

MAINTENANCE AND STORAGE SHED SAFETY PROCEDURES

The following applies to all of the maintenance and/or storage sheds used by South Kitsap Eastern Little League:

All individuals with either keys and/or combinations for the locks to the South Kitsap Eastern Little League equipment sheds (i.e., Managers, Coaches, Umpires, volunteers, etc.) are aware of their responsibilities for the orderly and safe storage of equipment. Under no circumstance will these keys or combinations be given to any child or player, or anyone who is not an authorized member of the League.

Anyone who desires to use any of the machinery located in the sheds (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.), must request and receive the proper training by a member of the Grounds Committee. Individuals are prohibited from operating any machinery on the complex without the express consent of the Grounds Commissioner, and again, only after having received the proper training.

All chemicals or organic materials stored in South Kitsap Eastern Little League sheds shall be properly marked and labeled as to its contents.

All chemicals or organic materials stored within these equipment sheds will be stored in a manner to minimize the risk of puncturing the storage containers.

Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.

EMERGENCY PROCEDURES

First Aid / CPR / AED Training

February 22 and March 1, 2025

South Kitsap Eastern Little League will require at least one manager/coach from each team to attend. Every manager/ coach must attend this training once every 3 years.
The training will be held at the South Kitsap Eastern Little League office, facilitated by South Kitsap Fire and Rescue Department.

Emergency Number:

9-1-1

Non-Emergency Numbers:

Kitsap County Sheriff Department: (360) 337-7101
South Kitsap Fire and Rescue: (360) 871-2411
Poison Control Center: (800) 222-1222
Safety Officer – Jennifer Greenwood – (360) 265-9426
League President- Kent Hassebrock – (360) 990-5813

South Kitsap Eastern Little League Complex information:

6600 E Hilldale Rd
Port Orchard, WA 98366
Emergency vehicle access is on the north end of the complex.

Choosing a Medical Care Facility:

If anyone needs professional medical attention, the proper procedure is to:

- Defer to the emergency personnel that are present and allow them to take care of and transport the injured person to the appropriate facility.
- If the victim is not an adult, consult with the victim's parent(s)/guardian(s), if present, for physician or hospital information, and ask if they wish to take their child to the facility of their choice.
- If the victim is a South Kitsap Eastern Little League player, and no parent or

guardian is present, check the player's medical release information provided by South Kitsap Eastern Little League. This Medical Release Form is to be maintained in the Manager's Binder for every player and MUST be with the team at all South Kitsap Eastern Little League events, including games, practices, pictures, team parties, etc.

- If there is a doctor, medical clinic or hospital listed, provide this information to emergency personnel.

A REMINDER ABOUT PROPER 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, perspiration, 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.

Thirst is not an indicator of fluid requirements. 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. Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) 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.

A NOTE ABOUT INCLEMENT WEATHER

Most of our spring days in the Pacific Northwest are cool and damp and with this springtime normal there are those days when the weather turns so bad we experience unsafe weather conditions. Please understand it is the manager and coach's responsibility to use sound judgment, so we protect both our players and our facilities from injury and damage.

Rain:

If it begins to rain:
1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practicing if the playing conditions become unsafe. Use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strikes 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!

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parents or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
5. Game or practice can resume, 30 minutes after no sight of lightning or hearing thunder.

A SAFETY NOTE

A SAFETY NOTE ABOUT BATTERS

Little League Baseball specifically prohibits the swinging of bats outside of the batter's box and does not allow players to wield a bat unless they are the current batter.

Specifically, Rule 1.08 of the Official Regulations and Playing Rules for All Divisions of Little League Baseball states:

Note 1: The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division

Note 2: Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division South Kitsap Eastern Little League does not allow players to pick up a bat until the player leaves the dugout, to approach the plate. As there is no on-deck position permitted, no practice swings will be permitted.

REMEMBER: Don't Swing It Until You're Up to the Plate!

A SAFETY NOTE ABOUT CATCHERS

All players performing the duties of a catcher, whether in a game, practice, warm-up or bullpen setting, must wear a helmet. In addition, pursuant to Rule 1.17 of the Official Regulations and Playing Rules for All Divisions of Little League Baseball:

"All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games. NOTE: Skull caps are not permitted."

Keep Our Catcher's SAFE!

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 continues until professional medical help arrives, such as paramedics or 9-1-1 emergency responders. At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limitations!

The average response time on 9-1-1 calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits and Manager's Binders

First Aid Kits will be furnished to each team manager at the beginning of the season. The First Aid Kit is an integral part of the team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other Little League event where children's safety is at risk.

In addition, Manager's Binders will be furnished to each team manager at the beginning of the season. The Manager's Binder contains known medical condition information on each child, as supplied by the parent(s)/guardian(s) at time of registration. In addition, the Manager's Binder contains a Medical Release Form for each child. The Manager's Binder is an integral part of the team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other Little League event where children's safety is at risk.

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 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, reasonable and prudent person would:

- ➢ Move a victim ONLY if the victim's life is endangered.
- ➢ Ask a conscious victim for permission before giving care.
- ➢ Check the victim for life-threatening emergencies before providing further care.
- ➢ Summon professionals 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.

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 take 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 also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

THE A-B-C's OF BASIC FIRST AID

In the event of a MINOR injury:

Use the first aid kit as needed to apply ice packs or support bandages. When treating an injury remember:

PRICES...P**ressure,** R**est,** I**ce,** C**ompression,** E**levation,** S**upport**

If blood is present, wear barrier gloves (latex gloves) whenever possible to protect yourself and the injured person. Clean wounds with soap and water or an antiseptic wipe. Apply light pressure to stop bleeding. Apply bandages to cover the wound.

If any part of the uniform is soiled with blood, the uniform must be replaced and thoroughly cleaned prior to continued use.

In the event of a MAJOR injury:

If you believe a player has sustained a major injury, you must seek professional medical attention immediately.

Call 9-1 -1

Stay with the injured person and provide comfort until medical attention arrives. Keep the person calm and as comfortable as possible. Avoid moving the player in any way unless remaining there would cause greater injury.

When calling 911, REMAIN CALM and be prepared to give your name, location and a brief description of the emergency. Listen carefully to the operator's requests or questions. DO NOT hang-up or end the call until you are instructed by the operator. Once you finished with the phone call, get in position or designate others to an appropriate location to meet and direct emergency personnel and vehicles to the injured person.

PROVIDING FIRST AID
IMPORTANT DO'S AND DON'TS

DO…

- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your first aid kit to all games and practices.
- Look for signs of injury (blood, bruises, deformity of limbs, etc).
- Listen to the injured person describe what happened and what hurts.
- Gently and carefully feel the injured area for signs of swelling or grating of broken bones.
- Carry your players' Medical Release Forms with you at all games, practices and any other team functions.
- Arrange to have a cellular phone available during all games and practices.

DON'T…

- Hesitate in administering aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (such as CPR).
- Transport or move injured individuals except in extreme emergencies.
- EVER leave an unattended child at a practice or game.
- Administer any medications.
- Provide any food or beverage, including water, to a victim you believe may be in shock.
- Hesitate to report any suspected safety hazard to the Safety Officer immediately.

FIRST AID AWARENESS AND BASIC TECHNIQUES

Checking 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:

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depression.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. 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.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that were hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands, and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen to sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. 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.
20. 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.
21. 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.
22. When the victim feels ready, help him or her stand up.

Checking Unconscious Victims

1) Tap and shout to see if the person responds. 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.

If there is no response:
2) Look, listen and feel for breathing for about 5 seconds.
3) Do NOT move the victim but maintain a clear air passageway in the event the victim in face down on lying on their side.

Bleeding (in general)

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact with the victim's blood with your skin.

If a victim is bleeding,

1. Act quickly. Have the victim lying down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check the pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by the use of direct pressure, call 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops, typically 10 to 15 minutes.

Bleeding on the Inside and / or Outside of the Mouth

To control the 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:

1. Cleanse the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
2. Treat with ointment supplied in your First-Aid Kit.
3. Cover the wound with Band-Aids, gauze, or sterile pads supplied in your First Aid
4. Kit to absorb fluids and protect wounds from further contamination. (Handle only the edges of sterile pads or dressings)
5. Secure the bandages with First-Aid tape supplied in your First-Aid Kit to help keep out dirt and germs.

Deep Cuts

If the cut is deep, attempt to stop the bleeding and bandage the wound. 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 the eye, DO NOT attempt to remove it.

Removal:

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

Insect Stings

In highly sensitive people, 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.

Symptoms:

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

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove the stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

Heat Exhaustion

Symptoms:

may include fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victims to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart.
3. Only if the victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms:

may include extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

1. Call 9-1-1 immediately.
2. Lower body temperature quickly by placing the victim in 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 a 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.
3. DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

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. Each manager should be intimately familiar with each player's known medical condition, as provided by the parents at time of registration and supplied in each Manager's Binder. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. 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 immediately. Never share one child's prescription asthma medicine with another child, even if the child is suffering from an asthma attack. Dial 9-1-1.**

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

1. Position victim on back while supporting head and neck.
2. With the victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into the victim's mouth. Breathe in until the chest gently rises. Check for a pulse at the carotid artery (use fingers instead of thumb).
4. If a pulse is present but the person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
5. Continue rescue breathing as long as a pulse is present, but person is not breathing.

If Victim is not Breathing and Air Won't Go In:

1. Re-tilt person's head.
2. Give breaths again.
3. 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.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

Contusion to Sternum

Contusions to the Sternum are usually the result of a thrown or batted ball that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can begin to bear irregularly, known as fibrillation or can become bruised and start filling up with fluid. In both cases, the victim's life is in extreme jeopardy. **Do not downplay the seriousness of this injury!**

1. If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
2. 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.

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken. (See below on how to treat head and neck injuries)

1. If the victim is a child, tell the parents immediately about the injury and have them monitor the child. If the child receives a blow to the head during a game or practice, immediately remove that child from play.
2. Note any symptoms and monitor to see if they change within a short period of time.
3. Urge the victim to seek immediate medical attention. If the victim is a child, urge the parents to take the child to a doctor for further examination.
4. See that victim gets adequate rest.
5. If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately.

Head And Spine Injuries

When to suspect head and spine injuries:

1. A fall from a height greater than the victim's height.
2. Any bicycle, skateboarding, or rollerblade mishap.
3. A person was found unconscious for unknown reasons.
4. Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
5. Any injury that penetrates the head or trunk, such as an impalement.
6. Any injury in which a victim's helmet is broken, including a batting helmet, etc.
7. Any incident involving a lightning strike.

Signals of Head and Spine Injuries:

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

General Care for Head and Spine Injuries:

1. Call 9-1-1 immediately!
2. Minimize movement of the head and spine by providing support
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Muscle, Bone, or Joint Injuries

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

1. Significant deformity
2. Bruising and swelling
3. Inability to use the affected part normally.
4. Bone fragments sticking out of a wound.
5. Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.
6. The area injured is cold and numb.
7. The cause of the injury suggests that the injury may be severe.

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

Treatment for muscle or joint injuries:

1. If the ankle or knee is affected, do not allow the victim to walk. Loosen or remove shoe; elevate leg.
2. Protect skin with thin towels or cloth. Then apply cold, wet compresses or cold packs to the affected area. Never pack a joint in ice or immerse in icy water.
3. If a twisted ankle, do not remove the shoe -- this will limit swelling.
4. 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, durable cardboard, sticks, bats, etc. Seek medical attention immediately.

Treatment for fractures and broken bones:

Once you have established that the victim has a broken bone, dial 9-1-1 immediately. Comfort the victim, keep him/her warm and still and treat for shock if necessary (see “Caring for Shock” section).

Osgood Schlaughter’s Disease

Osgood Schlaughter’s Disease is the “growing pains” disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

1. Icing the painful areas.
2. Making sure the child rests when needed.
3. Using Ace or knee supports.

Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

1. Persistent chest pain or discomfort. Victims usually complain of persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
2. Breathing difficulty. The victim’s breathing is noisy, the victim feels short of breath and typically breathes faster than normal.
3. Changes in pulse rate. Pulses may be faster or slower than normal and may be irregular.
4. The victim’s skin may be pale or bluish in color. The victim’s face may be moist and may be perspiring profusely.

Call 9-1-1 immediately upon the first indication that a victim may be suffering a heart attack.

Sudden Illness

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

Care For Sudden Illness

1. Call 9-1-1 immediately.
2. Help the victim rest comfortably.
3. Keep the victim from getting chilled or overheated. Use a blanket.
4. Reassure the victim.
5. Watch for changes in consciousness and breathing.
6. 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.
- Has a diabetic emergency -- Give the victim some form of sugar. Orange juice is best, but soda with extra sugar or candy may be used.
- Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

1. Restlessness or irritability
2. Altered consciousness.
3. Pale, cool, moist skin
4. Rapid breathing
5. Rapid pulse

Caring for shock involves the following simple steps:

1. Have the victim lying down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.

3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. 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.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. **Call 9-1-1 immediately.** Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Sunburn

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock")
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give the victim fluids to drink.
5. Get professional medical help immediately for severe cases.

Burns (in general)

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available -tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the clothes cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

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

If an eye has been burned:

1. 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 eyelids away from eye so the inside of the lid can also be washed.
2. If the 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.
3. 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:

1. Do not give any First Aid if the victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If the victim is convulsing, protect from further injury; loosen tight clothing if possible.
2. If professional medical help does not arrive immediately:
    a. 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).
    b. Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adults one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If the victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
3. Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Transporting an Injured Person

If injury involves neck or back, DO NOT move victim unless absolutely necessary.

Call 9-1-1 and wait for paramedics.

If the victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

1. Carefully turn the victim toward you and slip a half-rolled blanket under your back.
2. Turn victim on side over blanket, unroll, and return victim onto back.
3. Drag victim headfirst, keeping back as straight as possible.
4. If the 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 your 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 South Kitsap Eastern Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

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/her cold or flu on to others. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly 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.

1. Avoid additional trauma to the tooth while handling. Do not handle the tooth by the root. Do not brush or scrub the tooth. Do not sterilize the tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if the athlete is alert and conscious.
4. If unable to re-implant:
    a. Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
    b. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
    c. 3rd best - Wrap tooth in saline soaked gauze.
    d. 4th best - Place tooth under the victim's tongue. Do only if the athlete is conscious and alert.
    e. 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. Transport victim and tooth immediately to the dentist.

Luxation (Tooth in Socket, but Wrong Position)

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth is raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize the tooth by gently biting on towel or handkerchief.

3. Transport the victim immediately to the dentist.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition the tooth using finger pressure.
2. Victims may require local anesthetic to reposition the tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. Transport the victim immediately to the dentist.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of the tooth.
2. Transport the victim immediately to the dentist.

Fracture (Broken Tooth)

If the tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4 (above). 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 the athlete. Save all fragments of fractured teeth as described under

Avulsion, Item 4 (above) and immediately transport the victim and any/all tooth fragments to the dentist.

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:

1. Call 9-1-1 immediately.
2. Do not remove it.
3. Place several dressings around the object to keep it from moving.
4. Bandage the dressings in place around the object.
5. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat the procedure if necessary.
6. Treat for shock if needed (see “Care for Shock” section).

Communicable Disease Procedures

While the risk of one athlete infecting another with HIV/AIDS or the hepatitis B or C virus during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against the transmission of infectious agents should include, but not be limited to the following:

1. A bleeding player should be removed from competition as soon as possible.
2. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
3. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (latex gloves are provided in First Aid Kit).
4. Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
5. Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
6. The use of CPR Masks.
7. Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
8. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stands for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time.
Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hotline (1- 800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.

GAMEDAY MANAGER'S MANDATORY PREGAME SAFETY CHECKLIST

Games will not be allowed to start until all safety issues discovered during the Pregame Safety Inspection are addressed.

Prior to the start of every game, both team managers will inspect the following items:

Field Conditions:

- ❑ Playing Field (condition- debris such as glass, etc.)
- ❑ Bases
- ❑ Dugouts (Before and After games)
- ❑ Fences
- ❑ Bleachers

Equipment:

- ❑ League issued First Aid Kit
- ❑ Helmets
- ❑ Bats
- ❑ Balls
- ❑ Catcher's Gear
- ❑ Helmet, Mask and Throat guard
- ❑ Chest Protector
- ❑ Shin Guards
- ❑ Catcher's Glove

NOTES:

_____

_____

_____

Division **Team Name**

Signature **Date**

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SKELL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a Player leaves a game for medical reasons, a report must be filed.

When to report:

All such incidents described above must be reported to the SKELL Safety Officer within **24 hours of the incident**.

How to make a report:

To file a report, complete the Incident/Injury Tracking Form in this manual or contact the SKELL Safety Officer at the phone numbers listed in the Little League Phone Numbers Section.

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 or witnessing the incident.

SAFETY OFFICER RESPONSIBILITIES

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

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

If the extents of the injuries are more than minor in nature, the SKELL Safety Officer shall periodically call the injured party to:

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

2025 Little League Volunteer Application

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/LocalBG-check 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 _____
First Middle Name or Initial Last

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): _____

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

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

3. Do you have a valid driver's license? ☐ Yes ☐ No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, 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.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs 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/BgCheckLaws

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

2025 South Kitsap Eastern Little League Incident / Injury Tracking 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: ❒ Male ❒ Female

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

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

_____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ❒ Baseball ❒ Softball ❒ Challenger ❒ TAD

B.) ❒ Challenger ❒ T-Ball ❒ Minor ❒ Major ❒ Intermediate (50/70)
❒ Junior ❒ Senior ❒ Big League

C.) ❒ Tryout ❒ Practice ❒ Game ❒ Tournament ❒ Special Event
❒ Travel to ❒ Travel from ❒ Other (Describe): _____

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

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

Type of injury: _____

_____

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

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

Type of incident and location:

A.) On Primary Playing Field
- ❒ Base Path: ❒ Running *or* ❒ Sliding
- ❒ Hit by Ball: ❒ Pitched *or* ❒ Thrown *or* ❒ Batted
- ❒ Collision with: ❒ Player *or* ❒ Structure
- ❒ Grounds Defect
- ❒ Other: _____

B.) Adjacent to Playing Field
- ❒ Seating Area
- ❒ Parking Area

C.) Concession Area
- ❒ Volunteer Worker
- ❒ Customer/Bystander

D.) Off Ball Field
- ❒ Travel:
- ❒ Car *or* ❒ Bike *or*
- ❒ Walking
- ❒ League Activity
- ❒ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____

2025 South Kitsap Eastern Little League / Little League® Baseball Accident Notification Form

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

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

AIG
Accident & Health (U.S.)

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

League Name | League I.D.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

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

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

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

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

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

Date | Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)

Date | Claimant/Parent/Guardian Signature

For Residents of California:
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:
Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number

Name of League Official	Position in League

Address of League Official	Telephone Numbers (Inc. Area Codes)
	Residence: ( ) Business: ( ) Fax: ( )

Were you a witness to the accident? ☐Yes ☐No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
☐ 01 1ST	☐ 01 ABRASION	☐ 01 ABDOMEN	☐ 01 BATTED BALL
☐ 02 2ND	☐ 02 BITES	☐ 02 ANKLE	☐ 02 BATTING
☐ 03 3RD	☐ 03 CONCUSSION	☐ 03 ARM	☐ 03 CATCHING
☐ 04 BATTER	☐ 04 CONTUSION	☐ 04 BACK	☐ 04 COLLIDING
☐ 05 BENCH	☐ 05 DENTAL	☐ 05 CHEST	☐ 05 COLLIDING WITH FENCE
☐ 06 BULLPEN	☐ 06 DISLOCATION	☐ 06 EAR	☐ 06 FALLING
☐ 07 CATCHER	☐ 07 DISMEMBERMENT	☐ 07 ELBOW	☐ 07 HIT BY BAT
☐ 08 COACH	☐ 08 EPIPHYSES	☐ 08 EYE	☐ 08 HORSEPLAY
☐ 09 COACHING BOX	☐ 09 FATALITY	☐ 09 FACE	☐ 09 PITCHED BALL
☐ 10 DUGOUT	☐ 10 FRACTURE	☐ 10 FATALITY	☐ 10 RUNNING
☐ 11 MANAGER	☐ 11 HEMATOMA	☐ 11 FOOT	☐ 11 SHARP OBJECT
☐ 12 ON DECK	☐ 12 HEMORRHAGE	☐ 12 HAND	☐ 12 SLIDING
☐ 13 OUTFIELD	☐ 13 LACERATION	☐ 13 HEAD	☐ 13 TAGGING
☐ 14 PITCHER	☐ 14 PUNCTURE	☐ 14 HIP	☐ 14 THROWING
☐ 15 RUNNER	☐ 15 RUPTURE	☐ 15 KNEE	☐ 15 THROWN BALL
☐ 16 SCOREKEEPER	☐ 16 SPRAIN	☐ 16 LEG	☐ 16 OTHER
☐ 17 SHORTSTOP	☐ 17 SUNSTROKE	☐ 17 LIPS	☐ 17 UNKNOWN
☐ 18 TO/FROM GAME	☐ 18 OTHER	☐ 18 MOUTH	
☐ 19 UMPIRE	☐ 19 UNKNOWN	☐ 19 NECK	
☐ 20 OTHER	☐ 20 PARALYSIS/ PARAPLEGIC	☐ 20 NOSE	
☐ 21 UNKNOWN		☐ 21 SHOULDER	
☐ 22 WARMING UP		☐ 22 SIDE	
		☐ 23 TEETH	
		☐ 24 TESTICLE	
		☐ 25 WRIST	
		☐ 26 UNKNOWN	
		☐ 27 FINGER	

Does your league use batting helmets with attached face guards? ☐YES ☐NO
If YES, are they ☐Mandatory or ☐Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature

2025 Little League® 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)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal 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/Legal 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.

EPIDEMIC AND PANDEMIC GUIDELINES

South Kitsap Eastern Little League during an Epidemic or Pandemic will follow the guidelines from Little League International, Washington State, and Local Health Authorities. Guidelines for the Epidemic/Pandemic will be posted on league Website and a copy distributed to all managers and board members. The board will develop guidelines for the league concession stand that follow the health department regulations.