



SANTEE NATIONAL LITTLE LEAGUE

# Santee National Little League

## Safety Manual 2025 Edition

League ID# : 405-41-20





# SANTEE NATIONAL LITTLE LEAGUE

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# SANTEE NATIONAL LITTLE LEAGUE

## Safety Mission Statement

Santee National 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 and softball in a safe and friendly environment.

## 2025 Board of Directors

<b>Title</b>	<b>Name</b>	<b>E-Mail</b>
President	Nate Almada	<a href="mailto:Santee.National.President@gmail.com">Santee.National.President@gmail.com</a>
Vice President	Dave Wylie	<a href="mailto:SNVicePresident@gmail.com">SNVicePresident@gmail.com</a>
Secretary	Alicia Gibson	<a href="mailto:SNLLsecretary@gmail.com">SNLLsecretary@gmail.com</a>
Treasurer	Riley Lunche	<a href="mailto:SNLLtreasurer@gmail.com">SNLLtreasurer@gmail.com</a>
Safety Officer (Backgrounds)	Sasha Peterson	<a href="mailto:SNLLsafety@gmail.com">SNLLsafety@gmail.com</a>
Safety Officer (Certs)	Madeline Engelke	<a href="mailto:SNLLsafetycerts@gmail.com">SNLLsafetycerts@gmail.com</a>
Information Officer	Jessica Mascari	<a href="mailto:SanteeNational.ll@gmail.com">SanteeNational.ll@gmail.com</a>
Player Agent (Upper)	Taylor Markevicz	<a href="mailto:SNUpperPlayerAgent@gmail.com">SNUpperPlayerAgent@gmail.com</a>
Player Agent (Lower)	Tiffany Colvin	<a href="mailto:SNLowerPlayerAgent@gmail.com">SNLowerPlayerAgent@gmail.com</a>
Umpire in Chief	Tyler Lindsay	<a href="mailto:Santana.National.ll.UIC@gmail.com">Santana.National.ll.UIC@gmail.com</a>
Coaches Coordinator	Ramon Colunga	<a href="mailto:SNLLmanagers@gmail.com">SNLLmanagers@gmail.com</a>

## Distribution of Safety Manual

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.





# SANTEE NATIONAL LITTLE LEAGUE

## SAFETY PROGRAM INTRODUCTION

The 2025 Santee National Little League season marks the 22nd year of our safety program, which was guided by Little League, Williamsport, Pennsylvania. The purpose of this program is to give managers and coaches the information they need to have a safe place to conduct their games and practices.

**REMEMBER THAT SAFETY IS EVERYONE'S JOB!** Prevention is the key to reducing accidents and keeping them to a minimum. Report all hazardous conditions to Sasha Peterson (email [snllsafety@gmail.com](mailto:snllsafety@gmail.com)), the Santee National Little League Safety Officer or a Board Member immediately. Do not play on a field or use equipment that is unsafe. At all times, be sure your players are fully equipped, especially catchers and batters. Check your team's equipment often. **The manager's first aid kit must be present at all practices and games.** Additional first aid kits are located in the snack bar as well as the Majors, Minors, and Cap's field sheds and both score booths on the Major and Minors fields. If you use items from these First Aid Kits, or the one that was furnished to your team, please let the Safety Officer or a Board member know so that items can be replenished.

Volunteers are essential in order to have safe playing fields for all of our players. The fields are used heavily during the season; all parents are encouraged to offer their help in maintaining the fields. Contact your Division Representative or SNLL Field Maintenance Officer to offer your help. Thank you and remember, **BE SAFE!**

Copies of the 2025 ASAP plan will be distributed to all managers.

**Sasha Peterson & Madeline Engelke**

SNLL Safety Officers

619-277-8854 or 619-729-9806

[snllsafety@gmail.com](mailto:snllsafety@gmail.com) or [snllsafetycerts@gmail.com](mailto:snllsafetycerts@gmail.com)





# SANTEE NATIONAL LITTLE LEAGUE

## IN CASE OF A MEDICAL EMERGENCY

- Give first aid and have someone call 911 immediately, if required, and an ambulance if necessary (i.e. severe injury, neck, and head injury, not breathing-always err on the side of caution).
- AED (Automatic External Defibrillator) is located on-site in the shed with the AED sign by the facing the minors field.
  - Santee National 9545 Cuyamaca St, Santee, CA 92071
  - All Managers will be issued a first aid kit as well as additional ice packs.
- Notify parents immediately if they are available.
- Notify the league's SAFETY OFFICER by phone, within 24 hours. (number is below)
- Fill out Santee National Little League Incident Report Form and hand deliver within 24 hours to SAFETY OFFICER. Copies of this form are included in this manual and available at the snack bar.
- Talk to your team 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 and how to prevent injuries like this from happening again.
- Talk to anyone in Santee National Little League you feel will be helpful (i.e. League Safety Officer, President, etc.).
- Santee National Little League insurance is supplemental to everyone's own insurance.
- The Safety Officer will send all incident reports to Little League headquarters.
- If a player (at school or at SNLL) Gets a concussion or breaks a bone. A doctor's note is required prior to their return to the field.

**NOTE: For Emergency Services, immediately dial 911**

Dispatch to the address below:

SANTEE NATIONAL LITTLE LEAGUE  
9545 Cuyamaca Street, Santee, CA 92071

### LEAGUE SAFETY OFFICERS

Sasha Peterson & Madeline Engelke  
619-277-8854 or 619-729-9806

### PRESIDENT

Nathan Almada  
714-349-5754

Contact information for additional Board members can be located at:

[www.santanational.com](http://www.santanational.com)





# SANTEE NATIONAL LITTLE LEAGUE

## EMERGENCY PHONE NUMBERS

Police Emergencies	911
Non-threat Emergency	311
Fire	911
Non-Emergency	(858) 868-3200 / (619) 956-4000
Ambulance Dispatch	(619) 258-4100 Ex. 207
County Health District	(619) 441-6500
Animal Control	
Park Marshall – City of Santee	(619) 258-4100

## NEIGHBORING HOSPITALS

**NAME: Sharp Grossmont Hospital - EMERGENCY**  
**ADDRESS: 5555 Grossmont Center Dr, La Mesa, CA 91942**  
**PHONE NUMBER: (619) 740-6000**

**NAME: Kaiser Permanente San Diego Medical Center**  
**ADDRESS: 4647 Zion Ave, San Diego, CA 92120**  
**PHONE NUMBER: (833) 574-2273**

**NAME: Sharp Rees-Stealy Santee – URGENT CARE**  
**ADDRESS: 8701 Cuyamaca St, Santee, CA 92071**  
**PHONE NUMBER: (858) 499-2600**





# SANTEE NATIONAL LITTLE LEAGUE

## SANTEE NATIONAL LITTLE LEAGUE SAFETY CODE INFORMATION

- All fields shall be inspected for any hazards prior to each game by either the League Safety Officer, Team Manager, or Coach.
- Inspect play areas frequently for holes, glass, stones, or other foreign objects. For your safety, disposable gloves are available at the snack bar.
- Managers/coaches will inspect player equipment regularly and make sure that it fits properly.
- Catchers must wear a catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporters at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to **wear protective cups and supporters for practices and games.**
- Catchers must wear a catcher's helmet and mask with a throat protector when warming up pitchers. This applies between innings and in the bullpen.
- Parents are encouraged to provide "safety glasses" for their child if they wear glasses.
- No games or practices will be held when weather or field conditions are unacceptable, particularly with extreme heat or lightning.
- Only players, managers, coaches, and umpires are permitted on the playing fields during games or practices.
- **A list of cleared volunteers will be posted and kept at the snack bar, as well as in Team score books.**
- All players should be alert and watch the batter on each pitch during games and practices.
- **No baseball bats in hand while in the dugout.** *Players are not to pick up a bat until they approach the plate.*
- On deck position is not permitted (except in Junior/Senior/Big League Divisions). Players must stay in the dugout while their team is at bat unless they are walking to the plate to hit.
- Managers and coaches must keep track of each individual player's pitch count and follow all pitch count rules for rest. This includes scrimmages and travel ball play.
- If a player is injured their manager must fill out the accident forms and contact the safety officer as well as follow up with the family of the player.
- Head first slides are prohibited except when returning to base.
- **"Horseplay" is not permitted** on the playing field or in the dugout/bench **at any time.**
- Players need to enter and exit the field in a safe, orderly fashion.





# SANTEE NATIONAL LITTLE LEAGUE

## BACKGROUND CHECKS & ABUSE AWARENESS TRAINING

- Volunteer applications are required for anyone who has contact with our children. Applications will be screened by JDP. Applications will be kept on file thru the 2025 season then properly destroyed. Background Checks Regulation 1 Annual October 1 to September 30
- Coaches and Managers are required to complete a code of conduct form. This can be found at <https://leagues.bluesombrero.com/snllb> under the resources tab.
- A Manager or Coach from each team is required to attend the First Aid Clinic and ensure league issued first aid kit is available **at all practices and games.**
- First aid training for a manager/coach is required every 3 years. However, one team representative is required to attend each year.
- All coaches must have a Heads Up concussion certification(one time), the Safety first Cardiac arrest training(one time), as well as a yearly - SafeSport Abuse Awareness and Prevention training:
  - <https://www.cdc.gov/headsup/youthsports/coach.html>
  - <https://nfhslearn.com/courses/sudden-cardiac-arrest/>
  - <https://usabdevelops.com/>

**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](http://LittleLeague.org/LocalBGcheck) for more information. A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # (mandatory) \_\_\_\_\_  
 Call 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/BigStateLaws](http://LittleLeague.org/BigStateLaws)**

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background, thereby 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](http://LittleLeague.org/AbuseAwareness)

Last Updated: 10/4/2024







# SANTEE NATIONAL LITTLE LEAGUE

## GAME INFORMATION

### BEFORE GAME

- Prior to the game, managers/umpires shall inspect playing fields for any hazards.
- Introduce plate umpire, base umpires, manager and coaches.
- Receive official lineup cards from each team.
- Umpires should inspect equipment for damage and to determine if the equipment meets regulations.
- Umpires will ensure each bat must be a baseball bat which meets the USA Baseball Bat standard (USA Bat) as adopted by Little League.
- Discuss any local playing rules (time limit, playing boundaries, etc.).
- Discuss unsportsmanlike conduct by players and others.
- Clarify calling the game due to darkness or weather (rain, lightning, etc.).
- Obtain two game balls from the home team and discuss legal pitching motions and balks.
- Be sure all players are in uniform, shirts tucked in, hats on and not wearing any jewelry or metallic objects.
- **Make sure each team has a first aid kit and Medical release binder is in the dug-out.**
- Ensure games start promptly (*always note when the game started in the score book*).
- On the Minors Field all games end at the official sunset time (always noted in the score book).
- Make sure all fields have bases that disengage their anchor as required by Little league Rules





# SANTEE NATIONAL LITTLE LEAGUE

## DURING GAME

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to play.
- Make sure catchers are wearing proper equipment.
- Encourage everyone to think about safety first and foremost.
- Continue to monitor the field for safety and playability.
- Pitchers warming up in foul territory must have a spotter and catcher with helmet and throat protector.
- Keep the game moving - eight pitches or one minute to warm up the pitcher between innings.
- Umpires should be in the proper position to make the calls.
- No arguing of any calls made by an umpire, especially judgment calls.
- Managers are responsible for keeping his/her fans on their best behavior.
- Keep the players safe at all times (**make sure they drink plenty of fluids**).
- Avoid practices during inclement weather (rain, extreme heat, humidity, etc).
- **No baseball bats in hand while in the dugout.** *Players are not to pick up a bat until they approach the plate.* On deck position is not permitted.
- Coaches and managers are not allowed to catch/warm-up pitchers; this includes standing at the backstop during practice as an informal catcher for batting practice.
- Managers are to keep track of players pitch counts and rest days. As well as pull any pitcher who complains about shoulder or elbow pain.





# SANTEE NATIONAL LITTLE LEAGUE

## COMMUNICABLE DISEASE PROCEDURES

### PROCEDURES

1. Bleeding must be stopped, the open wound must be covered and if there is any excessive amount of blood on the uniform, it must be changed before the player may continue to participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is encouraged.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with a solution made from proper dilution of household bleach - recommended solution is 1 part bleach to 100 parts water.
5. Practice proper disposal procedures to prevent contamination from equipment used on injured persons.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces or other ventilation devices should be available for use.
7. Contaminated towels should be disposed of/disinfected properly.
8. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

**Covid-19 Procedures to follow CDPH guidelines found at**  
<https://www.cdph.ca.gov/Programs/CID/DCDC>





# SANTEE NATIONAL LITTLE LEAGUE

## CONCESSION STAND PROCEDURES

Hands must be washed with soap and hot water prior to working with any food and after touching contaminated services such as:

1. Raw Food
2. Refrigerator doors
3. After coughing/sneezing
4. Restroom use
5. Be aware of cross contamination of food... meat, chicken, sausage.

### ***WASH HANDS FREQUENTLY TO PREVENT CROSS-CONTAMINATION***

- People working in the concession stand will be instructed on proper food handling and safe equipment use.
- Long hair must be put up/tied back.
- Concession stand workers must be in good health, free from sickness.
- Disposable gloves must be worn by those working with food.
- Tongs must be used when handling hot items.
- Workers at the cash register may only handle wrapped/pre-packaged food.
- Fire Extinguisher CLASS A, B, C will be easily accessible to all concession workers.
- Concession workers will be trained in how to use fire extinguishers.
- Cooking grease will be safely stored away from heat sources.
- Chemicals will be safely stored in a locked cabinet away from all food.
- First Aid Kit will be stored in the concession stand.
- Main door to the concession stand will remain unlocked during operating hours.
- Dishes will be washed in hot-soapy water, rinsed in clean hot water, and then dried.
- Concession workers must be 16 years or older to operate the hot oil frier.
- Boxes and concession food/drinks must be stored in a safe manner.
- At least two people should be always working the concessions per shift.
- Please add items that are in need of repair or out of stock to the whiteboard in concessions stand.
- There must be a board member on duty while concessions are in operation. Please reach out to the board member on duty if you need anything while working your concession shift.





# SANTEE NATIONAL LITTLE LEAGUE

## SANTEE NATIONAL LITTLE LEAGUE FIELD INSPECTIONS

- Managers are to walk the fields for hazards before practices commence.
- Umpires are to walk the fields for hazards before games commence.
- Managers will communicate any issues needing to be fixed to the league:
  - There will be a whiteboard in the concession stand used to track and document any facilities issues needing to be fixed.

## SANTEE NATIONAL LITTLE LEAGUE ENFORCE LITTLE LEAGUE RULES

- All SNLL Volunteers will enforce Little League rules including proper equipment.
- Most Little League rules have some basis in safety — follow them.
- Ensure players have required equipment at all times, even catchers warming up during infield.
- Make sure coaches and managers enforce rules at practices as well as games.
- Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
- Be sure to familiarize Managers, coaches, and umpires are responsible for familiarizing themselves with all rules, including significant updates.
  - They are expected to attend District 41's annual rules clinic.
  - More information can be found at [LittleLeague.org/Rules](http://LittleLeague.org/Rules), including information to download the Little League Rulebook App.





# SANTEE NATIONAL LITTLE LEAGUE

## SANTEE NATIONAL LITTLE LEAGUE SPORTS FUNDAMENTALS COACHES RESOURCE CENTER

Managers and coaches should utilize the online coaches resource center for reference, education, or to stay current with the latest drills and coaching techniques.

Online websites recommended:

- [http://www.littleleague.org/managersandcoaches/Coach\\_Resource\\_Center.htm](http://www.littleleague.org/managersandcoaches/Coach_Resource_Center.htm)
- <http://www.littleleaguecoach.org/>

### WARM-UPS

Warm up, stretching and cool down are essential components of every training session or competition. They play an important role in reducing the risk of injury. Warm-ups provide the following:

- Prepares the mind and body for exercise.
- Increases body and muscle temperature.
- Increases the blood and oxygen supply to the working muscles.
- Increases flexibility.

Baseball players should have 5-10 minutes of light activity such as jogging, incorporating dynamic and static stretching. This is followed by specific skills, i.e. running or training drills. Then finally throwing. **An indication of an effective warm up is a light sweat without fatigue.** The effect of a warm-up lasts approximately 30-45 minutes so it's important not to warm up too early.

There is nothing in baseball that will set a baseball player back any more than a **sore arm**. This is why adequate time must be spent warming up the arms properly. During the early part of the training, the arm must be protected from stress that would slow down a young athlete's progress. Players must be discouraged from throwing full speed without a graduate build up program.





# SANTEE NATIONAL LITTLE LEAGUE

Players should be encouraged to spend at least 7-8 minutes every practice day, warming up their arm, prior to any type of defensive work. During these throwing sessions players should be encouraged to work on good throwing mechanics. It is extremely important that a coach impresses upon his players that these warm-up sessions can be used to help themselves not only by strengthening their arms, but also to work on their mechanics and throwing accuracy.

The following suggestions for stretching should take approximately 7-8 minutes.  
(See stretching by Bob Anderson. 20<sup>th</sup> anniversary edition. Page 134-135):

- Shoulder Shrugs: 5 seconds. 2-3 times
- Shoulder Stretch: 5-10 seconds. Each Arm.
- Arm behind back, grasp with other arm, lean head opposite direction.
- Arm overhead: 5-10 seconds. Each arm.
  - Arm bent behind head. Grasp elbow
- Side bend: 10 seconds. Each side.
  - Grasp your elbow overhead. Lean.
- Arm across chest: 15 seconds. Each arm
- Arms behind: 10 seconds
  - Grasp arms behind back.
- Arms overhead: 10-20 seconds.
  - Lock fingers overhead.
- Calf stretch: 15-30 seconds. Each leg.
- Quad stretch: 10-20 seconds. Each leg.
  - One leg in front. Other knee on the ground.
- Squats: 10-20 seconds.
  - Butterflies: 15-30 seconds. No bouncing.
- Leg cross over: 10 seconds. Each leg.
  - Sit. Leg over leg with knee up.
- Lying quad stretch: 10 seconds. Each leg.
  - Lay on one side. Grasp ankle and pull.
- Back stretch: 10-15 seconds.
  - Lay on the ground. Knees up. One leg on the other, pull to ground.





# 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

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

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

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

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

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

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

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



**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

Date	League Official Signature
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