

# Pocono Mountain East Little League

2023 ASAP Safety Plan

**for Managers and Coaches**

**League ID**

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### Introduction

Pocono Mountain East Little League offers baseball, softball and t-ball to children, ages 4 to 16, attending Pocono Mountain East School District, as well as children residing in Barrett, Jackson, Paradise, Pocono Township, and Mount Pocono Borough. PMELL provides a great opportunity for the community to participate, watch, support and enjoy local Little League at its best right here in the Pocono Mountains.

A Safety Awareness Program (ASAP) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a

tool to place some important information at manager’s and coach’s fingertips.

Used in conjunction with the Little League Rule Book, training for managers, coaches and other volunteers, this manual is part of the overall safety plan for our league. Please read through this manual thoroughly. Please make sure all teammates and volunteers are aware of the ASAP Safety guide. Safety is both an individual and team effort.

### Safety Mission

The goal of Pocono Mountain East Little League is to provide a safe environment, enjoyable atmosphere, and the opportunity to make memories while playing America’s favorite past time. We are committed to our players, parents, volunteers, and spectators, and will pursue well maintained facilities and safety conscious coaches and volunteers.

### Important Phone Numbers

|  |  |  |
| --- | --- | --- |
| Police Fire/EMS | 911 |  |
| Pocono Mountain Regional Police | (570) 895-2400 |  |
| Pocono Mountain Regional EMS | (570) 839-8485 |  |
| Lehigh Valley Hospital - Pocono | (570) 421-4000 |  |
| PMELL Safety Officer\* | (570)-656-0028 | Darren Leonard |
| \*Contact to report/track injuries. | | |
| President | (570) 269-2427 | Keith James |
| VP of Baseball | (570) 954-2771 | Joe Zbylicki |
| VP Softball/Uniform Manager | (570) 954-2771 | Joe Zbylicki |
| Secretary/Website Coordinator | (570) 954-2771 | Joe Zbylicki |
| Treasurer |  | Tony Li |
| Concessions Manager |  |  |
| VP Field Maintenance | (570) 656-0028 | Darren Leonard |
| Safety Officer | (570) 656-0028 | Darren Leonard |
| Special Events Coordinator | (570) 807-1186 | Vicky Richert |
| Equipment Manager | (570) 656-0028 | Darren Leonard |
| Assistant Equipment Manager |  |  |
| Sponsorship Coordinator |  |  |
|  | | |
| Child Abuse Hotline | (800) 932-0313 |  |
| Poison Control Hotline | (800) 222-1222 |  |
| Mental Health Hotline | (800) 273-8255 |  |

Little League East Region Headquarters

P.O. Box 2926, Bristol, CT 06011-2926

Phone: (860) 585-4730 / Fax: (860) 585-4734

Pocono Mountain East Little League PO Box 88 Cresco, PA 18326 [pmeastll@gmail.com](mailto:pmeastll@gmail.com) / pmell.org

### Safety Code

* Responsibility for safety procedures should be that of an adult member of the League.
* First-aid supplies/kits will be available to each team and will be kept readily available in the dugout during practice and games.
* No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
* Fields should be inspected regularly and always before play by coaches and umpires.
  + If issues are noted on a playing field, please inform the PMELL VP of Field Maintenance.
* 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”.

* Only approved players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
* Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose, or the team’s manager and coaches.
* Procedure should be established for retrieving foul balls batted out of playing area.
* During practice and games, all players should be alert and watching the batter during each pitch.
* During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
* 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.
* All equipment should be inspected regularly. Broken, damaged, or outdated equipment must be replaced.
* All equipment will be inspected by coaches and umpires before game of play.
* Batters must wear Little League approved helmets during batting practice and games.
* Catchers must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup (if applicable) with athletic supporter for ALL practices, games, and warmups. NO EXCEPTIONS.
* Managers and Coaches may not warm up pitchers before or during a game.
* Managers should encourage all male players to wear protective cups and supporters for practices and games.
* Except for runners returning to a base, headfirst slides are not permitted.
* During sliding practice, bases should not be strapped down or anchored.
* During games, breakaway “safety bases” shall be used, if available.
* At no time should “horse play” be permitted on the playing field.
* Parents of players who wear glasses should be encouraged to provide “safety glasses”.
* Players must not wear watches, rings, pins or metallic items during games and practices.
* On-deck batters are not permitted unless in Minors/Majors League.
* Concession stand volunteers will receive training in proper food handling, and concession stand safety. Safety procedures will be posted at all concession stands when in use.
* All volunteers must fill out a 2025 Little League Volunteer Application form and consent to a mandatory background check.
* Anyone that refuses a background check is ineligible to be a volunteer.
* Implement prompt accident reporting. Utilize both internal and national reporting forms.
* The safety officer will perform an annual safety inspection of the PMELL Area facilities. Deficiencies shall be communicated to the league president and resolved appropriately. The Annual Little League Facility Survey will be submitted to Little League International with the submission of this annual safety plan and the safety plan registration form.
* League registration data and/or roster data and coach/manager data will be uploaded to the Little League Data Center upon closing of registration.

SOME IMPORANT DO’S AND DONT

#### Do

* Reassure and aid children who are injured, frightened, or lost.
* Provide, or assist in obtaining, medical attention for those who require it.
* Know your limitations.
* Carry your first-aid kit to all games and practices.
* When administering aid, remember to
  + LOOK for signs of injury (blood, black-and-blue deformity of joint, etc.)
  + LISTEN to the injured describe what happened and what hurts if conscious.
  + FEEL gently and carefully the injured area for signs of swelling, or broken bones.
* Have your player’s Medical Clearance Forms with you at all games and practices.

#### Don’t

* Administer any medications.
* Provide any food or beverages (other than water).
* Hesitate in giving aid when needed.
* Be afraid to ask for help if you’re not sure of the proper procedures (i.e., CPR, 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 Director of Safety immediately

### Code of Conduct

* Speed Limit 5 mph in parking lots while attending any PMELL function.
* Watch for small children in between and around parked cars.
* No alcohol allowed in any parking lot, field, or common areas within a PMELL area complex.
* No Playing in parking lots at any time.
* No Playing on and around equipment.
* Use cross- walks when crossing roadways. Always be alert for traffic.
* No profanity.
* No swinging bats or throwing baseballs at any time outside the designated play areas. Players not currently batting in a properly designated areas should not have bats in-hand; bats should be put away or laying on the ground until it is such player’s time to bat.
* No throwing balls against dugouts or against fences and backstops.
* No throwing rocks.
* No horseplay at any time.
* No climbing fences.
* On-deck batters are not permitted unless in Minors/Majors League.
* Be alert of area around you when swinging bat while in the on-deck position.
* Observe all posted signs. Players and spectators should always be alert for foul balls and errant throws.
* During game, players must always remain in the dugout area in an orderly fashion.
* After each game, each team must clean up trash in dugout.
* All gates to the field must remain closed. After players have entered or left the playing field, gates should be closed and resecured.
* No underage children are to be permitted in the Concession Stand unless granted permission by the adult in charge.

**Failure to comply with the above WILL result in expulsion from the PMELL field.**

### Safety Procedures

CHILD PROTECTION PROCEDURE

All volunteers having repeated access to the children of the league must complete a 2023 Little League Volunteer Application form and will be checked for sexual offenses against children. This includes all board members, managers, coaches, and team parents.

COMMUNICABLE DISEASE PROCEDURES

1. Bleeding must be stopped, the open wound covered, and the uniform before an athlete may continue playing.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (provided in first-aid kit).
3. Immediately wash hands and other skin surface 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.

LIGHTNING PROCEDURES

1. Be aware of weather reports before heading to the field.
2. DO NOT wait for the first sight of lightning.
3. At the first sign of approaching weather or sound of thunder, stop practice immediately. Managers, coaches, and volunteers will immediately move all players to safe surroundings and get everyone into cars or inside a walled building. DO NOT congregate under trees or near metal fences/backstops. No one is to remain outside or in the dugouts.
4. Do not resume play until the weather has safely passed. Coaches are responsible for player safety at practices...DO NOT RISK SAFETY!

STORAGE SHED PROCEDURES

1. All individuals using the equipment sheds are aware of their responsibilities for the orderly and safe storage of all PMELL equipment.
2. Before you use any machinery please locate and read the written operating procedures.
3. All chemicals or organic materials stored in sheds shall be properly marked and labeled as to its contents and will be separated from the areas used to store machinery and baseball equipment to minimize the risk of puncturing storage containers or cross contamination.
4. Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up

and disposed of as soon possible to prevent accidental poisoning.

1. No one under the age of 18 is allowed to operate any power or electrical equipment or handle any chemicals.
2. The Equipment Manager shall be responsible for ensuring that the inventory of player equipment is of acceptable quality, in good condition and safe for play.
3. Each Coach, upon receiving his/her equipment shall inspect all equipment to ensure that it is in good repair, complete, and safe to use. Any equipment found not to be so shall be returned to

the Equipment Manager to be fully repaired or destroyed and discarded. The Equipment Manager shall replace any such equipment.

1. Coaches and Umpires must check equipment before game of play. HEAT STRESS AWARENESS

Make sure to allow breaks that provide fluid consumption and shade from the sun. Be aware of the following Signs and Symptoms:

* + *Mild* – sweating, irritability, heat cramps
  + *Moderate* (Heat Exhaustion) – excessive sweating, weakness, dizziness, cold skin, pale/clammy
  + *Severe* (Heat Stroke) – lack of sweat (hot dry skin), headache, nausea, confused/dizzy, rapid pulse Remember to get help immediately if moderate or severe cases are suspected.

ACCIDENT REPORTING PROCEDURE

**What to report** - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the PMELL Safety Officer and President. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury.

**When to report** - All such incidents described above must be reported to the Safety Officer and league President within 48 hours of the incident. It is recommended to use the Incident/Injury report form.

**How to make the report** - Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

* + The name and phone number of the individual involved.
  + The date, time, and location of the incident.
  + As detailed a description of the incident as possible.
  + The preliminary estimation of the extent of any injuries.
  + The name and phone number of the person reporting the incident.

**Safety Officer’s Responsibilities** - Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party’s parents 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 PMELLs insurance coverage’s and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, until such time as the incident is considered “closed”.

If any league office reporting is required, the Safety Officer shall be responsible to ensure process is completed in a timely manner.

### Expectations

What do we expect from PMELL players?

* + To be on time for all practices and games.
  + To always do their best whether in the field or on the bench.
  + To be cooperative at all times and share team duties.
  + To respect not only others, but themselves.
  + To be positive with teammates at all times.
  + To try not to become upset at their own mistakes or those of others.
  + To understand that winning is only important if you can accept losing. What can your child expect from PMELL coaches?
  + To be on time for all practices and games.
  + To be as fair as possible in giving playing time to all players.
  + To do my best to teach the fundamentals of the game.
  + To be positive and respect each child as an individual.
  + To set reasonable expectations for each child and for the season.
  + To teach the players the value of winning and losing.
  + To be open to ideas, suggestions, or help.
  + To never holler at any member of my team, the opposing team, or umpires. What do we expect of Family and Friends?
  + To come out and enjoy the game. Cheer to make all players feel important.
  + To allow me to coach and run the team.
  + To try not to question my leadership. All players will make mistakes and so will I.
  + Do not holler at me, the players, or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
  + If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.
  + Finally, don’t expect most children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let’s allow them to make their mistakes, but always be there with positive support to lift their spirits!
  + Little League Parent program: https://[www.littleleague.org/parents/](http://www.littleleague.org/parents/)



# Facility and Field Inspection Checklist

Field Name:

Inspector:

Date:

Time:

Field free of holes or damage

Proper Drainage with no slippery areas

Grass is mowed

Field, dugout, and stands free of debris and foreign objects

No damage to dugout, fences, scoreboard, and field structures

Safe conditions around backstop and pitcher’s mound

General garbage clean-up

Notes:

Signature Printed Name



**Little League**® **Volunteer Application 2025**

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

**This volunteer application should only be used if a league is manually entering information into JDP** 7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization

**or an outside background check provider that meets the standards of Little League Regulations 1(c)9.**

ineligible list?

 Yes

 No

**THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit**

[**LittleLeague.org/localBGcheck**](http://www.LittleLeague.org/localBGcheck) **for more information.**

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

**All RED fields are required.**

If yes, explain: (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

Name

First Middle Name or Initial Last

Date

 League Official

 Coach

 Umpire

 Field Maintenance

 Manager

 Scorekeeper

 Concession Stand

 Other

Address City State Zip

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

**Name/Phone**

**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):

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://www.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.

1. Do you have children in the program?

 Yes

 No

Applicant Signature If Minor/Parent Signature

Date Date

If yes, list full name and what level?

Applicant Name (please print or type)

1. Special Certification (CPR, Medical, etc.)? If yes, list:
2. Do you have a valid driver’s license?

 Yes

 Yes

 No

 No

*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.*

Driver’s License#: State

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer on

System(s) used for background check (minimum of one must be checked):

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

 JDP (Includes review of the US. Center of SafeSport’s Centralized Discplinary Database and Little League International Ineligible List)\*

**OR**

 National Criminal Database check

 National Sex Offender Registry

 U.S. Center of SafeSport’s Centralized Discplinary Database and Little League International Ineligible List

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

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

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full:

 Yes

 No

(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

1. 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.)

1. 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.)

*Last Updated: 10/11/2021*

### LITTLE LEAGUE® BASEBALL AND SOFTBALL

**Send Completed Form To:**

Little League® International

539 US Route 15 Hwy, PO Box 3485

Williamsport PA 17701-0485 **Accident Claim Contact Numbers:** Phone: 570-327-1674

**ACCIDENT NOTIFICATION FORM**



**INSTRUCTIONS**

Accident & Health (U.S.)

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

League Name League I.D.

Name of Injured Person/Claimant SSN

PART 1

Date of Birth (MM/DD/YY)

Age

Sex

 Female  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 Individual Plan | Yes  Yes | No  No | School Plan Dental Plan | Yes Yes | No No |
| Date of Accident Time of Accident Type of Injury |  |  |  |  |  |  |

AM PM

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

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

 BASEBALL

 SOFTBALL

 CHALLENGER

 T-BALL

(4-18)

(4-7)

(5-18)

(5-8)

(7-12)

 PLAYER

 MANAGER, COACH

 TRYOUTS

 PRACTICE

 SPECIAL EVENT (NOT GAMES)

 CHALLENGER

 MINOR

(6-12)

 VOLUNTEER UMPIRE

 SCHEDULED GAME  SPECIAL GAME(S)

 TAD (2ND SEASON)  LITTLE LEAGUE (9-12)

 INTERMEDIATE (50/70) (11-13)

JUNIOR (13-14)

SENIOR (14-16)

BIG LEAGUE (16-18)

 JUNIOR (12-14)

 SENIOR (13-16)

 PLAYER AGENT

 OFFICIAL SCOREKEEPER

 SAFETY OFFICER

 VOLUNTEER WORKER

 TRAVEL TO

 TRAVEL FROM

 TOURNAMENT

 OTHER (Describe)

(Submit a copy of your approval from Little League Incorporated)

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 Date

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

Were you a witness to the accident? Yes No

Provide names and addresses of any known witnesses to the reported accident.

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

**POSITION WHEN INJURED**

**INJURY**

**PART OF BODY**

**CAUSE OF INJURY**

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

Does your league use breakaway bases on: ALL SOME NONE of your fields?

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

*For Local League Use Only*

**Activities/Reporting**

**A Safety Awareness Program’s Incident/Injury Tracking Report**

League Name:

League ID

Incident Date:

Field Name/Location: Incident Time:

Injured Person’s Name: Address: City: State ZIP: Parent’s Name (If Player):

Date of Birth: Age: Sex: o Male o Female Home Phone: ( ) Work Phone: ( )

Parents’ Address (If Different):

**Incident occurred while participating in:**

* 1. o Baseball o Softball o Challenger o TAD

City

* 1. o Challenger o Minor o Major o Intermediate (50/70)

Junior (13-14)

Big League (16-18)

(5-8)

(7-12)

(12-14)

(4-7)

(13-16)

(7-11)

(15-18)

(9-12)

(11-13)

T-Ball

Senior

o

* + - Junior

Senior (14-16)

o

Big League

* 1. o Tryout o Practice o Game o Tournament o Special Event
     + Travel to o Travel from o Other (Describe):

**Position/Role of person(s) involved in incident:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D.)** o Batter | o Baserunner | o Pitcher | o Catcher | o First Base | o Second |
| o Third | o Short Stop | o Left Field | o Center Field | o Right Field | o Dugout |

* + - Umpire o Coach/Manager o Spectator o Volunteer o Other:

**Type of injury:**

**Was first aid required?** o Yes o No If yes, what:

**Was professional medical treatment required?** o Yes o No If yes, what: (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of incident and location:** |  | | | |
| **A.)** On Primary Playing Field  o Base Path: o Running *or* | o Sliding |  | **B.)** Adjacent to Playing Field  o Seating Area | **D.)** Off Ball Field  o Travel: |
| o Hit by Ball: o Pitched *or* | o Thrown *or* | o Batted | o Parking Area | o Car *or* o Bike *or* |
| o Collision with: o Player *or* | o Structure |  | **C.)** Concession Area | o Walking |
| o Grounds Defect |  |  | o Volunteer Worker | o League Activity |

* + - Other: o Customer/Bystander o 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 Ac- cident Insurance policy, please complete the Accident Notification Claim form available at <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/As-> sets/forms\_pubs/asap/GLClaimForm.pdf.

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute posi- tive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: Signature:

Phone Number: ( ) 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 LEGAL GUARDIAN AUTHORIZATION:** Email:

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)/legal 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.

***Volunteers Must Wash Hands***

***.v,111,'•***

***Wet***

warm water

***Wash***

20 seconds Use soap

***Rinse***

***Dry***

Use single-service paper towels

***Gloves***

***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***.

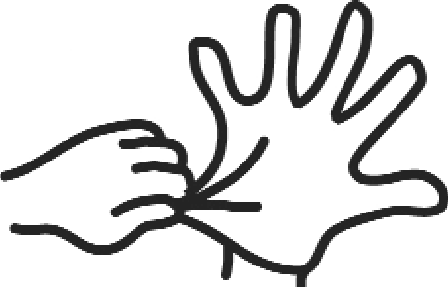
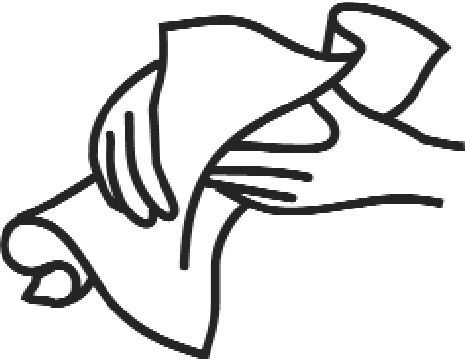
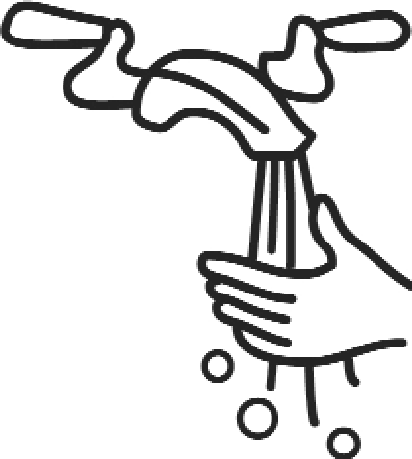
when you have a cut or sore on your hand when you can't remove your jewelry

***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 pro­ vides equal opportunity in programs and employment.

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