

Mountain Pines Little League



“Where Safety comes First” 2025 Safety Plan

League ID #: 4030109

Mountain Pines Little League
Safety Program

Safety Mission Statement

Mountain Pines Little League is a non-profit organization run by volunteers whose mission is to provide our community’s children an

opportunity to learn the game of baseball in a safe and friendly environment.

2025 Board of Directors

Requirement 1:

Title	Name	E-Mail	Phone Number
President	Jason McCreery	jaymccreery52@gmail.com	623-200-9118
Vice President	Dawn Kirkham	dawnkirkham17@gmail.com	928-326-4015
Secretary	Ashley McCleves	themccleves@gmail.com	717-756-3377
Treasurer	Kyle Swesey	swesey@hotmail.com	928-242-9897
Safety Officer	Tad Klein	tad.klein@gmail.com	928-607-1887
Player Agent (BB)	Mark Terrill	terribletirel@hotmail.com	608-213-9353
Player Agent (BB)	Richard Garcia		520-343-4753
Player Agent (SB)	Louis Kolonics	louiskolonics50@gmail.com	928-910-2297
Player Agent (SB)	Autumn Stoyer	autumn.stoyer@gmail.com	928-614-2897
Sponsor Coordinator	Kyle Swesey	swesey@hotmail.com	928-242-9897
Umpire Coordinator	Kirk Kirkham		928-699-7336
Field Coordinator			
Scheduling Coordinator	Tad Klein	tad.klein@gmail.com	928-607-1887
Concessions Coordinator	Autumn Stoyer	autumn.stoyer@gmail.com	928-614-2897
Equip. Coordinator (BB)	Jason McCreery	jaymccreery52@gmail.com	623-200 9118
Equip. Coordinator (BB)	Tara McCreery		623-630-6087
Equip. Coordinator (SB)	Jovanna Garcia	jovannalopezgarcia@gmail.com	928-369-8096
Equip. Coordinator (SB)	Richard Garcia		520-343-4753
Equip. Coordinator (SB)	Isiah Martinez		480-710-3462
Uniform Coordinator	Kirk Kirkham		928-699-7336
Uniform Coordinator	Isiah Martinez		480-710-3462
BB Coaching Coordinator (SB)	Justin Corduan		619-760-7488
SB Coaching Coordinator (SB)	Justin Tafoya		928-242-8560
Registrar	Tonya Auza	tonya.auza.73@gmail.com	928-853-9180

Distribution of Safety Manual

Requirement 2:

The Safety Manual will be available via a link on the Mountain Pines Little League Website. This link will be emailed to all applicable league personnel. A copy will be provided to District Administrator and/or District Safety Officer.

EMERGENCY PHONE NUMBERS

Requirement 3:

Police Emergencies	911
Non-threat Emergency	311
Fire	911
Non-Emergency	928-537-4365
Ambulance Dispatch	928-537-5091
Navajo County Health District	928-532-6050
Animal Control	928-537-5091

NEIGHBORING HOSPITALS

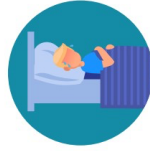
NAME: Summit Regional Hospital

ADDRESS: 2200 E Show Low Lake Rd Show Low, Az 85901

PHONE NUMBER: (855) 768-4968

Be Aware of Sickness and Injury, Respond and Rest Appropriately.

STAY SAFE ON AND OFF THE FIELD



Stay home if you are sick.



Bring your own equipment and gear (if possible)



Cover your coughs and sneezes with a tissue or your elbow.



Wash your hands or use sanitizer before and after events and sharing equipment.



Tell a coach or staff member if you don't feel well.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Background Checks

Requirement 4:

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



Little League® Volunteer Application – 2025

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



This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____
City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

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

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

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

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BGStateLaws

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

JDP Background Check Completed (Includes review of the US. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

* Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

last Updated: 12/4/2024

League Training Dates and Times

Requirement 5:	Date	Location	Time
Coach Fundamental Training:	April 5, 2025	Blue Ridge High School	1:00p

Requirement 6:	Date	Location	Time
Safety Manual & First-Aid Training:	April 05, 2024	Blue Ridge High Schol	12:00p

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

Field Inspections and Storage Procedures

Requirement 7:

BEFORE THE SEASON STARTS

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

PRIOR TO EACH GAME

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

STORAGE SHED

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

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment in the shed (lights, scoreboards, etc.), please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be appropriately marked and labeled as to their contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned immediately to prevent accidental poisoning.

PREGAME FIELD INSPECTION CHECKLIST

MANAGERS NAME:

FIELD:

DATE:

Time:

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

Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

**REPORT ANY PROBLEMS TO YOUR COMMISSIONER OR SAFETY OFFICER.
Turn this form into the concession stand or to your division Rep.**

Requirement 8:

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

Concession Stand Guidelines

Requirement 9:

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

Wash your hands regularly:

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

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

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using the restrooms.
- After caring for or handling animals.

- After coughing, sneezing, using a handkerchief, or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready-to-eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

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

THE TOP SIX CAUSES OF ILLNESS

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

Concession Stand Tips

SAFETY FIRST

Requirement 9

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 Chick and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu: Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, processed meats, and vegetables, etc.) to a minimum. Avoid using pre-cooked 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 157°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:

Regularly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crock pots, steam tables, over steam 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 (90% ice to 10% 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 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. Wash 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:

Raise and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 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 waste 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.

13. Set a Minimum Worker Age:

Leagues should set a minimum age for workers or to be on the stand, in many cases this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW

WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ spit, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils; Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Downloaded by UMMA Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. Contact State Department of Agriculture, Connecticut, 06106. Extension 06106. We're here to help you succeed in your program and organization.

Inspection of Equipment

Requirement 10:

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

Accident Reporting Procedure

Requirement 11:

What to Report: An incident that causes a Payer, Manager, Coach, or Umpire to receive medical treatment or first aid must be reported to The Safety Officer. Near misses may be reported and/or discussed in order to evaluate practices to avoid injury.

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

The Safety Officer is: NAME: **Tad Klein**
Cell Number: 928-607-1887

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

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

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

How to Replace the Injury Report Forms: The forms can be replaced by The Safety Officer or downloaded from www.leagueleague.org, found under forms and publications.

FIRST AID KITS

Requirement 12:

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

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

Communicable Disease Procedures

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

Enforcement of Little League Rules

Requirement 13:

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

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



(Photos from North Scott, Iowa, Little League)

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

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

RULE 1.0B, Notes
 *1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."




HAVE YOU:

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



Make Sure They Are Safe!

REMEMBER:
Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.07
 "...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Consider

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

Rule of Thumb: The ultimate truth about lighting is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire

and recommend stopping play and clearing the field. In our league, the umpire decides whether the play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called.

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

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

First Aid for a Lightning Victim:

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

NOTE: CPR should only be administered by someone knowledgeable and trained.

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

Hydration

Managers are required to bring water to each practice and game.

Players are encouraged to bring bottled water or sports drinks.

Tips to Prevent Heat Illness:

- Know that once you are thirsty, you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water or sports drinks every 15 minutes.

- Water is the preferred beverage. Water has many critical functions in the body that are important for performance; they include carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose clothes.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy, stop your activity and cool off by sitting in the shade, air-conditioned car, or using a wet rag to cool you off.

How is it treated?

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

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

Submitting Player, Manager, and Coach Data



Requirement 14:

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org by April 1, 2024 or two weeks following the draft.

Requirement 15:

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

Concussions

All 50 states have laws specific to managing concussions and head injuries. Some states require not just leagues but DAs, ADAs, and umpires to undergo annual training.

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

CONCUSSION Information Sheet HEADS UP CONCUSSION

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

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

How Can I Help My Children or Teens Safely?
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:
→ Help create a culture of safety for the team.
→ Work with their coach to teach ways to lower the chances of getting a concussion.
→ Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
→ Ensure that they follow their coach's rules for safety and the rules of the sport.
→ Tell your children or teens that you expect them to practice good sportsmanship at all times.
→ When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?
Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches
→ Appears dazed or stunned.
→ Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
→ Moves clumsily.
→ Answers questions slowly.
→ Loss of consciousness (even brief).
→ Shows mood, behavior, or personality changes.
→ Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens
→ Headache or "pressure" in head.
→ Nausea or vomiting.
→ Balance problems or dizziness, or double or blurry vision.
→ Bothered by light or noise.
→ Feeling sluggish, hazy, foggy, or groggy.
→ Confusion or concentration or memory problems.
→ Just not "feeling right" or "feeling down."

Plan ahead. What do you want your child or teen to know about concussion?

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

What Are Some More Serious Danger Signs to Look Out For?
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:
→ One pupil larger than the other.
→ Drowsiness or inability to wake up.
→ A headache that gets worse and does not go away.
→ Slurred speech, weakness, numbness, or decreased coordination.
→ Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
→ Unusual behavior, increased confusion, restlessness, or agitation.
→ Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

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

To learn more, go to www.cdc.gov/HEADSUP
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

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

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.
Athlete Name Printed: _____ Date: _____
Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.
Parent or Legal Guardian Name Printed: _____ Date: _____
Parent or Legal Guardian Signature: _____

Mountain Pines Little League Concussion Prevention, Treatment, and Management Policy

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

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

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

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

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

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

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

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or event, the player must: a. Be immediately removed from the game or event; and

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

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

**Show Low Little League Concussion Prevention, Management, and Treatment Policy
Player and Parental Acknowledgement**

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

Dated: _____
Player

Dated: _____
Parent/Legal Guardian Parent/Legal Guardian

LEAGUE USE: Division: _____ Team: _____

Safe Sports Act

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

USA Baseball Pure Baseball Initiative

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

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

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




Completion Certificate

 **Valarie Walton**
has successfully completed

Concussion In Sports

11/23/2020
Date of Completion

Nevada
State of Completion


NFHS Executive Director

586E3395F27E
Completion Code

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

Certificate of Completion



THIS CERTIFICATE IS AWARDED TO:
Valarie Walton
fwalton@live.com

FOR SUCCESSFULLY COMPLETING
Abuse Awareness for Adults



Completion Code: 27fa09a1-6d6f-4ee0-909f-188c522f
Completion Date: 07/09/2019

Accident Notification Form Page 1 (Parent/Guardian Statement)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (MM/DD/YY)		Age	
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 (10/11) (11-12) | <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) | |

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

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

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

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

Accident Notification Form Page 2 (League Use Only)

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) 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
------	---------------------------

