BARTLETT LITTLE LEAGUE

2019 ASAP SAFETY PLAN

LEAGUE ID 342-01-23

TENNESSEE DISTRICT 1

www.bartlettlittleleague.org

Celebrating 30 years of service to Bartlett and the surrounding communities!

BARTLETT LITTLE LEAGUE

February 18th, 2019

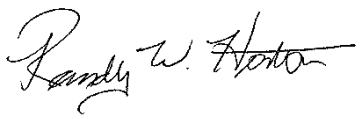
ASAP Award Program
ATTN: Mrs. Christina Taddeo
Little League International
P.O. Box 3485
Williamsport, PA 17701

Christina,

Enclosed you will find Bartlett Little League's 2019 ASAP Safety Plan. We are dedicated to bringing a better quality of baseball while focusing on the safety, health and general welfare of our members.

Thank you for your time.

Sincerely,



Randy Horton
President, Bartlett Little League
Bartlett, TN 38135
342-01-23

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WELCOME BARTLETT LITTLE LEAGUE PARENTS, PLAYERS, MANAGERS, VOLUNTEERS, AND UMPIRES!

The 2019 baseball season is quickly approaching, and we are excited to be celebrating our 30th year of youth baseball in the Bartlett community! For those of you who are new to the organization, we welcome you and hope that you enjoy all of the benefits that Bartlett Little League has to offer. For those of you who are returning, you will see some changes that will put a fresh face on the league.

My name is Scott Rodgers, and I am your Bartlett Little League Safety Officer for 2019. I, along with the help of the Bartlett Little League Board of Directors and other dedicated volunteers, have developed the Safety Plan that you have before you. The plan will serve as a reference guide for rules, procedures, and processes that have been in place, as well as an update on such things as changes in Bartlett Little League Ground Rules and/or Little League International rules, as well as any safety upgrades or enhancements.

In addition to this document, you can also navigate to the Bartlett Little League website at www. bartlettlittleleague.org, the Little League website at www.littleleague.org, or the Bartlett Little League pages on Twitter, Instagram, or Facebook to receive additional information regarding safety, rules, or general information. You can also call or e-mail any of the members of the Bartlett Little League Board of Directors listed in the Administrative Directory located in this plan.

While we have tried to make the plan as comprehensive as possible, we feel that there are several specific topics of interest that need to highlighted at the outset:

IMPORTANT PHONE NUMBERS

EMERGENCY: **911**
BARTLETT POLICE (NON-EMERGENCY): **901.385.5555 OR *2**
BARTLETT FIRE (NON-EMERGENCY): **901.385.5536**

Bartlett Little League Administrative Directory			
League President	Randy Horton	901.896.7172	President@bartlettlittleleague.org
Vice-President	Tammy Jenkins	901.826.1840	VicePresident@bartlettleague.org
Safety Officer	Scott Rodgers	901.277.9370	Safety@bartlettlittleleague.org
Treasurer	Michelle Jenner		Treasurer@bartlettlittleleague.org
Secretary	Elizabeth Wehmeyer	901.240.3305	Secretary@bartlettleague.org
Player Agent	Eric Russell	901.486.1560	PlayerAgent@bartlettlittleleague.org
Special Events Director	Brandy Mitchell		SpecialEvents@bartlettlittleleague.org
Webmaster	Tony Mitchell	901.652.4407	Webmaster@bartlettlittleleague.org
Concessions Director	Tommy Stewart		Concessions@bartlettlittleleague.org
Sponsorship Director	Erica Fry		Sponsorship@bartlettlittleleague.org
Chief Umpire	Randy Dove		
11-12 Division Director			1112Baseball@bartlettlittleleague.org
9-10 Division Director	Lisa Rutledge		910Baseball@bartlettlittleleague.org
Coach Pitch Division Director	Amanda Wilson		CoachPitch@bartlettlittleleague.org
Tee Ball Division Director	Lauren Hines		TeeBall@bartlettlittleleague.org

LITTLE LEAGUE PLEDGE

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

LITTLE LEAGUE PARENT/VOLUNTEER PLEDGE

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

BARTLETT LITTLE LEAGUE CODE OF CONDUCT

Bartlett Little League Code of Conduct

Bartlett Little League has implemented the following Code of Conduct for the important message it holds about the proper role of parents, coaches and volunteers have in supporting children in sports. Parents, coaches and volunteers should read, understand and sign this form prior to their children participating in our league.

Any parent, coach or volunteer guilty of improper conduct at any League event will be asked to leave the sports facility and could be suspended from future games. Repeat violations may cause more severe penalties including season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force a child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the players.
8. I will teach children to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that children treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach that doing one's best is more important than winning, so that any child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise players for competing fairly and trying hard, and make them feel like a winner every time.
12. I will never ridicule or yell at any child for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit more than winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

_____

Coach/Parent/Guardian Signature

INTRODUCTION

Every year, approximately 3 million children play baseball in the U.S. While the sport is widely considered safe, there is still risk for injuries that umpires, coaches, and parents must be aware of and understand in an effort to create the safest environment possible for all participants. According to a 2001 study commissioned by the American Academy of Pediatrics Commission on Sports Medicine and Fitness, "The overall incidence of injury in baseball ranges between 2% and 8% of participants per year. Among children 5 to 14 years of age, an estimated 162 000 baseball, softball, and tee-ball injuries were treated in emergency departments in 1995. The number of injuries generally increased with age, with a peak incidence at 12 years. Of the injuries, 26% were fractures, and 37% were contusions and abrasions. The remainder were strains, sprains, concussions, internal injuries, and dental injuries."

"The potential for catastrophic injury resulting from direct contact with a bat, baseball, or softball exists. Deaths have occurred from impact to the head resulting in intracranial bleeding and from blunt chest impact, probably causing ventricular fibrillation or asystole (commotio cordis). Children 5 to 15 years of age seem to be uniquely vulnerable to blunt chest impact because their thoraces may be more elastic and more easily compressed.2 Statistics compiled by the US Consumer Product Safety Commission1 indicate that there were 88 baseball-related deaths to children in this age group between 1973 and 1995, an average of about 4 per year. This average has not changed since 1973. Of these, 43% were from direct-ball impact with the chest (commotio cordis); 24% were from direct-ball contact with the head; 15% were from impacts from bats; 10% were from direct contact with a ball impacting the neck, ears, or throat; and in 8%, the mechanism of injury was unknown. Direct contact by the ball is the most frequent cause of death and serious injury in baseball. Preventive measures to protect young players from direct ball contact include the use of batting helmets and face protectors while at bat and on base, the use of special equipment for the catcher (helmet, mask, chest, and neck protectors), the elimination of the on-deck circle, and protective screening of dugouts and benches."[1]

Despite these seemingly troublesome numbers, the American Academy of Pediatrics acknowledges that catastrophic and chronically disabling injuries for children aged 5 to 14 years engaged in baseball activities are not only rare, but also showing no upward trends.

In an effort to minimize the risks of baseball-related injuries, Bartlett Little League has joined with Little League Baseball®, Inc. and leagues throughout the country in making a commitment to safety through Little League Baseball's ASAP program.

THE ASAP PROGRAM

In 1995, Little League Baseball® introduced ASAP ("A Safety Awareness Program"). The mission of ASAP is:

> *"To create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball." The ASAP program has had a dramatic effect in reducing the rate of injuries in Little League Baseball®."*

Since its introduction, ASAP has increased overall safety awareness, injury have been reduced by 80%, and lowered insurance costs for participating leagues.

Bartlett Little League recognizes the importance of the ASAP program, and believes in the mission that has been set forth in the program. We strive to make playing baseball in our community a safer and more enjoyable experience for players, managers, coaches, and spectators, as evidenced through the appointment of a Safety Officer to the Board of Directors, implementing safety measures, requiring injury response education for all coaches and umpires, and evaluating the safety plan regularly in an effort to identify gaps and/or improve processes.

As part of ASAP, Bartlett Little League is required to submit a completed safety plan to Little League Baseball® by April 15th, 2019, explaining the steps we have taken and plan to take to become a safer league.

The 2019 ASAP Safety Plan provides a comprehensive overview of the league's safety program as well as a summary of first-aid guidelines for use in addressing field emergencies. It is distributed annually to the league's Managers, Coaches, league volunteers, and the District Administrator, and shall be posted in the concessions area.

At the heart of ASAP is 15 requirements that must be met to be officially recognized as a member of Little League International. You will find below those 15 requirements, and actions that Bartlett Little League takes in an effort to fulfill those requirements:

1. Bartlett Little League must have an active Safety Officer on file with Little League International.

The membership of Bartlett Little League elects a Safety Officer, to serve an annual term, each year at the Annual Membership Meeting. This information is reported to Little League International.

2. Bartlett Little League must publish and distribute a safety manual to all volunteers.

The League Safety Officer is responsible creating safety policies and processes, and publishing these policies and processes in the League Safety Plan. The League Safety plan shall be reviewed annually and evaluated for applicability, and updated to address any emerging or concerning trends that could have an impact on the safety of players, volunteers, and visitors to the league's facilities. The Safety Plan will be submitted to Little League International for review and approval, and subsequently published on the Bartlett Little League website. Hard copies will be available for volunteers upon request.

3. Bartlett Little League must post and distribute emergency numbers and key officials' phone numbers and e-mail addresses.

The Administrative Directory detailed in the Safety Plan will be posted in the concession stand (or similarly utilized area) at any facility hosting a league sanctioned event. The Administrative Directory is also available on the league website for ease of access.

4. Bartlett Little League must use the official Little League Volunteer Application form for the background check process.

Bartlett Little League requires all individuals having significant interaction with players to complete the 2019 Little League Application Form as provided on the Little League International website (see Appendix A). Audits of volunteers on the field are completed regularly by the Safety Officer to ensure that background checks have been completed on all applicable individuals, and members of the Bartlett Little League Board of Directors have the liberty of checking any individual the background check rule applies to at any time.

5. Bartlett Little League must provide and require fundamentals training, with at least one coach or manager from each team attending

The annual skills clinic will be held on March 3rd, 2018 from 2pm to 5pm. The skills clinic will be conducted by Bartlett High School Varsity Baseball Coach Josh Stewart, and will cover

such topics as hitting, fielding, throwing, sliding, and baserunning (including drills in each of these elements).

6. Bartlett Little League must require first aid training for coaches and managers, with at least one coach or manager from each team attending

The annual first aid training will be held on March 3rd, 2019 from 5pm to 7pm. The first aid training will consist of prevention strategies, as well as response to overexertion and overuse injuries, concussions, blunt traumas, sprains/strains/breaks, and other sports-related injuries. Monitoring for signs of injury progression will also be addressed. The clinic will be taught by the Safety Officer or designee. (See Appendix B for curriculum)

7. The league requires coaches/umpires to walk fields for hazards before practices and games

Prior to games and practices, a representative of each team shall walk the field in an effort to uncover any dangerous field conditions, such as large holes or ruts, broken glass or other sharp material, areas of standing water or mud, soft spots, and any other conditions that could contribute to injury. These conditions should be reported immediately to the umpire, with the game proceeding only it is agreed that the fitness of the field is conducive to safe play. Once game play has started, the Head Umpire will determine the fitness of the field for play should any further risks be discovered.

8. Complete or update the 2019 Annual Facility Survey in the LL Data Center

Playing fields will be surveyed in such areas as seating, lighting, field composition, and other features that can have an impact on the safety of players, volunteers, and spectators. This information will be documented in the 2019 Annual Facility Survey and placed on file with Little League International, as accomplished through the Little League Data Center.

9. The league must have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures

Bartlett Little League has Concession Stand Operation and Food Safety Guidelines posted in the concession stand, and conducts a weekly audit of food service areas to ensure cleanliness of the operation, properly operating refrigeration and cooking equipment, in-date foods, and other areas of food safety.

10. Bartlett Little League requires regular inspection and replacement of equipment

Bartlett Little League Inspects all equipment before and after each season of play. Any piece of equipment deemed illegal, unfit for use during play, or otherwise deemed a safety hazard shall be removed from the equipment inventory and disposed of. Bartlett Little League also requires regular check of equipment in the dugout, by one or both umpires, in an effort to

ensure the safety and legality of equipment. Any equipment found during the course of the umpire's inspection that is deemed unfit for play shall be immediately removed from the dugout, rendered unusable, and disposed of.

11. Bartlett Little League must implement accident reporting and tracking process.

Bartlett Little League, per Little League International's direction, utilizes the AIG Little League Baseball and Softball Accident Notification Form to report all accidents that occur on the League's property, and will be tracked using the ASAP Incident/Injury Tracking Form. It will also be incumbent upon the Safety Officer to monitor all reported incidents in an effort to identify emerging trends, gaps in training and education, equipment failures, or any other risks to safety that need to be addressed.

12. There shall be a first-aid kit accessible at each game and practice

A first aid kit shall be located in the concession stand and made accessible during games and league sanctioned events. All teams will be provided a first aid kit at the beginning of the season for use during practices. It shall be incumbent upon Team Managers to keep the kits in working order, and notify a Board Member should replacement kits or contents be needed.

13. Bartlett Little League will enforce all Little League rules, as well as any ground rules approved by the Bartlett Little League Board of Directors.

All Managers are provided with a copy of the Little League Rulebook at the outset of the spring season, which is supplemented by the Ground Rules of Bartlett Little League and can be found on the league's website. All Managers, coaches, and umpires are encouraged to enforce all rules as well as operate under the Bartlett Little League Code of Conduct and Little League Player and Parent/Volunteer Pledges in an effort to develop positive attitudes and skills. Breach of any of the rules of the league or guiding principles of the organization shall be addressed as soon as possible, up to removal from the League.

14. Data regarding player registration, player roster, coaches, and managers are submitted to Little League International

At the completion of the registration period, rosters will be completed, including managers and coaches and submitted to Little League International through the Little League Data Center

15. The league will answer the survey questions related to background checks presented by Little League International.

Bartlett Little League is required to, through the Little League Data Center, advise Little League International of how many background checks the league completed, and explain how those background checks are completed.

BARTLETT LITTLE LEAGUE SAFETY MISSION STATEMENT

It is the goal of the Bartlett Little League Safety Program to enhance the youth baseball experience for all players, volunteers and spectators by creating a proactive safety culture. Through education efforts and consistent information flow, Bartlett Little League wants to empower all participants to recognize and address safety risks, and be confident in their ability to respond to safety incidents.

SAFETY CODE

Safety is the responsibility of all Board Members, Managers, Coaches, Parents, and Umpires. In addition to the mandatory requirements laid out by ASAP and Little League International, Bartlett Little League has implemented the following:

- Only properly registered players may participate in any phase of Bartlett Little League baseball.
- No Bartlett Little League-sanctioned events shall be held when inclement weather is determined to be in the vicinity of the event, and deemed to be an imminent threat
- Players who become ill, injured, or ejected shall be kept under the supervision of a team adult until released to a parent or guardian.
- Game and practice areas shall be inspected frequently to assure there are no hazardous materials lying around that could cause injury to the players or adults.
- Players may not wear watches, rings, pins or any kind of jewelry or metallic objects while on the field of play, with the exception of medic alert tags, which must be taped down
- Managers should strongly encourage all male players to wear protective cups and supporters for practices and games. Catchers are required to wear protective cups.
- Parents whose players wear glasses should provide those players with safety glasses. This is a parent responsibility.
- Team equipment and bat racks should be kept in dugouts within the designated areas.
- Only players, managers, coaches, umpires, Bartlett Little League Board members and others specifically authorized by the League shall be on the field during practices and games.
- Pre-game warm-ups shall be conducted on the field, not within areas frequented by spectators.

- Equipment shall be inspected frequently for damage, and repairs promptly corrected when they are required to assure player safety.
- All batters and base-runners must wear helmets furnished or approved by Bartlett Little League until they are back in the dugout.
- Catchers must wear a catcher's helmet incorporating an approved face mask and throat protector, a long-model chest protector, shin guards, protective supporter and cup at all times while performing the duties of a catcher on or off the field. Wrist protectors are optional.
- Any player who warms up or catches for a practicing, active or relief pitcher must wear a mask with throat protector at all times. This applies both in practices and games.
- Headfirst slides into any base are prohibited.
- During sliding practices, bases should not be strapped or anchored down.
- At no time is "horse play" permitted during practices or games.
- In the Majors division and below, there shall be no on-deck batter. During games and practices, no player shall handle a bat until it is his time to hit.
- Food products are not allowed inside the dugouts, given the amount and unpredictability of food allergies. Drinks are allowed in the dugouts. Post-game snacks remain a decision of each individual team, but parents should be polled for potential food allergies and adverse interactions when determining whether or not to provide snacks.

BATTING CAGE SAFETY

Bartlett Little League is proud to celebrate our 30th anniversary this year with progress on one of the most exciting is the construction of a batting cage complex on the grounds of Shadowlawn Park. You will find below the basic batting cage guidelines.

General Batting Cage Guidelines:

- Adult supervision is required at all times when the batting cage is in use.
- Only one batter and one pitcher/tosser are allowed in each section of the cage at one time
- Helmets should be worn by players at all times when inside the cage
- No practice swings should be taken outside the cage
- Only Little League approved helmets and bats should be used when in the cage
- The cage should be locked and secured when not being used by the league

When using the 70' section of the cage:

- If a machine is used to deliver the pitches, an adult must be operating the machine
- No pitches should be delivered while balls are in the process of being retrieved.
- Only team managers or coaches, or adult volunteers approved by the team's manager or coaching staff, will pitch
- The L-Screen should be used properly, and all times by the pitcher

- Helmet use by pitchers is not required, but is highly recommended.

When using the small cage sections:

- Only soft toss or hitting off the tee is allowed in these sections
- When playing soft toss with baseballs, the tosser must always be located perpendicular to the path the ball will take one struck
- Players in the 11/12 Division or older may act as the tosser during soft toss exercises, but must wear a helmet when acting in this role
- Tossers can position themselves in front of the batter only when wiffle-ball type or weighted balls are being used.

ACCIDENT/INJURY NOTIFICATION & TRACKING

Bartlett Little League takes accident and injury notification very seriously. The league is dedicated to reducing the risk of injury through proper reporting and tracking of injury trends

The following guidelines must be followed when an injury occurs:

What to report: Any incident that causes a player or adult associated with Bartlett Little Leagueto seek medical treatment must be formally reported to the Bartlett Little League Safety Officer.

Who shall report: The manager of any team is responsible for making this report when it concerns any individual associated with his/her team.

When to report: All such reports must be made to the Bartlett Little League Safety Officer within 48 hours of the occurrence of the incident. Also, if an affected player's parents are not present during the incident, the team manager must notify them immediately (when possible) if the incident is considered serious, or within 3 hours if the incident is considered minor.

How to report: The following information must be provided to the Bartlett Little League Safety Officer.

- Name and phone number of affected individual.
- Date, time and location of the incident.
- Detailed description of the incident, the injury or illness, and the immediate steps taken.
- Name and phone number of person making the report.

The Safety Officer will receive the above information, interview any persons that seem appropriate to an accurate determination of exactly what happened, and make a detailed written record of all appropriate information, including treatment.

The Bartlett Little League Safety Officer will then be responsible for completing the Little League Accident Notification Form and the Incident/Injury Tracking Report within 24 hours after the initial injury report is made. Both reports are to be reviewed by the League President prior to submission to Little League International. A sample of each report is on the following three pages.

Little League® Baseball & Softball
CLAIM FORM INSTRUCTIONS

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

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

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

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

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

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

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

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

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

AIG

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

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.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a $50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

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

☐ BASEBALL	☐ CHALLENGER (4-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)
☐ SOFTBALL	☐ T-BALL (4-7)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
☐ CHALLENGER	☐ MINOR (6-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO	
	☐ INTERMEDIATE (50/70) (11-13)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM	
	☐ JUNIOR (12-14)	☐ SAFETY OFFICER	☐ TOURNAMENT	
	☐ SENIOR (13-16)	☐ VOLUNTEER WORKER	☐ 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. 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 to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field
☐ Base Path: ☐ Running *or* ☐ Sliding
☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
☐ Collision with: ☐ Player *or* ☐ Structure
☐ Grounds Defect
☐ Other: _____

B.) Adjacent to Playing Field
☐ Seating Area
☐ Parking Area

C.) Concession Area
☐ Volunteer Worker
☐ Customer/Bystander

D.) Off Ball Field
☐ Travel:
☐ Car *or* ☐ Bike *or*
☐ Walking
☐ League Activity
☐ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf 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: _____

INJURY RECOGNITION AND RESPONSE

Recognition of and response to injuries, especially in children, can bring on a flood of emotions and uncertainty. Even among medical professionals, treatment of children, especially acute onset conditions, is often a misunderstood artform. However, rapid assessment and action is the keystone of effective injury management. This section will begin with some definitions that you will need to become familiar with for a better understanding of common injuries, followed by characteristics and treatment of common sports injuries to specific parts of the body, and ending with principles necessary to effectively treat an injury in the few days after an injury.[1]

IMPORTANT TERMS

Acute vs, Chronic Injuries: An acute injury is one that happens abruptly, usually as a result of a direct blow or sudden, unnatural stress being placed on a specific part of the body, while a chronic injury is one that develops over period of time, such as a muscle injury as a result of overuse.

Overuse Injury: A chronic injury that often appears as an acute injury. Such an injury results when a player overuses a certain part of the body, placing excessive stress bones, muscles, and tissues. This overuse results in stress and inflammation of the affected areas. Pitch Count tracking and enforcement is one way that Bartlett Little League proactively pursues injury prevention.

Tendon: The thick band of tissue at the end of a muscle that attaches to the bone.

Ligament: A thick band of tissue, usually in a joint, that holds bones together and keeps the joint stable.

Sprain: An injury to a ligament, typically a tear or stretch, which leads to instability in the affected joint.

Strain: A tear in the muscle tissue, specifically in the main part of a muscle or tendon.

Contusion: A bruise. Contusions typically cause no problems, but may occasionally lead to bleeding in the muscle on such a level that can lead to swelling and discomfort.

Fracture: A broken bone.

Dislocation: The temporary movement of a bone out of its normal position in a joint. Tendons and ligaments are stretched and sometimes torn.

Inflammation: Swelling, redness, and pain in a joint or muscle.

Edema: Another word for swelling.

Hematoma: Swelling or a lump in the muscle as a result of busted blood vessels, usually caused by a direct blow.

Medial: Refers to the area toward the midline of the body.

Lateral: Refers to the area away from the midline of the body.

[1] All characteristics, symptoms, mechanisms of injury, treatments, etc. were obtained from "Sports Medicine for Coaches & Trainers, 2nd Ed. (E.J. Shahady , M.D., & M.J Petrizzi, M.D.)

TREATMENT OF INJURIES

It is important to understand that swift response and proper evaluation and initial treatment of injuries, even minor injuries, facilitate rapid rehabilitation. Listed below are several principles that should be used as a guide in the treatment of all injuries.

SCENE TREATMENT

Do . . .

- Access the injury.
- If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know the limitations in your ability to properly assess and treat injuries
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Look for signs of injury (blood, black-and-blue, deformity of joint etc.)
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when directed.
- Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
- Transport injured individual except in extreme emergencies.

P-R-I-C-E

Protect the injured body part through splinting, covering, or slinging, based on the injury
Rest the injured body part for the first 48 hours
Ice an acute injury for 15-20 minutes every 2 to 4 hours for the first 48 hours to inhibit swelling
Compress the injury, such as with a tightly bound ACE wrap, to help reduce swelling
Elevate about heart level to help control swelling by allowing blood and other fluids to drain away from the site of the injury

STIFFNESS AND MUSCLE ATROPHY

While rest is an important element of the recovery process, the injured player must also move injured parts, so long as it isn't painful, so as to prevent joint stiffness and loss of strength. Non-weightbearing movement should begin within 48 hours

HEAT AND COLD AS TREATMENT

As a general rule, cold is preferable to heat for acute injuries. A combination of heat and cold treatments are helpful, in that they decrease pain and spasm, but they differ in the effect on swelling and stretching.

When to Use Heat

Application of heat to an area relaxes the muscles, tendons, and ligaments, facilitating stretchability. Heat reduces pain and decreases muscle spasm and stiffness, while increasing blood flow to the affected area. When heat is applied to acute injuries, swelling increases due to the increase of blood in the injured tissues. Given this, heat is very rarely, if ever, used during the treatment of acute sports injuries. Heat treatment is most effective in treating chronic injuries, such as pain or tightness in large muscle groups, as it helps reduce spasm and stiffness. When it is determined that heat treatment is necessary, it should be done by way of hot water bottle, heating pad, or heat lamp, and should only be used for 10-15 minutes on areas of the body that the skin is protected.

When to Use Cold

Cold should be used for all acute injuries, as it stops bleeding. reduces pain and spasms by decreasing the nerves' ability to conduct impulses to and from the affected area, as well as swelling. Cold therapy is helpful in overuse injuries, chronic pain, and the repair stage of injuries. Once determined to be necessary, cold should be applied immediately, via ice bags, cold packs, or ice cup, and for no longer than 20 minutes, or when the area starts to get numb, every 2 to 4 hours.

HEAT-RELATED ILLNESS

HEAT-RELATED ILLNESS

Heat-related illnesses are a significant concern in this part of the country, especially in spring and summer sports, due to the incredible heat that we experience in this part of the country during these times of the year. There are responses to heat-related illnesses, but the best strategy is to prevent them through proper hydration and diet. Heat-related illnesses typically present themselves in one of several ways.

HEAT FATIGUE

Heat fatigue is a very common heat-related illness, affecting approximately 30% of athletes in outdoor sports. Heat fatigue is a result overexertion and dehydration, with symptoms including weakness, tiredness, and lightheadedness. Resting in the shade and increasing water intake is the best intervention for heat fatigue.

HEAT SYNCOPE

Heat syncope is most often observed at the end of a workout or activity, when the athlete quickly stops exercising and stands still. The athlete will experience lightheadedness, and may faint. The best remedy for heat syncope is lying down in a cool, shaded place, elevating the legs, and drinking water.

HEAT CRAMPS

Heat cramps are painful cramps that occur in the abdomen or lower legs after intense exercise. These cramps result water loss, as well as the loss of salt, potassium, and calcium. Preventive measures is the best way to address heat cramps, such as making sure athletes are properly hydrated and foods high in potassium, such as bananas, citrus fruits, and raisins, are consumed regularly.

HEAT EXHAUSTION

Heat exhaustion occurs when there is a lack of adequate replacement of the water that is lost through sweat due to physical exertion. An athlete who is lightheaded, hyperventilating, has trouble concentrating, and is listless may be suffering from heat exhaustion. An athlete with these symptoms should be moved to a cool place and given plenty of water, with IV fluids being required if symptoms do not improve. Heat exhaustion is a fairly rare occurrence, as it requires about 3% of the total body weight to be lost during physical activity.

HEAT STROKE

Heat stroke is a catastrophic medical condition that is characterized by shock, unconsciousness, marked confusion, shock, and a high rectal temperature (>106°). The outcome of heat stroke is heavily dependent upon the length and degree of temperature elevation, and given this time sensitivity, the athlete should be taken to the emergency room immediately.

Given the dangers associated with heat-related illnesses, Bartlett Little League has adopted the heat policy of the Tennessee Secondary School Athletic Association in determining the level of playability in heat conditions, which can be found below.[2]

[2] https://tssaa.org/wp-content/uploads/TSSAA-Heat-Policy.pdf

TSSAA HEAT POLICY

Under 95 Degrees heat index	Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire. Optional water breaks every 30 minutes for 10 minutes in duration. Ice-down towels for cooling. Watch/monitor athletes carefully for necessary action.
95 degrees to 99 degrees Heat Index	Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire. Mandatory water breaks every 30 minutes for 10 minutes in duration. Ice-down towels for cooling. Watch/monitor athletes carefully for necessary action. Contact sports and activities with additional equipment. Helmets and other possible equipment removed if not involved in contact. Reduce time of outside activity. Consider postponing practice to later in the day. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index
100 degrees to 104 degrees Heat Index	All sports - Provide ample amounts of water. This means that water should always be available and athletes should be able to take in as much water as they desire. Mandatory water breaks every 30 minutes for 10 minutes in duration. Ice-down towels for cooling. Watch/monitor athletes carefully for necessary action. Alter uniform by removing items if possible. Allow for changes to dry t-shirts and shorts. Reduce time of outside activity as well as indoor activity if air conditioning is unavailable. Postpone practice to later in day. Contact sports and activities with additional equipment. Helmets and other possible equipment removed if not involved in contact or necessary for safety. If necessary for safety, suspend activity. Re-check temperature and humidity every 30 minutes to monitor for increased Heat Index
Above 104 degrees Heat Index	Stop all outside activity in practice and/or play, and stop all inside activity if air conditioning is unavailable.

For a more detailed guide on how to recognize and respond to injuries affecting specific parts of the body, as well as the associated treatments, refer to the Detailed Symptom & Treatment Guide

CONCESSION STAND OPERATION AND FOOD SAFETY

The following information is intended to help you run healthful concession stand. Following these guidelines will help minimize the risk of food borne illness.

1. **Menu:** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. ***Complete control over your food, from source to service, is the safe key to sanitary food service.***

2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potential hazardous foods. All potentially hazardous foods should be kept at 41o F or below (if cold) or 140o or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155o F, poultry parts should be cooked to 165o F. ***Most food borne illnesses from temporary events can be traced to lapses in temperature control.***

3. **Reheating:** Rapidly reheat potentially foods to 165o F. Do not attempt to reheat foods in crock pots, steam tables, over sterno units or other holding devices. ***Slow-cooking mechanisms may activate bacteria and never reach killing temperature.***

4. **Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41o F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop of the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. ***Allowing hazardous foods to remain un-refrigerated for too long has been the number ONE cause of food borne illness.***

5. **Hand Washing:** ***Frequent and thorough hand washing remains of defense in preventing food borne disease.*** The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.

6. **Health and Hygiene:** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments.

7. Avoid hand contact of raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. ***Touching food with bare hands can transfer germs to food.***

8. Dishwashing: Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:
    1. Washing in hot soapy water;
    2. Rinsing in clean water;
    3. Chemical or heat sanitizing;
    4. Air drying

9. **Ice:** Ice used to cool can/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. ***Ice can become contaminated with bacteria and viruses and cause food borne illness.***

10. **Wiping Cloths:** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. ***Well sanitized work surfaces prevent cross-contamination and discourage flies.***

11. **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump outside). All water used should be potable water from an approved source.

12. **Food Storage and Cleanliness:** Keep food stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

BARTLETT LITTLE LEAGUE
WEEKLY CONCESSION STAND CHECKLIST

Date:_____

A) Deliveries

1. All products meet visual quality standards and have no off odors (no spoilage). Yes ☐ No ☐
2. All packaging is in good condition. (Not wet, no stains, leaks, holes, tears or crushing). Yes ☐ No ☐
3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less. Yes ☐ No ☐
4. Code dates are current. Yes ☐ No ☐

B) Food Temperature and Specifications

NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold water procedure for probes, temperature reads 32o F All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

5. Soft drink, Ice machine and Ice bin are free of soil. Yes ☐ No ☐
6. Temperature of coffee/tea water is 180o F. Yes ☐ No ☐
7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean. Yes ☐ No ☐
8. Ice machine is clean, and sanitized. There is no standing water. Yes ☐ No ☐
9. Water filter follower needle is not in the red zone. Yes ☐ No ☐
10. Ensure that syrup tanks are flushed clean and sanitized. Yes ☐ No ☐
11. CO2 canisters are chained and locked in the upright position. Yes ☐ No ☐

Freezer/Food Storage Date:_____ Date:_____ Date:_____

12. Freezer interior is clean and sanitized Yes ☐ No ☐
13. Temperature of freezer is 20o F. Yes ☐ No ☐

Refrigerator/Food Storage Date:_____ Date:_____ Date:_____

14. Refrigerator interior is clean and sanitized. Yes ☐ No ☐
15. Temperature of refrigerator is 33-43o F Yes ☐ No ☐
16. Interior light is working and is properly shielded. Yes ☐ No ☐
17. Shelving is clean, free of rust and in good repair. Yes ☐ No ☐
18. All items stored correctly on shelves (covered and a minimum of 6"off the floor. Yes ☐ No ☐

Fryer Area Date:_____ Date:_____ Date:_____

C) Sanitation

30. Proper dishwashing method used. Yes ☐ No ☐
31. Hand sanitizer dispensers are mounted and in use. Yes ☐ No ☐
32. Personal items stored correctly (medication, drinks, food, clothing, etc.). Yes ☐ No ☐
33. Floors clean Yes ☐ No ☐
34. No sign of pest infestation (insects, rodents, etc.) Yes ☐ No ☐
35. All trash is emptied from the inside containers. Yes ☐ No ☐

D) Chemicals

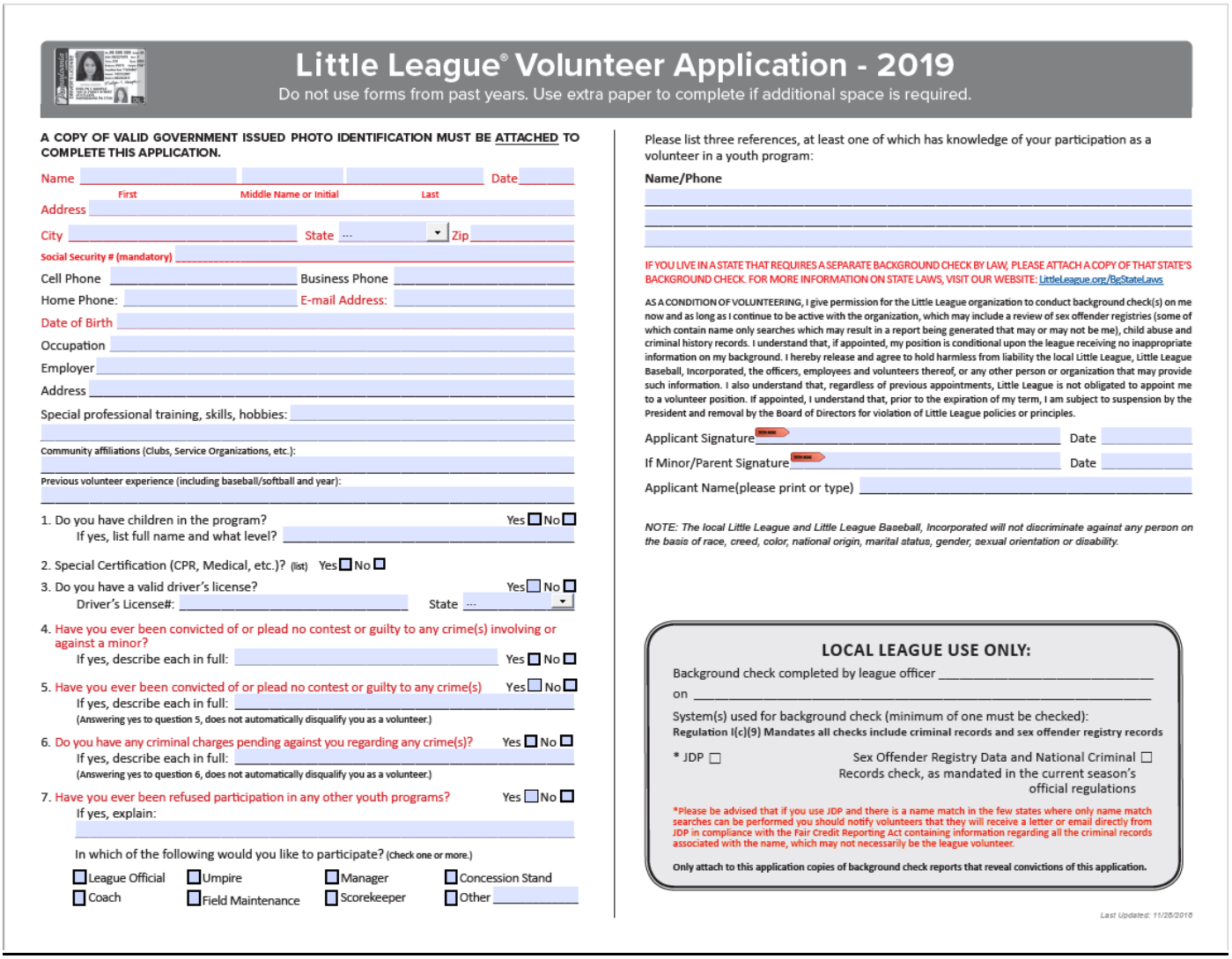
38. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared. Yes ☐ No ☐
39. Maintain manufacturer's labels on or label containers accordingly. Yes ☐ No ☐

E) Other

40. Concession stand workers (Team Mom and Parents) have gone through the leagues initiation safety and food preparation training before working in the concession stand. Yes ☐ No ☐
41. Children under 15 are not allowed in the concession stand. Yes ☐ No ☐
42. A fire extinguisher with a current certification is in plain sight. Yes ☐ No ☐
43. A fully stocked First-Aid kit is in plain sight. Yes ☐ No ☐

BARTLETT LITTLE LEAGUE – CHILD SAFETY

All personnel involved with Bartlett Little League during the regular season, Special or Tournament games MUST fill out and sign the enclosed Little League Volunteer Application. Bartlett Little League will perform a background check through First Advantage. Below is a copy of the 2018 Volunteer Application to be used.



Little League® Volunteer Application - 2019

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 _____
First Middle Name or Initial Last

Address _____

City _____ State --- Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

1. Do you have children in the program? Yes ☐ No ☐
   If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? (list) Yes ☐ No ☐
3. Do you have a valid driver's license? Yes ☐ No ☐
   Driver's License#: _____ State ---
4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
   If yes, describe each in full: _____ Yes ☐ No ☐
5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 6, does not automatically disqualify you as a volunteer.)
7. 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 ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ 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: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

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):
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐ Sex Offender Registry Data and National Criminal ☐ Records check, as mandated in the current season's official regulations

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

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

Last Updated: 11/28/2016

Hands-Only CPR | FACT SHEET

Why Learn Hands-Only CPR?

Cardiac arrest – an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia) and disrupts the flow of blood to the brain, lungs and other organs – is a leading cause of death. Each year, more than 350,000 EMS-assessed out-of-hospital cardiac arrests occur in the United States.

When a person has a cardiac arrest, **survival depends on immediately receiving CPR from someone nearby.**

According to the American Heart Association, about 90 percent of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim's chance of survival.

Be the Difference for Someone You Love

If you are called on to give CPR in an emergency, you will most likely be trying to save the life of someone you love: a child, a spouse, a parent or a friend.

About **70 percent** of out-of-hospital cardiac arrests happen in homes

About **46 percent** of people who experience an out-of-hospital cardiac arrest receive the immediate help that they need before professional help arrives

Hands-Only CPR has been shown to be as effective as conventional CPR for cardiac arrest at home, at work or in public.

Hands-Only CPR has just two easy steps, performed in this order:

1. 

Call 911 if you see a teen or adult suddenly collapse

2. 
Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute

Music Can Save Lives

Song examples include "Stayin' Alive" by the Bee Gees, "Crazy in Love" by Beyoncé featuring Jay-Z, "Hips Don't Lie" by Shakira" or "Walk the Line" by Johnny Cash. People feel more confident performing Hands-Only CPR and are more likely to remember the correct rate when trained to the beat of a familiar song.

When performing CPR, you should push on the chest at a rate of 100 to 120 compressions per minute, which corresponds to the beat of the song examples above.

Take 90 Seconds to Learn How to Save a Life

Watch the 90-second video. Visit heart.org/handsonlycpr to watch the Hands-Only CPR instructional video and share it with the important people in your life. Hands-Only CPR is a natural introduction to CPR, and the AHA encourages everyone to learn conventional CPR as a next step. You can find a CPR class near you at heart.org/findacourse.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdose, or people who collapse due to breathing problems.

DETAILED SYMPTOM & TREATMENT GUIDE

HEAD INJURIES

Cuts, bumps, and concussions are the most common injuries to the head, and the player must be evaluated for a concussion when the blow is violent enough to cause a break in the skin or a bump.

CUTS

Cuts to the head, even when small in nature, typically result in large amounts of bleeding due to the plentiful blood supply there. When responding to a cut to the head, you should:

- Try to stop the bleeding by applying pressure
- Once the bleeding stops should only take a few minutes), clean the cut with soap and water and allow individual to resume activity
- Watch the affected area closely for signs of infection (increased redness and tenderness, yellowish liquid leaking from the cut). Should signs of infection present, medical attention should be sought
- Large cuts with more severe bleeding will likely require stitches
- REMEMBER: There may be a large amount of blood, which can be worrisome or traumatic for a child. Make sure to remain calm and reassure them that the injury is not serious

BUMPS

Bumps, so long as they are absent of any signs of concussion or loss of consciousness, require relatively little attention. Place ice packs over the bump for 15-20 minutes.

CONCUSSIONS

A concussion is a type of traumatic brain injury that results from a blow to the head. Concussions are typically described by medical professionals as a mild brain injury, as they are not considered life threatening. However, concussions can be frightening and the effects can be serious. Concussions are graded 1 to 5, with 1 being the least serious and 5 being the most. While the initial exam is the same for all 5, the treatment varies from grade-to-grade.

When there is any type of blow or trauma to the head, responders should do the following:

- Check for a pulse and make sure the player is breathing. If the athlete is unconscious but has a pulse and no apparent breathing problems, there is no need to hurry, as the injured will begin to recover shortly.
- Do not allow any movement until a neck injury is ruled out
- Check the player's arms and legs for equal strength and feeling
- Make sure that the player is aware of the date, time, and place, as well as the names of the people in the vicinity
- Make sure the player can remember things that happened before the injury even by asking questions such as the score of the game or what the name of the opposing team is. The inability to recall these simple items is called retrograde amnesia.

- Also check the player's ability to remember what happened right after the injury, such as being dazed, who was talking to him, walking off the field, etc.). This condition is referred to as post-event amnesia.

Players with potential concussions may report the following symptoms:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

It is also important to note that concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.[3]

Grade 1 Concussion Symptoms & Treatment

- Symptoms
    - No loss of consciousness, but the player is dazed and/or confused for 10-15 minutes
    - Athlete describes the sensation as "having their bell rung"
    - Athlete may experience unsteadiness in walking, but is free of other symptoms, such as amnesia
- Treatment
    - Have the athlete rest until their head clears
    - Full activity can resume once the athlete returns to complete lucidity
    - Continue to monitor for recurring symptoms

Grade 2 concussion Symptoms & Treatment

- Symptoms
    - Similar to Grade 1, with the addition of memory loss
    - Will experience post-event amnesia upon regaining lucidity
- Treatment
    - The athlete should not return to activity the day the injury occurs
    - Monitor the player for 3-4 days, watching for unusual behavior, episodes of forgetfulness, fatigues, and/or headaches. Anyone displaying these symptoms should be evaluated by a physician
    - Athletes may also experience "Athlete's Migraine" (Post-Concussion Syndrome), which consists of recurrent headaches, inability to concentrate, and irritability.

[3] https://www.cdc.gov/headsup/pdfs/youthsports/coaches_engl.pdf

Athletes will need to be evaluated by a physician prior to returning to the playing field

Grade 3 Concussion Symptoms & Treatment

- Symptoms
  - Similar to Grade 1 and 2
  - The player will experience retrograde amnesia
  - Athlete will remain conscious
- Treatment
  - Impacted player should not return to physical activity the day the injury occurs
  - Player should be medically evaluated prior to return to full physical activity
  - Monitor the player for post-concussion syndrome for 1-2 weeks

Grade 4 Concussion Symptoms & Treatment

- Symptoms
  - Unconsciousness is observed, but usually only lasts seconds to minutes
  - Once consciousness is regained, the player is confused and disoriented for a short time
  - Memory loss and/or retrograde amnesia may be present once fully alert
- Treatment
  - The affected athlete should be carried off the field via stretcher or spine board due to their unsteadiness
  - If they insist on walking off the field, have the player rise from a lying flat position to a sitting position. If unsteadiness is still present, insist on a stretcher to prevent further falls
  - The player should not be allowed to return to physical activity, even if they seem fully recovered, as there could still be bleeding in the brain
  - Call EMS for treatment and evaluation for necessity of transport to a medical facility
  - The player should be medically cleared prior to returning to full physical activity

Grade 5 Concussion Symptoms & Treatment

- Symptoms
  - The player is unconscious and does not regain full consciousness
  - Remains disoriented upon regaining consciousness
- Treatment
  - Secure the athlete to a spine board, securing the cervical spine as if it were broken
  - Call EMS for immediate transport to a medical facility for evaluation

EYE INJURIES

There are countless mechanisms of injury for the eye, including blows from body parts or equipment, dirt, dust, or other foreign bodies. Most eye injuries are not serious, but can cause

a certain degree of anxiety for the player. The player, when suffering from an eye injury, will usually cover the eye, complain of seeing spots or stars, complain of a decrease in vision, among other things. Below you will find the symptoms and treatments of several common eye injuries.

BLOW TO THE EYE

This occurs when there is a direct strike to the eye involving a body part, ball, or other piece of equipment.

- Symptoms
  - Immediate pain and a high degree of anxiety
  - Covering of the eyes with hands, hat, glove, etc.
  - May complain of seeing stars or decreased vision
- Treatment
  - The main goal when responding to a blow to the eye is to make sure nothing serious is wrong.
  - Make sure that there are no symptoms of concussion present
  - Check for reaction to light and normal eye movements
  - Palpate the area around the eye for pain response

SOMETHING IN THE EYE

Dust, dirt, or some other small foreign object could get caught in the eye, or the outer covering of the eye could be scratched, causing a sensation like there us something in the eye.

- Symptoms
  - Eye pain
  - Tearing
  - Sensation of having something in the eye
  - Frequent blinking
- Treatment
  - If dirt or some other foreign body is visible under the upper or lower lids, or in the corner of the eye, it can be removed with a Q-Tip.
  - Moistening the Q-Tip, with sterile water when possible, sometimes eases removal of the object
  - Once the body is removed, the sensation of having something in the eye should also be gone. If that sensation remains, the cornea may be scratched, and will need to be evaluated by a physician.
  - Dirt or foreign bodies located in the middle of the eye need to be removed by a physician, as there is a risk of further injuring the eye

CHEST, THORAX, & ABDOMEN INJURIES

Injuries to the chest, while not normally serious, can be worrisome. These injuries can result from falls, being hit by a ball or other piece of equipment, or being struck by a body part of another player.

CHEST CONTUSIONS

Due to the movement of the chest wall muscles, and their attachment to the collarbones and shoulders, breathing and movement of the arms can prove to be painful when these muscles are bruised. Rest and pain relievers typically remedy the issue, but stiffness and inflammation linger, requiring the use of NSAIDs (Ibuprofen, Aleve, etc.).

BROKEN RIB

A broken rib should be suspected when, after a blow to the chest or side, a player experiences intense, persistent pain. Chest contusions, as previously described, are intense, but not persistent.

- Symptoms
    - Will hold or cover their chests with their hands to prevent deep breathing due to increased pain
    - Pain is localized and can usually be pointed to with one finger
    - Tenderness will be present over one part of the rib
- Treatment
    - The player should be evaluated by a physician as soon as possible, as broken ribs can cause the lung to collapse, bleeding in the chest, and other serious complications
    - The player should not compete in contact sports for two or three weeks
    - Time and rest are the best treatments

ABDOMEN INJURIES

Abdominal injuries typically result from direct blows by body parts, equipment, or contact with the playing surface. The difficulty in abdominal injuries is determining whether the injury involves muscles only, or whether it has impacted the internal organs. If any of the following symptoms are present, internal injury should be suspected, and physician evaluation is needed immediately:

- Pain worsens with time
- The player becomes nauseous, begins vomiting, or expresses feeling or being weak
- The player walks bent over, or lies down with legs drawn towards the stomach in an effort to relieve pain
- Pain spreads to other areas of the abdomen

Remember that damage to an internal organ could cause slow blood loss, so symptoms will not be present initially, but will show up as the blood collects or irritates the lining of the stomach.

BACK INJURIES

Most of the injuries involving the back are injuries involving the muscles, and can be acute or chronic in nature. Acute back injuries usually result from a blow or strain, or a slipped disc,, whereas chronic back injuries result from multiple small strains over a period of time.

UPPER BACK, MID-BACK, AND KIDNEY BRUISES

- Symptoms

    - Incapacitating pain at the outset, but quickly subsiding
    - Pain is in the upper back or mid-back, and aggravated by movement
    - pain may spread to the side or abdomen
- Treatment
    - Ice, rest, and NSAIDs
    - If the pain is severely persistent, or spreads to the side and front of the abdomen, this may indicate kidney damage and the player should seek medical treatment

ACUTE LOWER BACK PAIN

- Symptoms
    - The player stands as straight as possible and holds the lower back
    - The pain triggering event usually involves a twisting and forward movement of the body
    - May feel "a catch" in the back
    - Pain may extend into the buttocks or leg(s)
- Treatment
    - Ice and NSAIDs
    - May require bed rest for several days
    - Exercises can decrease muscle spasms and strengthen the back muscles

SHOULDER INJURIES

Shoulder injuries usually result from a direct blow, a forceful strain, or from highly repetitive motions that produce overuse injuries.

SHOULDER SEPARATION

Usually results from a direct blow to the shoulder, and should not be confused with a dislocation. A separation occurs when the ligaments rupture. There are 3 grades of shoulder separation: Grade 1, which involves only a slight sprain; Grade 2, which involves some ruptured and torn ligaments; and a Grade 3, which the rupture of all ligaments and includes shoulder deformity.

- Symptoms
    - Immediate pain
    - Discoloration and deformity in severe cases
- Treatment
    - Apply ice immediately
    - Place the arm in a sling and seek medical treatment

SHOULDER DISLOCATION

A shoulder dislocation occurs when the head of the humerus, due to force of impact, comes out of the shoulder socket. A shoulder dislocation can occur to the front (which is the most common), the rear (caused by a direct blow to the front of the shoulder, or by falling on the elbow), and downward (caused by impact to the top of the shoulder or arm when the arm is outstretched).

- Symptoms
    - Severe pain
    - The injured may have heard a pop
    - Will resist moving the arm
    - Arm will appear more square than rounded
- Treatment
    - Keep the arm in the most comfortable position
    - Place ice on the shoulder
    - DO NOT attempt to pop the shoulder back in place
    - See a physician as soon as possible.

SHOULDER SUBLUXATION

A subluxation occurs when a shoulder dislocates, then pops back into place on its own. Baseball players are prone to rear subluxations due to the repeated overhand motion used in the throwing of a baseball.

- Symptoms
    - Sudden pain
    - The arm will go "dead" for a short time
- Treatment
    - Rest, ice, pain meds/NSAIDs

STINGERS

Stingers occur when the nerves that reach from the neck to the arm are stretched, usually caused by any forceful contact that pushes the neck to one side.

- Symptoms
    - Severe shoulder pain
    - Shooting electric sensation on the affected side
    - May hold the injured arm
- Treatment
    - Place the arm in a comfortable position
    - Apply ice
    - Some will not seriously limit activity or mobility level

SORE ARM

The most common overuse injury in baseball, arm soreness occurs when the muscle does not receive enough blood to handle the strain due to misuse or improper warm-up.

- Symptoms
    - Pain in area of the shoulder, potentially intense in nature
    - Throbbing shortly after exercise
    - Pain subsides with rest
- Treatment
    - PRICE for 24-48 hours
    - NEVER try to "throw through" a sore arm

BROKEN COLLARBONE

Occurs when the collarbone receives a direct blow of considerable force, or a forceful hit on the side of the shoulder.

- Symptoms
    - Pain and possible bruising or swelling along the collarbone
    - The player may feel the bones rubbing together
    - The injured shoulder may droop down or forward
    - All motion is painful
- Treatment
    - Apply ice immediately
    - Sling the affected arm
    - Seek medical treatment to verify break

ELBOW INJURIES

Elbow injuries are a common injury in baseball. While sever elbow injuries are rare, coaches will often be faced with overuse injuries involving the elbow.

PITCHER'S ELBOW

Pitcher's elbow, also known as Tennis Elbow, is a chronic condition cause by repeated rotation and forced extension of the forearm. The key to Pitcher's Elbow is prevention, which can be accomplished through emphasis of proper warm-up and technique, as well as conditioning exercises.

- Symptoms
    - Pain on the outside or inside part of the elbow
    - Pain may radiate
    - Movement of the forearm and elbow cause pain
- Treatment
    - Apply ice
    - Massage daily
    - Maximum dose of NSAIDs for 7-10 days
    - No participation until pain has subsided
    - Once pain stops, the athlete should ease back into activity

LITTLE LEAGUE ELBOW

Little League Elbow refers to elbow pain in athletes who are still growing, predominantly those between the ages of 10 and 14.There are serious possibilities if the condition goes untreated, such as loss of strength, so any persistent pain should be quickly evaluated by a physician.

ANKLE INJURIES

What is commonly referred to as a twisted ankle is actually an injury that causes some level of damage to the ligaments of the ankle. The most common type of ankle injury occurs when the ankle turns inward, causing the outside ligaments to stretch.

BROKEN ANKLE

Depending upon the way the injury occurs, any of a number of bones in the ankle could be broken. The most common, though, is the fibula, and occurs when the ankle turns inward.

- Symptoms
  - Pain, especially when bearing weight
  - The player, or people in their proximity, may have heard a "pop" when there ankle turned
- Treatment
  - Immobilize the area with a splint or wrap
  - Elevate the limb and apply ice
  - See a physician before returning to activity

SPRAINED ANKLE

Ankle sprains are graded 1 through 3, depending on the characteristics. **Grade 1** is characterized by mild pain and swelling, but the joint is stable, there is normal range of motion, and weight-bearing is pain-free. **Grade 2** is characterized by moderate pain and swelling, the joint is stable, but there is a decrease in range of motion and pain with weight-bearing. **Grade 3** is characterized by severe pain and swelling, with an unstable joint with painful and limited range of motion, and an inability to bear weight.

- Symptoms
  - The pain is immediate and may be accompanied by a pop
  - Swelling begins in 15-20 minutes
  - The injured area bruises within a 12-hour period
- Treatment
  - Ice, elevation, and compression
  - Give NSAIDs for both pain and inflammation
  - Assist in limiting weight-bearing
  - Start ankle movement as soon as possible to prevent stiffness
  - Grade 3 and severe Grade 2 sprains should be evaluated by a physician prior to returning to duty