

# Southern York County Little League



## 2019 Safety Plan

SYC Little League  
Matt Shue, President

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## **Introduction**

This document is for managers, coaches, and volunteers of the SYC Little League Baseball. SYC Little League is part of Pennsylvania District 14 Little League. League ID number 305069.

## **Importance of Safety**

The purpose of this document is to emphasize the importance of safety in the SYC Little League and to identify important safety issues that individuals involved should be aware of.

Managers, coaches, volunteers, parents and players should take safety issues very seriously.

Little League International has introduced a safety awareness program (ASAP) with the goal of emphasizing the position of the Safety Officer to “create awareness through education, information, and other opportunities to provide a safer environment for kids and participants of Little League Baseball.” This program has been very successful by dramatically decreasing baseball related injuries in Little League play. This Safety Plan is qualified by the ASAP program.

## **SYC Little League Mission Statement**

SYC Little League is a non-profit organization run by volunteer parents. Our mission is to provide a safe environment where children can learn and play the game of baseball. We will accomplish this by focusing on player and coach development, providing superior communication and creating a level field of play where all children can compete and have fun.

## **SYC Safety Program Mission**

The mission of our league’s safety program is to maintain a high degree of safety awareness to ensure our league is safe for the players. In addition, this document communicates what is expected from all Coaches, Players, Volunteers and Parents. It is the policy of our league to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may result in the application of appropriate corrective action up to and including dismissal.

## **Safety Code**

In order to ensure an enjoyable environment, it is imperative that we provide a safe environment for everyone involved. This safe environment will require the help from all of you – parents, managers, coaches, etc. The Safety Officer shall complete the annual Little League facility survey for 2019 and submit it to Little League Baseball headquarters. This Safety Manual will be posted on our website. Please read, learn and follow the instructions in this manual, so that SYC Little League can provide a safer baseball experience to our players. It should be understood that the Safety Officer can make changes, with the approval of the SYC Little League board, to this manual during the season. If there are changes made all managers, coaches, and volunteers will be made aware of the changes.

## **Philosophy**

The Purpose of Little League is to develop ball players by stressing basic baseball fundamentals and appropriate attitudes towards events on the field and to encourage team play. Most importantly, baseball should be fun. The aim is to learn to be in a competitive team environment while having fun rather than trying to win at all costs. Each player, at all levels, will be treated as fairly as possible within the rules of Little League Baseball and in consideration of his or her abilities.

## **A Safety Awareness Program (A.S.A.P.)**

SYC Little League participates in the ASAP program sponsored by Little League International. SYC Little League is continuously in communication with surrounding leagues to provide our players and fans the safest environment possible. It is our belief that safety is a continuously evolving area of concern that should never be overlooked by any league at any level.

## **Quick Reference Study Rules**

Everyone

- ✓ No games or practices shall be held when weather or conditions of the playing field are poor, especially when lighting is inadequate.
  - ✓ During practice sessions and games, all players should be alert at all times. Players should watch the batter and ball on each pitch.
  - ✓ Only players, managers, coaches, and umpires will be permitted on the playing field or in the dugout during play. All coaches, managers, and umpires must have completed a background check conducted by SYC Little League.
  - ✓ For concerns of allergies and alertness, there will be no food items allowed in the play area, including the dugout, at any time.
  - ✓ All players must have adequate liquid refreshments to keep hydrated at all practices and games.
  - ✓ Alcohol and tobacco products **will not** be allowed within 40 feet of playing areas and concessions.
- 1) **League Safety Officer:** Richard Blais is on file with Little League Headquarters. The Safety Officer position serves on the SYC Executive Board.
  - 2) SYC Little League will publish and distribute a paper copy of this **Safety Manual** to all managers, coaches, league volunteers. Prior to dissemination the District Administrator will review the Safety Plan. The Safety Manual will be posted on the SYC Baseball website at [www.sycwarriors.org](http://www.sycwarriors.org).

### 3) Emergency and Board Members Numbers

<b>Emergency</b>	Local Police/Fire	911
<b>Local Police:</b>	Southern Regional	717-235-3944
<b>Local Fire Emergency:</b>	Rose Fire Company	717-235-4444
<b>League President:</b>	Matt Shue	717-968-5666
<b>League VP:</b>	Anthony Bullano	443-604-0316
<b>Challenger League VP:</b>	Jennifer Perry	410-733-6308
<b>League Player Agent:</b>	Mike Enslen	410-790-4443
<b>League Maintenance:</b>	Anthony Bullano	443-604-0316
<b>League Treasurer:</b>	Chris Copenhaver	443-928-3861
<b>League Safety Officer:</b>	Richard Blais	717-586-4153

### Emergency Procedures

In any type of emergency it is important to remain calm but this is especially true when the emergency involves a child or someone you care for. In this section you will find some simple but sometimes forgotten information regarding emergencies. Coaches are required to have at least one fully charged cell phone at all practices and games in case of an emergency with a designated person at each team activity who will make calls in an emergency.

- ✓ Managers/coaches are required to have **Medical Release Forms** completed for all players.
- ✓ Managers are required to carry the team roster with the players' **Medical Release Forms** to all practices, regular season and tournament games.

### In case of a minor injury:

- ✓ Use the first aid kit as needed to attend to the injury.
- ✓ If blood is present, make sure to wear gloves for your protection as well as the injured party.
- ✓ Use antiseptic wipes and apply pressure to the injury to stop the bleeding. Once bleeding has stopped use a suitable bandage to cover the injured area.
- ✓ Notify the Safety Officer of the injury, no matter how minor it may appear to be.

### In case of a major injury:

- ✓ Clear the field of play.
- ✓ Have all players return to dugout area.
- ✓ Keep spectators away from the scene.
- ✓ DO NOT move the injured player especially in cases where a possible head injury is suspected.
- ✓ Have someone call 911.

**When calling 911 you need to remember the following:**

- ✓ Give the operator your name and phone number. Also let them know what field the injured player is on.
- ✓ Advise the operator what happened. How did the injury take place?
- ✓ Inform the operator of the condition of the injured party. Be sure to include whether or not there was loss of consciousness, severe bleeding, or exposed bone.
- ✓ Inform the operator of current help being given (i.e., first aid, CPR)
- ✓ Answer any questions the operator may have. DO NOT hang up until the operator tells you to.
- ✓ Continue to administer aid to the injured party until professional help arrives.
- ✓ Assign someone to go to the street to wait for the emergency vehicles and to guide them to the injured party.
- ✓ Assist the emergency medical personnel as requested.
- ✓ Notify the parents or guardian, if not already present.
- ✓ Notify the Safety Officer immediately following the incident.

As the manager or coach of the team, it is your responsibility to determine if any player should continue to practice or play in a game. If you feel that a player needs to get medical attention under any circumstance, then:

- ✓ If emergency personnel are present, then allow them to provide directions.
- ✓ Consult with the player's parents for doctor or hospital information. Ask the parent or guardian if they wish to take the player themselves.
- ✓ Check the player's medical release information provided by the league. This information must be with the team at all Little League events (practices, games, picnic, etc.).
- ✓ If the parents or guardians are absent, refer to the medical release information.
- ✓ If there is a doctor, medical clinic, or hospital listed, this should be your first choice.
- ✓ Provide this information to the emergency personnel on scene.

**Our field addresses are:****Windy Hill Complex (Windy Hill Large/Small and Ebbets Field)**

- ✓ 1020 Windy Hill Road, New Freedom PA

**Veterans Field (The Coop)**

- ✓ North Coop Road, New Freedom PA

**Strawberry Field**

- ✓ 99 Harrison Road, New Freedom PA

**Friendship Elementary**

- ✓ 3457 Sticks Road, Glen Rock PA

**Railroad Park**

- ✓ 20 South Main Street, Railroad PA

**Hametown Park**

- ✓ 12341 Susquehanna Trail, Glen Rock, PA

**Codorus Township Park**

- ✓ 12260 Rockville Road, Glen Rock, PA

- 4) SYC Little League will use the Official Little League **online volunteer application and clearance questionnaire administered by JD Palantine** to screen all of our volunteers. All applicants will also provide all required background check information in accordance with PA state law.
- 5) **Fundamentals Training:** SYC Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this training once every 3 years. Signups will be sent by a League Official in an email with registration info and links.
- 6) **First Aid Training:** SYC Little League will require at least one manager/coach from each team to attend. Every manager/ coach must attend this training once every 3 years. A record will be maintained that list the date, location, and who attended.

Date: March 14, 2019 from 7:00 p.m. to 8:00 p.m.

Location: Windy Hill Indoor Facility

1020 Windy Hill Road, New Freedom PA 17349

Facilitated by: Erin Cronin, NP

- ✓ Concussion awareness information is posted on the SYC Little League website.
- ✓ It is highly recommended that all coaches, managers and league members complete the free online Heads Up Concussion course provided by the Centers for Disease Control and Prevention (<http://www.cdc.gov/headsup/youthsports/training/index.html>.) Once you complete the training and quiz, print out the certificate and forward to the Safety Officer for filing.
- ✓ Most concussion in sports laws include three action steps: educate coaches, parents, and athletes:
  1. Inform and educate coaches, athletes, and their parents and guardians about concussion through training and/or a concussion information sheet.
  2. Remove athlete from play: An athlete who is believed to have a concussion is to be removed from play right away.
  3. Obtain permission to return to play: An athlete can only return to play or practice after at least 24 hours and with permission from a health care professional.



## 7) **Field Hazards for Coaches/Umpires**

- ✓ The playing field must always be inspected by the coaches and umpires before games and practices for holes, damage, stones, glass, or other foreign objects. If the issue is unable to be remedied immediately a **SYC Field Maintenance and Repair Report** shall be completed and submitted to the Safety Officer.

8) Our **2019 Facility Survey Form** has been conducted and completed for the Windy Hill Large, Windy Hill Small, Ebbets Field, Veterans Park, Strawberry Field, Friendship Elementary, Railroad Park, Hametown Park and Codorus Township Park fields. The survey for 2019 was completed using resources from [www.littleleague.org](http://www.littleleague.org). A copy of this survey will be submitted to Little League International with a copy of the 2019 Safety Plan.

- ✓ In 2016 SYC Little League installed breakaway bases to be in compliance with Little League International's field safety recommendations.

9) **Concession Stand Safety Policy:** Concession stand safety is just as important to SYC Little League as any other concern. SYC Little League is constantly striving to provide the community with safe, nutritious, and otherwise healthy foods. By following the policy listed below, we will ensure that we are doing everything we can do to reach our goal. This policy will be posted in both concession stands at all times. The Safety Officer will work with the Concession Manager to review, implement and update this policy as needed.

- ✓ The menu will be approved by the Board prior to being posted.
- ✓ SYC Little League will not allow anyone under the age of 18 years old to be in the concession stands unless when being accompanied and supervised by a parent.
- ✓ SYC Little League will not allow anyone under the age of 16 years old to touch, handle, prepare, or come into contact with any hot food item or equipment.
- ✓ SYC Little League will require that at least three workers be present at the time the concession stands closes for safety and accountability reasons. These 'closers' must be over the age of 18 years old.
- ✓ All volunteers in the concession stands must wash their hands on a regular basis.
- ✓ All volunteers must wear gloves when handling and preparing food. (i.e. hotdogs, etc.).
- ✓ Nothing in glass containers will be sold in the concession stands. They are also not allowed on the fields.
- ✓ All equipment must be turned off and cleaned thoroughly at the end of shift.
- ✓ All food utensils must be properly cleaned and stored away at the end of shift.
- ✓ A complete first aid kit must be kept in the concession stands at all times.
- ✓ A list of emergency phone numbers will be posted in the concession stands.
- ✓ Volunteers must report any and all accidents or injuries, to themselves, another volunteer, or customer immediately to the SYC President and/or Safety Officer.
- ✓ Any volunteer who sustains an injury that results in an open cut and bleeding, no matter how minor, must leave the concession area until the injury is properly treated and covered. Any utensils or equipment involved must be taken out of service until it is sterilized.



- ✓ Any volunteers who are feeling ill, who have an active cough or runny nose, or have come into contact with anyone who is ill are asked to reschedule their volunteer shift.
- ✓ If there is a cooking grill available for use by the concession stand, it should be monitored by an adult at all times. No children are allowed to manage or access the grill at any time. A perimeter should be established around the grill to ensure safety of everyone and to limit access.

**In the event of a robbery, volunteers should do the following:**

- ✓ Try to remain calm.
- ✓ Comply with their demands. **DO NOT** resist. Life is valued much more than monetary or property losses.

**Once the individual has left the area:**

- ✓ Immediately close the concession stand.
- ✓ Call 911.
- ✓ Ask all witnesses, if any, to remain nearby for police.
- ✓ Take a moment to write down everything you can remember about what occurred; Description of the suspect(s). (Height, Weight, Race, Sex, Clothing, etc.)
- ✓ Whether or not a weapon was seen or implied.
- ✓ Direction last seen heading and mode of transportation. (Walking, bike, car)
- ✓ Description of vehicle.
- ✓ Exactly what you remember of the actual event. (What was said)

10) The League Safety Officer will **inspect all equipment in the pre-season.**

- ✓ All SYC issued equipment will be signed out and signed back in using the **SYC Baseball Equipment Issuance/Return Form 2019.**
- ✓ Managers/ Coaches will inspect equipment prior to each game.
- ✓ Umpires will be required to inspect equipment prior to each game.
- ✓ Equipment Manager will notify the President of any defective equipment and request it be repaired or replaced immediately.

11) **Implement Prompt Accident Reporting.** SYC will use the Little League Incident/Injury Tracking Report and provide a copy to the Safety Officer or President within 24 hours of the incident. Near misses shall be documented so we may take proactive steps to ensure safety.

12) Each team will be issued a **First Aid Kit and it is a requirement to have the kit at every practice and game.**

- ✓ Coaches will advise the Safety Officer if replacement supplies are required.

- 13) SYC Little League will require ALL TEAMS to enforce **ALL Little League Rules**, including:
- ✓ All Managers and Coaches will receive a Little League Rule book
  - ✓ Proper Equipment for catchers during practices and games.
  - ✓ No On-deck batters.
    - No player should handle a bat until it is his/her turn at bat on the field (except for the Juniors Division as provided by LL Rules.)
  - ✓ Coaches will not warm up pitchers.
  - ✓ Bases will disengage on all fields.
- 14) **League Player Registration Data or Player Roster Data and Coach and Manager Data.**
- ✓ League Player Registration Data or Player Roster Data and Coach and Manager Data have been submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

## **Background Checks**

- ✓ SYC Little League is fully committed to the safety and protection of all children enrolled in our programs. We will therefore comply with all Little League policies and regulations and Pennsylvania state laws regarding background checks for all our coaches and volunteers.
- 15) **Qualified Safety Plan Registration Form** completed and submitted with the ASAP plan.
- 16) **Guidelines for Games during Inclement Weather:** The chances of encountering one of the following during a game are far from impossible.
- ✓ Rain
  - ✓ Lightning
  - ✓ Heavy winds
  - ✓ Tornadoes
  - ✓ Very hot, humid, and sunny days

## **Rain**

Light rain that does not create an unsafe environment may not be cause to stop a game or practice. Heavy rain that leads to pooling or soaking wet field conditions may cause stoppage of a game or practice. Besides pooling and slick field conditions heavy downpours can also cause very poor visibility putting players, coaches, and spectators in danger from batted or thrown balls. Therefore, it is the responsibility of the umpire to stop the game. It is the coach's responsibility to stop practice as soon as possible to avoid injuries. **NOTE: If a**

**game or practice is stopped, coaches are to remain with the players until their parents have picked them up.**

If it has been raining prior to a game or practice, then coaches and umpire must carefully inspect the field for safety prior to the beginning of any activity.

**NOTE: The League President will determine whether or not the fields are playable prior to the start of the game. An announcement will be made at the fields, and sent out via email. Coaches shall ensure parents are notified.**

### **Lightning**

If a game or practice is in progress and there is lightning or thunder (with or without rain), or if the lightning warning alarm sounds, the umpire or coach will immediately stop play and move everyone to a safe area. Practice and games are not permitted to continue until 30 minutes after a flash of lightning or the sound of thunder. Players may not remain on the field. Practices and games may not resume until the 'all-clear' is given by the umpire or coaches. If a game is ready to begin or is already in progress, please wait in your safe area until your manager, coach, or umpire gives you details on whether the game will be continued or postponed.

### **Heavy winds**

Heavy winds can cause dust particles to obstruct a player's ability to focus on the game and can even hamper a player's ability to see clearly. Heavy winds can also cause serious safety risk to spectators. Therefore, in the event of heavy winds, any wind registering 25 mph or greater, the game or practice must be immediately stopped. The game or practice may resume if the wind velocity reduces to below 25 mph or stops altogether. It is the responsibility of the umpires and coaches to make this call.

### **Tornadoes**

At any point in a game or practice, if there is a tornado, the game or practice must be cancelled immediately. The manager and coaches should gather all of the members of the team and remain at a safe area near the field, if possible. The manager or coaches should remain near the field, if possible, for at least 30 minutes after a tornado for parents or guardians to pick up their player. If it is unsafe to remain near the field, the manager or coach should gather all the players and go to an area away from the field that is safe. If after 30 minutes all of the players are not picked up, the manager or coach must contact the Safety Officer or League President for further instructions.

### **Very hot/humid/sunny days**

During the summer, the temperatures can rise to very uncomfortable levels. It is the coach's responsibility to make sure that all players have sufficient amount of water for drinking. If a player does not have a way to stay hydrated it will be the policy of SYC Little League not to allow that player to play or participate in practice. On extremely hot days the concession stands will have a number of iced cloths ready to provide to the players. Additionally, all

coaches should review this policy and the importance of adequate hydration at the team's parent meeting.

- 17) At least one manager or coach from each team is required to attend (or have attended last year) the **Positive Coaching Alliance Double Goal Coach Level I Training** in order to coach in 2019.

Date: TBD (PA District 14 coordinated)

Online: Training may be completed online, but there is a fee of \$20. Personnel are encouraged to attend in person.

- 18) SYC is committed to the safety of our players. Our yellow fence toppers help protect our outfielders from various injuries such as scrapes, cuts and bruises from contact with the rigid top edge of a chain link fence. These fence shields also provide a visual cue allowing umpires to better define a homerun.

- 19) The **indoor baseball facility at the Windy Hill Complex** provides a safe place for off-season and inclement weather workouts and instructional (fundamentals and pitching) clinics. It can accommodate up to 4 lanes of hitting/pitching drills at a time depending on net configuration.

- ✓ **Baseball Fundamentals Clinics** will focus on core essentials:  
*Hitting (stance, hands, balance, load, weight shift)*  
*Fielding (footwork, approach, transfer, release)*  
*Throwing (power position, proper mechanics)*
- ✓ **Pitching Clinics** will focus on proper pitching mechanics to prepare players for the upcoming season.
- ✓ Topics include grip, balance, power position, stride, finish and the importance of attitude, confidence and mental toughness.



**Addenda:**

1. Qualified Safety Plan Registration Form (submitted online LL Data Center)
2. 2019 Facility Survey Form (submitted online LL Data Center)
3. Little League Volunteer Application
4. Little League Basic Volunteer Application
5. SYC Baseball Equipment Issuance/Return Form 2019
6. Incident/Injury Tracking Report
7. Little League Medical Release Form
8. Heads Up Concussion Fact Sheet for Coaches
9. Heads Up Concussion Fact Sheet for Parents
10. "Hey Coach Have You" Safety Checklist
11. "Volunteers Must Wash Hands" Sign for Concession Stand
12. SYC Field Maintenance and Field Report



# Little League® Volunteer Application - 2019

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_

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.)? (list) Yes ☐ No ☐

3. Do you have a valid driver's license? Yes ☐ No ☐

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

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? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

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

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Umpire            | <input type="checkbox"/> Manager     | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> 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](http://LittleLeague.org/BgStateLaws)

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. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Applicant Name (please print or type) \_\_\_\_\_

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

## LOCAL LEAGUE USE ONLY:

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

System(s) used for background check (minimum of one must be checked):  
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

\* JDP ☐ Sex Offender Registry Data and National Criminal ☐  
Records check, as mandated in the current season's  
official regulations

\*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.

# Little League® “Basic” Volunteer Application - 2019

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9.

## All fields are required.

Name \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: \_\_\_\_\_

2. 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 2, does not automatically disqualify you as a volunteer.)

3. 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 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Manager           | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Umpire          | <input type="checkbox"/> Scorekeeper       | _____                                     |

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_  
System(s) used for background check (minimum of one must be checked): Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

\*JDP ☐ Sex Offender Registry Data and National Criminal Records ☐  
check, as mandated in the current season's official regulations

\*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.

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.) : \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years (s)): \_\_\_\_\_

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](http://LittleLeague.org/BgStateLaws)

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. 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 Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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.





# Baseball Equipment Issuance and Return Form 2019

Team & Division Name: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Equipment Pick Up Date: \_\_\_\_\_

*This inventory form includes any and all equipment, items & property of SYC Baseball.*

Item	Inventory #	Quantity	Received/Initial	Returned/Initial
Equipment Bag				
Catcher's Helmet				
Shin Guards				
Chest Protectors				
Catcher's Glove				
Full Set (Helmet/Chest Protector/Shin Guards)				
Batting Helmets				
Practice Balls (not inventoried)	NA			
Game Balls (not inventoried)	NA			
Baseball Bat				
Batting Tee				
First Aid Kit				
Bases (Rubber)				
Scorebook (Does not need to be returned)				
Other: _____				
Other: _____				

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree to return all SYC-issued equipment/items at the end of the regular season. If am a Tournament Coach, I will return all equipment at the end of the tournament season. By signing I assume liability for all lost or missing equipment. All damaged equipment must be returned or it will be considered lost.*

## Equipment Pick Up

Signature of Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Equipment Manager/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

## Equipment Return

Signature of Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Equipment Manager/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TADB.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)☐ Junior ☐ Senior ☐ Big LeagueC.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_**Position/Role of person(s) involved in incident:**D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: \_\_\_\_\_

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

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

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

**Type of incident and location:**

A.) On Primary Playing Field

☐ Base Path: ☐ Running or ☐ Sliding☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted☐ Collision with: ☐ Player or ☐ Structure☐ Grounds Defect☐ Other: \_\_\_\_\_

B.) Adjacent to Playing Field

☐ Seating Area☐ Parking Area

C.) Concession Area

☐ Volunteer Worker☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:☐ Car or ☐ Bike or☐ Walking☐ League Activity☐ Other: \_\_\_\_\_

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

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

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

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

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



# Little League. Baseball and Softball M E D I C A L R E L E A S E



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

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

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

## If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—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 KEEP ATHLETES SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

### Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

### Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
  - › Striking another athlete in the head;
  - › Using their head or helmet to contact another athlete;
  - › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
  - › Trying to injure or put another athlete at risk for injury.



- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

### Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

### Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

### Keep emergency contact information handy:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

## HOW CAN I SPOT A POSSIBLE CONCUSSION?

Athletes 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 COACHES OR PARENTS:

- 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.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

### SYMPTOMS REPORTED BY ATHLETES:

- 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”.

**NOTE:** Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK 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 ensure an athlete is taken 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.

## CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

## WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?

As a coach, if you think an athlete may have a concussion, you

### REMOVE THE ATHLETE FROM PLAY.

When in doubt, sit them out!

### KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

### INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

### ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

## WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has 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 an athlete for a lifetime. It can even be fatal.

### SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.

They may also worry about:

- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

## WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.



## BASELINE:

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

**An athlete should only move to the next step if they do not have any new symptoms at the current step.**

## STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

## STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

## STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

## STEP 4:

An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

## STEP 5:

An athlete may return to competition.

## REMEMBER:

It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.

1. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM (2014). Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework. *Brain Inj.* 2014;28(8):1009-21.
2. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. (2013a). Knowledge, attitude, and concussion- reporting behaviors among high school athletes: A preliminary study. *J Athl Train*, July 12, 2013.
3. Chrisman, S. P., Quitiquit, C., Rivara, F. P. (2013). Qualitative Study of Barriers to Concussive Symptom Reporting in High School Athletics. *J Adolesc Health.* March, 2013, 52(3): 330-335.

# CONCUSSION FACT SHEET FOR PARENTS



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”



### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes





## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

### 1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

### 2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

### 3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION ➡ [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



## HAVE YOU:

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- ✓ **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**

# 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)
- ▶ eat, 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

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS  
EXTENSION**



# Southern York County Little League

## Field Maintenance and Repair Report

Directions: If you notice a possible hazard around the fields, practice, warm-up areas, concession stand or other SYC Little League grounds please do the following:

1. Bring it to the attention of coaches or umpires (it may be remedied with them).
2. If the problem can't be remedied immediately, fill out a Field Maintenance and Repair Report.
3. Call the Safety Officer within 24 hours to report that you filed a form.

**Person Filing Report** \_\_\_\_\_

**Position** (coach, umpire, parent, etc) \_\_\_\_\_

**Date** \_\_\_\_\_ **Name of Field/Area** \_\_\_\_\_

**What is the problem?**

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**Possible solution**

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**Date repairs/measures taken** \_\_\_\_\_

**Actions taken**

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**Safety Officer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**President Signature** \_\_\_\_\_

**Date** \_\_\_\_\_