



SAFETY DOCUMENT



!!!!!!SAFETY IS OUR PRIORITY!!!!!!

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INTRODUCTION

Harlem Little League is proud of its efforts to provide a safe and secure environment and atmosphere for our players and volunteers. We are continuously working towards improving our understanding and skills so that baseball related accidents are prevented. The implementation of this Safety Plan will greatly assist us in this effort. All managers, coaches and coordinators are strongly encouraged to utilize this plan.

The purpose of this safety plan is to enhance the volunteers' knowledge of injury prevention through adequate training, education, and information; thus providing safe environments for all participants in our league. The plan focuses on league organization, training, equipment usage and communications. The plan will be submitted to Little League Baseball, Inc. as part of its ASAP plan.

HARLEM LITTLE LEAGUE SAFETY MISSION STATEMENT

Our Mission is to provide a safe and secure environment for the players and volunteers; and to enhance all volunteers' knowledge and awareness of injury prevention. Harlem Little League provides the organized and supervised activity of baseball, under the rules and regulations of Little League Baseball, Inc. All managers, coaches, umpires and all other volunteers are required to follow the rules of Little League Baseball, Inc. as a basis for injury prevention.



BOARD OF DIRECTORS / LEAGUE OFFICIALS

Luis Badillo	VP Baseball
Satrina Boyce	Secretary
Sheila DeCastro	Equipment
James Hudgins	Treasurer
John Smith	Assistant Safety Officer
Jody Mercier	Information Officer
Gwendolyn Scott	Member
Fred Sims	Member
Omar Taveras	Player Agent
Stephanie Washington	President
Samisha Brimmage	Safety Officer
Christopher Napoleoni	Member
Lisa Edmiston	Softball Coordinator
Calvin Butts	Junior Division Coordinator
Bryan Scott	Volunteer Coordinator

HARLEM LITTLE LEAGUE SAFETY TEAM

Safety Officer

Samisha Brimmage

347-259-3516

Samisha88@aol.com

Assistant Safety Officer

John Smith

646-334-977

jwsps@hotmail.com

Team Parents

Umpires

Managers

Coaches

EDUCATION

Proper training of volunteers is essential in preventing injury to players and volunteers.

In an effort to make the environment as safe as possible for our players, an annual background check is conducted on all volunteers including the Board of Directors, Managers and Coaches. These background checks are an important part of our safety program. Failure to submit a volunteer application will result in that person being barred from participation in any Harlem Little League activities. Volunteers are not allowed to interact with children in an HLL capacity until they are cleared against a nationwide sex abuse database. We also use First Advantage to conduct criminal background checks on volunteers.

HLL implemented a Vice President for Baseball Operations position to provide continued training and support for coaches, managers, parents, and board members.

The league will arrange a first-aid, AED, and CPR training session for managers, coaches, and volunteers during the season – date March 28, 2020.

A fundamentals training session for coaches and managers will be offered in March 28, 2020.

A field maintenance session will be held for all volunteers in April 2020.

This safety plan will be provided to all manager, coaches, and volunteers via email and will be available on the HLL website. A paper copy will be available at each field.

Harlem Little League submits rosters of players, managers and coaches through the Little League Data Center.

Basic First Aid

Falls

What to do:

Do not move the child and call for emergency help (911) if the child:

- has seriously injured the head, neck, back, hipbones, or thighs
- is unconscious, or was briefly unconscious
- is having difficulty breathing
- isn't breathing (start CPR)
- has a seizure
- has clear fluid or blood coming from the nose, ears, or mouth

Do if you think it's safe to move the child:

- attend to the child and provide comfort
- apply cold compresses or ice pack to bruises or bumps
- let child rest and watch closely

Cuts

What to do:

Do:

- rinse the wound and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
- if blood soaks through, place another bandage over the first and continue applying pressure until it stops. Remove dirty bandage and replace with the clean dressing.

Seek emergency care:

- is deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continue to ooze and bleed even after applying pressure
- has a body part that is partially or fully amputated

Broken Bones

What to do:

Do not move the child- call for emergency medical care if:

- the child may have seriously injured head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push any part of the bone that is sticking out)

Do:

- remove clothing from the injured part
- apply a cold compress or ice pack wrapped in cloth ---place a splint on the injured part by:

- .keeping the injured limb in the position you find it
- .placing soft padding
- .placing something firm (like a board or rolled-up newspaper) next to the injured part
- .keeping the splint in place with the first aid tape

Heat Exhaustion and Heat Stroke

Signs and Symptoms:

Heat Exhaustion

- *** severe thirst
- ***muscle weakness
- ***nausea, sometimes vomiting
- ***fast shallow breathing
- ***irritability
- ***headache
- ***increase sweating
- ***cool, clammy skin
- ***elevation of body temperature to 104 degree Fahrenheit

Heatstroke

- ***severe, throbbing headache
- ***weakness, dizziness, or confusion
- ***difficulty breathing
- ***decreased responsiveness or loss consciousness
- ***little or no sweating
- ***flushed, hot, dry skin
- ***elevation of body temperature to 104 degree Fahrenheit

What to do:

Bring child indoors into the shade immediately.

Undress the child.

Have the child lie down; elevate feet slightly. If the child is alert, spray the child with water, give frequent sips of cool, clear fluids (clear juices, sports drinks are best).

Nosebleeds

What to do:

***have the child sit up with his head tilted slightly forward (do not have the child lean back as this may cause gagging, coughing, or vomiting).

***wearing latex gloves-pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call emergency medical assistance:

***if bleeding is heavy and continues accompanied by dizziness or weakness.

Eye Injury

What to do:

Routine Irritations (sand, dirt, and other “foreign bodies” on the eye surface) ***do not try to remove any “foreign body” except by flushing to prevent scratching the eye, especially cornea

***wash hands before touching or flushing the eye

***tilt the child’s head over a basin/cup ask child to open the eye

***gently pour a steady stream of lukewarm water across the eye

***remove child from game

***parent to take to eye doctor for evaluation

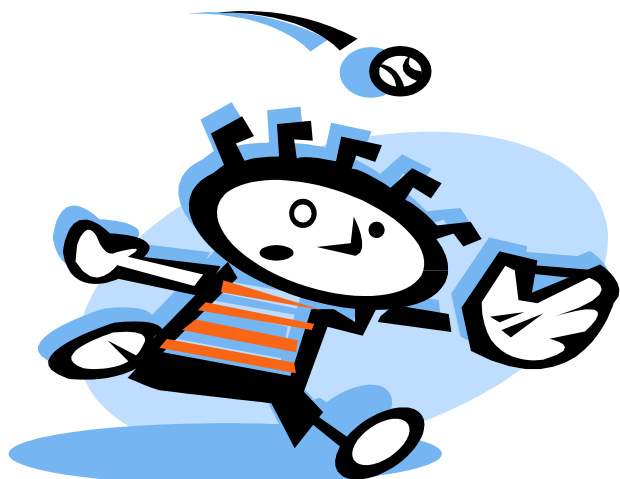
Do not remove an object embedded in the eye –cover the eye and call the emergency medical assistance.

UNIVERSAL PRECAUTION

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

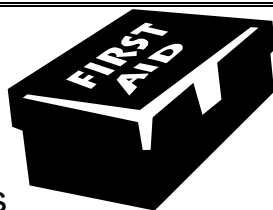
SAFETY TIPS FOR MANAGERS & COACHES

1. Children are not miniature adults and should not be treated as such.
2. Stretching the muscles related to the activity is very important. For example, if a child is pitching, he should concentrate on stretching his arms and back muscles. If a child is catching, the focus should be on the legs.
3. A good warm up exercise is important (ex: wind sprint).
4. Pain is a warning sign of injury-----do not allow child to play.
5. Swelling and pain with limited range of motion----don't ignore----indicate serious injury. Allow child to rest and inform parent to follow up with doctor.
6. Pay attention to children who are playing other team sports- they are at risk for overuse injury due to repetitive stress on the muscle.
7. Prevent "Little League Elbows" - elbow pain due to forceful throwing by immature pitchers.
 - Strict enforcement of pitch count rules
 - Record the number of pitches
8. Inspect the playing field for holes, glass, and other debris.
9. Before each game and practice, inspect baseball equipment and replace those that are unsafe and in need of repair. Ensure that all male players are wearing a protective cup. Those players who are not wearing this "protective equipment" shall not be allowed to take the field.
10. Be prepared for emergency situations---be knowledgeable about first aid and be able to administer it for minor injuries, such as facial cuts, bruises, strains and sprains.
11. Be alert at all times.



Baseball Equipment

Another component of the safety plan is the proper maintenance of the baseball equipments (bats, catchers mitts, shin guard, catchers face mask, helmets, chest protectors etc). Our equipment coordinators - Sheila DeCastro can be contacted at (914) 699-5267. On a yearly basis, they perform a complete assessment of all equipment, in which all unsafe equipment are discarded and replaced and those that can be repaired are refurbished. The use of proper equipment within the league is of utmost importance. In the younger division we use reduced impact balls. Mrs. DeCastro instructs managers and coaches on the proper way to inspect equipment. All managers and coaches are instructed to inspect all equipments before each practice and each game at all times. They are required to report any defective equipment (do not use until it is replaced) to Mrs. DeCastro.



First Aid Kits

First aid kit is provided to all coaches and managers before the season begins. First aid kit is mandated to be kept at all times at practices and games. An additional, larger safety kit is maintained at the fields at all times. Any shortage of supplies is reported to the safety officer or committee members, and is immediately replenished.



Automated External Defibrillator

As per New York State regulations, an automated external defibrillator (AED) will be at each field during all practices and games.



Enforcement of Usage of Safety Equipment

The catcher position is one of the most vulnerable positions in baseball. It is of most importance that these equipments (helmet, chest protector, protective cup, and chin guards) are used at all times-during the games, practices and warm ups. The children's safety comes first. The managers and / or coaches are instructed to make a check of the equipment before each game. It is also encouraged that players use protective cups (required for males), especially the infielders. All fields are equipped with break away bases and are surrounded by fencing to protect spectators. All fields use double-first bases.

Allocation of Funds

Harlem Little League is dedicated to maintaining a safe environment for players and volunteers. This is especially true when it comes to the usage of safe and adequate baseball equipment. Funds are allocated within the league's budget to purchase and replace all unsafe equipment on an annual basis or as needed.



Facilities

The field maintenance at most of the fields that Harlem Little League uses is conducted by an entity other than Harlem Little League. The New York City Parks Department is responsible for the maintenance of the following fields; Jackie Robinson Park, Colonel Charles Young Park, and Holcombe-Rucker Park. Harlem Little League in cooperation with the New York City Parks Department is responsible for Shea Field at Marcus Garvey Park.

Managers, coaches and field coordinators are instructed that before each game and each practice the fields are inspected for holes, glass, and debris. Managers, coaches and volunteers

clean the fields as needed. When the parks department does not maintain the field appropriately, a report is sent to the league president. The president will then contact the appropriate parks department personnel so that the problem can be resolved. In case of rain, the league will assess field conditions. The Information Officer contacts the managers to instruct of cancellation or playable. Managers are to follow recommendation of the league.

The Little League Facility Survey will be completed each year to document facility issues that may need to be addressed in the coming year or off season.

Fields that have fences are all 15 feet high or higher. Therefore no padding is required for the tops.

Emergency Communications

Conveying information adequately and in a timely fashion is critical to the maintenance and promotion of an adequate safety plan to protect the children and all participants in the league.

At the time of an emergency, accessibility to the Emergency Medical System (EMS) is crucial. The park facilities have public phones available near the field. Harlem Little League is committed to safety and encourages that cellular phones are available at each field. This is made possible by asking managers, coaches, field coordinators and volunteers to have their cell phones accessible to the league.

Accidents / Incidents Reporting

An incident/accident report is required of all situations that occur at practices and games. Coaches, managers and field coordinators are to contact the league president (verbally) immediately and submit a written report within 24hrs of the accident / incident to league president and / or safety officer. They will review the report and process accordingly. The president (or designee) will contact the parent as soon as possible and follow up within 24 hrs. The President (or designee) will complete the necessary forms and reports for submission to Little League Baseball, Inc. and the insurance company.

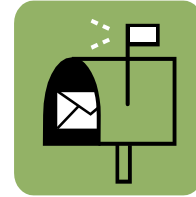
Unsafe Conditions

All volunteers are requested to report all unsafe conditions (unsafe/damaged park equipment, pot holes, rocks, unsanitary conditions, debris, glass, broken fences, broken benches, inadequate lighting, etc) to the appropriate league personnel or league president. The report is given to field coordinators or managers. They will transmit information to safety officer. Safety officer will assess the condition and write report with appropriate recommendations and send to the President. The President will review the complaint and contact the parks department personnel.

Disseminating Information to Parents

The sharing of information about safety issues is continuous though-out the season at Harlem Little League. The league provides written weekly updates to communicate the importance of safety and safety tips for all participants. We also utilize our website, www.harlemlittleleague.org to inform parents of issues that may affect the safety of the players. The League encourages and

welcomes all feedback and advice from all participants. The League's contact information is provided in the weekly update and is available on the website.



EMERGENCY PHONE NUMBERS

FOR IMMEDIATE HELP DIAL 911

<u>Parks</u>	<u>Precincts</u>	<u>Phone #s</u>
Jackie Robinson (Bradhurst Ave @ 151 St)	30th Precinct	212-690-8811
Colonel Young (Lenox Ave @ 144 Street)	30th Precinct	212-690-8811
Holcombe-Rucker Park (8th Ave / 155 Street)	33rd Precinct	212-927-3200
Shea Field (Marcus Garvey Park) (@ 123 St)	28th Precinct	212-678-1611
Central Park N. Meadow (100 th St. & CPW)	Central Park	212-570-4820

Fire Department Rescue Unit	212-999-2222
Harlem Hospital	212-939-1000 / 939-2240
Columbia Presbyterian Hospital	212-305-2500

League Safety Officer – Samisha Brimmage 347-259-3516
 League President – Stephanie Washington 646-474-0571

<p style="text-align: center;">INJURY FORM INSTRUCTIONS FOR ACCIDENT NOTIFICATION FORM ACCIDENT NOTIFICATION FORM</p>
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The following forms are used by HLL, in the event of an accident and/or injury.

The Injury Form is used to:

- Document the incident
- where the incident took place
- type of incident and location
- description of the incident
- name and logistics of the injured party

The Accident Notification form is utilized by HLL to file an insurance claim with AIG, Little League's designated insurance carrier. Instructions on how to complete the insurance form are included.

Should you have any questions regarding the completion of the attached forms, please contact HLL's Safety Officer.

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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-18) Big League (16-18)

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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

Little League Baseball & Softball
CLAIM FORM INSTRUCTIONS
For claims occurring after January 1, 2005



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 AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

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 Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The AIG 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, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been 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. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

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 occurs.

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)/guardian(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 Headquarters. 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.



AIG Companies

LITTLE LEAGUE BASEBALL[®] ACCIDENT NOTIFICATION FORM INSTRUCTIONS

For claims occurring after January 1, 2005

Send Completed Form To:
Little League Baseball, Incorporated
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-2951

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.

League Name		League I.D.	
PART 1			
Name of Injured Person/Claimant	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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

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 (5-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (5-8) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (7-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> JUNIOR (13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> SENIOR (14-16) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> BIG LEAGUE (16-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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

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

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa., an AIG Company, or its representative, any and all such information. 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

