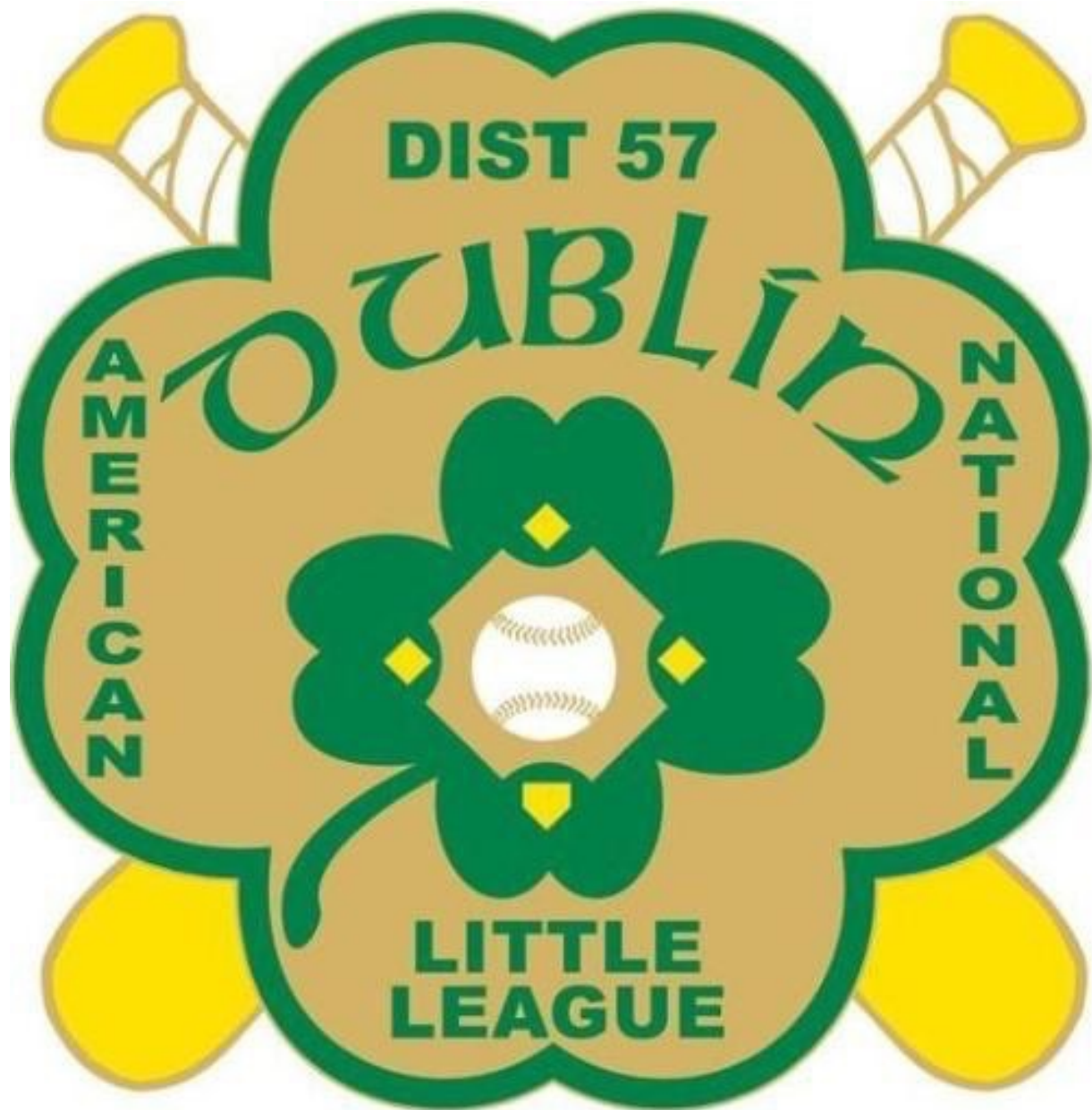


2016 DLL



Safety Plan

TABLE OF CONTENTS

EMERGENCY CONTACTS_____	Page 3
Lightning Procedures and Policy Statement_____	Page 4
Safety Procedures_____	Page 5
Safety Officer Responsibilities_____	Page 8
Pregame Field Review for Hazards_____	Page 9
Maintenance and Use of Storage Sheds_____	Page 9
General Code of Conduct_____	Page 10
Parents Code of Conduct_____	Page 12
Volunteer Code of Conduct_____	Page 14
Concession Stand Safety_____	Page 15
Communicable Disease Procedure_____	Page 18
Emergency Treatment of Dental Injuries_____	Page 20
Minimum Treatment for Suspected Concussion_____	Page 21
Safety Do's and Don'ts_____	Page 22
Accident Reporting Procedures_____	Page 23
Child Protection Program_____	Page 24
Appendix (Medical Forms)_____	Page 25

EMERGENCY CONTACTS

Dublin Police Dispatch _____ 925-462-1212*

*(911 calls placed from cell phones are routed to CHP dispatch and may receive a delayed response)

Alameda County Fire Dept. _____ 925-447-6880

Valley Care Pleasanton _____ 925-847-3000

San Ramon Regional _____ 925-275-9200

Kaiser Pleasanton _____ 925-847-5367

All Incidents/ Accidents must be reported to a Board of Directors member listed below after appropriate emergency personnel have been summoned:

Safety Officer- Nick Marquez _____ 510-468-8320

President- Kent Modellmog _____ 925-200-8822

Vice President- Kevin Peay _____ 801-631-3944

Player Agent-Mike Topf _____ 773-860-8673

ASAP (A Safety Awareness Program) was introduced to Little League International in 1995 to emphasize the position of local Safety Officers in order to create awareness through education and information of the opportunities to provide a safer environment for kids and all participants of Little League baseball. This Manual should be used as a tool by managers and coaches to insure success of this program.

Lightning Evacuation Procedures

- At the first indication of thunder and/or lightening, immediately stop game or practice.
- Stay away from open areas, trees, utility poles, backstops, and bleachers.
- If possible, everyone should wait out the storm in automobiles or indoors.
- Play may not resume until there has been a minimum of 30 minutes after the last thunder is heard or lightning has been witnessed.

Safety Policy Statement

Dublin Little League, as a chartered affiliate, shall abide by the Safety Procedures of Little League Baseball International. This manual is not intended to conflict with or supersede Little League Baseball, Inc Safety Manual.

In accordance with Little League International procedures, Dublin Little League shall submit a Yearly Safety Plan and Facility Survey to Little League Headquarters at: PO Box 3485, Williamsport, PA 17701. A copy of Manual will be provided to the District 57 Administrator each year. The District Safety Officer shall give guidance to the leagues as required to insure that all Leagues within the District are in compliance with Little League International policy. Dublin Little League will carry insurance coverage for all players, volunteers and League assets as mandated by Little League International. The League Safety Officer shall conduct preseason facilities inspections prior to participants' use of fields. Inspections shall be made throughout the year by the Safety Officer, Managers, Umpires and responsible volunteers prior to each

practice and game. Any Safety Hazards shall be addressed and corrected prior to use of the facility. Ongoing safety training for the Board of Directors, Managers, players, and volunteers is the responsibility of the League Safety Officer. In addition, records for Injury/Incidents and hazard corrections must be maintained by the League Safety Officer.

Safety Procedures

- All Managers, Coaches, Volunteers, Board members and umpires are required to submit a Volunteer Application with a Government issued photo ID to the League Safety Officer prior to interaction with the players. (sample form is included in Appendix)
- All participant players shall have a Little League Medical Release form on file with the Manager. (sample form is included in Appendix)
- Parents, players and volunteers shall conduct themselves in a manner as prescribed in Code of Conduct sections of this document. Failure to comply with these codes may result in removal from Sports facilities and/or other disciplinary procedures.
- All Managers, Coaches, Volunteers, Board members, and umpires are responsible for maintaining Safety procedures for Dublin Little League.
- All Managers, Coaches, Volunteers and Board members should be familiar with Emergency Services contact information prior to the beginning of the season.
- Upon completion of mandatory Safety Training, each Manager shall receive a first aid kit, along with their team gear for the season. Additional first aid supplies, including an AED (at Dublin Sports Grounds and Fallon Park), are available at the concession stand or scorer's booth.

- All managers, coaches, concession staff and Board members shall receive a copy of the Dublin Little League Safety Manual for the current season.
- No practices or games shall continue without adequate lighting.
- No practices or games shall be held if the fields are not deemed to be in safe playing condition.
- All team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, Managers, Coaches, Umpires, or other authorized volunteers are permitted on the play field or in the dugout during games and practice sessions.
- During practices and games, all players should be alert and responsible to be aware of their surroundings and cognizant of the action on the play field.
- During warm-up drills, players should be positioned to minimize danger of errant throws or missed catches.
- All pre-game warm up activities shall be performed within the confines of the playing field and away from areas that are frequented by spectators.
- Players’ safety equipment should be inspected on a regular basis to verify that they are still effective and fit correctly.
- All batters must wear Little League approved helmets during batting practice and games.

- No decals, stickers, paint or other accessories are allowed on batting helmets other than those applied by the manufacturer
- Catchers must wear helmet, mask, throat guard, chest protector, shin guards and protection cup with athletic supporter at all times for all practices and games. This includes warming up a pitcher between innings and in the bullpen.
- Headfirst slides are never permitted, unless a runner is returning to a base.
- Bases are not to be strapped down or permanently anchored.
- There is no “horseplay” allowed on the League sports grounds at any time, under any condition.
- Players who wear corrective glasses should be encouraged to obtain and use safety glasses.
- Managers and coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted. This means that no player shall handle a bat, even while in an enclosure, until it is his/her turn to bat.
- Bats are not to be thrown back towards the dugout after a batter completes their at bat. They are to be retrieved by the on-deck batter only.
- Players may not wear ANY type of jewelry, regardless of composition, excepting medical alert bracelet/pendants.

- Players who are ejected, ill or injured should remain under supervision from an approved adult until released to the care of a parent or guardian.

Safety Officer's Responsibilities

The League Safety Officer shall coordinate all safety activities, ensure safety in player training, ensures safe playing conditions; coordinates reporting and prevention of injuries; solicits suggestions for making conditions safer, and reports suggestions to Little League International through the League President. Duties include, but are not limited to:

- Verify that all League Safety Policies are being adhered to in the fullest intent to provide a safe environment for all.
- Confirm that all Volunteers, Managers, Coaches, Umpires and any person having direct contact with the Players has filled out and passed a background check with National database.
- Request background checks through assigned Agency and carefully review results of each. Maintain records on file for the current calendar year.
- Review each Managers binder to insure that all players have a completed and signed Medical Release form on file.
- Take the lead on filing the appropriate paperwork with Little League International in the event of accident or injury.
- Provide follow-up as required for status of injury or incident. Maintain status log for each incident for the calendar year.
- Seek out and provide First Aid, CPR, AED and Child Abuse Prevention training for all Managers, Coaches and Volunteers for the League.

- Confirm through intermittent inspection that all teams have adequate first aid supplies with the team for all practices and games.
- Verify that additional first aid supplies are maintained at each sports facility and are available during practices and games.
- Conduct periodic testing of AED equipment at Dublin Sports Grounds and Fallon Sports Park to insure that units are functioning properly and adequate battery power is in effect.
- Report to Board of Directors regarding issues with the sports facilities that may need repairs.

Pregame Field Review for Hazards

- Prior to beginning of each game Managers and Umpires shall walk the fields of play to identify and remove any rocks, glass or other hazards which may make the fields unsafe for the players. Should the hazard not be immediately repairable, the field shall be deemed unsafe and closed to all activity until such time that it can be made safe.
- Any non-repairable or non-routine hazards or concerns shall be reported immediately to the Safety Officer.
- In addition to regular pregame field review, the League Safety Officer shall submit an annual Little League Facility Survey to Little League International (see Appendix). This survey is to be kept on file at the local level for a minimum of 3 years.

Maintenance and use of Storage Sheds

- All individuals with access to storage sheds at any Little League facility is responsible for orderly and safe storage of all tools and equipment.
- Before using any machinery or tools in the storage sheds, it is reasonable and prudent to read the written operating procedures for that

equipment. If the operating instructions cannot be located, do not operate machinery until properly trained by a competent individual.

- All chemicals or organic materials stored in Dublin Little League storage sheds shall be properly labeled as to its contents and specific precautionary procedures as applicable.
- Personal protective equipment (PPE) shall be utilized while handling any materials as recommended by manufacturer/supplier of stored materials.
- Special care should be used while handling and storing chemicals or organic materials during use and storage as to maintain integrity of the storage containers.
- Any spilled chemicals, organic materials, fuels, etc., should be cleaned up and appropriately disposed of as soon as is reasonably practical.
- Individuals under the age of 21 are not permitted in the storage sheds at any time for any reason.
- If the storage shed is unable to be secured, all materials must be monitored or otherwise secured until a member of the Board of Directors has been notified and procedures are instituted to provide a safe and secure environment for tools and equipment.

General Code of Conduct

- Speed limit for all roadways at Dublin Little League sports parks is 5 mph.
- No alcohol is allowed at any field, common area or parking lot at all Little League Fields
- No smoking or tobacco products of any kind are allowed within the Dublin Little League sports parks.

- Children must be supervised by responsible adult at all times within parking lot areas.
- It is imperative that all persons utilize crosswalks at roadways and to be alert for traffic at all times with Dublin Little League sports parks.
- No profanity or objectionable language will be tolerated at any time.
- Baseballs and bats shall not be thrown or swung during their transport through the parking lots, walk ways, etc.
- Throwing rocks is strictly prohibited any sports park associated with Dublin Little League.
- There is absolutely no climbing of fences.
- Pets are not allowed on the field of play at any time. They must also be constrained with a leash while on sports park grounds. Pet owners are expected to clean up after their pets immediately. Any member of the Board of Directors or Coaching Staff may ask for a pet to be removed from any sports park if they feel that the pet poses a *potential* safety concern for any reason. Any person who does not remove their pet upon request may be subject to trespassing charges.
- Only a player on the field, in a designated batting area, may swing a bat. Players must also be trained to be aware of surrounding area before swinging a bat.
- It is the responsibility of all volunteers, players and spectators to observe all posted signs at the sports park. Spectators should be especially aware of errant throws or foul balls that may travel into their area.
- During games, all players must remain in the confines of the playing field or dugout area and conduct themselves in a safe and

orderly fashion at all times. Any player not adhering to this rule, may be asked to leave the sports facility with their parent or legal guardian and not allowed back onto sports fields until after meeting with a member(s) of the Executive Board of Directors.

- Each team is responsible for cleaning up any trash in the dugout and bleachers closest to their dugout immediately after each game. It is recommended that Managers appoint one of the team parents to instruct the other spectators to properly remove of their trash, where the receptacles are located, etc.
- Children under the age of 18 are not allowed inside of the snack bars at any time, under any condition.

Parents Code of Conduct

Dublin Little League has implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports activities. Managers shall make certain that all parents and/or legal guardians of their Players shall read and understand these rules:

- No parent shall force their child to participate in sports.
- It is the primary goal of Little League for the children that participate have fun and that the game is for them, not the adults.
- It is the parents' responsibility to make the Manager aware of any physical disability or ailment that may affect the safety of their child or others.
- The parents shall understand the rules of the game and the policies of Dublin Little League.
- Parents need to be a positive role model for their child and encourage sportsmanship, respect and courtesy for all involved in

the League.

- The parents shall not engage in any unsportsmanlike conduct at any time under any circumstances.
- Parents shall not encourage any behavior or practices that may endanger the health or enjoyment of the game for other athletes.
- Parents shall teach their child to abide by the rules of the game and to resolve conflicts without resorting to hostility or violence.
- Parents shall demand that their child treat all other players, Managers, Coaches, Officials and spectators fairly and equally regardless of their race, creed, color, sex or ability.
- Parents shall define the importance of competing fairly and participating to the best of their ability rather than winning the game.
- Parents shall not ridicule at their child or other participants for making an error or losing a competition.
- Parents shall promote the emotional, physical and moral well-being of their child and all other athletes ahead of any personal desire that they may have for their child to win.
- Parents shall provide an environment that is free of alcohol, tobacco or drugs at all sporting events.
Any parent who does not follow the above guideline will be required to leave the sports facility. Suspension will last as long as is determined appropriate by officers of the League.

Volunteer Code of Conduct

The Dublin Little League Board of Directs has adopted the following Code of Conduct for all Volunteers to the League. It is imperative that all Managers share this document with all Volunteers associated with their team.

No Board Member, Manager, Coach, Player or Spectator shall, at any time:

- Lay a hand upon, push, shove strike or threaten an Official or Umpire.
- Be guilty of personal verbal or physical abuse upon any Official for any reason.
- Be guilty of any objectionable demonstration of dissent at an Official's decision by throwing equipment, or through any other forceful demonstration or unsportsman like conduct.
- Be guilty of using, or condoning the use of, unnecessarily rough tactics in the play of the game against the body of an opposing player.
- Be guilty of any physical attack upon any Board Member, Official, Manager, Coach, Player or Spectator at any time, for any reason.
- Be guilty of using profane, obscene or vulgar language in any manner, at any time.
- Appear on the field of play, in the bleachers, or anywhere upon the sports parks facilities while in an intoxicated state.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.

- Smoke, or use any tobacco products, anywhere on the sports parks grounds.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner, any play, decision or personal opinion regarding the Players, Managers, Coaches or Officials.
- Speak disrespectfully to any Manager, Coach, Official or representative of the League.
- Be guilty of tampering with, or manipulating any League rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an Umpire's authority. The Umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to, and including, expulsion from the game

The Board of Directors will review all infractions of the Volunteer Code of Conduct. Depending on the severity or frequency of the infraction, the Board may assess disciplinary action, up to and including, expulsion from the League. In the event of serious physical or safety infraction, the League may pursue legal and/or civil charges against the offending party.

Concession Stand Safety

- Due to insurance and liability concerns, no one under the age of 18 is allowed in the snack bar/concession stand at any time or for any reason.
- Only persons authorized may be inside the concession stand/snack bar.

- Be aware of location of all Emergency phone numbers.
- Know location of First Aid Supplies.
- Verify location of Fire Extinguisher, and understand operation of it (Pull ring, Aim at base of fire, Squeeze lever and Sweep side-to-side) Think PASS!
- If a fire is larger than an area larger than a small trash can, do NOT attempt to suppress. Calmly and quickly exit the building as you assist others to leave as well.
Notify Emergency personnel as quickly as it is safe to do so.
- Periodically inspect all appliances, power cords and stored materials for anything that appears to be unsafe. If any obvious or potential hazard exists, contact League Safety Officer, **Nick Marquez 510-468-8320**, immediately. Do NOT utilize any appliances or equipment that may pose a hazard until it has been assessed and corrected/replaced by the League.
- Do not report to work in the concession stand/snack bar if you have any health problems or symptoms such as vomiting, fever, nausea, diarrhea, etc., or if you have open sores or infection.
- All workers must report to the concession stand/snack bar with clean outer garments. Hats or hairnets must be utilized to prevent hair ending up in food products.
- Workers must wash their hands with soap and water prior to beginning their shift and during their shift if they: handle money, touch any uncooked food products, after they cough or sneeze, after accidentally handling trash or anything that has dropped to the floor, or at ANY time their hands may come in contact with germs.
- Never reuse disposable dishware.

- Follow all dishwashing procedures as directed for cleaning containers and areas that come in contact with food products by washing in hot, soapy water; rinsing in clean water; chemical or heat sanitizing; and air drying.
- Ice used to cool food items shall be kept separately from ice used inside of cup for beverages. Use a non-glass scoop to dispense ice into cups. If contaminants are suspected of getting into ice supply, entire ice supply must be discarded and the area thoroughly cleaned and rinsed prior to refilling with ice. Wiping cloths should be stored in a bucket of sanitized water. Change the water every 2 hours.
- Keep foods covered to protect from insects and airborne contaminants.
- No pesticides or other potential dangerous materials shall be stored in concession stand/snack bar.
- Dispose of refuse in trash container with tight fitting lid. Trash to be removed from concession stand/snack bar on a regular basis to prevent build up of odor or overflowing of trash receptacles.
- Never store food products on the floor. They should only be stored on shelving that is a minimum of 6" off of floor.
- Verify that all water to be used in the preparation of food or cleaning of surfaces is 100% potable.
- Cleaning products and solutions shall be stored in separate area from food storage.
- Special care must be exercised during the use, cleaning and storage of knives or other sharp objects. In the event of a minor injury, please utilize the first aid kit at the concession stand/snack bar to clean and dress the wound. Do not handle any food products with an open cut.

- Be very cautious of hot food preparation appliances and the areas that pose a potential to burn skin.
- If you are unfamiliar with a certain appliance, tool or procedure, do NOT proceed with your task until you have been properly trained.
- No “snacking” while working in the concession stand/snack bar. Food purchases must be taken outside of the snack bar for consumption. Please make sure to wash your hands prior to returning to work.
- On hot days, be alert for signs of dehydration. In the event that you, or a coworker, exhibit signs of dehydration, make sure that the affected person is taken out of the concession stand and moved to an area of shade and be given water. Should the symptoms persist or worsen, contact Emergency personnel.
- If any food products appear to be other than fresh, or have an unusual odor, please set aside and do not serve. Bring it to the attention of the concession stand/snack bar supervisor for proper disposition.
- Discard of any heated food products that are not sold for consumption within a reasonable amount of time. Under no circumstances, should any product be held for sale past the end of day.

Communicable Disease Procedures

While the risk of one athlete infecting another with the HIV/AIDS virus during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but are not limited to the following:

- In the event of an injury resulting in bleeding, the bleeding must be stopped, the wound covered and any clothing with blood on it must be changed prior to the athlete returning to participation.
- Routine use of gloves or other precautions to prevent skin and mucous- membrane exposure when contact with blood or other body fluids is required. Sterile gloves are included first aid kits provided to each team.
- Immediately wash hands or other body surfaces that have come in contact with blood or other body fluids or upon the removal of sanitary gloves.
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles or other sharp instruments or devices.
- It is recommended that mouthpieces, resuscitation bags or other ventilation devices be used in lieu of mouth-to-mouth resuscitation.
- Any volunteer, including Manager or Coach that is bleeding or has other symptoms associated with communicable disease shall refrain from direct interaction with the Players until the condition is treated and covered.
- Contaminated towels shall be properly disposed of or adequately disinfected.
- Follow acceptable guidelines and common sense while treating a bleeding victim, while handling bloody dressings, and while handling mouth guards or any other items that may contain bodily fluids.
- Should a Volunteer, Manager, Coach or Player receive a positive diagnosis for infection of any communicable disease, a confidential

report shall be filed with the League Safety Officer. Each case will be dealt with on an individual basis.

Emergency Treatment of Dental Injuries

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

Avulsion (Entire Tooth Knocked Out):

- Avoid additional trauma to tooth while handling. Do not handle tooth by the root. Do not brush, scrub or attempt to sterilize tooth.
- If debris is on tooth, *gently* rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or cloth. Do not attempt this unless the athlete is conscious and alert.
- If unable to re-implant, place tooth in Hank's Balanced Saline Solution, or cold whole milk if available. If neither is available, wrap tooth in saline-soaked gauze or under the athlete's tongue (only if the athlete is conscious and alert). As a last option, place the tooth in a cup of water.
- Time is of the essence. Re-implantation of the tooth within 30 minutes has the highest degree of success rate.
- ***Transport immediately to the Dentist! Fracture (Broken Tooth)***
 - If the tooth is totally broken in half, save the broken off portion and bring to the dental office in the same manner as described above.

- Stabilize the remaining portion of the tooth left in mouth by gently biting on towel or cloth to control bleeding.
- If the athlete is in considerable pain, limit contact with other teeth, air or tongue. Nerve may be exposed, which can be extremely painful to the athlete.
- Save all fragments of fractured tooth.

Transport immediately to the Dentist!

Minimum Treatment for Suspected Concussion

If a medical professional, Umpire in Chief, the player's coach, the player's manager or the player's parent has determined a player sustains a possible concussion, the player must be, at a minimum, removed from the game and/or practice for the remainder of that day. The league must also be aware of its respective state/ provincial/municipal laws with regards to concussions and impose any additional requirements as necessary. His/her return to full participation is subject to:

The league's adherence to its respective state/provincial/municipal laws,

An evaluation and a written clearance from a physician or other accredited medical provider and

Written acknowledgement of the parents.

California

Governor Brown signed AB 25 into law on October 4, 2011, which can be found at sections 38131(6) and 49475 of the Education Code. (Cal. Educ. Code § 38131(6)).

This law provides that if a school district offers an athletic program, any athlete who is suspected of sustaining a concussion must be removed from the activity for the rest of the day. The student is not permitted to return to activity until cleared in writing by a health care professional. Parents/guardians of any student wishing to participate in an athletic activity are required to annually sign a concussion information sheet before the student can participate. This law also applies to recreational activities taking place on school owned grounds which are not sponsored or part of school run activities.

Safety Do's and Don'ts

- Reassure and aid children who are injured, frightened or lost.
- Provide first aid and seek professional medical assistance for those who require it.
- Know your limitations for administering first aid.
- Carry your first aid kit to all games and practices.
- Keep your “*Prevention and Emergency Management of Little League Injuries*” booklet with your first aid kit.
- Look for signs of injury, even if they are not immediately evident (blood, bruising, deformities at joints, etc.)
- After calming the athlete, listen to what they say about how the injury occurred and where they hurt.
- Examine injured area carefully and gently for signs of swelling or obvious dislocation of

bone.

- Have your players' signed Medical Clearance Forms with you at *all* games and practices.
- Make certain that a cell phone is available and charged at each game and practice.

Don't....

- Administer any medications. This includes aspirin or other pain relievers.
- Provide any food or beverage other than water.
- Hesitate in giving aid when needed.
- Be afraid to seek assistance from others if you are not sure of proper procedures or if you require additional support for performing the appropriate procedures.
- Transport injured individuals.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the League Safety Officer immediately.

Accident Reporting Procedures

What to report: Any incident that causes any Player, Manager, Coach, Umpire or Volunteer to require medical treatment and/or first aid must

be reported to the League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of required rest.

When to report: All incidents as described above must be reported to the League Safety Officer within 48 hours of the incident, preferably sooner. The League Safety Officer for 2016 is **Nick Marquez**, and he can be reached at **510-468-8320** and/or email at **marqueztribe@gmail.com**.

How to report: Fill out the “***Little League Baseball Accident Notification Form***” and “***Injury Tracking Form***”. Copies of both of these forms are included in the Appendix of this document. Completed forms are to be forwarded to the League Safety Officer as noted above.

Follow up reporting: Any updated information regarding the injured person’s condition shall be reported to the League Safety Officer in a timely fashion. This includes notification of final release from Physician’s care when applicable. Any injury to a player requiring Medical Attention ***must*** be documented with written authorization from attending Physician that the athlete is fit prior to resuming competition, including practice.

Child Protection Program

It is the policy of Dublin Little League and Little League International, that any Manager, Coach or Volunteer that suspects a child in the Program is being abused is ***required*** to contact the local Family Services Hotline. For Alameda County, this Hotline number is **510.259.1800**. Abuse can manifest in many forms. In addition to physical abuse, there are also mental and emotional abuses. For more information, please see “***A Parent’s Guide to the Little League Child Protection Program***” included in the Appendix of this document.

Appendix

2016 Little League New Volunteer Application

2016 Little League Returning Volunteer Application

Medical Release Form

“What Parents Should Know about Little League Insurance”

Accident Claim Form

“ASAP” Injury Tracking Form



Little League Volunteer Application - 2016

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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: <http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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.

Little League® "Returning" Volunteer Application - 2016
 Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted 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 program? Yes No
 If Yes, explain: _____

In which of the following would you like to volunteer? (Check one or more)
 League Official Manager Coach Umpire Field Maintenance
 Score Keeper Concession Stand Other: _____

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 Name (please print or type): _____
 Applicant Signature: _____ Date: _____
 If Minor — Parent Signature: _____ Date: _____

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.

Please update ONLY the information in this section which has changed since last year.

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-Mail Address: _____
 Driver's License #: _____ State: _____
 Occupation: _____
 Employer: _____
 Address: _____

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

Name / Phone: _____ / _____
 _____ / _____
 _____ / _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

Previous volunteer experience (including baseball/softball and year(s)): _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: <http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.



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 LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

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.



**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	Age
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 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 being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field **B.) Adjacent to Playing Field** **D.) Off Ball Field**
 Base Path: Running *or* Sliding Seating Area Travel:
 Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
 Collision with: Player *or* Structure **C.) Concession Area** Walking
 Grounds Defect Volunteer Worker League Activity
 Other: _____ Customer/Bystander 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 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.

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