

# Turlock American Little League



“Where Safety comes  
First” 2025 Safety Plan

League ID #: 4051009

Turlock American Little  
League Safety Program

## Safety Mission Statement

Turlock American Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

## 2025 Board of Directors

### Requirement 1:

| <b>Title</b>     | <b>Name</b>         | <b>E-Mail</b>                                                                | <b>Phone Number</b> |
|------------------|---------------------|------------------------------------------------------------------------------|---------------------|
| President        | Arthur Askil        | president@tallbaseball.com                                                   | 2096335643          |
| Vice President   | Matt Wilson         | vicepresident@tallbaseball.com                                               |                     |
| Secretary        | Kimberly Elliot     | secretary@tallbaseball.com                                                   |                     |
| Treasurer        | David Sixta         | treasurer@tallbaseball.com                                                   |                     |
| Safety Officer   | Tom Waterson        | safety@tallbaseball.com                                                      |                     |
| Info. Officer    | OPEN                |                                                                              |                     |
| Player Agent     | Jason Yonano        | majorscoordinator@tallbaseball.com                                           |                     |
| Ump in Chief     | Jackson Mendonca    | umpire@tallbaseball.com                                                      |                     |
| Majors Coord.    | Jason Yonano        | majorscoordinator@tallbaseball.com                                           |                     |
| Field Manager    | Aaron Hackler       | field@tallbaseball.com                                                       |                     |
| Uniform Coord.   | Sherrie Shamgochian | uniform@tallbaseball.com                                                     |                     |
| Equipment Coord. | Brian Fowlkes       | equipment@tallbaseball.com                                                   |                     |
| T-Ball Coord     | Lily Sixth          | tballcoordinator@tallbaseball.com                                            |                     |
| Minors Coord.    | Jacob Thompson      | minorscoordinator@tallbaseball.com                                           |                     |
| CP Coord.        | Rick Fetter         | coachpitchcoordinator@tallbaseball.com                                       |                     |
| JR & SR Coord.   | Desiree Zapien      | jrscoordinator@tallbaseball.com                                              |                     |
| Sponsorship      | Mark Tullio         | sponsorship@tallbaseball.com                                                 |                     |
| Concessions      | Sarah Fitzgerald    | concession@tallbaseball.com                                                  |                     |
| Fundraising Co.  | Mary Machado        | fundraising@tallbaseball.com                                                 |                     |
| Event Coord.     | Janeth Ramirez      | events@tallbaseball.com                                                      |                     |
| Tech Serv.       | Ryan Denis          | <a href="mailto:technology@tallbaseball.com">technology@tallbaseball.com</a> |                     |

## **Distribution of Safety Manual**

### **Requirement 2:**

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

## **EMERGENCY PHONE NUMBERS**

### **Requirement 3:**

|                                   |              |
|-----------------------------------|--------------|
| Police Emergencies                | 911          |
| Non-threat Emergency              | 209-668-1200 |
| Fire                              | 911          |
| Ambulance Dispatch                | 911          |
| Stanislaus County Health District | 877-227-7478 |
| Animal Control                    | 209-558-7387 |

## **NEIGHBORING HOSPITALS**

### **Add hospitals and quick cares for your area**

NAME: Emanuel Medical Center

ADDRESS: 825 Delbon Ave

PHONE NUMBER: 209-667-4200

# Background Checks

## Requirement 3:



### Little League® Volunteer Application – 2021

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 or an outside background check provider that meets the standards of Little League Regulations 1(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [littleleague.org/localBGcheck](http://littleleague.org/localBGcheck) for more information.**

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

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
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 the Little League Security Manager.)

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 the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

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

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

|                                          |                                            |                                      |                                           |
|------------------------------------------|--------------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Umpire            | <input type="checkbox"/> Manager     | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> 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/BackgroundCheck](http://littleleague.org/BackgroundCheck)

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

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

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

☐ JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) \*

**OR**

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

☐ National Sex Offender Registry

\*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.**

Last updated: 10/28/2020

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application from and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Director.

## League Training Dates and Times

| Requirement 4:              | Date                             | Location     | Time |
|-----------------------------|----------------------------------|--------------|------|
| Coach Fundamental Training: | February 24 <sup>th</sup> , 2025 | Julien Field | 7 PM |

| Requirement 5:                      | Date | Location | Time |
|-------------------------------------|------|----------|------|
| Safety Manual & First-Aid Training: | TBD  |          |      |

***Requirement 2:** Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.*

## Field Inspections and Storage Procedures

### Requirement 6:

#### BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

#### PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your Commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

#### STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.

- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

## PRE-GAME FIELD INSPECTION CHECK LIST

**MANAGERS NAME:**

**FIELD:**

**DATE:**

**Time:**

| <b>Field Condition</b>  | <b>Y</b> | <b>N</b> | <b>Catchers Equipment</b> | <b>Y</b> | <b>No</b> |
|-------------------------|----------|----------|---------------------------|----------|-----------|
| Backstop Intact         |          |          | Hockey Catchers Helmet    |          |           |
| Home Plate Intact       |          |          | Dangling Throat Guard     |          |           |
| Bases Secure            |          |          | Helmets                   |          |           |
| Pitcher's Mound Safe    |          |          | Catcher's Mitt            |          |           |
| Batter Box Lined/Level  |          |          | Chest Protector           |          |           |
| Infield Fence Repair    |          |          | Shin guards               |          |           |
| Outfield Fence Repair   |          |          | <b>Dugouts</b>            | <b>Y</b> | <b>N</b>  |
| Foul Lines Marked       |          |          | Fencing Needs Repair      |          |           |
| Infield Need Repairs    |          |          | Bench Needs Repair        |          |           |
| Outfield Need Repairs   |          |          | Trash Cans                |          |           |
| Warning Track           |          |          | Clean Up Is Needed        |          |           |
| Coaches boxes Lined     |          |          |                           |          |           |
| Free Of Foreign Objects |          |          | <b>Spectator Area</b>     | <b>Y</b> | <b>No</b> |
| Grass Surface Even      |          |          | Bleachers Need Repair     |          |           |
|                         |          |          | Protective Screens Ok     |          |           |
| <b>Player Equipment</b> | <b>Y</b> | <b>N</b> | Bleachers Clean           |          |           |
|                         |          |          |                           |          |           |

|                      |  |  |                         |          |          |
|----------------------|--|--|-------------------------|----------|----------|
| Batting Helmets      |  |  | Parking Area Safe       |          |          |
| Jewelry Removed      |  |  | <b>Safety Equipment</b> | <b>Y</b> | <b>N</b> |
| Shoes/Bats Inspected |  |  | First-aid Kit Each Team |          |          |

|                        |  |  |                       |  |  |
|------------------------|--|--|-----------------------|--|--|
| Face Mask (Minor/Mjrs) |  |  | Medical Release Forms |  |  |
| Proper Cleats          |  |  | Ice Pack/Ice          |  |  |
| Athletic Cups (boys)   |  |  | Safety Manual         |  |  |
| Full Uniform           |  |  | Injury Report Forms   |  |  |
| Bats Meet Standards    |  |  | Drinking Water        |  |  |

**REPORT ANY PROBLEMS TO YOUR COMMISSIONER OR SAFETY OFFICER.**

**Turn this form into the concession stand or to your division Rep.**

**Requirement 7:**

Annual Little League Facility Survey will be submitted in the Data Center.

## **Concession Stand Guidelines**

**Requirement 8:**

**Every worker must be instructed on these guidelines before they can work.**

**Wash your hands regularly:**

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using paper towel, instead of your bare hands.

**Wash your hands in this fashion before you begin work and especially after performing any of these activities:**

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- During food preparation.
- When switching from raw to ready to eat foods.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- After engaging in activities that contaminate hands.

**Basic Rules:**

1. Menu... smaller is better. No salads cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one a top of the other and lids should be off or afar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**
5. **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
7. Food handling: Avoid hand contact with raw food, ready-to-eat foods and food contact surfaces. Use a utensil and/or glove.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
9. Ice that is used to cool cans/bottles should not be used in cup beverages. And should be stored separately. Use scoop to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½
11. tsp. chlorine bleach. Change the solution every 2 hours.
12. Insect control and waste. Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from and approved source.
13. Keep food stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

**THE TOP SIX CAUSES FOR ILLNESS**

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance of service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.



# Inspection of Equipment

## Requirement 9:

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Manager's Coaches and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.

# Accident Reporting Procedure

## Requirement 10:

**What to Report:** An incident that causes a Payer, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

**When to Report:** All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

**The Safety Officer is:** NAME: Tommy Waterson  
Cell Number:  
Home Number:  
Email: [safety@tallbaseball.com](mailto:safety@tallbaseball.com)

**How to Make a Report:** Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information is needed.

1. The name and address of the injured person.
  2. The date, time, and location of the incident.
  3. As detailed of a description of the incident as possible.
  4. The preliminary estimation of the extent of the injury.
  5. The name and phone number of the person making the report.
  6. Names and phone number of any witnesses.
- 

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

**How to Replace the Injury Report Forms:** The forms can be replaced by The Safety Officer or downloaded from [www.leagueleague.org](http://www.leagueleague.org) found under forms and publications.

# **FIRST AID KITS**

## **Requirement 11:**

Each team is provided with a league issued first aid kit. Each kit includes the following.

- (10) Adhesive sterile bandage
- (2) Extra-large adhesive sterile bandage
- (2) Non-adherent pads 2 x 3
- (2) Gauze pad 12-ply 3 x 3 sterile
- (1) Adhesive tape
- (2) Instant cold compress 4 x 4
- (3) Triple antibiotic ointment
- (3) Antiseptic towelette
- 1/8 oz. Burn Cream
- (3) Sting relief wipes
- (1) Tweezers

## **Communicable Disease Procedures**

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (Provided in the first aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, Coaches, and Volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

# Enforcement of Little League Rules

## Requirement 12:

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Managers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time... (rule 3.09)
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

**Don't Swing It**  
...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

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

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

**RULE 1.08, Notes**  
\*1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.\*



**HAVE YOU:**

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available



**Make Sure They Are Safe!**

"Dangling"

# Lightning Facts and Procedures

## Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

**Rule of Thumb:** The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or game is called.

**Where to Go?** No place is safe from lightning threat, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

**Where not to go?** Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

## First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause anymore injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well

**NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.**

*Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.*

## **Hydration**

***Managers are required to bring water to each practice and game.  
Players are encouraged to bring bottled water or sports drinks.***

### **Tips to Prevent Heat Illness:**

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

### **How is it treated?**

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.

# Submitting Player, Manager and Coach Data

## Requirement 13:

Player, Manager, and Coach information will be submitted through the Little League Data Center at [www.littleleague.org](http://www.littleleague.org) by **March 1, 2025** or **two weeks following the draft.**

## Requirement 14:

We will answer the survey questions in the Little League Data Center.

## Concussions

All 50 states have laws specific to the management of concussions and head injuries. Some states require not just leagues but DA's, ADA's, and umpires to undergo annual training.

- Some states may affect only school-based activities, but many also address any group using school facilities or grounds for athletic purposes.
- Little League has developed a concussion overview page for each state that will be similar to the Child Abuse page.
- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html) Concussions
- DA's must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the District.
- Failure to adhere to these laws could expose the District and/or host to unwanted liability and penalties • Some states require that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate
- The majority of states also require immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

### CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

#### What Is a Concussion?

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

#### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion.
- Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

#### Talk with your children and teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

 Center for Disease Control and Prevention

### HEADS UP CONCUSSION

Concussions affect each child and teen differently, while most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

#### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

#### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussions.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teachers and return-to-play instructions to the coach and/or athletic trainer.
4. Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

 Download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Revised 2/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below. Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## **Turlock American Little League Concussion Prevention, Treatment and Management Policy**

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Turlock American Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:

a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,

b) Complete the CDC on-line training

course at:

<https://www.train.org/cdctrain/course/1089818/>

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:

a. Be immediately removed from the game or event; and

b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

### **Turlock American Little League Concussion Prevention, Management and Treatment Policy**

#### **Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Turlock American Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: \_\_\_\_\_  
Player

Dated: \_\_\_\_\_  
Parent/Legal Guardian                      Parent/Legal Guardian

**LEAGUE USE:** Division: \_\_\_\_\_ Team: \_\_\_\_\_



# Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

## USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference [www.LittleLeague.org/ChildAbuse](http://www.LittleLeague.org/ChildAbuse)
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

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



This certificate documents course completion, not mastery of content. This course is approved for 1 (one) Clock Hour by the NFHS.





# Accident Notification Form Page 1 (Parent/Guardian Statement)



## LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

### Accident & Health (U.S.)

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

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

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

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

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

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

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

Check all applicable responses in each column:

|                                           |                                                      |                                               |                                           |                                                                  |
|-------------------------------------------|------------------------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)           | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)               |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (8-12)                | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)        | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |                                                                  |
|                                           | <input type="checkbox"/> INTERMEDIATE (10/10, 11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |                                                                  |
|                                           | <input type="checkbox"/> JUNIOR (12-14)              | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |                                                                  |
|                                           | <input type="checkbox"/> SENIOR (13-18)              | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |                                                                  |

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                                                                |
|      |                                                                                                   |

## Accident Notification Form Page 2 (League Use Only)

**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)<br>Residence: (    )<br>Business: (    )<br>Fax: (    ) |

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

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

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

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

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

|      |                           |
|------|---------------------------|
| Date | League Official Signature |
|------|---------------------------|