

Nevada 2 Legacy Little League



“Where Safety comes First”
2019 Safety Plan

League ID #: 428-02-15

Legacy Little League Safety Program

Safety Mission Statement

Legacy Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

Legacy Little League 2019 Board of Directors

<u>Title</u>	<u>Name</u>	<u>Phone Number</u>
President	Erik Knudson	702-757-8576
Vice President	Rose Villarreal	702-301-9778
Secretary	Jessica Knudsen	702-371-1851
Treasurer	Teri Burns	702-271-2671
Safety Officer	Nicole Steidel	775-741-9340
Information Officer	Christina Ortiz	702-759-6567
Player Agent	Andrea Damore	801-243-0155
Board Member	Gabe Thayer	702-580-8166
Board Member	Mark Steidel	775-741-4929
Board Member	Dave Damore	702-343-6949
Board Member	Brian Proudfoot	

EMERGENCY PHONE NUMBERS

Police Emergencies	911
Non-threat Emergency	311
Fire	911
Non-Emergency	702-795-3111
Ambulance Dispatch	702-384-3400
Clark County Health District	702-385-1291
Animal Control	702-455-7710
Park Marshal	702-229-6444

NEIGHBORING HOSPITALS

St. Rose Hospital 106 Lake Mead Las Vegas, NV 89015	702-616-4870
Spring Valley Hospital Medical Center 5400 S. Rainbow Blvd. Las Vegas NV 89118	702-853-3333
Summerlin Hospital Medical Center 657 N. Town Center Drive Las Vegas, NV 89144	702-233-7000
Southern Hills Hospital 9300 West Sunset Las Vegas, NV 89148	702-880-2100
University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV 89102	702-383-2000
Valley Hospital Medical Center 620 Shadow Lane Las Vegas, NV 89106	702-388-4000

Legacy Little League Concussion Prevention, Treatment and Management Policy

The 2011 Nevada Legislature enacted AB455 which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion to the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.9 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

Therefore, Legacy Little League hereby adopts the following policy for purposes of prevention, treatment and management of injuries to the head that may occur during a player's participation in the Little League Program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach and adult assistant shall:
 - a. Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members, and,
 - b. Complete the CDC on line training course at:
http://www.cdc.gov/concussion/HeadsUp/online_training.html
A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer
2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or event, the player must:
 - a. Be immediately removed from the game or event; and
 - b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

Legacy Little League Concussion Prevention, Management and Treatment Policy

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

Dated: _____ Player: _____

Dated: _____ Parent/Legal Guardian _____ Parent/Legal Guardian _____

Division: _____ Team Name: _____

Submitting League Player Registration Data/Player Roster Data/Coach or Manager Data Policy

Legacy Little League will submit league rosters to the Little League Data Center at www.littleleague.org this will include team name, division, players, coaches, managers and volunteers by **March 22, 2019 or 2 weeks after the draft.**

League Training Dates and Times

	Date	Location	Time
Coaches Clinic:	February 2, 2019	Legacy Park	11:30 am
Safety Training:	February 2, 2019	Legacy Park	11 am

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.

Electronic Plan Posting

Legacy Little League will post an electronic copy of this plan to our website for all league members. This safety plan is reviewed at the annual safety training that is held with our managers and coaches. A paper copy is provided to each team to carry with them always.

All our board members have been trained and have reviewed this safety manual.

Please send Legacy Little League any suggestions that can be implemented to improve the safety for our Little League family.

Legacy Little League Safety Officer's Responsibilities

Within 48 hours of receiving a report, the League Safety Officer will contact the injured party or the party's parents/guardian and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party and; (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League Insurance coverage and the provisions for submitting any claims. If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call and check on the status of the injuries and to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such item as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

Team Safety Officer Responsibilities

- Review Safety manual.
- Always have a cell phone at the fields.
- Report injuries to the League Safety Officer.
- Inspect first aid kit weekly.
- Obtain additional items for the first aid kit from the LSO.
- Replace Accident and Injury tracking forms from the LSO or at our web site.
- Contact the League Safety Officer with any questions or concerns.

Little League Code of Conduct

- No alcohol allowed in any parking lot, field or common areas within a city or county field or complex.
- No playing in parking lots at any time.
- No profanity please.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of playing fields.
- No throwing balls against dugouts or backstops. Catchers must be used for all batting practice sessions.
- No throwing of rocks.
- No climbing fences.
- Extreme care must be used when holding a bat. No warm-up swings or on deck batters at Majors and below. Juniors and above must be alert of the area around them when swinging a bat.
- Players and spectators should be alert at all times for foul balls and errant throws.
- During a game, all players must remain in the dugout area in an orderly fashion at all times. There must be a coach in charge of the dugout and the players at all times.
- After each game and practice, each team is responsible for cleaning up the dugout and playing area.
- No children under the age of 13 are allowed in the snack bar area.

Failure to comply with these rules will result in action by the Board of Directors.

Background Checks

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

Safety Code

Dedicated to Safety within Our League

1. Responsibility for Safety Procedures should be that of an elected Safety Officer on the Board.
2. Arrangements should be made in advance of all games and practices for emergency medical service.
3. Managers, coaches and umpires should have training in first aid. First aid kits are issued to each team manager and are located at each concession stand.
4. No game or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate. Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
5. Play area should be inspected frequently for holes, stones, glass and other foreign objects.
6. All team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as “in play”.
7. Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or team’s manager and coaches.
9. Procedure should be established for retrieving foul balls batted out of playing area.
10. During practice and games, all players should be alert and watching the batter on each pitch.
11. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
12. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
13. Equipment should be inspected regularly for the condition of equipment as well as for proper fit.
14. Batters must wear Little League approved protective helmets during batting practice and games. (no paint or stickers may be added to helmets).
15. Catcher must wear catcher’s helmet mask, throat guard, shin guards and protective sup with athletic supporters for all practices and games.
16. Majors and below, headfirst slides are only permitted when returning to base.
17. During sliding practice bases should not be strapped down or anchored.
18. At no time should “horse play” be permitted on the playing field.
19. Parents of players who wear glasses should be encouraged to provide “safety glasses”.
20. Player must not wear watches, rings, pins or metallic items during games and practices.
21. **The catcher must wear catcher’s helmet and mask with throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practices.**
22. **Managers and coaches may not warm up pitcher before or during a game.**
23. On-deck batters are not permitted in Majors and below.
24. Metal cleats allowed at the Intermediate, Junior, Senior and Big League Levels.

Some Friendly Rule Reminders...

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

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

Accident Reporting Procedure

What to Report: An incident that causes a player, manager, coach or umpire to receive medical treatment or first aid must be reported to the Safety Officer.

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

The Safety Officer is: Name: Nicole Steidel
Cell Number: 775-741-9340
Home Number: 702-953-9569
Email: Nicole@Solver.com

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

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

In your safety packet you will find the injury report forms. If the Safety Officer is present, he/she can assist you in completing the form. If the Safety Officer is not present, the incident must be reported to the Safety Officer within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a \$50 deductible.

How to Replace the Injury Report Forms: The forms can be replaced by the Safety Officer or downloaded from the league's web site.

FIRST AID KITS

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

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

Teams are required to carry first aid kit to games and practices.

Storage Procedures

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

1. All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
2. Before you use any equipment located in the shed (lights, scoreboards, etc.) please locate and read the written operating procedures for that equipment.
3. All chemicals or organic materials stored in the sheds shall be properly marked and labeled.
4. Any witnessed “loose” chemicals or organic materials must be cleaned up and disposed of as soon as possible in order to prevent accidental poisoning.

Lightning Facts and Procedures

Consider the following facts:

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

Rule of Thumb... The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether or not play is stopped. Once play is stopped... take the kids to safety until play resumes or the game is called. **ONLY AN UMPIRE CAN CALL A GAME!**

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

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

First Aid for a Lightning Victim:

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

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

Requirement 15: Making the Safety Plan Our Own

Coaches will monitor the potential for lightning strikes during all games and practices using a lightning tracker app (NOAA, Lightning Tracker App, etc.). If a lightning strike occurs within 10 miles of said practice or game, the head umpire will be notified, and it will be suggested that the game be called. An announcement will occur urging all Little League participants and spectators to take cover until the danger has passed.

Some Important Do's and Don'ts

DO...

- Reassure and aid children that are injured, frightened or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Contact parent immediately when a problem occurs that requires medical attention.
- Know your limitations.
- Carry your first aid kit to all practices and games.
- Make sure it is replenished when needed. Contact the safety officer or your division Rep.
- When administering first aid, remember to:
LOOK for signs of injury (blood, bruised, deformity of bone)
LISTEN to the injured person describe what happened and what hurts. Before questions, you may have to calm and soothe an excited child.
FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.
- Make sure you have your player's Medical Release forms at every game and practice.
- Assign a parent who is at all the games to be your safety representative. This person should have a cellular phone and can assist you in case of accident.
- Have plenty of water available for players at the games and practices.

DON'T...

- Administer any medications.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures. (CPR, First Aid, etc...)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer or League President immediately.

Hydration

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

Players are encouraged to bring bottled water or sports drinks.

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air conditioned car or use a wet rag to cool you off.

How is it treated?

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

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

Communicable Disease Procedures

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

Concession Stand Guidelines

Every worker must be instructed on these guidelines before they are allowed to work.

Wash your hands regularly:

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

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

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

1. Menu: smaller is better. No salads, cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored on top the other and lids should be off or askew until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT!**
5. **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean and they should not smoke in the concession area. Hair restraints are recommended.
7. Food handling: Avoid hand contact with raw food, ready-to-eat foods and food contact surfaces. Use a utensil and/or gloves.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) hot soapy water, (2) rinsing in clean water, (3) chemical or heat sanitizing, (4) air drying.

9. Ice that is used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use scoops to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1 gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.
11. Insect control and waste. Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from an approved source.
12. Store food off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

THE TOP SIX CAUSES FOR ILLNESS

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

LITTLE LEAGUE

“Where Safety Comes First”

BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team, someone who is at all games and has a cellular phone. It can be an assistant coach.

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the equipment manager.
- ✓ Check the contents in your team’s first aid kit. Contact the League Safety Officer for any items that need to be replaced.

IF MEDICAL ATTENTION IS NEEDED

- ✓ Utilize communicable disease procedures.
- ✓ Utilize emergency safety procedures.
- ✓ Notify Parents/Guardians. (Always have medical release forms with you.)
- ✓ Complete accident notification form.
- ✓ Fill out part 1 and have Parent/Guardian sign the form.
- ✓ Notify the Safety Officer within 48 hours. Do it while the accident is fresh in your mind.

Inspection of Equipment

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Managers, coaches and umpires are required to inspect equipment prior to use.
- Bad equipment will be removed and destroyed.

PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home plate Intact			Dangling throat guard		
Bases Secure			Helmets		
Pitcher's Mound safe			Catcher's mitt		
Batter box lined/level			Chest Protector		
Infield fence repair			Shin guards		
Outfield fence repair			Dugouts	Yes	No
Foul lines marked			Fencing needs repair		
Infield need repairs			Bench needs repair		
Outfield need repairs			Trash Cans		
Warning Track			Clean up is needed		
Coaches boxes lined					
Free of foreign objects			Spectator Area	Yes	No
Grass surface even			Bleachers need repair		
			Protective screens ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking area safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats inspected			First-aid Kit each team		
Face Mask (Minor/Mjrs)			Medical Release forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
			Drinking Water		

REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.

Turn this form into the concession stand or to your division Rep.

2019 Volunteer Application



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):

- Do you have children in the program? Yes No
If yes, list full name and what level?
 - Special Certification (CPR, Medical, etc.)? (ite) Yes No
 - Do you have a valid driver's license? Yes No
Driver's License#: State
 - 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:
 - 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.)
 - 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.)
 - Have you ever been refused participation in any other youth programs? Yes No
If yes, explain:
- In which of the following would you like to participate? (Check one or more.)
- League Official 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/NoStateLaw

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 (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.

LAAI 5/20/19 10/1/2019

Background checks must be done PRIOR to volunteers taking the field! Board members must approve all volunteers!

Photo copies of each volunteer must be collected and kept on file for the current season.

2019 Active Shooter Response



Active Shooter & How To Respond When An Active Shooter Is Within Your Vicinity

1 Quickly assess & determine the most reasonable way to save your life & others lives.

- **Evacuate:** Have a escape route. Families may be separated.
- **Hide out:** Hide our of view from the active shooter.
- Lock or block doors.
- Keep quiet and try to remain calm.
- Call 911 when it is safe to do so.
- Wait for Law Enforcement.
- **Take Action:** As a last resort if your life is in danger.
- Attempt to incapacitate the active shooter.
- Use the items you have around you.

2 How to respond when law enforcement arrives on the scene.

- Remain Calm and follow officers instructions.
- Raise your hands in the air and keep them visible at all times.
- Avoid screaming and yelling.
- Do not ask officers for help during the evacuation process. They are their to secure the premises.
- Law Enforcement will provide a meeting location to reunite with family members.

3 Baseball fields and parks are open areas. Stay alert!

- Talk to your children. In the event of a active shooter families may be separated.
- League officials, managers and coaches be aware that players and parents may look to you to lead.
- Call 911 when it is safe to do so and provide as much information as possible. Location of shooter, number of shooters, physical description, location ext.
- Recognize potential signs and alert law enforcement.

Accident Notification Form Page 1 (League Use Only)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
 Little League® International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674 Fax: 570-328-9280

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

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
					Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
			()	()	
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (8-12)	<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"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (14-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

Accident Notification Form Page 2 (League Use Only)

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

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

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

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

Date	League Official Signature
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