

# **WOOSTER LITTLE LEAGUE**

## **2018 SAFETY MANUAL**

League I.D. Number 1350404

OHIO DISTRICT # 04

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## **INTRODUCTION**

This Safety Manual is designed to meet the requirements of Little League Baseball's A Safety Awareness Program (ASAP) and was compiled in part from information downloaded from the Little League Baseball web site and included herein and in part from the Safety Manuals used by Ohio District 11 leagues. This document is submitted to Little League International along with the ASAP Registration form and Facility Survey. Roster data for player, managers, and coaches will be submitted to Little League via the Little League Data Center.

The manager of each team will be issued a Safety Manual at the beginning of the season. The manager or the team will acknowledge the receipt of both by signing in the "Safety Manual Receipt" form included in the appendix, and returning it to the League Safety Officer.

In addition to the Safety Manual, the league will maintain a stock of first aid supplies on the league's premises. The manager of each team will have access to these supplies and a telephone at all times when engaged in Little League activities on site. Additional responsibilities of the manager, including off site first aid kit requirements and use of this manual are included in the "Manager's Responsibilities" section.

Unfortunately, the contents of this manual cannot cover every possible scenario for accidents that may occur. It is intended to be a guide to cover the most probable accident prevention issues and basic first aid instruction. Should you have any suggestions on future content, please advise the league Safety Officer.

# Little League Phone Numbers

## **Emergency: 9-1-1**

(AMBULANCE -- POLICE -- FIRE)

<b>League President</b>	<b>Brian Ritchie</b>	<b>330.262.9973</b>
<b>League Vice President</b>	<b>Matt Lamb</b>	<b>419.606.2566</b>
<b>League Safety Officer</b>	<b>Chris Neher</b>	<b>440.227.8663</b>
<b>League Player Agent</b>	<b>Matt Lamb</b>	<b>419.606.2566</b>
<b>League Secretary</b>	<b>Aaron Dorksen</b>	<b>330.464.1305</b>
<b>League Treasurer</b>	<b>Jorn Baxstrom</b>	<b>330.464.0382</b>
<b>Chief Umpire</b>	<b>Dan Snyder</b>	<b>330.464.3233</b>
<b>Concession Mgr</b>	<b>Brenda Fleming</b>	<b>330.317.0274</b>

*A copy of this page will be posted at all telephones located on the premises.*

## **RESPONSIBILITIES**

### ***League President:***

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

### ***League Safety Officer:***

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

The League Safety Officer's responsibilities include:

- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, minor, tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual at the beginning of the season.
- Installing First-Aid Kits in all concession stands and the clubhouse and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Complete annual ASAP Registration Form and Facility Survey for submission to Little League.
- Scheduling a Fundamentals Training Clinic and a First-Aid Clinic for all managers, designated coaches, umpires, player agents and others during the pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Tracking all injuries and near misses in order to identify injury trends. Report incidents to District Safety Officer. (see page 14).
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

## ***Managers and Coaches:***

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

(a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

(b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.

(c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

### **Pre-Season:**

Managers will:

- Take possession of this Safety Manual and secure access to the league first aid supplies
- Ensure first aid supplies and a telephone is available during off site activities.
- Attend a mandatory training session on Fundamentals and First Aid given by the league with his/her coaches as required per ASAP. Each manager and coach must attend one Fundamentals Training and one First Aid Training (unless professional excused per ASAP) at least every three years. The team manager is responsible to see that at least one manager or coach is present during the training sessions each year.
- Meet with all parents on "parents' day" to discuss Little League philosophy and *safety issues*.
- Cover the basics of *safe play* with his/her team before starting the first practice.
- Teach players the *fundamentals* of the game while advocating safety.
- Teach players how to *slide* before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.

### **Season Play:**

Managers will:

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

## Pre-Game and Practice:

Managers will:

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

Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. Then have players do a light jog around the field before starting throwing warm-ups.

## 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 players *alert*.
- Maintain *discipline* at all times.
- Be *organized*.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think *Safety First*.
- Observe the "*no on-deck*" rule for batters and keep players behind the screens at all times. No 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 lose focus by engaging in conversation with parents and passerby's.

## Post Game:

Managers will:

- Do cool down exercises with the players.
  1. Light jog.
  2. Stretching as noted above.
  3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  4. Catchers should ice their knees.
- ☐ Not leave the field until every team member has been picked up by a known family member or designated driver.

- *Notify parents if their child has been injured* no matter how small or insignificant the injury is. *There are no exceptions to this rule.* This protects you, Little League Baseball, Incorporated and league.
- If there was an injury, make sure an accident report was filled out and given to the League Safety Officer.
- Return the field to its pre-game condition.

## ***Umpires:***

### **Pre Season:**

Attend training session on First Aid given by the league.

### **Pre Game:**

Before a game starts, the umpire shall:

- 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 splinters.
- Make sure that metal bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League *NOCSAE* specifications and bear Little League's seal of approval.
- 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.

### **During the Game:**

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if 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:**

After a game, the umpire shall:

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

### ***Concession Stand Manager:***

The Concession Stand Manager is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

## **SAFETY FIRST!**

BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS

PLAYERS MUST WEAR PROPER EQUIPMENT

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM

MAKE IT FUN!

## **CONDITIONING & STRETCHING**

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

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

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

### ***Hints on Stretching***

- ❖ Stretch necks, backs, arms, thighs, legs and calves.

- ❖ Don't ask the child to stretch more than he or she is capable of.
- ❖ Hold the stretch for at least 10 seconds.
- ❖ Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- ❖ Have one of the players lead the stretching exercises.

### ***Hints on Calisthenics***

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

## **PITCH COUNT**

*Pitch count does matter.* Every year, at our annual First-Aid clinic, the sports doctor that lectures focuses the majority of his material on warning future managers and coaches about pitching injuries and how to prevent them. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. *A child cannot be expected to perform like an adult!*

The league will monitor pitch counts per Little League rules. See Little League rulebook for details.

*Children should not be encouraged to "play through pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.*

## **HYDRATION**

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated. 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.

## **COMMON SENSE**

*Playing safe* boils down to using *common sense*.

For instance, if you witnessed a strange person walking around the league complex who looked like he/she didn't belong there you would report the incident to a league official. There will always be a league official on site (*see the telephone number list in the beginning of this manual to identify them*).

The league official, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of *common sense* – You witness kids throwing rocks or batting rocks on the league premises. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

## EQUIPMENT

A league official, the President or league representative, is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice. The league will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

Some of the rules regarding equipment are as follows:

- Helmets -
  - ❖ All protective helmets must meet NOCSAE specifications and standards.
  - ❖ These helmets will be provided by the league at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
  - ❖ Each helmet shall have an exterior warning label. *The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.*
  - ❖ Use of a helmet by the batter and all base runners is mandatory.
  - ❖ Use of a helmet by a player/base coach is mandatory.
  - ❖ Use of a helmet by an adult base coach is optional.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Bases meeting Little League safety standards will be used. See Little League Rule 1.06.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the league.

## WEATHER

### ***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 practice 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:***

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 parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

### ***Hot Weather:***

Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***.

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

## MACHINERY

Tractors, mowers and any other heavy machinery will:

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication)
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed garages if not in use.

## 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 League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

### When to report –

All such incidents described above must be reported to the League Safety Officer within 24 hours of the incident. See the League Telephone List for the name and number of the League Safety Officer. If you are unable to reach the League Safety Officer, contact the League President.

### How to make a report –

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

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

The League Safety Officer will advise as to which forms may need to be filled out and submitted regarding the accident - typically the Injury Tracking Report or the Accident Notification Form (for insurance claims). ***The Accident Notification Form must be filed with Little League Headquarters within 20 days of the incident.***

### League Safety Officer's Responsibilities –

Within 24 hours of receiving the notification of an accident, the League Safety Officer will contact the injured party or the party's parents and;

- verify the information received;
- obtain any other information deemed necessary;
- check on the status of the injured party; and
- in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the League's insurance coverage and the provision for submitting any claims, and
- submit the completed Accident Notification Form to Little League baseball within 20 days of the accident and copy District Safety Officer.

If the extent of injuries are more than minor in nature, the League 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).

## **INSURANCE POLICIES**

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

### **Explanation of Coverage:**

The *AIG Little League's insurance policy* (see "What Parent's Should Know About Little league Insurance" in the Appendix) is designed to afford protection to all participants at the most economical cost to the local league. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, AIG Little League Accident insurance - which is purchased by the league, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

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

### **How the insurance works:**

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.

3. If the child is not covered by any family insurance, the Little League AIG Accident Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.

4. Treatment of *dental injuries* can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. See Claim Form instructions for more information.

***Filing a Claim:***

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. (If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.) Forward a copy of the Group or Employer's insurance company's response to Little League Headquarters with a copy of the Accident Notification Form that was originally filed at the time of the accident. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the League Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 326-1074. *Contact the League Safety Officer for more information.*

## **CONCESSION STAND SAFETY**

- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Any propane tanks will be turned off at the grill and at the tank after use. Food not purchased by the league to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

## CHILD ABUSE

### ***Volunteers***

*Volunteers* are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*. *Anyone* can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen.

All league volunteers are required to fill out and submit the current Little League Baseball Volunteer Application as shown in the Appendix. A background check (including the Dept. of Justice National Sex Offender Registry – [www.nsopr.gov](http://www.nsopr.gov), Lexis-Nexis), as indicated on the application, is performed on each individual prior to assignment. Anyone refusing to submit an application may not participate as a league volunteer.

The application forms will be held by the League President for the duration of the year of service. Information contained in these forms is confidential to the league.

### ***Reporting***

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

### **Investigation**

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

### **Suspending/Termination**

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

### **Immunity From Liability**

All states provide *immunity from liability* to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

### **Make Our Position Clear**

Make adults and kids aware *that Little League Baseball and the local league will not tolerate child abuse, in any form.*

### ***The Buddy System***

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

### ***Access***

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

### ***Lighting***

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

## **HEALTH AND MEDICAL**

### ***Giving First-Aid***

#### ***What is First Aid?***

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

#### ***First Aid-Kits***

First Aid Supplies are located on the premises.

### ***Permission to Give Care***

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

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

## ***Treatment At Site – Do's and Don'ts***

### **Do . . .**

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- **Talk** to your team afterwards about the situation if it involves them.
- Often players are upset and worried when another player is injured.
- They need to feel safe and understand why the injury occurred.

### **Don't . . .**

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

## ***9-1-1 EMERGENCY NUMBER***

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

1. First Dial **9-1-1**.

Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
  - The telephone number from which the call is being made.
  - The caller's name.
  - What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
  - How many people are involved.
  - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
  - What help (first aid) is being given.
2. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
3. Continue to care for the victim till professional help arrives.
4. Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## ***If A Victim is choking***

### **Partial Obstruction with Good Air Exchange:**

**Symptoms** may include forceful cough with wheezing sounds between coughs.

#### **Treatment:**

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

### **Partial or Complete Airway Obstruction in Conscious Victim**

**Symptoms** may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

#### **Treatment - The Heimlich Maneuver:**

1. □ Stand behind the victim.
2. Reach around victim with both arms under the victim's arms.
3. Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
4. Give quick, upward thrusts.
5. Repeat until object is coughed up.

## ***Bleeding in General***

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

If a victim is bleeding,

- 1) **Act quickly**. Have the victim lie 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 pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

## ***Nose Bleed***

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

## ***Bleeding On The Inside and Outside of the Mouth***

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

## ***Deep Cuts***

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up.

## ***Splinters***

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, **DO NOT** remove it.

### **Symptoms:**

*May include:* Pain, redness and/or swelling.

### **Treatment:**

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If 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 persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

### **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 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

## ***Emergency Treatment of Dental Injuries***

*In the case of dental injury, victim must seek immediate dental care.*

## ***Burns***

### **Care for Burns:**

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 cloths 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.

## ***Heat Exhaustion***

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

### **Treatment:**

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.

- 2) Massage legs toward heart.
- 3) Only if 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 victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

### ***Transporting an Injured Person***

**If injury involves neck or back, DO NOT** move victim unless absolutely necessary. Wait for paramedics.

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

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

**If victim must be lifted:**

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

### ***Prescription Medication***

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

### ***Asthma and Allergies***

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

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

## **SAFETY CODE FOR LITTLE LEAGUE**

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- Responsibility for procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first aid. First Aid Kit should be available at the field.
- No games or practices should be when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play 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.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly. Make sure it fits properly.
- Batters must wear approved protective helmets during batting practice, as well as during games.
- Catcher must wear catcher's helmet, mask, throat protector, long model chest protector, shin guards and male catchers must wear a protective supporter at all times.
- Except when runner is returning to a base, head first slides should be avoided.
- During slide practice bases should not be strapped down and should be located away from the base anchoring system.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Players should not wear watches, rings, pins or other metallic items.
- Catchers must wear catcher's helmet and mask with a throat protector in warming up pitchers. This applies between innings and in the bull-pen.

## APPENDIX

## SAFETY MANUAL RECEIPT

I acknowledge receipt of one copy of the league Safety Manual have been informed of the location of First Aid Supplies and all telephones located at the league facilities. I agree to keep the Safety Manual in my possession at all times during league activities both on site and off site where safety is a consideration.

I also acknowledge that I have been informed of the date, time, and place for the Fundamentals Clinic and for the First Aid Training.

Name of League \_\_\_\_\_

Level of Play \_\_\_\_\_

Name of Team \_\_\_\_\_

Name of Manager \_\_\_\_\_

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

*Give sign form to League Safety Officer.*



# Little League Baseball®

## Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

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: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

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

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



# Little League. Volunteer Application -2014

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Social Security # (mandatory with First Advantage or upon request)** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special professional training, skills, hobbies: \_\_\_\_\_  
 Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes ☐ No ☐ If yes, list full name and what level? \_\_\_\_\_  
 Special Certification (CPR, Medical, etc.): \_\_\_\_\_  
 Do you have a valid driver's license: Yes ☐ No ☐  
 Driver's License#: \_\_\_\_\_ State \_\_\_\_\_  
 Have you ever been convicted of or plead guilty to any crime(s): Yes ☐ No ☐  
 If yes, describe each in full: \_\_\_\_\_

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

Have you ever been refused participation in any other youth programs? Yes ☐ No ☐  
 If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)  
 League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐  
 Manager ☐ Scorekeeper ☐ Concession Stand ☐ Other ☐

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

Name/Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Applicant Name (please print or type) \_\_\_\_\_  
 NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

## LOCAL LEAGUE USE ONLY:

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

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

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

\*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from First Advantage 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.**

## 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 (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)  
☐ Senior (14-16) ☐ Big League (16-18)
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event  
☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

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

Type of injury: \_\_\_\_\_

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

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

### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.**

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

### **WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE**

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

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

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

1. The Little League Baseball 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.

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

Little League® Baseball & Softball  
**CLAIM FORM INSTRUCTIONS**



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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

### **TREATMENT OF DENTAL INJURIES**

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

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## CHECKLIST FOR PREPARING CLAIM FORM

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1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

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

1. The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor.
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the league official.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

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**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

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# 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 Fax: 570-326-9280

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

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

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

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

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

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

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

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

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

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

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

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

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

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

Date	League Official Signature
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## General Liability Claim Form

Send Completed form to:

Little League Baseball and Softball

539 US Route 15 Hwy

P.O. Box 3485

Williamsport, Pennsylvania 17701-0485

(570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

CN

(LEXINGTON USE ONLY)

Insured	Name of League		League I.D. Number (Used as location code)			
	Name of League Official (please print)		Position in League			
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)			
			Phone No. (Bus.)			
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)		
	Arising out of Operations conducted at					
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				
Who owns Premises			Person in charge of Premises			
Coverage Data	Limits		Elevator:		Products:	Cont:
	BI/PD:		Yes		Yes	Yes
	Med. Pay: None					
	Policy Number		Policy Dates:			
		Begin:		End:		
		Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Property Damage	Name of Owner		Description of Property			
	Address (Street, City, State, Zip)		Name of Insurance Co.			
			Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res)			
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	
			Phone No. (Bus)			
	Employers Name and Address					
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address				
Description of Injury						
Where was the injured taken after accident?			Probable length of Disability			
Witnesses:	Name, Address, Phone Number					
	Name, Address, Phone Number					
	Name, Address, Phone Number					
Date of Report:	Signature of League Official:			Position in League		

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

### **Applicable in Arizona**

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

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

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

### **Applicable in California**

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

### **Applicable in Colorado**

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

### **Applicable in Florida and Idaho**

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

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

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

### **Applicable in Indiana**

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

### **Applicable in Minnesota**

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

### **Applicable in Nevada**

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

### **Applicable in New Hampshire**

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

### **Applicable in Ohio**

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

### **Applicable in Oklahoma**

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