

NYBSA Covid-19 Operating Procedures – September 1, 2020

In accordance with the ***Governor's Executive Order (GEO) of 08.31.20.01***, NYBSA shall implement measures which mitigate the exposures and spread of Covid-19. This plan will outline how NYBSA will comply with the necessary requirements found in the current GEO of ***50 people or less*** in one location and social distancing of 6-foot perimeters per person within any given space.

Person to person contact will be managed by following social distancing guidelines outlined by National, State, and Local authorities and the CDC. We are mandating that Team Managers follow the NYBSA Covid-19 Operating Procedures for all practices, games, and similar team events.

Approved signage, provided by Gwinnett County, will be posted at fields and other facility spaces indicating that individuals who have symptoms of COVID-19 shall not enter.

Field usage will be limited to current, NYBSA-approved teams only and must work within the scheduling guidelines outlined in the NYBSA Covid-19 Operating Procedures. Fields will remain closed when not in use by NYBSA-approved teams to prevent mass gatherings or unauthorized field usage outside of NYBSA scheduled events.

The concession facility reserves the right to open. In order to operate, vendors must follow all items outlined in Section IV: Restaurants & Dining Services of GEO 08.31.20.01. These regulations must be printed and posted inside of the concessions stand.

We are recommending that attendance be limited to immediate family members (parents & siblings) only. All attendees must abide by social distancing guidelines outlined in the NYBSA Covid-19 Operating Procedures.

NYBSA will honor these guidelines, effective September 1, 2020, with approval of the plan from Gwinnett County. All players, coaches, and parents must review NYBSA Covid-19 Operating Procedures, sign the waiver of liability, and are required to abide by all additional National, State, Local, and CDC guidelines, as applicable.

The health and safety of the NYBSA community is of most importance to the association. The Board is communicating weekly to discuss the latest events, updates, concerns, recommendations, etc., and has developed a Task Force to manage the development and execution of the NYBSA Covid-19 Operating Procedures. These procedures are fluid, and we are committed to updating them as needed.

COVID-19 Operating Procedures for Participating Teams

I. Use of Pinckneyville Park & Collins Field

- All Team Managers, Assistant Coaches, and players must sign an updated NYBSA waiver before participating in practices, games, or other activities associated with NYBSA registered teams – no exceptions. The updated waiver is included in the online registration.
- If a player or a family member of a player exhibits symptoms of COVID-19, such as fever, cough, sore throat, loss of smell, or shortness of breath, the player shall stay home, alert the Team Manager, and not participate in baseball or softball activities associated with registered NYBSA teams until the player has been cleared to do so by his/her treating physician.
- If a Team Manager, Assistant Coach, or family member exhibits symptoms of COVID-19, such as fever, cough, sore throat, loss of smell, or shortness of breath, the Team Manager and/or Assistant Coach shall stay home, alert the respective League Commissioner, and not participate in baseball or softball activities associated with NYBSA registered teams until the Team Manager and/or Assistant Coach has been cleared to do so by his/her treating physician.
- Team Managers and/or Assistant Coaches shall send any player exhibiting symptoms of COVID-19 home immediately and shall promptly notify the team's respective League Commissioner regarding such an event.
- It is recommended that only the player and one (1) parent/guardian attend practices.
- It is recommended that only the player, parent/guardians, and siblings attend games.
- For the parent/guardian and siblings that attend, they should not congregate around the teams and must maintain at least 6 feet between themselves and other attendees in accordance with current social distancing guidelines.
- Before EVERY team activity, the Team Manager and Assistant Coaches shall ask the team how they are feeling, encourage honest answers, and address the importance of social distancing during team activities. Furthermore, the Team Manager and Assistant Coaches shall remind the players not to touch their face during practice. If the Team Manager or Assistant Coaches notice any symptoms, such as repeated coughing during a practice, the Team Manager or Assistant Coaches shall remove that player from practice and send that player and the respective player's family members home.
- The Team Manager and Assistant Coaches shall structure team activities to maintain a minimum distance of 6 feet between the players and the coaches at all times.
- The Team Manager and Assistant Coaches shall additionally enforce the rules outlined below and shall immediately address players and/or spectators breaking any of the rules.
- The Team Manager, Assistant Coaches, parents, guardians, and players are required to provide and bring their own hand sanitizer for use during team activities. The Team Manager and Assistant Coaches shall ensure that all players and coaches sanitize their hands before team activities, breaks in play, and before leaving the field at the end of team activities.
- No Team Manager, Assistant Coach, player, parent, or guardian is allowed in the dugouts. The Team Manager and Assistant Coaches shall ensure that players hang their bat bags down fence lines, maintaining at least 6 feet between them in accordance with current social distancing guidelines.
- There shall be no handshakes, fist bumps, elbows, hand stacking or any other contact between players and coaches, including team huddles/meetings.
- Teams shall refrain from community snack food or anything that requires hand-to-mouth contact or spitting, such as gum, peanuts, and sunflower seeds during team activities.

- There shall be no sharing equipment, including catcher's equipment, gloves, helmets, and bats.
- There shall be no drills held with players standing in line less than 6 feet apart.
- The Team Manager and Assistant Coaches are encouraged to develop practice plans to include smaller groups and to rotate stations to limit larger groups.
- Batting cages shall be limited to one coach and one player with no lines. The batting cage coach shall pick up all balls and sanitize hands afterwards. A player is not permitted to touch the baseballs while in cage.
- Bullpens shall have a maximum of 3 people - the pitcher, the coach, and the catcher, and the players and coaches shall endeavor to remain at least 6 feet apart from one another at all times.
- Players are encouraged, but not required, to wear cloth facemasks while on the field.
- The Team Manager and Assistant Coaches are encouraged, but are not required, to wear cloth facemasks while on the field.
- The Team Manager and Assistant Coaches are encouraged to wipe/disinfect all baseballs after each team activity.
- Spectators, players, and coaches shall not congregate before or after team activities. A minimum of 15 minutes should be scheduled between practices/games taking place on a specific field to avoid cross-contamination between teams. The Team Manager and Assistant Coaches must be mindful of ending team activities on time to allow for team transitions if a practice occurs after their practice.
- Spectators are encouraged, but not required, to wear cloth facemasks.
- The restrooms at Dan Watts Park will remain closed. Restroom access and maintenance at Pinckneyville Park will be determined by Gwinnett County.
- The Team Manager and Assistant Coaches must send an email to the team's respective League Commissioner self-reporting any issues that occur during practices/games.

To help in our efforts, we ask for your cooperation in a few areas:

1. Please refrain from coming to practice or games if you experience any cold or flu-like symptoms.
2. Please be diligent about your player's health and personal hygiene.
3. If you have been in direct contact with someone who tested presumptive positive, please follow the [CDC guidelines](#) and refrain from bringing yourself, family or players to team activities until the designated time period has passed.

II. Travel Tournaments / Travel Games

- The Team Manager shall carefully review game/tournament requirements before registering and agreeing to participate. Tournament location, rules, and safety requirements shall be shared with and approved by each player's family prior to registration so that families understand the risks of participation and can make a decision on whether they would like their player to participate in that tournament. We also require that the Travel Commissioner be notified in advance of your plans to register and play in any tournament that is not included as one of the following pre-approved event sponsors: Perfect Game (PG), Prep Baseball Report (PBR), Travel Ball Select (TBS), Training Legends (TL), Southern Sports Productions (SSP), RBI Tournaments (RBI), Triple Crowne Tournaments (TC), Grand Slam Baseball (GS); and United States Specialty Sports Association (USSSA).

III. Third-Party Training Facilities (NSTA, D-BAT, and similar training facilities)

The Team Manager shall ensure that team practices that are held at third-party practice facilities, such as NSTA or D-BAT, are conducted in keeping with the intent of these operating procedures and shall follow all policies and procedures established by said third-party facilities for the health and safety of our players and their families.

NORCROSS YOUTH BASEBALL SOFTBALL ASSOCIATION, INC.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19/ ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

In consideration of my participation on a Norcross Youth Baseball Softball Association, Inc. ("NYBSA") travel baseball or softball team and engaging in related events and activities, including practices, games, and travel baseball or softball tournaments, I hereby acknowledge and agree as follows:

1. My participation on an NYBSA travel baseball or softball team includes possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza, and COVID-19. While particular guidelines and personal discipline may reduce this risk, the risk of serious illness and/or death nonetheless exists;
2. I knowingly and voluntarily assume all such risks, both known and unknown, whether arising from the negligence of the Releasees defined below or others, and I freely assume full responsibility for my participation on the NYBSA travel baseball or softball team;
3. Furthermore, I willingly agree to comply with the stated and customary terms and conditions for my participation on an NYBSA travel baseball or softball team with respect to protection against infectious diseases. If I observe any unusual or significant hazard during my presence or participation on such a team, I will remove myself from participation and immediately bring such hazard to the attention of the nearest Travel Team Manager or Assistant Coach;
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS NYBSA, its board of directors, its officers, its officials, its agents, its Travel Team Managers, its Assistant Coaches, travel team volunteers, other travel team participants, the parents of other travel team participants, and Gwinnett County (the "Releasees") with respect to any and all illnesses, disabilities, death, loss, or damage to my person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and for my child/ward do consent and agree to his/her release provided above for all the Releasees, and I, for myself, my spouse, and my child/ward do HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation on an NYBSA travel baseball or softball team and engaging in the activities provided above, even if arising from the Releasees' negligence, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Sadler Sports: Amateur Teams / Leagues Insurance Plan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/11/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Sports Dept PHONE (A/C, No. Ext): 800-622-7370 FAX (A/C, No): 803-256-4017 E-MAIL ADDRESS: amdt@cs@sadlersports.com PRODUCER CUSTOMER ID#
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INSURED Norcross Youth Baseball and Softball Association, Inc. NYBSA PO Box 723 Norcross, GA 30071 Application ID: 287822 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>NATIONWIDE MUTUAL INSURANCE COMPANY</td> <td>23787</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	NATIONWIDE MUTUAL INSURANCE COMPANY	23787	INSURER B:			INSURER C:			INSURER D:		
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INSURER D:																

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		6BRPG000006993600	01:11:26 PM ET 02/11/2020	12:01AM ET 02/11/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability)	\$1,000,000
							MEDICAL EXPENSES (other than participants)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE (other than Products- completed Operations)	\$5,000,000
							PRODUCTS- COMPLY OP AGG	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON- OWNED AUTOS (not provided while in Hawaii)			6BRPG000006993600	01:11:26 PM ET 02/11/2020	12:01AM ET 02/11/2021	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS TO PARTICIPANTS			6BRPG000006993600	01:11:26 PM ET 02/11/2020	12:01AM ET 02/11/2021	EXCESS MEDICAL	\$100,000
							AD&D	NONE
							DEDUCTIBLE	\$100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: COVERED SPORTS Baseball 12 & Under, Baseball 13-15, Softball 12 & Under,
 The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.
 High Risk Concussion Sports: For Deck/Flow/Fisk/Street Hockey, Roller Hockey (quad), Cheerleading (age 19 & under), Lacrosse (age 19 & under), Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under), Wrestling (age 19 & under), and Umpire/Referee Associations for the above High Risk Concussion Sports. Limited Coverage for "Brain Injury" endorsement applies: Brain Injury Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

CERTIFICATE HOLDER RELATIONSHIP: Property Owner/ Lessor Gwinnett County BOC- Property Owner/ Lessor 75 Langley Drive Lawrenceville, GA 30045	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:
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