

Safety Program

2016

MEDFORD LITTLE LEAGUE





Safety Mission

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*Medford Little League
Is A Non-Profit
Organization Run by
Volunteers Whose
Mission Is To Provide
An Opportunity For
Our Community's
Children To Learn The
Game Of Baseball In A
Safe And Friendly
Environment.*

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MEDFORD LITTLE LEAGUE

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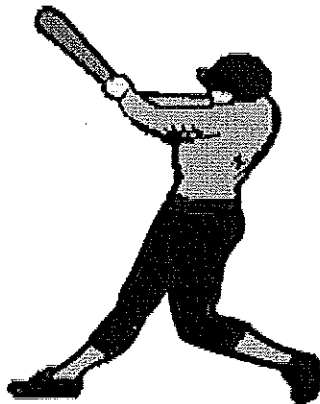
 - (A) - Lawrence Memorial Hospital
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Introduction

Welcome to **Medford Little League's** 2016 Season. This season's goal of the Safety Officer will be to provide a safe environment for all of the players and volunteers. The 2016 Board of Directors hope that all of the managers, coaches, players, volunteers, and parents have a safe and fun Season.

In accordance with this safety program, the Safety Officer and Equipment Manager have performed a pre-season inspection of all league equipment. This will ensure that all 2016 little league safety updates are in place. The coaches will be provided with ice packs and a First Aid Kit, which must be present at every practice and game. Each manager and coach will receive a copy of the 2016 Safety Program, which we will go over in its entirety at the first Coach's meeting. The ASAP Safety Program will also be posted on the leagues website.



List of Equipment Provided by the League

- Batting Helmets
- Bats
- Catchers Mask
- Chest Protector
- Shin Guards
- Catchers Mitt
- Knee Savers
- Throat Guard (Must be attached to every Catchers Mask)
- Shirts and Hats
- Baseballs
- First Aid Kit and Ice Packs (Must be at every Game and Practice)



MEDFORD LITTLE LEAGUE 2016 BOARD OF DIRECTORS

-				
-	Bill O'Keefe	President	okfe127@aol.com	
-				
-	Joe Slowe	Vice President	jmslowejr@verizon.net	781-710-7927
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-	Dave Maffeo	Treasurer	david.maffeo@bmc.org	617-851-0374
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-	Ed Flaherty	Secretary	theflahertys@comcast.net	339-224-1311
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-	Jay Dubuc	Farm League Commissioner	jayfat@comcast.net	781-389-5915
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-	Kevin White	Field Commissioner	kevinwhite627@gmail.com	
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-	Dave Morin	Member at Large	djmorin715@yahoo.com	617-283-5247
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-	Laurence Shumway	Member at Large	dad@theshumways.com	781-738-0544

2014 YOUR LEAGUE Coaches

MAJOR LEAGUE MANAGERS

TO BE DETERMINED

AAA MINOR LEAGUE MANAGERS

TO BE DETERMINED

AA MINOR LEAGUE MANAGERS

TO BE DETERMINED

FARM LEAGUE MANAGERS

TO BE DETERMINED

TEE-BALL MANAGERS

TO BE DETERMINED

Medford Little League Code of Conduct Contract

The Board of Directors of MEDFORD LITTLE LEAGUE has mandated the following Code of Conduct. All Managers and Coaches will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and return to Christopher Kiely, League Safety Officer.



MLL Code of Conduct:

No Board Member, Manager, Coach, Player, or Parent **at anytime**:

- ◆ Lay a hand upon, push, shove, strike, or threaten to strike a league official, coach, parent, player, or umpire.
- ◆ Be guilty of Verbal or physical abuse of any League official, coach, parent, player, or umpire.
- ◆ Be guilty of an objectionable demonstration of disagreeing with an official's decision by throwing a glove, helmet, hat, bat, ball, or any other forceful un-sportsman like action.
- ◆ Be guilty of unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ◆ Be guilty of a physical attack upon any board member, manager, coach, parent, player, or umpire.
- ◆ Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.
- ◆ Appear on the field, stands, or grounds while in an intoxicated state.
- ◆ Smoke while in the stands, playing field, or any dugouts. Smoking is permitted 100 ft from any MLL Complex.
- ◆ Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision, or personal opinion on any players during the game.
- ◆ Speak disrespectfully to any manager, coach, official, parent, player, or umpire.
- ◆ Be guilty of tampering or manipulating any rosters, schedules, draft positions, selections, scorebooks, rankings, financial records, or procedures.
- ◆ Challenge an umpire's authority. The umpire shall have the authority and discretion during a game to penalize and eject any offender.

The Board of Directors will review all violations of the code of conduct. If necessary, disciplinary action will be taken.

.....
I have read the YOUR LEAGUE Code of Conduct and agree to adhere to its rules and regulations.

Print name of Manager/Coach

Team name and division

Signature of Manager/Coach

Date

LITTLE LEAGUE SAFETY CODE

- Responsibility for safety procedures shall be that of the Safety Officer and Board of Directors.
- Arrangements shall be made in advance of all games and practices for all emergency services.
- Managers, coaches, and umpires should have some training in First Aid. First Aid Kits shall be available at the field at all times.
- No games or practices should continue if the field or weather conditions are not good, especially when lighting is inadequate.
- Fields shall be inspected frequently for holes, damage, stones, glass, and other foreign objects.
- Bat and helmet racks shall be positioned behind the fence.
- Only managers, coaches, players, and umpires are permitted on the field during a game or practice.
- Responsibility for keeping bats and loose equipment off the field shall be that of the managers and coaches.
- During practices and games all players in the field 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 shall be inspected regularly. No cracks in helmets, dents in bats, or missing safety apparatus. (Throat Guards)
- Batters must wear approved helmets during games and batting practice.
- Catchers must wear: Catcher's mask with throat guard (must not hang less than $\frac{3}{4}$ of an inch), long model chest protector, shin guards, catchers glove, and male catchers must wear a cup at all times **NO EXCEPTIONS**.
- Except when the runner is returning to a base, a head first slide should be avoided.
- At no time shall "horse play" be allowed on the field or dugouts.
- Players should not wear watches, rings, pins, chains, earrings, or other metallic items during games or practices.
- Catchers must wear a catcher's mask with throat guard while participating in warm-ups and warming up pitchers both on the field and in the bullpens.
- All League Volunteers, including Board of Directors, Managers, Coaches, Concession Stand workers, Field Maintenance, etc. Shall be required to fill out a Little League Volunteer Form, which is located at the end of this packet.
- All Managers and Coaches are required to attend our leagues Fundamental and First Aid meetings once every three years. Please refer to page nine of this packet for Dates and Locations for both training Dates. This is very important to attend these meetings. Please make sure each team is represented.

Important Dates

1/1-3/1/16	Registrations	On Line Early Bird Registration begins	
January 31	Registrations	Early Bird Registration Discount ends	
February 4	Major/Minor Leagues Coaches Meeting	7:00 12 High Street	
March 1	Registration continue		
March 19	Tryouts	Time TBD	@Cousens Gym (Tufts)
March 20	Tryouts	Time TBD	@Cousend Gym (Tufts)
March 23	Tryouts	Time TBD	@Cousens Gym (Tufts)
March 26	Tryouts	Time TBD	@Cousens Gym (Tufts)
March/April TBD	Minor League Draft	6:00PM	9 Main Street
March/April TBD	Major League Draft	6:00PM	9 Main Street
April TBD	First Aid Training	6:00PM	@MHS
April	Practice Begins	N/A	N/A
April TBD	Fundamentals training	7:00 PM	@MHS
April TBD	Opening Day	9:00 AM	@
April TBD	CPR/AED Training	6:00PM	@MHS
May TBD	CPR/AED Training	6:00PM	@MHS
May TBD	Picture Day	8:00 AM	@TBA
June TBD	Last Day League play		



HAVE YOU:

- **Walked field for debris/foreign objects**
- **Inspected helmets, bats, catchers' gear**
- **Made sure a First Aid kit is available**
- **Checked conditions of fences, backstops, bases and warning track**
- **Made sure a working telephone is available**
- **Held a warm-up drill**

Keep It Clean: Concession Stand Tips

'12 Steps to Safe and Sanitary Food Service Events'

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County Department of Health.

1. Menu. Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*

2. Cooking. Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. *Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.*

3. Reheating. Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

4. Cooling and Cold Storage. Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.*

5. Hand Washing. Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling. Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*

8. Dishwashing. Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. *Ideally, dishes and utensils should be washed in a four-step process:*

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria and viruses and cause foodborne illness.*

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*

11. Insect Control and Waste. Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

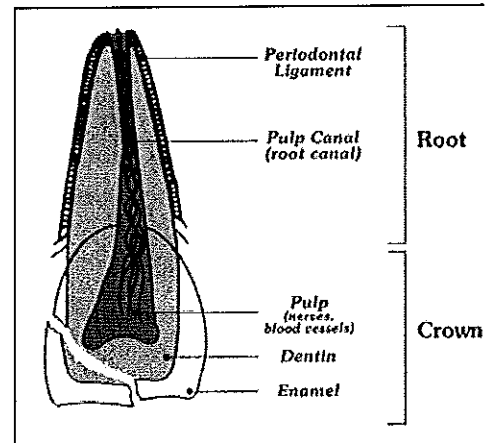
12. Food Storage and Cleanliness. Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan. Safety plans must be postmarked by May 1, 2000.)

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant tooth and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 - Best - Place tooth in Hank's Balanced Saline Solution.
 - 2nd best - Place tooth in cold milk.
 - 3rd best - Wrap tooth in saline-soaked gauze.
 - 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
 - 5th best - Place tooth in cup of water

Emergency Treatment of Dental Injuries ⇒



LUXATION (Tooth in socket, but wrong position)

Three Positions

Extruded Tooth - Upper tooth hands down and/or lower tooth raised.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
3. Transport Immediately to Dentist.

Lateral Displacement - Tooth pushed back or pulled forward.

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

Intruded Tooth - Tooth pushed into gum - looks short.

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

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Immediately transport patient and tooth fragments to dentist.

Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries

- Call 911 immediately
- Minimize movement of the head and spine
- Maintain an open airway
- Check consciousness and breathing
- Control any external bleeding
- Keep the injured player from getting chilled or overheated until paramedics arrive

-Treatment At Site –

Some Important 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 911 immediately if person is unconscious or seriously injured.
- Look for signs of *injury (blood, black-and-blue, deformity of joint ect.)*
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm down the injured person.
- 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, ect.)
- ◆ Transport injured individual except in extreme emergencies.



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

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Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, clumsiness, delirium

Good Samaritan Laws →

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

- ◇ Move a victim only if the victim’s life was endangered.
- ◇ Ask a conscious victim for permission before giving care.
- ◇ Check the victim for life-threatening emergencies before providing further care.
- ◇ Summon professional help to the scene by calling **911**.
- ◇ Continue to provide care until more highly trained personnel arrive.

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

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

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

Checking the Victim →

Conscious Victims:

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



- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air, making rasping, gurgling, or whistling sounds. Breathing may also be unusually fast or slow, or painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move their fingers, hands, and arms.
- 16) Look for odd bumps or depressions.

17) When you have finished checking, if the victim can move his or her body without any pain and there are no signs of injury, have the victim rest sitting up.

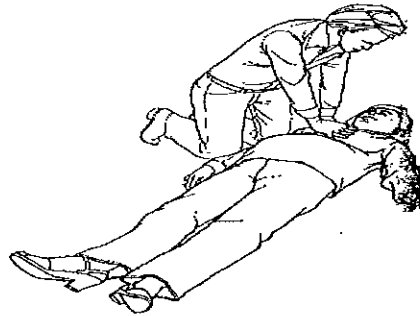
18) When the victim feels ready, help him or her stand up.

Unconscious Victims:

If the victim does not respond to you in any way, assume the victim is unconscious. Call **911** and report the emergency immediately.

Checking an Unconscious Victim:

- 1) Tap and shout to see if the person responds.
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Look, listen, and feel for breathing for about 5 seconds.
- 5) Check pulse for 5 to 10 seconds.
- 6) Check for severe bleeding.



Giving CPR →

1) Position victim on back on flat surface.

2) Position yourself so that you can give rescue breaths and chest compression without having to move. (Usually to one side of the victim).

3) Find hand position on breastbone

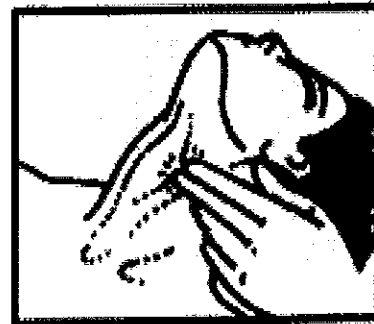
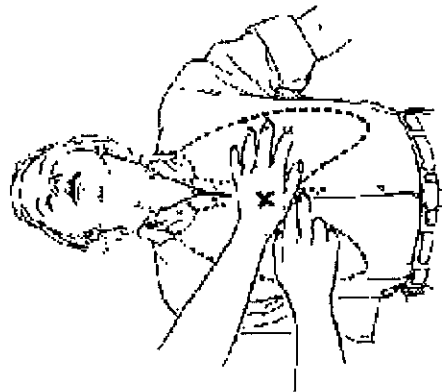
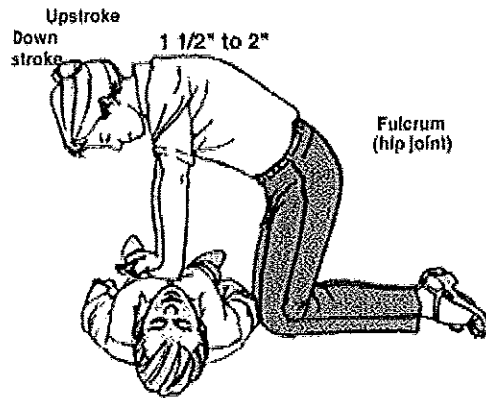
4) Position shoulders over hands. Compress chest 15 times. (For small children only 5 times).

5) With victim's head tilted back and chin lifted, pinch the nose shut.

6) Give two slow breaths into victim's mouth. Breath in until chest gently rises. (For small children only 1 time).

7) Do three more sets of compressions and breaths.

8) Recheck pulse and breathing for about 5 seconds.



When to Stop CPR→

1) If another trained person takes over CPR for you.

2) If paramedics arrive and take over care of the victim.

3) If you are exhausted and unable to continue.

4) If the scene becomes unsafe.

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" Laws.

Play It Safe

FIRST AID

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

Definition

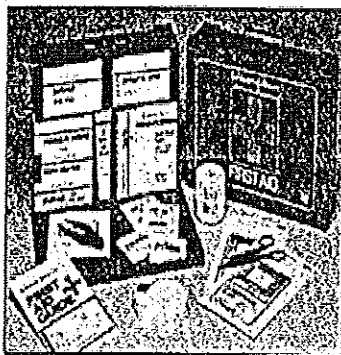
First aid is the immediate, necessary, temporary, emergency care given for injuries.

Selection and Qualifications of First Aiders

It is recognized as impractical to have a completely trained and experienced first aider on duty at all times. However, every effort should be made to have several alternate first aiders, preferably adults whose duties keep them at the field, trained in the basic requirements of first aid treatment.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have them trained briefly and specifically for this purpose by a medical

doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.



First Aid Equipment

Since this chapter of "Play It Safe" is not intended as a First Aid Manual, we have omitted information on treatment. Both this and the proper equipping of the first aid kit should be left to the advice of local medical authorities. It is sug-

gested, however, that in addition to the stock of bandages and medication, the following be available:

1. A supply of clean water, soap and towels
2. A blanket
3. Arm and leg splints
4. Easily accessible phone with emergency phone numbers, such as doctor, hospital and ambulance service. If a public phone is to be used, small coins should also be readily available.

Notification of Family

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment their family be notified in as tactful a manner as possible.

Follow-Up on First Aid Cases

Care of an ill or injured individual must always be the first consideration. In concern for their welfare, however, do not neglect the following:

1. A thorough investigation should be made to find the cause(s) of an accident and action started to prevent reoccurrence.
2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
3. Any player under the care of a doctor should be required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.

Play It Safe

Physical Checkups

The physical well-being of players who are accepted in the Little League program is essential to avoid the hazard of unsafe personal conditions. It would be well to enlist the help of a local physician to advise the league on medical matters not covered by individuals' family physicians.

It is strongly suggested that all candidates for the Little League program pass a basic physical examination before they are accepted.

Another important way that physical checkups can prevent accidents is obtaining a medical release to play ball after a player has recovered from an accident. If this final medical checkup is for evaluation of the player's recovery from an injury covered by "accident insurance," the cost can be charged against the original claim.

Safety Inspection

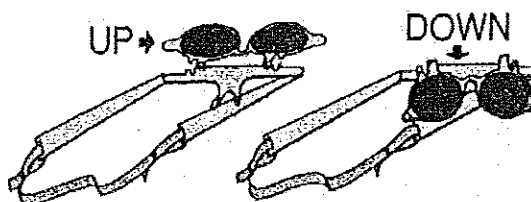
Regular safety inspection of the field, permanent and temporary structures, ball playing equipment and personal protective equipment is the best way to determine which unsafe conditions require correction. The managers and grounds keepers should work together to insure serious accident exposures are corrected promptly! It is good experience and safety training to have the youngsters take part in the procedure.

The following list will be of assistance in determining conditions that cause accidents. Prompt action must be taken on all serious hazards. Some examples are:

1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas and long grass.
2. Foreign objects like stones, broken glass, old boards, pop bottles, rakes, etc.
3. Incomplete or defective screen, including holes, sharp edges and loose edges.
4. Wire or link fencing should be checked regularly for similar defects which could injure a participant.
5. Board fences should be free of protruding nails, loose boards, and splintered wood.
6. Forty (40) feet in the center section of the outfield fence should be painted a dark color and kept free of signs to provide a contrast with balls thrown toward home.
7. The warning track should be well defined and not less than 10 feet wide.
8. Bat rack and on-deck* circle should be behind the screen.
9. The backstop should be padded and painted green for the safety of the catcher.
10. The dugout should be clean and free of debris.
11. Dugouts and bleachers should be free of protruding nails and wood splinters.

* On-deck areas have been eliminated for ages 12 and below.

12. Home plate, batter's box, bases and the area around the pitcher's rubber should be checked periodically for tripping and stumbling hazards.
13. Material used to mark the field should be a non-irritating white pigment (not lime). White plastic marking tape has proved better and less expensive than other methods of marking.
14. Loose equipment such as bats, gloves, masks, balls, helmets, etc., must be kept off the ground.
15. Constant attention must be given by managers, coaches and umpires to the possible lack or poor fit of personal protective equipment. This would include helmets, masks, catcher's pads and safe shoes. Plastic cup supporters are required for regular and reserve male catchers and are recommended for all male players in addition to regular supporters.
16. Personal jewelry, badges, pencils, etc., can be a hazard to the wearer and should not be permitted.



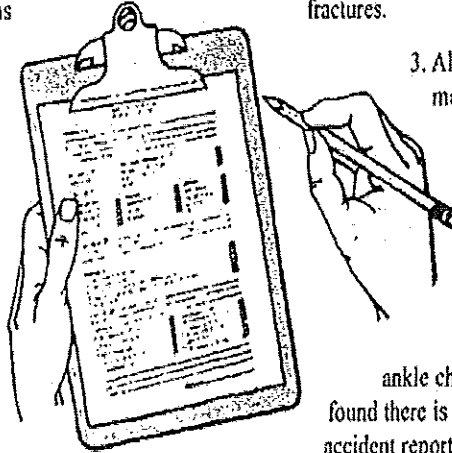
17. Corrective glasses should be of the sports type and equipped with "industrial" safety lenses. Shatterproof, flip-type sun glasses are good protection against losing a fly ball in the sun.
18. Bats should be inspected for orderly storage, secure grips and freedom from cracks. Cracked or broken bats should never be used.
19. Safety should be the major factor when making a decision on canceling a practice or game because of bad weather or darkness.
20. The greatest, although the least frequent, hazard in connection with weather conditions is exposure to lightning. Chances of surviving being struck by lightning are so slight that managers and umpires must not take any chances on continuing a practice or game when an electrical storm is approaching. At the first indication of such a storm, everyone should leave the playing field.
21. The correct fitting and spruce appearance of uniforms has the indirect benefit of contributing to pride and morale, which stimulates our main safety objective of greater skill for fewer accidents.



MAKING USE OF ACCIDENT REPORTING

In the effort to prevent accidents to Little Leaguers one must deal with the unpredictable actions of many small athletes. One of the most widely accepted ways to counteract the unsafe acts, which are so often a part of such uncertain behavior, is to inquire into the reasons behind such acts and take suitable counter measures.

Since we cannot eliminate all of these disturbing and sometimes tragic mishaps, one must use them as tools to help control similar or related accidents. Also, alert operation makes it possible to get at the causes of "near misses" so that something can be done to prevent the occurrence of injury-producing accidents.



correction of this type of accident may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.

3. Although it may be embarrassing to a manager, should a relief catcher have front teeth knocked out because of neglect to always wear a mask and catcher's helmet when warming up a pitcher, the report on such a violation should be passed along as a warning to others.

4. Let's assume a player turns an ankle chasing a fly ball. Upon checking, it is found there is a hole in the outfield. A copy of the accident report passed on to the grounds keeper would reduce the chances of that person forgetting to correct the hazard.

Which Accidents to Analyze

Good judgment must be used in deciding which accidents to analyze. The severity of an injury should not be the only basis of deciding to determine reasons for an accident and what can be done to reduce the chances of its reoccurrence. The possibility of a similar and more severe accident occurring should be our main reason for getting at the causes and taking suitable corrective action.

Examples of cases that probably would not require detailed checking would be a "strawberry" from sliding or minor strains and bruises, not associated with serious unsafe acts or conditions.

Examples of accidents requiring thorough study are:

1. A collision when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning players may reveal they had forgotten ball priority assignments in the excitement of trying to make the catch. The corrective measure might be to hold additional ball priority drills. A completed accident cause report passed on to the Safety Officer will serve as a warning to managers of other teams.
2. If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and

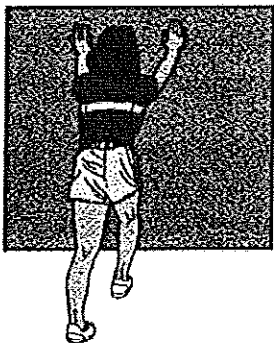
Other Uses for Accident Reports

1. The need for corrective measures, of course, is most evident when an injury is severe enough to require professional services. In addition to the need for immediate preventative action, it is very important to have accurate information to complete the insurance claim report. This may be done by the Safety Officer.
2. As in any organized endeavor, communications among teams in a league and leagues in a district is important. The safety program can be effective for everyone if each adult, with some safety responsibility, is given a brief report on serious or unusual hazards and the corrective action that has been taken to counteract them. In order to accomplish this, the League Safety Officers and the District Safety Officer must be kept informed about all significant accident cases.

Further Follow-Up on Accident

Even after corrective measures have been put into effect, responsible adults should continue to check back to make sure that unsafe habits have not been resumed and conditions are not allowed to slip. We advise youngsters to keep their eye on the ball. Let's do the same with safety precautions.

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



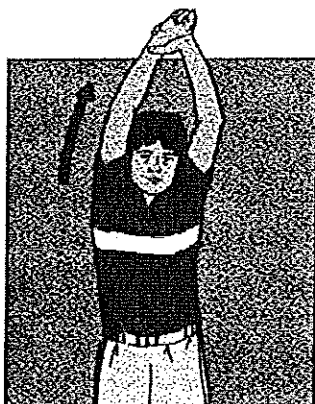
Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



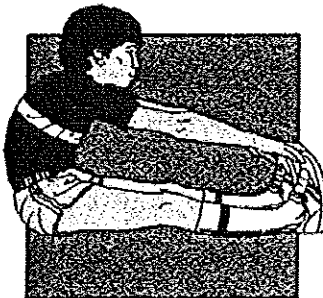
Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



WARM-UP DRILLS

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up.

Use of the term "warming-up drills," in connection with unsafe acts, refers to ball handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball.

1. All unauthorized people should remain off the field during drills.
2. Before stretching make sure they are properly warmed up by making them run one lap around field. Suggestions for Warm-up Drills on next page.
3. After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adult and youngsters so continuously that it becomes a reflex action.
4. Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter's helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
5. The danger of being struck by a ball can be further minimized by following plan:
 - (a) Throwing and catching drills should be set up with players in two lines facing one another.
 - (b) Random throwing should be permitted only to designated players.

Safe Ball Handling

1. Misjudging the flight of a batted ball may be corrected by drilling with flies which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split second move.
3. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
4. It is safer for the player to knock a ball down and rehandle it than to let the ball determine the play.

Safe Handling of Bats

A review of the batter's potential for causing injuries to others points up the following:

1. The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:
 - (a) Having the player hand the bat to the coach will serve as a reminder before each ball is pitched.
 - (b) Having the player drop the bat in a marked-off circle near where runner starts.
 - (c) Counting the player "out" in practice whenever the player fails to drop the bat correctly.
 - (d) Providing bats with grips that are not slippery.
2. Coaches and umpires should be on alert to correct batters that have a tendency to step into the catcher as they swing.

Players Name: _____

MEDFORD LITTLE LEAGUE PARENT CODE OF CONDUCT

On September 23, 2000, more than thirty heads of Massachusetts chapter of national sport and medical associations, educational organizations, and professional associations met at Children's Hospital in Boston to participate in a consensus meeting to develop a sport parent code of conduct for the state. The Massachusetts Governor's Committee convened the meeting on physical fitness and sports and the national youth sports safety foundation, Inc.

Preamble

The essential elements of character building and ethnic in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, respect, responsibility, fairness, caring, and good sportsmanship. 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 ailments 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 event.
6. I and my guest will not engage in any kind of un sportsman like conduct with any official, coach, players, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behavior or practices that would endanger the health and well being of the players.
8. I will teach my child to play by the rules and 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 making my child feels 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 game.
13. I will emphasize skill development and practice 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 the coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, alcohol, and tobacco and I will refrain from their use at all sports events.
17. I will refrain from coaching my child and other players during games and practices, unless I am one of the team's coaches.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include but not limit to the following:

- Verbal Warning by officials, managers, coaches, and umpires.
- Written warning.
- Parental game suspension with written documentation of incident kept on file by the organization involved.
- Game forfeit through the Umpire or Manager.
- Parent season suspension.

PARENT/GAURDIAN SIGNATURE

PARENT/GAURDIAN SIGNATURE

DATE

Both parents and/or guardians must sign this form



Little League Volunteer Application - 2016

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 _____
Home Phone: _____ E-mail Address: _____
Date of Birth _____
Occupation _____
Employer _____
Address _____
Special professional training, skills, hobbies: _____
Community affiliations (Clubs, Service Organizations, etc.): _____

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

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

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

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) involving or against a minor? 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 ☐ Concussion 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: _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: <https://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer: _____

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 Lexipol 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.



Medford Little League Baseball
P.O. Box 381, Medford, MA 02155

www.MedfordLittleLeague.com
www.Facebook.com/MedfordLittleLeague



CORI REQUEST FORM 2016 SEASON

Medford Little League has been certified by the Criminal Systems Board for access to conviction and pending criminal case data. As an applicant for volunteer services I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT):

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDAN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Las Six Digits Only Required)

*ID Theft Index PIN

MOTHERS MAIDEN NAME

CURRENT AND FORMER ADDRESS

SEX: _____ HEIGHT: _____ ft _____ in WEIGHT: _____ EYE COLOR _____

STATE DRIVER LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issue an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms must be submitted to the address above to be run by our CORI certified staff.

MEDFORD LITTLE LEAGUE BASEBALL INC.
CHARACTER - COURAGE - LOYALTY
SINCE 2013

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.

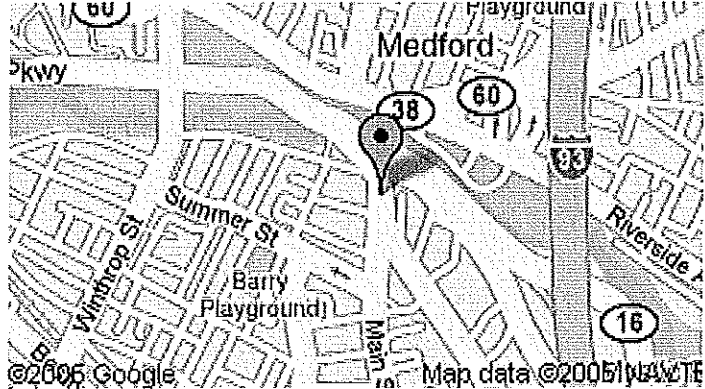
Prepared By/Position: _____ Phone Number: (_____) _____
Signature: _____ Date: _____

When In Doubt Dial 911

Medford Community Services:



Medford Police Department:
100 Main St.
Medford, MA, 02155
781-391-6404
Emergency Dial 911



Medford Fire Department:
120 Main St.
Medford, MA, 02155
781-396-9400
Emergency Dial 911



Lawrence Memorial Hospital:
170 Governors Ave
Medford, MA, 02155
781-306-6000
Melrose-Wakefield Hospital:
585 Lebanon St.
Melrose, MA, 02176
781-979-3000
Winchester Hospital
41 Highland Avenue
Winchester, MA 01890
781-729-2409

