



# SAFETY PLAN

## 2020

## INTRODUCTION - WHY A SAFETY PLAN & ASAP

In 1995, Little League International introduced ASAP (A Safety Awareness Program), with the goal of reemphasizing the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". Since ASAP began in 1995, injuries in Little League have decreased by over 77% annually. In order to be an ASAP-compliant league, a Little League approved Safety Plan must be filed with Williamsport. Belmont Little Leagues is fully committed to being an ASAP Compliant League through the development and implementation of this Plan.

### **Belmont Little League (BLL) Safety Plan**

The goal of the Safety Plan is to develop guidelines for increasing the safety in the three key areas of Activities, Equipment, and Facilities. This is accomplished by applying the three principles of Education, Compliance and Reporting, to each of the three Key areas as detailed throughout this plan. To further support the achievement of this goal, Belmont Little League also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of this plan.

The Belmont Little League Safety Plan, by reference, includes the 1- League Safety Code, 2- League Code of Conduct, and 3- League Safety Manual. The combination of these 3 documents contained herein outlines specific safety issues, along with Belmont Little League's policies and procedures for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

## LEAGUE SAFETY CODE

The Belmont Little League Board of Directors has adopted the Safety Code, and it is enforced by the League President, the Safety Officer (SO), the League's Vice Presidents, the Player Agents and the Chief Umpire. All league Officers, participants, and volunteers are required to abide by this code. It is the responsibility of the SO to make any revisions to the Safety Code from year to year as deemed necessary, and submit these for Board approval.

### **Belmont Little League Safety Code**

- Responsibility for Safety procedures rest with all adult members of Belmont Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have training in first aid. First-aid kits are issued to each team manager.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Prior to the start of any game it will be the responsibility of the umpires, managers and coaches and field prep volunteers to inspect the field of play for safety related issues (see Playing Field Inspection section).
- 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, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play shall be that of a player assigned for this purpose by the team's manager prior to each game, or by the team's manager and coaches themselves.
- Prior to any game or practice, procedures shall be established by the team's managers for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly by the team's manager and coaches to ensure the equipment is in good/safe condition and is of proper fit for the players. Faulty, bad, or worn out equipment is unsafe, and must be removed from use immediately.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catchers must wear catcher's helmet, mask, throat guard, long model chest protector, and shin guards during batting sessions. NO EXCEPTIONS.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies at all times during Games, practices, and between inning warm-ups. See section in Safety Plan on "Warming up Pitchers during Games" for additional information.
- Except when runner is returning to a base, headfirst slides are not permitted.
- All male players at t-ball or higher must wear protective cups with athletic supporters for all games and practices. Managers and Coaches are to ensure that players comply with this rule at all practices and games.
- During all practices and games, only Breakaway bases shall be used and the use of strapped down or anchored bases is not permitted. During sliding practices, consider using "throw down" bases in the outfield.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear corrective eyeglasses are strongly encouraged to provide their player with sports specific "safety glasses".
- Players must not wear jewelry during games or practices. Jewelry includes, but is not limited to, rings, watches, earrings, bracelets, watches, nor any hard cosmetic/decorative items.  
EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible.
- All infielders are encouraged to use helmets with face guards.
- On-deck batters are not permitted. .
- All pre-game warm-ups must be performed within the confines of the playing field and not within areas that are frequented by spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Managers and Coaches will not leave the field while players, without adult guardians, are present.

### **RULES VARIANCES FOR JUNIOR LEVEL AND ABOVE:**

For Junior and higher levels of baseball the following variations to the above stated rules are in place:

- Catchers are allowed to wear short model chest protectors
- Headfirst slides are permitted
- On-deck batters are permitted

# LEAGUE CODE OF CONDUCT

The Belmont Little League Board of Directors has adopted the Code of Conduct; all board members are responsible for the enforcement of this Code. All league officers, players, employees and volunteers are required to abide by this code. It is the job of the Safety Officer to author and/or make any revisions to this Code of Conduct from year to year, as necessary, and submit these for Board approval.

## **Belmont Little League Code of Conduct**

- Speed Limit 5 mph in roadways and parking lots while attending any Belmont Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within any Belmont Little League complex.
- No Playing in parking lots at any time.
- No Playing on and around lawn equipment.
- No Profanity.
- No Swinging Bats at any time within the walkways and common areas of a Belmont Little League complex, or any facility used by Belmont Little League.
- No throwing balls against dugouts or against backstop. Catchers (in full protective gear) must be used for all batting practice sessions.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- No throwing baseballs at any time within the walkways and common areas of a Belmont Little League complex.
- No throwing rocks.
- No horseplay in walkways at any time.
- No climbing fences.
- Be Alert of area around you when swinging bat while in the on deck position.
- Observe all posted signs. Players and spectators are to be Alert at all times for Foul Balls and Errant Throws.
- During games, players must remain in the dugout in an orderly fashion at all times.
- After each game, each team must clean up trash in dugouts and around stands.

***Failure to comply with this Code of Conduct may result in expulsion from the complex.***

# LEAGUE SAFETY MANUAL

## BLL SAFETY OFFICER

The Belmont Little League Board of Directors includes a position of Safety Officer (SO). The SO for the current year is:  
**JoLynn Curry-Scovel**

The Safety Officer's responsibilities include the following:

- League's primary point of contact for all safety issues
- Creation, modification, and enactment of an annual Safety Plan
- League compliance with the Belmont's Safety Plan
- Completes the Annual League Facility Survey
- Conducts background checks using Little League-approved Services, and/or with the appropriate government entities.

The annual Safety Plan (the "Plan") is presented to the Board for approval and ratification for the current season. Once ratified, the Plan will be published and distributed to Board Members, Managers, Coaches, and Umpires. It will also be posted on the BLL website for all participants of BLL to view and reference. The ultimate responsibility for ensuring compliance to the Safety Plan lies with the SO.

## EMERGENCY & KEY CONTACT INFORMATION

### Emergency Phone Numbers

Police Department	Phone Number
Joliet Police, Fire & Rescue Emergency #	<b>911</b>
Joliet Police Non-Emergency #:	(815) 724-3100
Will County Police, Fire & Rescue Emergency #:	<b>911</b>
Will County Police Non-Emergency #:	815-727-8575

## Safety Officer Contact Information

JoLynn Curry-Scovel - BLL Safety Officer	
<i>Phone Numbers</i>	
Cell	(815) 260-4540
Home	
<i>email 1</i>	<a href="mailto:safety@belmontlittleleague.com">safety@belmontlittleleague.com</a>

## Additional Key BLL Board Member Contact Information

Name	Position	Phone #	email
Rick Brown	President	779-225-9176	<a href="mailto:president@belmontlittleleague.com">president@belmontlittleleague.com</a>
Martha Hernandez	Vice President	708-222-7080	<a href="mailto:vp@belmontlittleleague.com">vp@belmontlittleleague.com</a>
Rachel Robinson	Secretary	815-212-5883	<a href="mailto:secretary@belmontll.org">secretary@belmontll.org</a>
Jolynn Curry	Safety Officer	815-260-4540	<a href="mailto:safety@belmontll.org">safety@belmontll.org</a>
Carlos Carreno	Treasurer	815-999-6029	<a href="mailto:treasurer@belmontll.org">treasurer@belmontll.org</a>
Meena Hussain	Player Agent	815-207-9140	<a href="mailto:playeragent@belmontll.org">playeragent@belmontll.org</a>
Veronica Lunningham	Senior/Junior Officer	815-546-3574	<a href="mailto:info@belmontll.org">info@belmontll.org</a>
Ashley Brown	Majors/Minor Officer	708-631-5788	<a href="mailto:Info@belmontll.org">Info@belmontll.org</a>
Maribel Bedolla	Information Officer	815-355-7734	<a href="mailto:webmaster@belmontll.org">webmaster@belmontll.org</a>
Tony Martinez	Coaching Coordinator	815-483-7740	<a href="mailto:coaching@belmontll.org">coaching@belmontll.org</a>
Scott Scovel	Field Maintenance Manger	815-592-1148	<a href="mailto:maintenance@belmontll.org">maintenance@belmontll.org</a>
Geraldo Bedolla	T-Ball – Officer	815-671-0765	<a href="mailto:Info@belmontll.org">Info@belmontll.org</a>
Marketing/Public	Enrique Arias	815-603-9233	<a href="mailto:info@belmontll.org">info@belmontll.org</a>
Dan Vestal	Umpire-in-Cheif	815-600-3921	<a href="mailto:info@belmontll.org">info@belmontll.org</a>

## BACKGROUND CHECKS

All Board Members, Managers, Coaches, Umpires and other individuals expected to work with youth (Hereby referred to as League Volunteers) are required to submit a current year Little League Volunteer Application & Background Check Form (see Appendix for copy of current year Form). In addition, unless otherwise specified, League Volunteers must submit a government issued photo identification card (i.e. driver's License, etc.) to aid in ID verification. These items must be re-submitted each current year. Prior year records cannot be used in subsequent years.

It is the responsibility of the Safety Officer to ensure background checks are run each year for all League Volunteers using a Little League-recommended service (currently JDP, offered at <https://www.jdp.com/littleleague/littleleague-backgroundcheck/>

A file of submitted Official Little League Volunteer Applications will be established by the Safety Officer; this file will be transferred to and maintained by the League President, to be retained on file for one year, after which it will be destroyed. All other submitted materials will be safely destroyed (e.g. shredded) by the Safety Officer once the background check process has been completed. The Safety Officer will maintain a simple list of approved league volunteers for the current playing year, comprised of names, phone #, and background check status, to be referred to for any in-season questions regarding volunteer approval status.

Any person who refuses to submit a COMPLETE volunteer application including **Social Security #, photo ID and Signature** is not allowed to join, participate, or associate with BLL players or youth in any way.

## TRAINING – FUNDAMENTALS & SAFETY

Belmont Little League provides a variety of training opportunities for managers, coaches, umpires, and others. All managers are required to attend annual Safety Training covering major safety topics and first aid basics, safety is emphasized at all skills training sessions.

Each team is required to send one participant to Fundamental Skills Training annually, and all Managers and Coaches are required to attend training at least once every three years. For the 2019 Season, Fundamental Skills Training sessions are scheduled to occur **March 23, at 12PM.**

Each team is required to send one participant to Safety Training and First Aid Basics annually, and all Managers and Coaches are required to attend training at least once every three years. For the 2019 Season, Safety Training and First Aid Basics will be covered as part of the required Managers Meeting, currently scheduled to occur **March 31<sup>st</sup>, 2019 at 12pm.** First Aid Kits will be distributed to all teams during this session and attendance will be taken to ensure each team is properly represented.

New training opportunities for skills and Safety/First Aid are added regularly throughout season. Please visit the BLL website calendar for the latest updates on these and additional Training opportunities.

## PLAYING FIELD INSPECTION

BLL places a high priority on safe playing facilities. The BLL board includes the position of Field Maintenance Manger Prior to the start of each season, it is the responsibility of Field Maintenance Manger to determine what repair and improvement work needs to be done to each playing facility.

Before play begins at any facility for the season, Belmont Little League holds a volunteer “Field Day” for performing most of the needed facility repair and improvement work. These volunteers are made up of BLL Parents, Managers, Coaches, Board Members and Players

Field inspection and maintenance is not a once per year effort. Prior to each game and practice, it is the responsibility of the Managers, Coaches, Umpires and parent field prep volunteers to walk the fields looking for potential hazards and safety problems.

### **These problems can include (but are not limited to):**

- holes or large depressions in the field;
- rocks, glass or other foreign objects on the field;
- Infields or outfields to wet to safely play on.

Anything presenting a safety problem must be fixed immediately before play begins. Potential problems presenting a long-term fix can be reported to the BLL Safety Officer and/or Field Maintenance Manager in one or preferably both of the following two ways;

- 1- Via email or phone call to the Field Maintenance Manager and/or the Safety Officer
- 2- Via the “Facility Repair & Safety Issue Reporting Form” as found on the Belmont website under documents. These forms should be turned into the Safety Officer or of Field Maintenance Manger when completed. This officially documents the issue to help ensure it is addressed and fixed. Any field with a significant safety issue that puts participants at risk, and which cannot be immediately fixed or resolved during the game or practice Inspections, must not be used. The game or practice must be rescheduled.

## EQUIPMENT INSPECTION & REPLACEMENT POLICY

The Safety Officer is responsible for the annual inventory and inspection of all issued BLL equipment prior to the start of each season. Any missing safety equipment or devices, or any equipment determined to be damaged or worn out and thus unfit for safe use, will be replaced. Damaged and/or worn out equipment that represents a potential safety risk should be rendered “unusable” to prevent accidental use, and must not be issued to any team or individual.

Any equipment when first issued to the team must be further inspected by the team manager and/or coaches prior to use. Any item felt to be unfit for use or potentially unsafe should be immediately returned to the Safety Officer for replacement.

It is also the team Manager and Coaches responsibility to monitor their team’s equipment throughout the season, before each game or practice, whether issued by BLL or supplied by the player, to ensure it is fit for use and meets little league requirements. Any equipment



determined to be unsafe or not in compliance with Little League rules and guidelines, must be removed from service. If BLL issued equipment, it must be returned to the Safety Officer for replacement.

In addition, prior to each game, BLL umpires shall inspect both teams equipment to ensure it meets Little League regulations and is safe for use. This includes BLL or player-supplied equipment. This inspection is to include bats, batting Helmets, and all catchers' safety gear. Catcher's mask must include a free hanging throat guard. Any equipment not meeting Little League standards or that in the opinion of the umpire is otherwise unfit or unsafe to use, shall not be used by any player in the game.

**Note:** In an effort to reduce the risk of some of the more common player injuries, anchored or permanently fixed base use is no longer allowed (as of 2008). This is a Little League rule, not an BLL local rule. For all games and all practices, only break-away or throw-down bases must be used. All BLL facilities have been updated to use break away bases. For big diamond (Intermediate, Juniors, Seniors) home and away games OR if a manager or coach independently schedules a team practice or game at a non-BLL facility, they must ensure that only break-away or "throw-down" bases are used prior to the start of the practice or game.

## FIRST-AID KITS

Issued with all team equipment is a fully stocked and/or brand new First-Aid kit. This First-Aid kit is required to be brought to all team practices and games.

In addition to the team-issued First-Aid kits, BLL maintains the following at all tool/equipment sheds at each BLL field:

1. Extra First Aid Kits;
2. Save-a-Tooth dental preservation kits (for knocked out teeth);
3. 3. Boxes of ice packs.

These shed items are monitored regularly throughout the season by the Safety Officer to ensure adequate supply. Team managers and coaches are free to re-supply their team issued First-aid kits from these Shed supplies at any time. Please inform the Safety Officer right away if it is noticed that any of these Shed First Aid Supplies are running low or are missing

# INJURY REPORTING PROCEDURES

**All managers, coaches, parents, umpires, and volunteers must use the following reporting procedures in response to injuries.**

## WHAT TO REPORT

An incident or injury that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or first aid, must be reported to the Safety Officer (SO) within 48 hrs. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. *Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance* must be reported promptly. If in doubt whether or not an injury should be reported – Report It.

## WHEN TO REPORT

All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident. If for any reason the SO cannot be reached within this time period, the injury must be reported to one of the listed Board Members, starting with the BLL President (see prior Emergency & Key Contact Information Section).

## HOW TO MAKE THE REPORT

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations *or email*. If email notification is used, and no reply email or phone call from the SO is received within 24 hours, it must be assumed that the injury report was not received and thus not officially reported. Follow up with a phone call to the SO or other listed Key Board members. At a minimum, the following information must be provided:

- The name and phone number of the individual involved (or of their parents)
- The date, time, and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the individual reporting the incident.

## SAFETY OFFICER RESPONSIBILITIES

The SO will receive this injury report and will enter it into the league's safety injury file. Within 48 hours of receiving the incident report, the SO will contact the injured party or the party's parents and

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League insurance coverage and the provisions for submitting any claims for reimbursement. If the extent of the injuries is more than minor in nature, the SO shall periodically call the injured party to:

(5) Check on the status of any injuries

a. To check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

Please see Appendix for copies of:

General Liability Claim Form

Accident Notification Form (AIG)

AIG Insurance Claim Form Instructions

What Parent Should Know About Little League Insurance

## GENERAL HEALTH

### PHYSICAL EXAMS

With regard to the general health of its participants, Belmont Little League includes the following wording in its Registration Information:

***"While physical exams are not required by league policy, Little League strongly recommends that participants be in good general health. If your child has a physical impairment that the league should be aware of, PLEASE note the information on the registration form, and contact your leagues' Player Agent. Items such as allergies, eye problems, diabetes, etc., will be kept confidential, except that your child's manager and coach will be aware of any potential problem."***

### MEDICAL APPROVAL AND RELEASE

For players with special medical conditions or serious allergies, BLL strongly recommends the use of the "Little League Baseball & Softball Medical Release Form" found in the Appendix A. This form has provisions for detailing such conditions and allergies, and how to treat them. It is the responsibility of team Managers to use this form for all such applicable players. A completed copy must be sent to the League Safety Officer, and the original completed copy should be brought to every team game and practice by the manager.

***These Forms are very important. Without them, professional emergency first aid may not be able to be administered to an injured player.***

BLL strongly recommends laminating completed forms, or placing them in a heavy duty zip lock bag, and keeping them with the BLL issued team equipment and/or First Aid Kit. This will ensure that these forms are present at all team games and practices, even if the team Manager is not.

## COMMUNICABLE DISEASE PROCEDURES

While the risk of one participant infecting another with a blood or bodily fluid born communicable disease (i.e. HIV) during league activities is extremely small, there is a remote risk this could happen. Therefore, procedures for reducing the potential for transmission of infectious agents should include, but not be limited to, the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of Latex or similar gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct team athletic activities until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling blood contaminated dressings or other articles containing body fluids.

## LIGHTNING EVACUATION PROCEDURES

During practices, games, or other BLL official activities, the team manager is ultimately responsible for player safety whether or not the manager is present at the activity. Therefore, team managers must ensure all assistant coaches are adequately trained and fully understand all BLL safety procedures, including the Lightning Evacuation Procedure.

Failure to adhere to the lightning criteria, or fully executing the lightning evacuation plan, will result in the dismissal of the manager for the remainder of the season.

### Lightning Evacuation Criteria:

If any of the criteria is present, lightning evacuation procedures must be executed immediately.

1. If the sound of thunder is audible at all, or
2. Lightning is visible and moving in the direction of the field.

### Lightning Evacuation Action Plan

In the event either criteria is present, the following steps must be executed:

1. Stop play immediately.
2. Stay away from fences and dugouts

3. All players and adults must evacuate the field and take cover within a vehicle or completely enclosed building
4. Stay protected until instructed by the manager, or his delegate.
5. Play may not resume until a minimum of 30 minutes passed since the last audible sound of thunder occurred

## SOME IMPORTANT DO'S AND DON'TS

### DO

- Reassure and aid children who are injured, frightened, or lost
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
  - **LOOK** for signs of injury (*blood, black-and-blue deformity of joint etc.*).
  - **LISTEN** to the injured 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.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

### DON'T

- Administer any medications not detailed/authorized on the Little League Medical Release Form
- Move an injured person who you suspect has a severe back, neck or head injury. You must keep the injured person still and wait for Professional Emergency Medical personnel to arrive and administer aid.
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

## STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by the League and applies to anyone who has been issued a key or combination by The League to use those sheds. All individuals with access to the League equipment sheds (i.e., Managers, Umpires, etc.) must be aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, First Aid Supplies, etc.*

Before using any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please obtain and review the written operating procedures for that equipment. Think Safety First when operating any equipment. If unsure how to operate a piece of equipment, *play it safe*. Contact of Field Maintenance Manager for training before operating. NOTE: Never allow a rider (other than driver) on the lawn tractor or other riding lawn mowers. Never allow any person to ride on equipment (i.e. infield drags) towed by tractors or mowers.

All chemicals or organic materials stored in the League sheds must be properly marked and labeled as to its contents. All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental environmental contamination or poisoning. Remember to help keep a safe playing environment for all the young athletes and other children using the ballparks.

## BOARD MEETINGS

The BLL Board meets a minimum of once every month. The date and times of Board meetings are published in the league's registration booklet and/or on the BLL Website. All parents, league officials, managers & coaches and other volunteers are welcome and encouraged to attend.

The Safety Officer (SO) is included on every meeting's agenda. This is to provide an opportunity for the SO to status other Board members on specific safety issues and initiatives (whether they be at the Local, District, or Headquarters level), and to ensure the continued awareness and attention to the subject of safety within Belmont Little League at the highest level.

## SAFETY COMMITTEE

Each year, Belmont Little League establishes a formal Safety Committee. This committee has the primary responsibility to consider, discuss, and recommend courses of action regarding any safety issues that may present themselves to the League.

**The Safety Committee for 2020 consists of:**

JoLynn Curry-Scovel	Safety Officer
Rick Brown	President
Martha Hernandez	Vice President
Rachel Robinso	Secretary
Ashley Brown	Majors/Minor Officer
Scott Scovel	Field Maintenance Manger

## RULES COMMITTEE

Each year BLL shall form a Rules Committee. This committee will consist of the League President, and one of more of the following: Safety Officer, VP, Player Agent and League VP's and/or additional Board Member volunteers. This committee is responsible for drafting any proposed new or modified Local Rules for Belmont Little League. Areas such as competitive balance, player participation, speed of play, and safety are discussed and reviewed. Any changes or additions are presented to the Board for discussion and ratification. Each and every year, this committee evaluates existing Local Rules and considers any necessary changes and/or additions to these rules, consistent with Little League requirements, recommendations and/or precedents.

**For 2020, the Rules Committee is made up of the following individuals**

Rick Brown	President
JoLynn Curry-Scovel	Safety Officer
Martha Hernandez	Vice President
Rachel Robinso	Secretary
Ashley Brown	Majors/Minors Officer
Meena Hussian	Player Agent
Tony Martinez	Coaching Coordinator
Maribel Bedolla	Information Officer

## WARMING UP PITCHERS DURING GAMES

At any playing field where the bullpens are inside the field perimeter fence, or where no designated bullpens exist but the warming up of pitchers shall take place inside the field fence, the following safety practices apply.

- 1) 3 players are required; the Pitcher, a Catcher and a Spotter. The Catcher must wear catcher's helmet with face guard and throat guard and use a catcher's mitt. The Spotter must wear a batting helmet and use a fielding glove. NOTE: Adults are prohibited from warming up a Pitcher per Little League rules, but an adult/coach should be present to supervise. An adult coach may NOT act as a Spotter.
- 2) It is the job of the Spotter to protect the Pitcher and Catcher from foul balls during a game. Therefore spotter must face the game action, and stand behind the pitcher (catcher if catcher is closest to game action), between the pitcher and game home plate.
- 3) If the field of play must be entered to reach the bullpen area, or to return to the dugout from the bullpen area, request "TIME" from the umpire, and only proceed once TIME has been called by the umpire.
- 4) For fields with no physical bullpens
  - a. An adult/coach must escort the 3 players to and from the area to be used as a bullpen, and remain in the bullpen area to supervise the warm-up and ensure safety is maintained.
  - b. Thrown down home plate and pitcher rubber should be used from the supplied team equipment. These must be placed wBLL into the Out-of-Play area on the team's dugout side, beyond the imaginary line formed by the dugout fence-line extended, and beyond the normal playing location of the Left or Right Outfielder.
  - c. The catcher is to be the farthest player from the game action, to help prevent overthrows from contacting spectators.
- 5) Any time a warm-up ball is accidentally thrown into the field of play, a "TIME" request should be made to the umpire and/or the umpire must call "TIME" before the errant ball is retrieved. The warm-up players or supervising adult/coach should never enter the field of play without "TIME" being called by the Umpire.

## CONCUSSION (LYSTEDT) LAW INFORMATION

In 2009, Washington State enacted the nation's toughest return-to-play law, for youth athletes suspected of sustaining a concussion. The new "Zackery Lystedt Law", prohibits youth athletes who have incurred a concussion, or are suspected of sustaining a concussion, from returning to play without a licensed healthcare provider's approval. The new law requires that:

1. An informed consent must be signed by parents and youth athletes acknowledging the risk of head injury prior to the commencement of practice or competition.
2. A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play – "when in doubt, sit them out".
3. A youth athlete who has been removed from play **must receive written clearance from a licensed health care provider prior to returning to play.**
4. Private, nonprofit youth sports associations wanting to use publicly owned playfields must comply with this law.



According to the Centers for Disease Control and Prevention (CDC), an estimated 300,000 sports and recreation related head injuries of mild to moderate severity occur in the United States each year. Most can be classified as concussions. Traumatic brain injuries are one of the leading causes of permanent disability and death in youth athletics. A repeat concussion that occurs before the brain recovers from the first, usually within a short period of time (hours, days, or weeks), can result in brain swelling, permanent brain damage, and even death. This condition is called second impact syndrome.

**Concussion Information:**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Concussion Symptoms** – May include one or more of the following

<ul style="list-style-type: none"> <li>Headaches</li> <li>“Pressure in head”</li> <li>•• Nausea or vomiting</li> <li>•• Neck pain</li> <li>•• Balance problems or dizziness</li> <li>•• Blurred, double, or fuzzy vision</li> <li>•• Sensitivity to light or noise</li> <li>•• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>Drowsiness</li> <li>Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>Amnesia</li> <li>“Don’t feel right”</li> <li>•• Fatigue or low energy</li> <li>•• Sadness</li> <li>•• Nervousness or anxiety</li> <li>•• Irritability</li> <li>• More emotional</li> <li>Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>Repeating the same question/comment</li> </ul>
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**Signs of a Concussion** – Observed by coaches, teammates, umpires or parents

<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays lack of coordination</li> </ul>
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- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that the adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and teammates is the key for the youth athlete's safety.

**If you think your child or player has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, **without medical clearance.** Close observation of the athlete should continue for several hours.

The "Zackery Lystedt Law" requires the consistent and uniform implementation of long and wBLL established return to play concussion guidelines that have been recommended for several years: **"A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"** and


**"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider"**.

You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game or practice than to miss a whole season. **When in doubt, the athlete sits out.**

**If you have any questions on the above information or requirements,  
Please contact the League Safety Officer for further information and explanation.**

**SPECIFIC BALLFIELD QUESTIONS**

• Please list all fields by name.

<p>Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.</p>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	
<p style="text-align:center;"><b>ASAP - A Safety Awareness Program</b> Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2018 Disney® character collector's pin shown at right featuring Digger in right field. Or enter data on the ASAP online site through the Little League Data Center.</p> <div style="text-align:right;">  </div>	Name: Solley Field	Name: Junior Field	Name: Tee-Ball Field																		Name:

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

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

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

### FIELD DIMENSION DATA

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

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4'	200'	200'	200'	25'	7'	7'	10'		7'	
2	4'	300'	300'	300'	25'	7'	7'	10'		7'	
3	4'	200'	220'	210'	25'	7'	7'	10'		7'	
4											
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**Return completed survey with safety program registration and supporting materials by April 16, 2018 to:**

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

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



## Little League® Baseball and Softball M E D I C A L R E L E A S E



**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.





# 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? Yes  No   
If yes, describe each in full: \_\_\_\_\_

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](http://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: 10/1/2018



**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

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
Address of Claimant			Address of Parent/Guardian, if different		

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

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> 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)	

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

<b>PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)</b>		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

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

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?     YES     NO  
If YES, are they     Mandatory    or     Optional    At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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