



SAFETY MANUAL

Lincoln Youth Baseball LL (#325298)
Oregon District 4

2024



Little League Safety Mission

“To create awareness through education and information of the opportunities to provide a safe environment for kids and all participants of Little League Baseball”

SAFETY MANUAL INDEX

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Appendices:

1. Little League Volunteer Application
2. Little League Medical Release Form
3. Insurance Claim Form
4. Incident/Injury Tracking Report

LINCOLN YOUTH LITTLE LEAGUE CONTACT INFO

In the event of an accident or significant “near miss”, gather information and contact Safety Officer Justin Thompson at (503) 877-5756 or email Lincolnyouthbaseball@gmail.com . If you have safety questions or concerns, contact the Safety Officer, President, Player Agent or VP of the relevant level using the contact information below.

President	Brian Kinion	Lybboardpresident@gmail.com
Communication Officer	Lisa Christy	Lchristy@japanesegarden.org
Safety Officer	Justin Thompson	Lybsafetyofficer@gmail.com
Secretary	Lisa Christy	Lchristy@japanesegarden.org
Treasurer	Joe Harakal	Lybstreasurer@gmail.com
Player Agent	Brian Currier	Bc8622@gmail.com
Field Coordinator	John Johnson	jjfirefly5@gmail.com
Equipment Manager	Scott Shaver	Stshave@gmail.com
Coach Coordinator	Ted Huang	Tedhuang@yahoo.com
Community Relations Manager (JBO Rep)	Kevin Woolf	Kwoolf@yahoo.com
Special Advisor	Ryan Poulin	Ryanbeedoo@gmail.com
Information Officer	Tim Christy	Tim.christy2@gmail.com
Lincoln High Advisor (Non Voting)	Coach CJ Watson	Cwatson2@pps.net
Umpire in Chief	Open Position	
Vice President	Open Position	

MEDICAL RELEASE AND VOLUNTEER APPLICATION

Medical Release: All players must have a medical release on file with the SW Portland Little League. Managers and coaches shall have the players' medical releases on hand at practices and games. The medical release form is included in this Safety Manual on page 24.

Volunteer Application: All managers, coaches, Board members, volunteers and other hired workers who provide regular services to the League or who have regular contact with players throughout the season are required to fill out the current Little League Application form as well as provide a government issued identification for ID verification. A copy of the volunteer form is included in this Safety Manual on page 23.

Anyone refusing to fill out an application is ineligible to be a manager, coach, League official, Board member, or volunteer.

All applications not current within one year will require background checks to be conducted by Lincoln Youth Little League President. All background checks will be complete before March 31st of the relevant year.

EMERGENCY NUMBERS AND PROCEDURES

For any emergency, dial 9-1-1:

1. Do not hang up!
2. Stay on the line until a 9-1-1 operator answers your call.
3. Even if you dialed 9-1-1 by mistake, remain on the line until your call is answered.
4. Remain calm and be prepared to answer questions about the injury or threat.
5. Be prepared to act on any instructions.

Other relevant numbers:

1. Oregon Poison Center 1-800-222-1222
2. Local Poison Control 503.494.8968
3. Multnomah County Child Welfare Hotline 1-800-509-5439

KEY ELEMENTS OF SAFETY

1. BE ALERT
2. CHECK THE FIELD FOR SAFETY HAZARDS
3. WEAR PROPER EQUIPMENT
4. ENSURE EQUIPMENT IS IN GOOD
CONDITION AND FITS
5. VERIFY FIRST AID IS AVAILABLE
6. MAINTAIN CONTROL OF THE FIELD
7. MAINTAIN DISCIPLINE
8. BE ORGANIZED
9. SAFETY IS A TEAM SPORT!
10. HAVE FUN!

SEASON CHECKLIST

The following is required of all managers and coaches by the start of the season. Please check with your Safety Officer if you have any questions or concerns.

1. Baseball Coaching Fundamentals Training. The League will sponsor a training session at a time and location TBD. At least one manager or coach from each team must attend the training. Every manager or coach must attend this training at least once every three years.
2. First-Aid Training. The League will sponsor a first-aid course at a time and location TBD. At least one manager or coach from each team must attend first-aid training. Every manager or coach must attend this training at least once every three years.

In addition, Lincoln Youth Little League expects all coaches to:

1. Enforce all Little League Rules and Regulations, including any local rules.
2. Be familiar with basic safety procedures.
3. Review and understand this Safety Manual, including safety tips and accident reporting procedures.
4. Make parents aware of this Safety Manual. Important parent and coach information is contained in this manual.

SAFETY SUMMARY

1. General Safety Guidelines

- Each manager, coach and umpire are responsible for safety.
- Think about planning for emergency medical services in advance of every game and practice. THERE SHOULD BE A CELL PHONE AVAILABLE AT EVERY GAME OR PRACTICE.
- Attend first-aid and CPR training and know the essentials.
- Regularly inspect equipment. Report any broken or unsafe equipment, including dented or cracked bats, missing shin guard straps, and broken straps or things on baseball gloves.
- Make sure equipment fits properly. Report any poorly sized equipment.
- Catchers must wear a catcher's helmet, mask, throat protector, shin guards, chest protector and protective cup.
- Only players, managers, coaches and umpires are permitted on the field during play.
- Establish safe procedures for retrieving foul balls and other balls that leave the playing area. DO NOT HAVE PLAYERS OR SPECTATORS CHASING BALLS INTO THE STREET.

2. Players

- All players should be alert – watch the ball on every pitch.
- Headfirst sliding is NOT permitted.
- No horseplay, including climbing fences.
- Players should remain on the field or bench during play.
- All players are encouraged to wear mouth guards and protective cups.
- All players are encouraged to wear face guards when batting.
- Players who wear glasses should use safety glasses.
- No jewelry is permitted except for medic-alert bracelets.
- Uniforms must be in good order (i.e. shirt tucked in and caps facing forward).
- No "on deck" circle.
- Use spotter with a helmet when warming up pitchers. Any player warming up the pitcher MUST WEAR A HELMET AND MASK.
- Any offensive player on the field during play must wear a helmet (e.g. any player acting as base coach)

3. Fields

- Managers, coaches, and umpires should walk the field before every practice or game. Look for holes, glass, damage and other dangers. Repair as necessary and report any ongoing issues.
- Do not play unless field conditions and lighting are adequate.
- Make sure bases are secure.
- Remove litter and debris.

4. Weather

- Rain/Mud: Playing on muddy fields with wet equipment creates a risk to the players and to the field. If in doubt, reschedule.
- Lightning: If the lightning flash and sound of thunder are separated by fifteen seconds or less, HALT PLAY AND EVACUATE THE FIELD AREA. Seek shelter in a large, enclosed building or vehicle. If caught in the open, place feet together, squat down, and cover ears to avoid eardrum damage.
- Cold: The early season can be cold and wet. Dress approximately and consider extra socks or layers. Keep arms as warm as possible between periods of activity.
- Heat/Humidity:
Have plenty of water available. Anytime the temperature exceeds 90 degrees or relative humidity more than 95%, schedule a halt for rest and fluids after the third inning. Encourage players to drink small amounts frequently. Any signs of heat related illness (i.e. cramps, fatigue, light headedness, nausea, vomiting or headaches) remove the player from the game and find shade and administer fluids. If there is no immediate response, seek medical aid. Consider suspending game or practice.

5. Spectators

- Spectators in foul and “out-of-play” territory are to remain alert and back from the field of play.
- Spectators should not enter the field of play, including bench and warmup areas.
- Supervise young children.
- Pets should be on a leash.

6. Accident Procedure

- First call 911 and/or administer first-aid as necessary. Reassure injured party. Contact Parent or Guardian. If unavailable, contact the emergency contact listed on the medical release form. NOTE Any injury requiring professional medical care will need a physician’s clearance prior to returning to play.
- Second, notify the Safety Officer within 24 hours (see contact information and reporting procedures contained in this manual on page 20).

MANAGER/COACH GAME DAY CHECKLIST

Guidelines for safety are listed here to ensure safe playing fields and proper use of equipment. Coaches, Managers, Umpires and Volunteers should also refer to the field and game safety checklist in this Safety Manual to review and cover all safety requirements for practices and games. Please also refer to the “Hey Coach” handout and the “Equipment Checklist” in the appendices.

Equipment

- Examine all equipment to ensure that it is in good working condition.
- Keep the first-aid kit and medical release forms readily available. NO PRACTICE OR GAME WITHOUT MEDICAL RELEASE FORMS!

- Ensure access to a phone and or cell phone in case of emergency.
- All umpire equipment is in good working order.

Facilities

- Walk the grounds prior to each use. The field should be clear of all hazards to prevent injury such as holes, litter, glass or rocks.
- Inspect dugout areas for anything that could cause injury.
- Inspect spectator area prior to each game.
- A clear playing field greatly reduces players chance of injury.
- Always remove any standing water from the playing surfaces.
- Make sure bases are anchored.

Players/ Umpires/ Coaches / Spectators

- Make sure all players are warmed up prior to games and practices.
- All catchers need to wear proper protective gear.
- Managers and Coaches are not allowed to catch pitchers, including standing at the backstop during practice as an informal catcher for batting practice.
- Except as specifically allowed by little league rules, there is no on-deck circle and there is NO swinging of bats by any players other than the batter at the plate.
- All players must wear sound batting helmets when batting, running the bases and base coaching. If there is a crack in the helmet, it is NOT sound.
- Players are allowed to wear baseball shoes with rubber molded cleats ONLY. Except as specifically allowed by Little League rules. NO STEEL CLEATS/ METAL SPIKES ARE ALLOWED!
- Athletic supporters MUST be worn by all AAA, Majors and Junior players during practices and games.
- Encourage players to bring water to both practices and games.
- Any abrasions or cuts MUST be covered with band-aids or dressings prior to practice and games to protect the player from injury and bleeding from wound. If a player is bleeding from an abrasion or cut, the player may NOT participate until the bleeding is stopped and the wound is covered. If there is blood on the uniform or clothing it must be changed.
- Players, Managers and Coaches are encouraged to wear and should wear sunblock.
- Players may NOT wear watches or ANY other jewelry.
- All umpires must wear protective gear, including a mask and throat protector, chest protector and shin guards. Umpires under 18-years of age must also wear a helmet.
- Concession stand personnel must know how to operate all equipment in the concession stand. NO ONE UNDER 15 YEARS OLD ALLOWED IN CONCESSION STANDS.
- NO DRUGS OR ALCOHOL ALLOWED ON ANY PREMISE AT ANY TIME
- No medication may be administered to a player at a facility unless administered directly by the child's parent or as otherwise indicated on the medical release form.

AFTER THE GAME

- Leave the field in the proper condition for the next game.
- Do not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured, no matter how small or insignificant the injury.

- Notify the Safety Officer if any player, manager, coach or volunteer has experienced an injury. Use the injury/ incident tracking report included in the appendices of this Safety Manual.

FIELD PREP

Rake out any rough areas or high spots using a field rake. Fill in low spots with rake and rake any rocks into piles. Pick up any rocks and discard them outside the playing field. If the ground is damp, tamp the batters boxes and pitching areas to compact the dirt. If the ground is dry, rake these areas to ensure a level surface. Chalk the baselines. Run a string from the point of home plate past the outside edge of first and third bases. Obtain chalk machine from supply sheds and fill with chalk.

LIGHTNING FACTS AND SAFETY PROCEDURES

CONSIDER THE FOLLOWING FACTS

The average lightning stroke is 6-8 miles long. The Average Thunderstorm is 6-10 miles wide and travels at a rate of 25 miles. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storms overhanging anvil cloud. On average thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear thunder, you are already in the risk area for lightning strikes.

“Flash Bang” Method

One way of determining how close a recent lightning strike is to you is called the “flash bang” method. With the “flash bang” method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied.

WHEN YOU HEAR IT- CLEAR IT / WHEN YOU SEE IT- FLEE IT

WHERE TO GO?

No place is absolutely safe from the threat of lightning, but some places are safer than others. Large, enclosed shelters (Substantially constructed Buildings) are the safest (like snack bars and press boxes). For most of the participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down and put your hands over your ears (to try and prevent eardrum damage).

WHERE NOT TO GO!!

Avoid high places and open fields, isolated trees, unprotected gazebos, near flag or light poles or bleachers.

First Aid For Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 9-1-1, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area like an open field, under an isolated tree etc. The rescuer should determine if movement from the area is necessary. Lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, cardiac compressions start as well.

IF YOU HEAR IT – CLEAR IT

WHEN YOU SEE IT – FLEE IT

COMMUNICABLE DISEASE PROCEDURES

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

- The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
- Routine use of 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 contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels 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.
- Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
- Contaminated towels should be properly disposed of/disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

FIELD & GAME SAFETY FORM FOR COACHES AND UMPIRES

FIELD CONDITION	OK	NEEDS REPAIR/ DESCRIBE
Outfield Grass Surface		
Infield		
Backstop		
Home plate		
Base Condition		
Secure Bases		
Pitchers Mound		
Infield Fence (dugout area)		
Foul lines marked?		
Catchers Equipment		
Shin Guards		
Helmets		
Face Masks		
Throat Protector		
Catchers Cup		
Chest Protector		
Catchers Mitt		
Safety Equipment		
First-Aid Kit		
Medical Release Forms		
Safety Manual		
Injury Report Form		
Ice		
Players Equipment		
Batting Helmets		
Jewelry Removed		
Bats Inspected		
Cleats Checked		
Athletic Cups (all players)		
Misc./ Notes		

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

► **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

[INSERT YOUR LOGO]

JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

STORAGE SHED PROCEDURES

The following applies to all storage sheds used by Lincoln Youth Little League and applies to anyone who has a key, or a lock code issued by LYBLL to use those sheds.

- All individuals with keys/ codes to the equipment sheds (Coaches, Umpires, Volunteers Etc.) are aware of their responsibilities for the safe and orderly storage of rakes, shovels, bases etc.
- Before you use any machinery located in the shed (i.e. lawnmowers, Weed Wackers etc.) Please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e. Lime, fertilizer, etc.) stored within the storage sheds will be separated from the areas used to store machinery and gardening equipment (rakes, shovels, etc.) to minimize risk of puncturing storage containers.
- Any witnessed loose or spilled chemicals or organic materials within the sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

CONSCIOUS CHOKING

Cannot Cough, Speak, Cry or Breathe

After checking the scene for safety and the injured or ill person, have someone CALL 9-1-1 and get consent. For children and infants, get consent from the parent or guardian, if present.

1 GIVE 5 BACK BLOWS

■ Adult:



■ Child:



■ Infant:



2 GIVE 5 ABDOMINAL THRUSTS

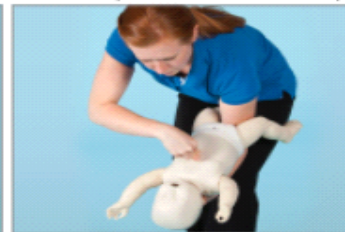
■ Adult:



■ Child:



■ Infant: (chest thrusts for infant)



TIP: For infants, support the head and neck securely. Keep the head lower than the chest.

3 REPEAT STEPS 1 AND 2 UNTIL THE:

- Object is forced out.
- Person can cough forcefully or breathe.
- Person becomes unconscious.

WHAT TO DO NEXT

- IF PERSON BECOMES UNCONSCIOUS — Carefully lower the person to the ground and give CARE for unconscious choking, beginning with looking for an object.
- Make sure 9-1-1 has been called.



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ACCIDENT REPORTING

An accident that causes a player, manager, coach, volunteer or spectator to receive medical treatment and/or first-aid must be reported to the Safety Officer within 48 hours. This includes passive treatments such as the evaluation and diagnosis of the extent of injury.

The League also asks that coaches and managers report any “near misses” where significant injury could have occurred because of a safety related issue.

How to make a report?

Complete an “Incident/Injury Tracking Report” (see Appendix 5 to this Safety Manual) and send it to the Safety Officer along with the following information: 1. Name and phone number of persons involved and the relationship to Lincoln Youth Baseball Little League (player, coach etc.).

2. Date, time, and location of incident. 3. As detailed a description of the incident as possible. 4. Preliminary estimation of the extent of any injuries. 5. Name and phone number of person reporting the incident.

Safety Officer: Justin Thompson

Email: lybsafetyofficer@gmail.com

INSURANCE

Our Little League insurance is what is known as “secondary coverage”.

This means that the Lincoln Youth Baseball Little League participant’s individual or family medical plan is the “primary” coverage, and all accidents, injuries, x-rays etc. should first be filed under that policy first.

In the event of (1) a large claim that is only partially covered, (2) coverage on which there is a deductible amount, or (3) an instance in which there is no family health or medical coverage to serve as primary, then Little League insurance may take over.

An insurance claim form is included in this safety manual as Appendix 6.

Claim form instructions may be found online at

<https://www.littleleague.org/downloads/accident-claimform-instructions/>

Please contact the Safety Officer if secondary insurance is requested or if you have any questions about making a claim. If secondary insurance is requested, the Safety Officer is responsible for following up with the injured party and will advise the parent or guardian of the SW Portland Little League’s insurance coverage and the provisions for submitting any claim. The Safety Officer will use the Incident/Injury Tracking Report (see Appendix 5) for reporting and follow up. Please review the procedure for reporting injuries in the preceding section titled “Accident Reporting”.

Safety Officer: Justin Thompson

Email: [lybsafetyofficer@g HYPERLINK](mailto:lybsafetyofficer@gmail.com)

["mailto:lybsafetyofficer@gmail.com"mail.com](mailto:lybsafetyofficer@gmail.com)

2024 COVID-19 Safety Protocol

LYBLL will monitor current and evolving recommendations from the CDC and OHA; the league will adjust policies accordingly throughout the season.



Little League® Volunteer Application – 2024

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

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.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

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 and/or listed on any youth organization ineligible list? Yes No

If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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):

Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

OR

- National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List
- National Sex Offender Registry

*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.

Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23



LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal 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/Legal 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® 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	PART 1	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 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 **B.) Adjacent to Playing Field** **D.) Off Ball Field**
 Base Path: Running *or* Sliding Seating Area Travel:
 Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
 Collision with: Player *or* Structure **C.) Concession Area** Walking
 Grounds Defect Volunteer Worker League Activity
 Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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