

2022 SAFETY PROGRAM PLAN AND MANUAL

2022 Safety Manual



**Calvert County American
Little League
LEAGUE ID 220-07-02**

2022 SAFETY PROGRAM PLAN AND MANUAL

Our Little League is committed to the safe operation of our Programs. This Safety Plan and Manual has been developed to assist in that effort and to ensure that our league is “ASAP” compliant.



Safety Mission Statement of Our Little League

It is the policy of our Little League to actively participate in the ASAP Program in order to safeguard the physical and emotional well-being of all children participating in any baseball and softball programs, as well as providing a safe and friendly environment for volunteers, parents and spectators.

It is also the policy of our league to

- *Inform and educate our community as to what the ASAP Program is and how it serves the best interests of our participants.*
- *Involve players, parents, community members, local businesses, law enforcement, fire protection, EMS and other organizations in our ASAP Program through the sharing of information, poster campaigns, advertising and education programs*
- *Utilize all available resources within our community to further the goals of the ASAP*
- *Make Zero-Injuries our ultimate goal*

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Our 2022 League Safety Officer

Name: Jay Iungerich

Cell: (443)498-3733

Email: safety@ccall.org

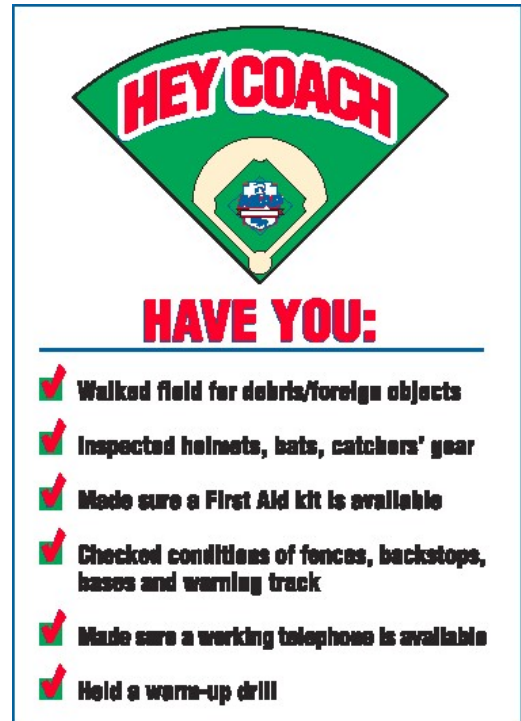
The responsibilities of the League Safety Officer to our Little League are:

- ✓ Develop and document League Safety Program and distribute hard copies to all volunteers in accordance with ASAP policy.
- ✓ Submit a yearly ASAP plan to Little League Baseball.
- ✓ Submit annually an updated Facilities Survey to LLBB
- ✓ Submit annually the Qualified Safety Plan Registration Form to LLBB
- ✓ Ensure compliance throughout the league with the established safety policies
- ✓ Help develop and coordinate all Safety Related Training with the League
- ✓ Conduct weekly inspections of all fields and facilities
- ✓ Report all violations to our Little League Board of Directors along with the corrective actions taken.
- ✓ Investigate all accidents; provide claims forms and information and track in accordance with this safety manual.
- ✓ Maintain and distribute First Aid Kits for all teams
- ✓ Ensure league compliance with the Little League Baseball's Child Protection Policy
- ✓ Ensure compliance with ASAP requirement 15 requiring player registration data and coach/manager data be submitted via the Little League Data Center

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General Safety Policies for Our League

- This Safety Plan and manual will be distributed to all coaches and managers as well as all officers and league volunteers of *our Little League*.
- Our Little League will inform and involve parents in the Safety Program.
- Umpires are a vital part of our Safety Program. Umpires will be considered as Safety Officers for each game they officiate in the absence of a District or League Safety Officer and have the authority to stop, or delay play due to any safety issues.
- Before any game or practice, Managers, Coaches and Umpires will carefully inspect the fields/facilities for hazards. Inspection should include bases, fences, outfield area, rest rooms, and bleachers. Managers must also ensure that all phone listings for our Little League Board of Directors and all Emergency Phone listings are predominately posted at the game or practice site. Report all problems to the League Safety Officer. Correct all problems **BEFORE** beginning play or practice.
- A working phone will be available at all game and practice sites.
- Before any game or practice, all equipment (Bats, Helmets, Bases, Catchers Equipment) must be carefully inspected for defects. Discard all defective equipment and report all problems to the Safety Officer. All defective equipment will be returned for permanent disposal. At no time will defective equipment be given away.
- All rules of the 2022 Little League rulebook will be strictly enforced. Our league will ensure that the appropriate 2022 Little League rulebook is distributed to every manager, coach, umpire, and league/district official. All



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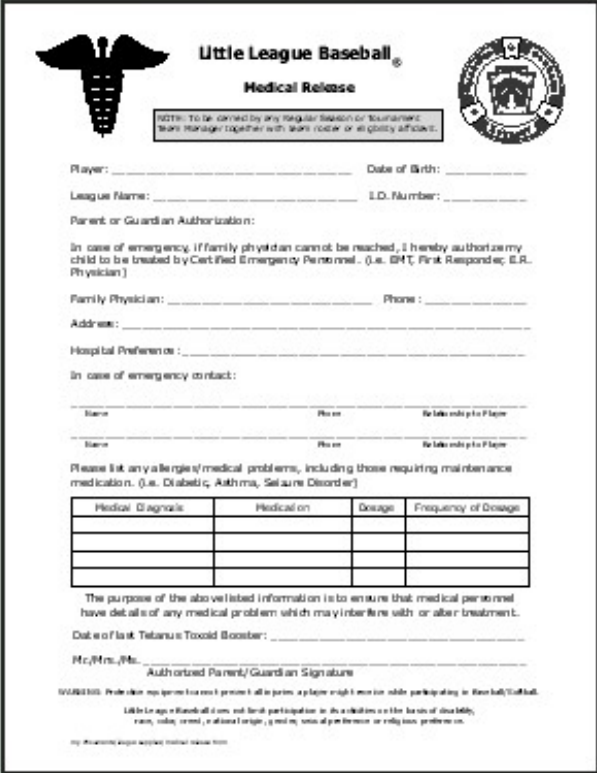
participants must follow all 2022 Little League Baseball Inc. rules, both during practices and games as most rules relate to safe participation. Some rules of special importance

- All fields under our control will use dis-engage able bases IAW Rule 1.06 , inspected and listed on the 2022 Little League Field Survey submitted on-line.
 - Catchers will be properly equipped In accordance with Rule 1.17. All catchers must also have dangling throat protectors secured to their masks in such a way as to provide proper protection.
 - Catchers warming up pitchers or catching for infield/outfield drills will wear catchers helmet, mask with dangling throat protector.
 - Under no circumstances will an adult volunteer warm up a pitcher in accordance with Rule 3.09. This includes standing at the backstop during practice as informal catcher for batting practice.
 - All equipment will be inspected before it is issued and before each use. All batting and catchers helmets will comply with all specifications and applicable NOSCAE standards.
 - All suspect or clearly defective equipment will be disposed of by our equipment manager. It will not be given away for use by anyone.
 - All bats used by our league will fully comply with 2022 Little League rules.
- All teams will be issued a First Aid Kit.
 - Every Manager is to ensure that a First Aid Kit is available for all games and practices. Managers will also be sure to carry the team first aid kit if traveling outside of the league facilities. All kits should include non-latex gloves.
 - Every Manager is to carry the team's roster with copies of all Medical Release Forms to all games and practices.
 - Annual Basic First Aid/EMT Training is offered for our coaches and managers. All umpires and league officials will also be invited to attend.
 - Annual Fundamentals/Skills Training is mandatory for all managers and coaches.



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- Our league encourages the use of protective cups by all male players. We also highly recommend the use of protective mouth guards by all infielders.
- Our league strongly encourages the use of batting helmet face guards and will provide them to all players requesting them.
- Our league requires that the Little League Baseball Medical Release be completed, signed and returned to the team manager before participation in any practice or game. **There are no exceptions to this rule. Copies must also be provided to the Player Agent.** A blank copy will be provided with the registration forms.



Little League Baseball®
Medical Release

NOTE: To be carried by any regular season or tournament team manager together with team roster or all glossy tickets.

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 _____ Do Not Write on this Page
 Name _____ Phone _____ Do Not Write on this Page
 Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medical on	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: Participation requires that you permit all persons, a player might encounter while participating in Baseball/Softball, Little League Baseball and local participation in the activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.
My Player Agent supplies medical release form.

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

A list of emergency numbers and league officials will be posted at all sites along with Emergency Procedures for our league.

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- We will submit all league player registration data or player Roster data and coach and manager data via the Little League Data Center at www.LittleLeague.org in the prescribed format.

OUR LEAGUE EMERGENCY PROCEDURE

In the event of any serious crime, threat of any type, injury, or illness

DIAL 9-1-1

This will connect you to a dispatcher who will provide the appropriate response to any emergency. Listen carefully to the dispatcher. They will ask you the appropriate questions and get you the help you need. No matter what, **DO NOT HANG UP** until the dispatcher hangs up or tells you to.

If the emergency is an injury or illness, follow this procedure

First, protect the victim from further injury! **DO NOT MOVE THE VICTIM UNLESS THERE IS AN IMMEDIATE THREAT!**

Any qualified person at the scene should provide First Aid immediately.

The most important help 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.

First dial 9-1-1. Give the dispatcher the necessary information. Answer all questions that he or she might ask. Most dispatchers will ask your exact location, the telephone number from which the call is being made and your name. They will also need to know what happened, how many victims there are and their condition. They will also ask what help is being given (firstaid, CPR, etc.) The dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim and reassure them until professional help arrives.

If the victim is a minor, find the legal guardian.

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Always notify the League President and Safety Officer of any incident, no matter how minor, so that the league can properly document it.

CCALL President Name/Cell: Mike Barnes/240-538-7027

CCALL Safety Officer Name/Cell: Jay Iungerich/443-498-3733

Child Protection Policy

- **All Volunteers and Board Members will submit to a background check via the Online system created by the JDP company in corporation with Little League International before 15 March 2022. This will be completed by having player agents submitting Full Name and email of all volunteers to the league President who will then upload this the JDP website. The JDP website will send a link to the volunteer to complete the background check process. The President of the league is notified of the forms completion and once the check is complete the president is notified of any flags that need review. The President reviews the flags and if necessary, discuss this with the BOD for possible further action per LL rule book.**
- **Our league will conduct background checks on all volunteers through JDP. There will be absolutely no exceptions to this requirement.**
- **Anyone refusing to submit the application will not be allowed to participate with the league in any capacity.**
- **Our league will retain background checks records until the end of the calendar year.**
- **Our league encourages the participation of our children in ASAP.**
- **A stringent coaches and parent code of conduct was created and will be distributed at coaches meeting and team books.**

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Accident Reporting and Tracking Policy For Our Little League

All accidents and near-miss incidents must be reported to the League Safety Officer (LSO).

- All accidents involving an injury that require any first aid or professional medical attention must be reported to the LSO within 24 hours of the incident.
- All other accidents and near miss incidents must be reported to the LSO within 72 hours. Near miss accidents are any incident where a player, spectator, umpire, coach, manager, or league official narrowly missed being injured. These “close call” incidents may indicate a safety problem that needs to be addressed before an actual injury occurs.
- League Safety Officer will investigate and take appropriate action.
- LSO will also forward comments to the board of directors and fill out appropriate form(s)
 - ASAP Incident Tracking Form(Enclosed)
 - Little League Baseball Accident Notification Form(Enclosed)
- LSO will also assist parents in filing claim forms. Copies of all claim forms will be maintained for two years.
- All accidents and near miss incident reports will be maintained by the LSO for a minimum of two years.

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Maryland District 7 Little Leagues

Incident/Injury Tracking Report

A Safety Awareness Program – Activities/Reporting

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)
☐ Senior (13-15) ☐ Sr./Minor (13-15) ☐ 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
☐ 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: _____

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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

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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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/	<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 _____

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Safety Training Events for 2022

Our Little League will provide a Safety Training Program. In addition to the following, make up sessions will be scheduled in our area as required.

2022 EMT/First Aid Training Sessions

Date/Time:TBD, 2022 Time TBD

Location: TBD

Date/Time: TBD, 2022 Time TBD

Location: TBD

2022 Fundamental/Skills Training Sessions

Date/Time: TBD, 2022 Time TBD

Location: TBD

Coaches and Managers Supplemental Training Outline

For Coaches and Managers

The intent of our league's Supplemental Training is to provide managers and coaches with the basic knowledge needed to teach, plan, and organize. There will be a strong emphasis on safety. Topics will include:

- Little League Rule Changes
- Pitch Counts per Age Group and Pitching Mechanics
- Returning from Injury- What are the Managers and Coaches responsibilities
- Safety Issues Safe Practice Field Conditions
- Safe Practice Policy
- Weather Policy
- Lightening Safety
- Lighting Conditions and Safety
- Injury Prevention

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- Coaches And Managers Code Of Conduct
- ✓ Follow your leagues Safety Plan and ASAP Guidelines
- ✓ Require players to properly warm up/stretch before all activity

Warm ups should include gradually increasing working thru the full range of motion for the activity expected and should include a sport specific activity. Lining up and throwing to each other for 15 minutes is not a warm up!

- ✓ Cool down

Cool down after vigorous exercise. A 10 to 15 minute cool-down period allows heart rate and breathing to return to normal. Slow walking will prevent blood from pooling in the legs. Blood pooling can cause dizziness and blackouts. Do stretching exercises again to prevent the muscles from getting sore and stiff.

Concession Stand Safety

Calvert American Little League will be selling concessions, consisting only of prepacked/sealed from the manufacturer snacks and drinks. No refrigeration is required for any of the items. Calvert County Parks and Recreation, and Calvert County Board of Health requirements will be followed for any goods sold.

Parent Code of Conduct

Calvert American Little League requires that Parents sign a “Parent Code of Conduct

This process ensures that all parents are made aware of the expected behaviors, and that they are viewed as role models for good sportsmanship for our kids.

Coaches will be responsible for covering the topics on the Parent Code of Conduct, and to ensure that a signed copy is received from all parents and guardians of participating children.



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Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

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

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

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

Parent/Guardian Signature

2022 SAFETY PROGRAM PLAN AND MANUAL

2022 CCALL COVID-19 Guidance:

1. If you feel sick, then stay home.
2. If you have been exposed to COVID-19, and are not up to date on vaccinations, or have not been confirmed positive for COVID-19 in the past 90 days, then the CDC recommends a 5-day quarantine and a test at 5 days after exposure.
3. If a participant tests positive for COVID-19 or have symptoms, then the CDC recommends that you isolate for 5 days (no symptoms) or 5 days and 24 hours with no fever (with symptoms) before returning to activities with CCALL.
4. Follow all local and state guidelines for facilities and events.
5. The managers meeting at home plate should be limited to one coach from each team plus the umpires. No players at plate meeting. Eliminate the meeting if possible.
6. Where possible, consider options for limiting both the pitching and the scorecard exchanges, in order to reduce person-to-person contact.
7. Allow teams to spread players out; expand the dugout area when room permits and only if player safety will not be compromised. Expansion of the team dugouts should not be done into foul ball areas. Attempt to limit bench personnel to essential team personnel.
8. Allow players to wear PPE items if they choose, as long as the items do not compromise the safety of any and all participants in the game.
9. Require teams to clean their dugout of all trash and other items after each game.