

# SAFETY MANUAL



LEAGUE I.D. # 238-23-31

2017 SEASON

## Table of Contents

CVLL Safety Mission Statement.....	1
CVLL Board of Directors.....	2
<b>Section A: Managers and Coaches</b>	
• Manager’s Code of Conduct.....	A1
• The Fundamentals of Coaching.....	A2
• Suggestions for Warm-up Drills.....	A3
• Field Safety Procedures to Use before Practices and Games.....	A4
• Hey Coach (Checklist of Safety Requirements for Practices and Games).....	A5
• Make Sure They Are Safe! (Catcher’s Protection Requirements).....	A6
• Coach, Please Let Players Catch! (Pitcher Warm-Up Requirements).....	A7
• Keep It Clean! (Good Sportsmanship Reminder).....	A8
• Don’t Swing It...Until You’re Up to the Plate! (No Warm-Up Swings Requirements).....	A9
• Drinking Guidelines For Hot Day Activities.....	A10
• If You See It, Flee It; If You Hear It, Clear It (Lightning / Storm Guidelines).....	A11
• Coach’s and Sports Official’s Guide to Lightning Safety.....	A12
• Umpire Guidelines.....	A14
• Conestoga Valley Little League 10 Commandments for Parents.....	A15
• Little League Pledges.....	A16
• 2017 Volunteer Application.....	A17
<b>Section B: Emergency and Wellness</b>	
• Emergency Contact Procedures.....	B1
• Emergency Phone List.....	B2
• The Basics of First Aid.....	B3
• The Minimum Requirements for a First Aid Kit.....	B4
• Asthma Emergency Signs.....	B5
• Emergency Treatment of Athletic Dental Injuries.....	B6
<b>Section C: Food Service</b>	
• Safety Procedures for Concession Stand.....	C1
• All Food Service Personnel Must Wash Hands.....	C2
• Fight Bac! (Food Safety Reminder).....	C3
• Fire Extinguisher Use Instructions.....	C4
<b>Section D: Accidents and Little League Insurance</b>	
• Little League Baseball Medical Release Form.....	D1
• Reporting an Accident to the Safety Director.....	D2
• What Parents Should Know About Little League Insurance.....	D3
• Accident Tracking Report Form.....	D4
• Little League Baseball Accident Notification Form.....	D5
• Claim Form Instructions for Preparing Accident Notification Form.....	D7
• General Liability Claim Form.....	D9
<b>Section E: National Facility Survey</b>	

## **2017 CVLL Safety Mission Statement**

The Conestoga Valley Little League, the Board of Directors, managers and coaches shall and will be personally committed to providing a safe environment for all of our players, parents, visitors and volunteers. All volunteers shall provide safety leadership through their efforts to increase awareness regarding proper approaches to activities at all levels in order to reduce the risk of injuries and thus to help the participants of this League do the right thing at the right time. All volunteers of this League will adhere to and abide by this objective.

## 2017 CVLL Board of Directors

Dan Andrews	President	<a href="mailto:dan@dwandrews.net">dan@dwandrews.net</a>
Brad Testa	Vice President	<a href="mailto:bsdtesta@yahoo.com">bsdtesta@yahoo.com</a>
Tucker York	Player Agent	wtuckyork@yahoo.com
Doug Bossert	Treasurer	dcbossert@comcast.net
Brett Hoffert	Rookie Level Director	<a href="mailto:hoffert3@yahoo.com">hoffert3@yahoo.com</a>
Curt Ulrich	T-Ball Level Director	culrich@paradiseenergysolutions.com
Pete Kowalinski	Major Level Director	pete.kowalinski@gmail.com
Mike Forney	Minor Level Director	tjsdad317@yahoo.com
Joshua Lapp	Equipment Manager/Secretary	lapp.joshua.c@gmail.com
Wendell Miller	Field Maintenance/Sponsorships	<a href="mailto:wendellmiller@comcast.net">wendellmiller@comcast.net</a>
Calvin Grucelski	Program/Marketing	<a href="mailto:cgrucelski@gmail.com">cgrucelski@gmail.com</a>
Curtis High	Safety Officer	marvhigh@yahoo.com
Thatcher Book	Umpires	<a href="mailto:thatcherbook@yahoo.com">thatcherbook@yahoo.com</a>

# 2017 Qualified Safety Program Registration Form



## Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2017 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms with your complete safety plan — including all 15 minimum requirements clearly detailed —

online or with a **postmark** no later than *March 31, 2017*. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted starting *Jan. 1, 2017*.

Safety plans approved prior to the posted deadline will win your league a cash award based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2017 ASAP Awards!

**District Administrators:** To earn the district incentive for ASAP participation, a district's league plans must be *received and approved by Little League International by March 10*. This is different than the league deadline and requirement. Districts with **87%** or better of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a **\$350** credit. Districts with 70%-86% of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a **\$150** credit.

## This Registration Form MUST Accompany Safety Plan Submission

League Name <u>Conestoga Valley</u>	League I.D. # <u>238-23-31</u>
City <u>Brownstown</u> State <u>PA</u>	League I.D. # _____
(If board operates more than one charter, please list <b>all</b> : League I.D. # _____)	

League Safety Officer Curtis High  
 Address 227 Browning Rd  
 City Lancaster  
 State PA Zip Code 17602  
 Work Telephone (717) 989-8327  
 Home Telephone ( ) \_\_\_\_\_  
 Cell/Pager Number (717) 989-8327  
 Email MARVHIGH@jahoo.com

League President Dan Andrews  
 Address 13 Garland Ln  
 City Ephrata  
 State PA Zip Code 17522  
 Work Telephone ( ) \_\_\_\_\_  
 Home Telephone (717) 588-4036  
 Cell/Pager Number (717) 468-2786  
 Email DAN@DAndrews.net

Items included with this application form:

# of pages of league's safety program outline: 51  
 # of non-returnable photographs: \_\_\_\_\_

Person submitting application (if different from above):

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

### Return this form and 2017 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program Little League International P.O. Box 3485 Williamsport, PA 17701	or	Shipping Address: ASAP Award Program Little League International 539 U.S. Route 15 Hwy. So. Williamsport, PA 17702
---	----	---

**Returned & Approved by March 10 for DA incentive or no later than March 31 for basic approval**

Over →

# Qualified Safety Plan Requirements



## Making It "Safer For The Kids"

These two pages contain the 15 minimum requirements for your safety plan to qualify for the cash award if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. *This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey, as well as any other supporting pieces illustrating your safety program. Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.). Judging: All judging will be conducted based on the material submitted. Non-original safety plans will not be considered for the awards.*

**\* Please List Page Number Where Each Item Below Is Located In Your Safety Plan**

• Please list dates when training was/will be held; and where each requirement can be found in your plan.

**1. Have active safety officer on file with Little League International**

1. Page: 2

**2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to safety manual to volunteers**

2. Page: Distributed

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

Do you have a website? YES  NO

Is your Safety Plan posted on your website? YES  NO

**3. Post and distribute emergency and key officials' phone numbers**

3. Page: B<sup>2</sup> D<sup>2</sup>

- Include emergency procedures for handling injuries and who to contact to track/report them.
- Include emergency phone numbers for ambulance, police, fire department, etc.
- Include league president and safety officer, consider head umpire, board members.

**4. Use 2017 Volunteer Application Form**

4. Page: A17

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy.
- Must conduct a search of the Department of Justice's nationwide sex offender registry, using 2017 Volunteer Application Forms, on all applicable volunteers.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as First Advantage.
- Anyone refusing to fill out Volunteer Application is ineligible to be a league member.
- League president must retain these confidential forms for the year of service.
- Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

**5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)**

5. Page: A-2

- It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years; but one team representative still required each year.
- High school, college or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

5. Date Was/ Will Be Held: 3/2/17

5. Date Was/ Will Be Held: \_\_\_\_\_

# Qualified Safety Plan Requirements

## Making It "Safer For The Kids"



6. **Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**
  - It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
  - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
  - Other individuals who attend various outside first aid training and courses are not exempt.
  - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; minimum of one participant per team.
  - Training qualifies volunteer for 3 years, but one team representative still needed each year.
7. **Require coaches/umpires to walk fields for hazards before use**
  - Recommend leagues use form to track and document any facility issues needing to be fixed.
  - Common sense activity — look for rocks, glass, holes, etc.
  - Specify who is responsible for doing this — home coach, visitors, umpire, or all?
8. **Complete the 2017 ANNUAL Little League Facility Survey**
  - A requirement each year, can help leagues find and correct facility concerns.
  - Provided in the ASAP section on the Little League web site — [facilitysurvey.musco.com](http://facilitysurvey.musco.com) or email [asap@musco.com](mailto:asap@musco.com)
  - DO NOT simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2017 form.
  - Keep a copy on file for future needs; Little League does not maintain copies of surveys.
9. **Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**
  - Local restaurant operators are good resources for training assistance.
  - Training should also cover safe use, care and inspection of equipment.
  - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.
10. **Require regular inspection and replacement of equipment**
  - Inspect equipment before each use by coaches and umpires.
  - Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
  - Recommend use form to remind coaches and to track equipment needs.
11. **Implement prompt accident reporting, tracking procedure**
  - Accident forms to safety officer within 24-48 hours of incident is common.
  - Forms are available through Little League website.
  - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
  - Share information on accidents and "near-misses" with District staff.
12. **Require a first-aid kit at each game and practice**
  - Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
  - Local hospitals and medical supply companies are good sources.
  - If necessary, fund through special drive.
13. **Enforce Little League rules including proper equipment**
  - Most Little League rules have some basis in safety — follow them.
  - Ensure players have required equipment at all times, even catchers warming up during infield.
  - Make sure coaches and managers enforce rules at practices as well as games.
  - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
  - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
14. **Submit 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 must be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org). This is a requirement for an approved ASAP plan.
15. **Submit a qualified safety plan registration form with your ASAP plan.**

6. Page: B-3, B-6

6. Date Was/ Will Be Held: 3/7/17

6. Date Was/ Will Be Held: tw. Bid.

7. Page: A-4, A-5

8. Page: Section E

9. Page: C, 1-2, 4

10. Page: D<sup>2</sup>-D<sup>10</sup>

11. Page: D<sup>2</sup>-D<sup>10</sup>

12. Page: A<sup>4</sup>-B<sup>4</sup>

13. Page: A<sup>6</sup>-A<sup>9</sup>-A<sup>14</sup>

14. Page: ✓

15. Page: ✓

# 2017 Qualified Safety Program Registration Form



## Highly Recommended Ideas

Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:

### ORGANIZATION

- |   |   |
|---|---|
| 16. Conduct supplemental criminal checks on all applicable personnel (i.e., thru First Advantage) | 16. Page: <u>A-17</u>                         |
| 17. Have your safety plan reviewed by your DA or DSO  | 17. Page: _____                               |
| 18. Include the safety officer as a board position  | 18. Page: <input checked="" type="checkbox"/> |
| 19. Have team safety representatives (i.e. team parents)  | 19. Page: _____                               |
| 20. Have player safety representatives (i.e. team safety officers)                                | 20. Page: _____                               |
| 21. Allocate part of annual budget for safety   | 21. Page: _____                               |
| 22. Distribute ASAP News newsletters within league  | 22. Page: _____                               |
| 23. Use local safety resources (i.e. police, fire dept., hospital staff)                          | 23. Page: <u>B-2</u>                          |
| 24. Have league safety mission statement  | 24. Page: <input checked="" type="checkbox"/> |

### TRAINING

- |   |  |
|---|--|
| 25. Provide CPR/AED training to coaches, managers, board members, parents   | 25. Page: _____  |
| 26. Provide bicycle and traffic training to players   | 26. Page: _____  |
| 27. Provide drug education training to players and volunteers   | 27. Page: _____  |
| 28. Provide Parent Orientation Program on Code of Conduct   | 28. Page: <u>A-15</u>  |
| 29. Teach coaches/managers about heat illnesses, warning signs  | 29. Page: <u>A-10, B<sup>3</sup></u>                             |
| 30. Teach coaches/managers about stopping play, breaks for weather:<br>• Stop play for lightning; take breaks between innings for water, shade in high heat | 30. Page: <u>A<sup>7</sup> - A<sup>10</sup> - A<sup>13</sup></u> |
| 31. Teach coaches/managers about sports fundamentals, like:<br>• Proper warm-ups, running safe practices and games  | 31. Page: <u>A<sup>3</sup></u>                                   |
| 32. Involve umpires in safety training and safety importance  | 32. Page: <u>A<sup>14</sup></u>                                  |

### FACILITIES AND EQUIPMENT

- |   |                      |
|---|----------------------|
| 33. Complete annual LL Lighting Safety Audit for lighted fields               | 33. Page: _____      |
| 34. Complete a long-range facility plan for safety improvements               | 34. Page: _____      |
| 35. Use reduced impact balls, especially for younger ages                     | 35. Page: _____      |
| 36. Use disengage-able bases (mandatory starting in 2008) for ALL fields      | 36. Page: <u>E</u>   |
| 37. Use double-first base to avoid collisions of fielders, runners at first   | 37. Page: _____      |
| 38. Use warning tracks in the outfield to protect outfielders                 | 38. Page: _____      |
| 39. Use protective/padded fence tops to protect fielders                      | 39. Page: <u>E</u>   |
| 40. Use fencing or netting to protect spectators from foul balls              | 40. Page: _____      |
| 41. Have a telephone available to all fields even for practices               | 41. Page: <u>E</u>   |
| 42. Have back guard rails and side rails on taller bleachers                  | 42. Page: _____      |
| 43. Have an AED (automatic external defibrillator) available for use          | 43. Page: _____      |
| 44. Have electronic weather detector to alert for approaching storms          | 44. Page: _____      |
| 45. Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.) | 45. Page: _____      |
| 46. Control speed and flow of traffic in and around facilities                | 46. Page: <u>A-E</u> |

### ACTIVITIES

- |  |                      |
|--|----------------------|
| 47. Encourage league input through 'Safety Suggestion Box'   | 47. Page: _____      |
| 48. Provide continuous safety messages through:<br>• Bulletin boards, newsletters, emails, meetings                          | 48. Page: _____      |
| 49. Encourage and recognize safety efforts from players:<br>• Safety poster contest, safety tips, player team safety officer | 49. Page: _____      |
| 50. Require/Encourage use of protective cups for players, esp. infielders  | 50. Page: _____      |
| 51. Require/Encourage use of mouth guards for players, esp. infielders   | 51. Page: <u>B-6</u> |
| 52. Require/Encourage use of face guards on batting helmets  | 52. Page: _____      |
| 53. Encourage all adults to sign up for Little League E-News   | 53. Page: _____      |



SECTION A:  
MANAGERS and COACHES

## Manager's Code of Conduct

Preamble: Conestoga Valley Little League Baseball is a youth program designed primarily for fun with friends, physical exercise, and character development; it is not about winning and competition. As the Little League pledge indicates, this program does indeed "strive to win, but win or lose; [it] will always strive to do [its] best." CVLL strives to do what is best toward character building. Conestoga Valley Little League Baseball stresses the importance of ethics in sports and good sportsmanship. It teaches respect for God, our country and its laws. It teaches respect for each other, respect for authority and self-respect. Conestoga Valley Little teaches fairness and caring as well as responsibility and good citizenship. The following Manager's Code of Conduct, therefore, is adopted to meet these goals and to fulfill the Conestoga Valley Little League objective "to implant firmly in the children of the CV community the ideas of good sportsmanship, honesty, courage, and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy, and trustworthy citizens."

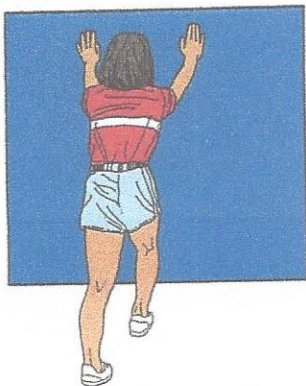
A manager/coach will promise to:

1. Remember that Conestoga Valley Little League baseball is for the youth, not adults.
2. Emphasize character development over competition and winning.
3. Emphasize skill development through regular practices, modeling and encouragement.
4. Learn the rules of the game and enforce them without resorting to hostility or violence.
5. Be a positive role model for players, coaches and parents.
6. Encourage good sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, managers, coaches, officials, umpires, and spectators at every practice, game and any other Conestoga Valley Little League function.
7. Observe all speed limits signs on roadways and parking lots at all Conestoga Valley Little League functions giving special care to watch for small children around parked cars.
8. Demand that the sports environment be free from drugs and weapons of any kind when used by Conestoga Valley Little League.
9. Not consume or allow to be consumed any alcohol or tobacco products of any kind on any parking lot, field or common area when used by Conestoga Valley Little League.
10. Not use or allow the use of profanity on any parking lot, field or common area when used by Conestoga Valley Little League.
11. Not encourage any behaviors that demonstrate unsportsmanlike conduct such as booing, taunting, and refusing to shake hands or any similar behaviors.
12. Not exercise or encourage any behaviors or practice that would endanger the health or well-being of any player, manager, coach, official, umpire or spectator.
13. Receive the safety manual and enforce the policies and procedures contained therein.

## The Fundamentals of Coaching

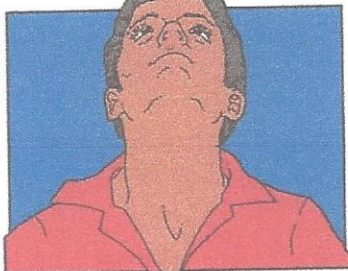
- At least one representative (manager or coach) from each team shall be required to attend the fundamentals training held annually.
- Be passionate about providing high quality instruction of baseball. Assume responsibility for the development of basic skills and knowledge for all phases of the game.
- Be prepared. Teach the lesson before expecting results.
- Have a well-developed plan for practice and the game and stick to it. Consistency breeds trust and defines expectations.
- Believe in yourself. Confidence develops character.
- Be unselfish. Always do what is best for the team.
- Be a positive role model on and off of the field.
- Maintain a positive attitude. Always use losing as an opportunity for growth, improvement and good sportsmanship.
- Demand discipline and strong work habits. Encourage the children to do their best.
- Keep open the lines of communication with parents at all times.
- Stay open-minded to better ways of coaching. Remember, if one player is performing poorly, train the child, but if the whole team is performing poorly, it's time for new coaching techniques.
- NEVER lose your poise on the field.
- NEVER verbally attack or physically assault the players, their parents or anyone else.
- NEVER demand an injured player to participate in practice or games.
- NEVER accompany a child to any private or remote area alone. ALWAYS demand that two adults accompany a child.
- NEVER warm up pitchers! Remember, it's for the kids!!!

# Suggestions for Warm-up Drills



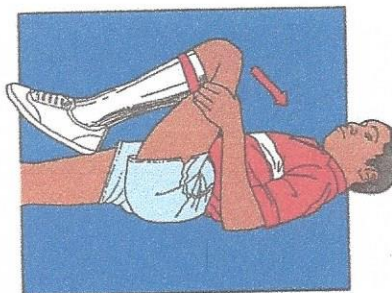
## Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



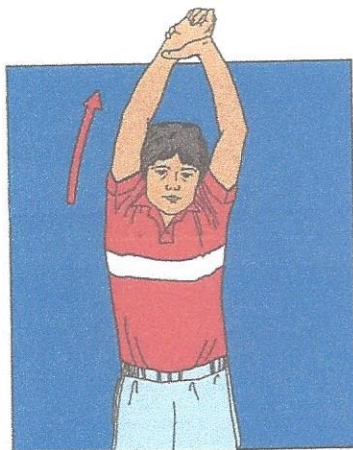
## Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



## Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



## Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



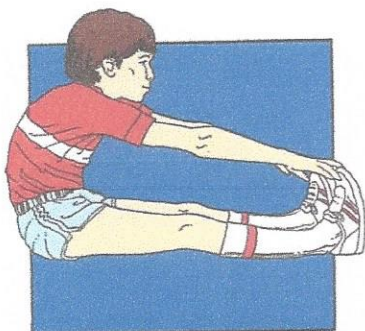
## Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



## Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.

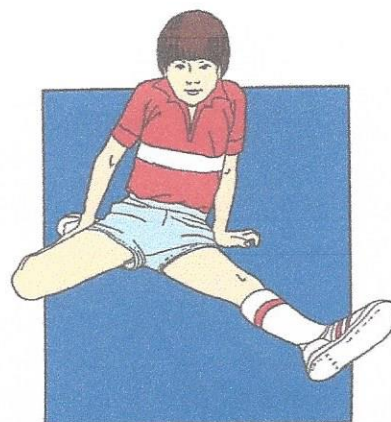


## Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

## Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.

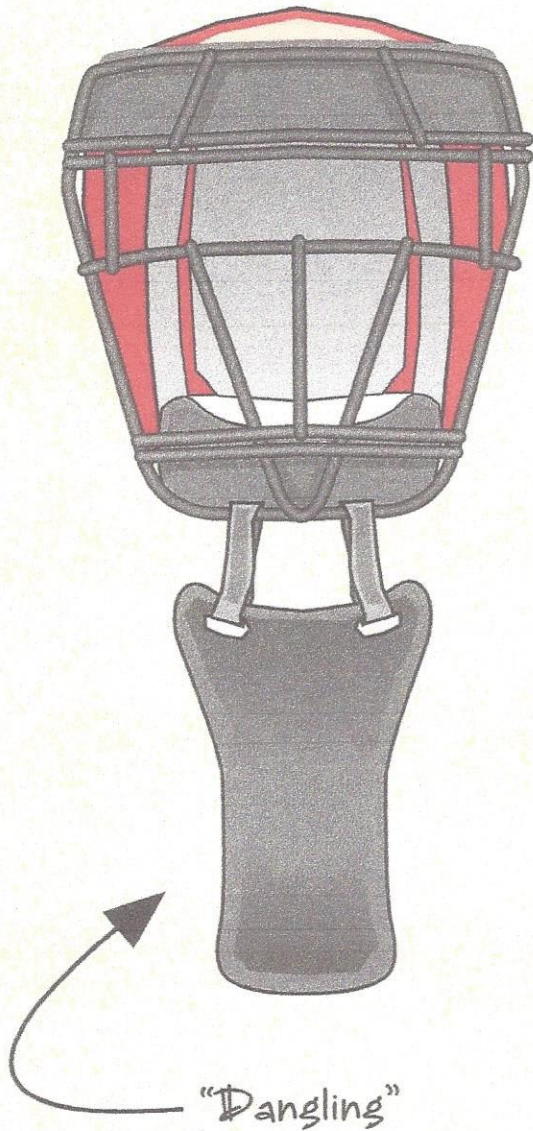




## **HAVE YOU:**

---

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



**Make  
Sure  
They  
Are  
Safe!**

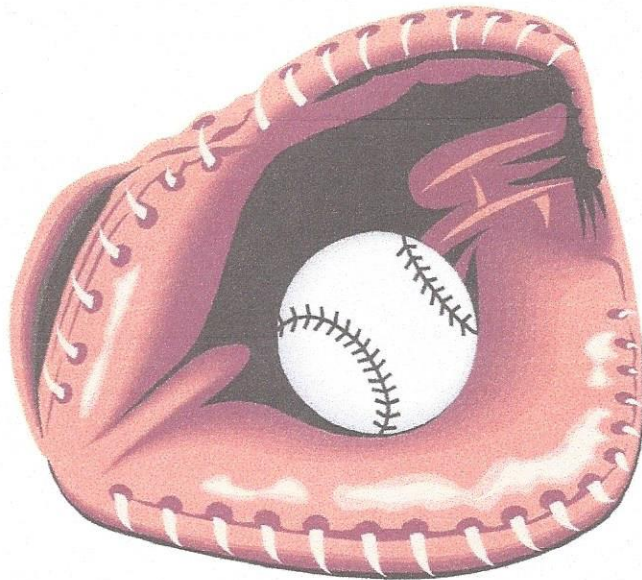
**REMEMBER:**

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

**RULE 1.17**

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

# Coach, Please Let Players Catch!



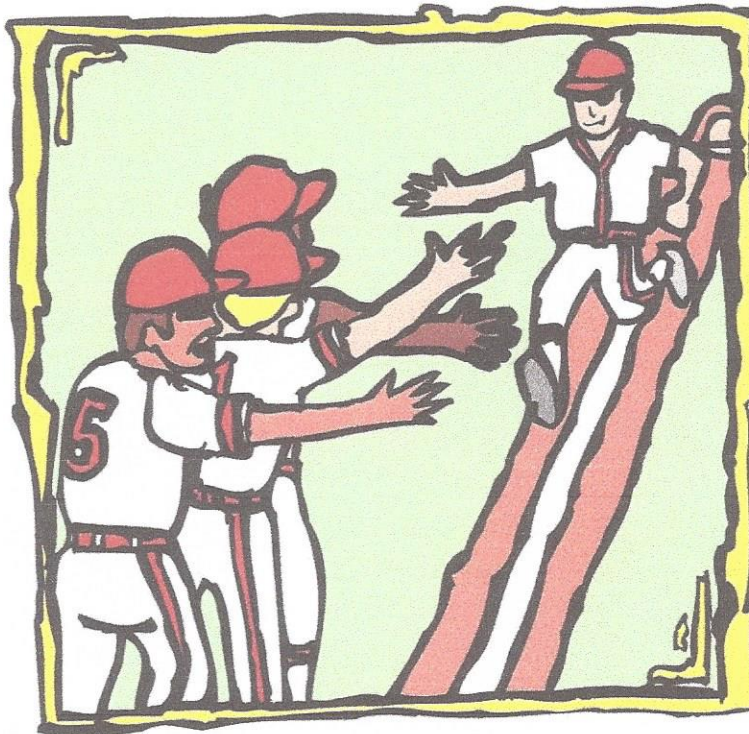
**REMEMBER:**

**Coaches and managers must not warm up pitchers. Let Players Catch.**

**RULE 3.09**

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”

# Keep It Clean!



**REMEMBER:**

**Use good sportsmanship on the field,  
even to your language.**

**Regulation XIV – Field Decorum**

- a) “The actions of players, managers, coaches, umpires and league officials must be above reproach . . .”
- b) “The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts.”



# Don't Swing It

**...Until You're Up to the Plate!**



(Photos from North Scott, Iowa, Little League)

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

**REMEMBER:**

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

**RULE 1.08, Notes**

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



**WHEN IT'S HOT,  
DRINK BEFORE  
YOU'RE THIRSTY.**

© 1996 Little League Baseball® and Musco Lighting, Inc.

### **Drinking Guidelines For Hot Day Activities**

**Before:** Drink 8 oz. immediately before exercise  
**During:** Drink at least 4 oz. every 20 minutes  
**After:** Drink 16 oz. for every pound of weight lost

**Dehydration signs:** Fatigue, flushed skin, light-headed  
**What to do:** Stop exercising, get out of sun, drink  
**Severe signs:** Muscle spasms, clumsiness, delirium

# **If You See It, Flee It; If You Hear It, Clear It**



## **REMEMBER:**

- **Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings**
- **Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up**
- **Clear fields immediately after thunder has been heard or lightning seen!**

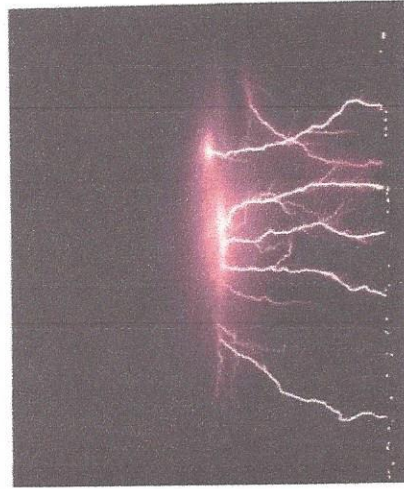
## **PLEASE WAIT!**

- **Wait 30 minutes before returning to play after last sign of lightning activity in your area**
- **Cars shouldn't leave until the game is called, so all players can be accounted for**

*Guidelines from the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service*

## What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

## STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

**A severe thunderstorm WATCH is issued** when conditions are favorable for severe weather to develop.

**A severe thunderstorm WARNING is issued** when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.

**NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.**



**Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.**

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at:

**National Weather Service  
P.O. Box 1208  
Gray, Maine 04039**

GYX 0301 (August 2003) - Revised

# Coach's and Sports Official's Guide to Lightning Safety...



NOAA

## LIGHTNING... the underrated killer!

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE  
NATIONAL OCEANIC AND  
ATMOSPHERIC ADMINISTRATION



**NATIONAL WEATHER  
SERVICE**

**Gray, Maine**

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

# LIGHTNING KILLS

## Play It Safe!

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

### *It is important for coaches and officials to know some basic facts about lightning and its dangers*

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

### *To avoid exposing athletes and spectators to the risk of lightning take the following precautions*

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

### *If you feel your hair stand on end (indicating lightning is about to strike)*

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.



NOAA

- ▶ **Do not lie flat on the ground.**

# Umpire Guidelines

North Las Vegas, Washington, Little League

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"

Copy and paste to program or printer

## **Conestoga Valley Little League 10 Commandments for Parents**

- 1) I shall not criticize the umpire unless ready to assume the umpire duties.
- 2) I shall not complain about anyone unless I have labored many hours on the Little League Board.
- 3) I shall not be a "Grand-Stand" manager.
- 4) I shall remember that only nine team members can play at any one time.
- 5) I shall set an example of sportsmanship for my child to follow.
- 6) I shall not be critical unless will to put out the necessary effort to correct my criticism.
- 7) I shall remember that all managers, officers and umpires are volunteer workers.
- 8) I shall remember that all officers and other volunteers must earn a living and cannot work on Little League activities full-time.
- 9) I shall offer my services for work whenever possible.
- 10) I shall encourage my child to follow the Little League Pledge.

## **Little League Pledges**

### **The Little League Pledge**

I trust in God,  
I love my country,  
And will respect its laws;  
I will play fair  
And strive to win,  
But win or lose,  
I will always do my best.

### **The Little League Volunteer Pledge**

I will teach all children to play fair and do their best;  
I will positively support all managers, coaches and players;  
I will respect the decisions of the umpires;  
I will praise a good effort despite the outcome of the game.





# Little League Volunteer Application -2015

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 \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security # (mandatory with First Advantage or upon request) \_\_\_\_\_

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.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

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

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

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

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?  Yes  No If yes, describe each in full: \_\_\_\_\_

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  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

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

Name/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):

Sex Offender Registry  Criminal History Records  \*First Advantage

*\*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.**

SECTION B:  
EMERGENCY and WELLNESS

## Emergency Contact Procedures

The most important help you can give to a victim who is seriously injured is to call for professional medical assistance as soon as possible. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these important steps when calling for emergency assistance.

1) Call 9-1-1

2) Give the dispatcher all the necessary information answering any questions that the dispatcher may ask. Be prepared to provide the following information:

A) The exact location or address of the emergency. Below are the addresses for the facilities that CVLL uses:

- 1) Witmer Heights Mennonite Church, 2270 Old Philadelphia Pike, Lancaster, PA 17602
- 2) Flory Park, Lancaster PA 17602 (Flory Park is approximately 1 mile behind the East Town Mall, off of Greenland Drive.)
- 3) Smoketown Elementary School, 2426 Old Philadelphia Pike, Lancaster, PA 17602
- 4) Bareville Fire Company, 211 E. Main St., Leola, PA 17540 (The field is directly behind the fire station.)

B) The phone number from which the call is being made.

C) The caller's name.

D) What happened, i.e., a baseball related injury, bike accident, fire, fall, etc.

E) How many people are involved?

F) The condition of the injured person(s), i.e., conscious, chest pains, severe bleeding, etc.

G) What help is being given (CPR, first aid, etc.).

3) DO NOT hang up until the dispatcher ends the call. Give a call back number in case a call is dropped.

Remember: the dispatcher may be able to assist you in giving the best care to the injured until help arrives.

4) Continue to care for the victim until professional assistance arrives.

5) Appoint someone to go to the street to await the arrival of EMT. This can save time, and in an emergency every minute counts.

## **2017 CVLL EMERGENCY PHONE LIST**

### **EMERGENCY**

Police/Fire/Ambulance . . . . . 9-1-1

### **NON-EMERGENCY**

Police: East Lampeter Township . . 717-664-1180

Police: Upper Leacock Township . . 717-664-1180

Bareville Fire Company . . . . . 717-656-7554

Upper Leacock Fire Company . . . . 717-656-9881

Witmer Fire Protection Association . 717-393-1259

Poison Control . . . . . 1-800-222-1222

### **AREA HOSPITALS**

Ephrata Community Hospital . . . . 717-733-0311

Lancaster General Hospital . . . . . 717-544-5511

### **Safety Director**

Curtis High . . . . . 717-989-8327

### **President**

Dan Andrews . . . . . 717-468-2786

Note: Every team manager and/or coach should have a working cell phone for all practices and games. If the team manager or coach does not have a cell phone, appoint a parent, perhaps the team mom or another volunteer, to bring a cell phone to such events.

## The Basics of First Aid

- I. Basic First Aid needs associated with baseball
  - A. Contusions
  - B. Muscle pulls and strains
  - C. Sprains
  - D. Fractures and Breaks
  - E. Facial Injuries
  - F. Teeth Injuries
  - G. Eye Injuries
  - H. Insect bites and stings
  - I. Heat Illness
- II. Preventative Measures
  - A. All players MUST complete a medical release form
  - B. All managers MUST carry all their players' medical release forms to all practices, games and tournament play
  - C. At least one representative from each team (manager or coach) shall be required to attend the first aid session held annually.
  - D. Keep the playing field in its proper playing condition
  - E. Pay close attention to the weather conditions
  - F. Make sure players know the importance of proper nutrition
  - G. Always have players perform stretching exercises/warm-ups before any physical activity
  - H. Use protective equipment, especially the use of a protective cup
- III. Get the PRICES right
  - A. Protection: Make sure that the manager/coach stops all play to protect the player from further injury.
  - B. Rest
  - C. Ice
  - D. Compression
  - E. Elevation
  - F. Support
- IV. Tips for evaluating an injury
  - A. Can the player move or be moved?
  - B. Check player's breathing, pulse and attentiveness
  - C. Give appropriate first aid for the injury
  - D. If necessary, call 9-1-1 for an emergency, call parents, send someone to the nearest intersection to direct emergency personnel, and review medical release forms for pertinent medical information.
  - E. Turn over care to professionals when they arrive.
  - F. If player's parents are not present, go with the player to the treatment center
  - G. Record the injury on the injury report and give to Safety Director.
  - H. When in doubt, never attempt treatment: a health care professional should make that decision.

## **The Minimum Requirements for a First Aid Kit**

- Ice bags (Plastic bags of crushed ice or chemical cold packs)  
Warning: Be cautious using chemical cold packs around face, watching for leaks.
- Bandages, both small and large (3, 4 and 6 inch widths)
- Sterile dressings, gauze
- Adhesive tape, Ace bandage wrap
- Scissors
- Disposable gloves
- Antiseptic wipes
- Pain relief wipes for insect bites/stings
- First Aid cream

# Asthma Emergency Signs

## Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

**Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

---

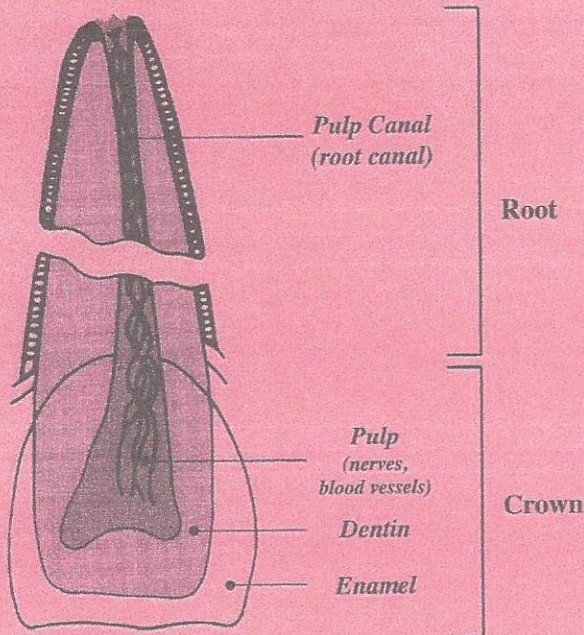
If you are at all uncertain of what to do in case of a breathing emergency...

**Call 9-1-1 and the child's parent/guardian!**

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

## Emergency Treatment of Athletic Dental Injuries



*Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.*

### AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
  - Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
  - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
  - 3rd best - Wrap tooth in saline-soaked gauze.
  - 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
  - 5th best - Place tooth in cup of water.
5. **Time is very important.** Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

### LUXATION (Tooth in Socket, But Wrong Position)

#### THREE POSITIONS

**EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

**3. TRANSPORT IMMEDIATELY TO DENTIST.**

**LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

**3. TRANSPORT IMMEDIATELY TO DENTIST.**

**INTRUDED TOOTH** - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

### FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

**Academy for Sports Dentistry**  
 875 North Michigan Ave.  
 Suite 4040  
 Chicago, IL 60611-1901

1800-273-1788  
 1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

**MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT**



SECTION C:  
FOOD SERVICE

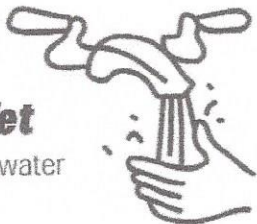
## Safety Procedures for Concession Stand

- Use only foods from approved sources. Avoid using precooked foods or leftovers.
- Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods, such as beef or pork. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef should be cooked to an internal temperature of 155° F, and poultry should be cooked to an internal temperature of 165° F.
- Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in a crock pot, steam table or sterno units.
- Foods that require refrigeration must be cooled to a temperature of 41° F or below. To cool foods quickly use an ice water combination (60% ice and 40% water). Check temperatures regularly to ensure proper cooling. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause for food borne illness.*
- Make sure concession stand workers wash hands with warm soapy water. Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can also provide an additional barrier to contamination.
- Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease or who has open sores or infected cuts should not be allowed in the concession area. Also the use of hair restraints is recommended.
- Avoid touching food, especially raw, ready-to-eat, foods with bare hands. Touching foods can transfer germs to food.
- When possible, use disposable utensils for food service. Wash all other dishware, such as pots and pans, in hot soapy water, and rinse in clean water.
- Store ice to be used for cup beverages in a separate container from that which will be used to cool food, cans/bottles and other food products.
- Rinse and store wiping cloths in a bucket of sanitizer. Change the solution regularly. Remember that a well-sanitized counter surface prevents the spread of germs and contamination and discourage flies.
- Keep foods covered to protect them from unwanted insects. Place garbage in a container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside).
- After each event, clean the concession area and dispose of any unusable foods.

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**  
20 seconds  
Use soap

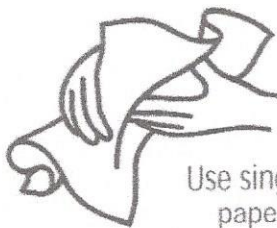


**Rinse**



**Dry**

Use single-service  
paper towels



**Gloves**



## 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**

# FIGHT BAC!



**T**hermy™ says:

"It's Safe to Bite  
When The Temperature is Right!"

Food Safety and Inspection Service, USDA



Think **PASS!**

1. **P**ull Ring

2. **A**im at Base of Fire

3. **S**queeze Lever

4. **S**weep Side to Side

**SECTION D:**

**ACCIDENTS and LITTLE LEAGUE INSURANCE**



# Little League. Baseball and Softball MEDICAL RELEASE



**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.

## **Reporting an Accident to the Safety Director**

- 1) Only report an accident to the Safety Director, Curtis High 717-989-8327), after someone has received medical treatment for an injury. The Safety Director does not grant permission to seek medical assistance.
- 2) Any incident that causes a player or a volunteer to receive medical assistance must be reported to the Safety Director within 24 hours of service.
- 3) Most incidents can be reported over the phone. The manager/coach who reports the incident must submit the Safety Awareness Incident/Injury Tracking Report prior to reporting the incident to the Safety Officer. If the Safety Director is unavailable, the President, Dan Andrews (717-468-2786), should be contacted.
- 4) The Safety Director will contact the injured person(s), parent(s)/guardian to verify all information and explain the procedures for filing a claim with Little League.
- 5) If a claim is presented to Little League, the Safety Director along with the parent/guardian will complete the Little League Baseball Accident Notification Form.



**It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.**

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

### **WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE**

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 International, 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 after the 52-week time limit when:
  - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.  
Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.  
No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.  
Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

**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: \_\_\_\_\_ 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  TAD
- B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)
  - Junior  Senior  Big League
- C.)  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 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 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: 570-326-9280

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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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
------	---------------------------

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

## TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

# General Liability Claim Form

Send Completed form to:  
**Little League Baseball and Softball**  
 539 US Route 15 Hwy  
 P.O. Box 3485  
 Williamsport, Pennsylvania 17701-0485  
 (570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

--	--	--	--	--	--	--	--	--	--

<b>Insured</b>	Name of League		League I.D. Number (Used as location code)						
	Name of League Official (please print)		Position in League						
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)						
			Phone No. (Bus.)						
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)					
	Arising out of Operations conducted at		<input type="checkbox"/> PM						
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)								

Who owns Premises			Person in charge of Premises			
Coverage Data	Limits	Med. Pay: None	Elevator:	Products:	Cont:	
	BL/PD:		Yes	Yes	Yes	
	Policy Number		Policy Dates:	Begin:	End:	
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Property Damage	Name of Owner		Description of Property			
	Address (Street, City, State, Zip)		Name of Insurance Co.			
	Nature and Extent of Damages and Estimate of Repair					

Insured Person and Injuries	Name		Phone No. (Res)			
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	
	Phone No. (Bus)					

Employers Name and Address					
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attending Doctor's Name and Address		
Description of Injury					
Where was the injured taken after accident?				Probable length of Disability	

Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				

Date of Report:	Signature of League Official:	Position in League
-----------------	-------------------------------	--------------------

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**


**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



SECTION E:  
NATIONAL FACILITY SURVEY

**SPECIFIC BALLFIELD QUESTIONS**

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<p><b>ASAP - A Safety Awareness Program</b> Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2015 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: <a href="http://facilitiesurvey.musco.com">http://facilitiesurvey.musco.com</a> for your league. Check your email for your league identification and password.</p> 	Name: Wilmer Heights Field 1	Name: Wilmer Heights Field 2	Name: Wilmer Heights Field 3	Name: Flory Park Field 1	Name: Flory Park Field 2	Name: Smoketown Field 1	Name: Smoketown Field 2	Name: Smoketown Field 3	Name: Smoketown Field 4	Name: Bareville	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>GENERAL INVENTORY</b>		(For the following questions, if the answer is "No" please leave the space blank.)																				
1. How many cars can park in designated parking areas?	None																					
	1-50																					
	51-100	X	X	X								X										
	101 or more				X	X	X	X	X	X	X											
2. How many people can your bleachers seat?	None/NA			X	X	X	X	X	X	X	X											
	1-100	X	X									X										
	101-300																					
	301-500																					
	501 or more																					
3. What material is used for bleachers?	Wood											X										
	Metal	X	X																			
	Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes											X										
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent																					
	Cellular	X	X	X	X	X	X	X	X	X	X	X										
9. Is a public address system available?	Permanent	X																				
	Portable		X																			
10. Is there a pressbox?	Yes	X																				
11. Is there a scoreboard?	Yes	X	X	X	X	X	X	X	X	X	X	X										
12. Adequate bathroom facilities available?	Yes	X	X	X	X	X	X	X	X	X	X	X										
13. Permanent concession stands?	Yes	X	X	X	X	X																
14. Mobile concession stands?	Yes																					

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FIELD</b>																					
15. Is field completely fenced?	Yes	X	X																		
16. What type of fencing material is used?	Chainlink	X	X																		
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X	X	X	X	X	X	X	X	X										
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X	X	X	X	X	X	X	X										
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	X	X	X	X	X				X	X	X									
20. Does field have conventional dirt pitching mound?	Yes	X	X	X	X	X	X	X	X	X	X										
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X		X	X															
23. Backstop behind home plate?	Yes	X	X	X	X	X	X	X	X	X	X										
<b>PERFORMANCE AND PLAYER SAFETY</b>																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes	X	X																		
27. Are there protective fences in front of the dugouts?	Yes	X	X	X	X	X	X	X	X	X	X										
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	X	X	X	X	X	X	X	X	X	X										
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X	X	X	X	X	X	X	X	X										
33. Is the field lighted?	Yes					X															
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes					X															
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel					X															
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes					X															
37. Ground wires connected to ground rods on each pole?	Yes					X															
38. Which fields were tested/inspected in the last two years? <b>Please indicate month/year testing was done (example: 3/10)</b>	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FACILITY MANAGEMENT</b>																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes	X	X	X	X	X	X	X	X	X	X										
b. Number of teams or games?	Yes	X	X	X	X	X	X	X	X	X	X										
c. Scheduling and/or timing?	Yes	X	X	X	X	X	X	X	X	X	X										
41. Who owns the field?																					
	Municipal				X	X															
	School						X	X	X	X											
	League	X	X	X																	
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X	X										
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X	X										
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X	X										
	Other																				
45. What divisions of <b>baseball</b> play on each field?																					
	T-Ball & Minor	X	X	X	X	X	X	X	X	X	X										
	Major	X	X		X	X															
	Jr., Sr. & Big																				
	Challenger																				
	50 - 70	X			X	X															
46. What divisions of <b>softball</b> play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	X	X		X	X															

## FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	3'	200'	200'	200'	24'	27'	27'	27'	23'	22'	4'
2	3'	200'	200'	200'	22'	23'	26'	24'	27'	32'	30'
3	N/A				9'	9'			9'		
4	N/A				25'	28'	28'		28'	28'	
5	3'	190'	220'	210'	25'	28'	28'		28'	28'	
6	N/A				13'	13'	17'		13'	23'	
7	N/A				14'	16'			16'		
8	N/A				12'	12'	16'		12'	16'	
9	N/A				14'	14'	19'		14'		
10	N/A				12'	16'	17'	15'	16'	21'	24'
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2015 to:

Mailing address:  
 Little League International  
 PO Box 3485  
 Williamsport, PA 17701

Shipping address:  
 Little League International  
 539 US Route 15 Hwy.  
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

2015 LL Season

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

# LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2017



League Name: Conestoga Valley

District #: 23

ID #: 238-23-31

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: Brownstown Pa

President: Dan Andrews

Safety Officer: Curtis High

Address: 13 Garland Lane

Address: 227 Browning Rd

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

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

City: Ephrata

City: Lancaster

State: PA ZIP: 17522

State: Pa ZIP: 17602

Phone (work): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (home): 717-588-4036

Phone (home): \_\_\_\_\_

Phone (cell): 717-468-2786

Phone (cell): 717-989-8327

Email: dan@dwandrews.net

Email: [marvhigh@yahoo.com](mailto:marvhigh@yahoo.com)

## PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields		2	
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand		1	
g. Restrooms			
h. Field lighting			
i. Warning track		1	
j. Bleachers			
k. Fencing		5	
l. Bull pens			
m. Dugouts			
n. Other (specify):			

## Field Safety Procedures to Use before Practices and Games

- A. Safe Playing Areas: Before any practice, game or other event, managers, coaches and umpires should check the playing fields for:
- Holes, rough or uneven surfaces, even long grass.
  - Glass, rocks or foreign objects.
  - Damage to screens, fences.
  - Any unsafe condition around the pitching mound, the backstops or base paths
  - All infields must be raked after each use.
  - If an unsafe condition is present, contact Safety Director: Curtis High 717-989-8327.
- B. Safe Equipment: All equipment must be inspected before each use. Also, managers, coaches and umpires shall:
- Ensure the equipment is LL approved.
  - Inspect all bats, helmets. Bats cannot be dented and helmets cannot be cracked. Dispose of unsafe equipment properly.
  - Have all players remove loose jewelry?
  - Catchers must be in proper attire at all times, including warming up pitchers in the bull pen area.
  - Encourage the use of a protective cup (mandatory for catcher's position).
- C. All managers must have all players' medical release forms at all practices, games or other events.
- All managers must have a first aid kit with them at all practices, games or other events.
  - All managers must either possess or have access to a telephone for emergencies.
  - Ensure that all players perform warm-up exercises before practice or a game.
  - All practices and games should have two adults present, and NEVER accompany a child to any private or remote area alone. ALWAYS demand that two adults accompany a child.
- D. Be aware of changing weather conditions.
- Managers/coaches, check weather conditions before leaving for practice/game.
  - Watch for signs of an approaching storm.
  - **Postpone all activities immediately if you can hear thunder.** If you hear thunder, players are close enough to be struck by lightning. Seek shelter away from trees and the dugout preferably in an automobile or building.