

POJOAQUE VALLEY LITTLE LEAGUE  
NEW MEXICO LITTLE LEAGUE DISTRICT 1



**2019 SAFETY MANUAL**

FOR MANAGER AND COACHES

PLAY HARD – PLAY SAFE

## Table of contents:

Phone Numbers and Introduction .....	3
Key Aspects to a Successful and Safe Program .....	4
Warm Up Drills .....	8
Safety Code of Coaches.....	10
Do's and Don'ts.....	12
Accident Reporting.....	13
Weather/Lighting Safety.....	14
First Aid Tips.....	15
<b>Forms</b>	
Baseball and Softball accident notification form.....	18
Volunteer Application.....	20
Facility Suvey.....	21
Coaches Code of Ethics.....	26
Parent Code of Conduct.....	21
Little League Age Chart.....	22
ASAP.....	30

### ***Phone Numbers and Introduction***

---

**President:** Orlando Lopez 505-920-6795

**Vice President:** Ritchie Mondragon 505-695-6264

**Treasure:** Open Position

**Safety Officer:** Kellen Nelson 505-412-1427

**Emergency:** 1-505-455-2295

**Pojoaque Tribal Police:** 1-505-455-2295

**Santa Fe County Sherriff :** 1-505-986-2400

PVLL Policy states that the player development, enjoyment of the game and safety of all participants is stressed as out top priorities. PVLL is strictly volunteer organization and all parents are strongly encouraged to become involved and participate to any extent possible. The only requirement is to submit a completed Little League Volunteer Application form available from the League Safety Officer or President. PVLL will perform a background check and all applicants will be screened against a statewide registered sex offender database as required by Little League Baseball Incorporated.

This Manual has been developed with the goal of emphasizing safety and accident prevention in all league activities. It is offered as a tool to place some important information at manager and coaches fingertips.

Official league umpires have the ultimate responsibility to enforce Little League rules including proper equipment. Similarly all adults involved must be committed to share this responsibility to the best of their ability. Most Little League rules have some basis in safety-follow them. We also ask all individuals involved in the Little League, please report any facility issues to the PVLL Board as soon as possible.

PVLL offers training aids such as rulebooks, operations manuals and other printed materials available from League officials.

The PVLL Board shall appoint a safety officer each year responsible for the following:

Register with Little League Headquarters

Publish and distribute Safety Manual

Complete annual facility survey

Oversee all aspects of safety including training, facilities, and equipment

Remember that safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Don't play on a field that is not safe or with unsafe equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And check your team's equipment often

## **Key Aspects to a Successful Safe Program**

### **Attitude**

1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for the administration of your safety program should be carried down to all players to spark them in the development of better skills
2. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so as not to be cheapened by too much repetition. After all, a really good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Again, it is emphasized that good training is most effective weapon against accidents caused by unsafe acts.

### **Conditioning**

This important phase of Little League training has a direct bearing on developing a safe personal condition. Extensive studies on the effect of conditioning, commonly known as "warm-up," have demonstrated that:

1. The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
2. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure. These warm-up skills are most effective when the motions are patterned after natural baseball movements such as reaching for a ball, running and similar footwork. This is a good place also to "drive home"

### **Warm-Up Drills**

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up. Use of the term "warming-up drills," in connection with unsafe acts, refers to ball

handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adults and youngsters so continuously that it becomes a reflex action.
3. Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter's helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
4. The danger of being struck by a ball can be further minimized by the following plan:
  - (a) Throwing and catching drills should be set up with players in two lines facing one another.
  - (b) Random throwing should be permitted only to designated players.

### **Safe Ball Handling**

1. Misjudging the flight of a batted ball may be corrected by drilling with fly's which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move.
3. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
4. It is safer for the player to knock a ball down and re-handle it then to let the ball determine the play.

### **Collisions**

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors of judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these zones and patterns become familiar to the players. The responsible player should call out the intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls which are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls reachable which are hit between second and the catcher.
3. The shortstop should call all balls reachable which are hit behind third base.
4. The fielder at second base should catch all balls reachable which are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand it is easier for the shortstop than the fielder at second to catch fly balls over second base.

6. The centerfielder has the right of way in the outfield and should catch all balls which are reachable. Another player should take the ball if it is seen that it is not reachable by the centerfielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their base player to field all ground balls they can reach, cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls which can be reached except when there is a force play or squeeze play at home plate.

### **Sliding Safety**

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as that player "hits the dirt." It goes without saying that steel spikes are not being worn. The following can make the learning period safer:

1. Long grass has been found to be better than a sand or sawdust pit to teach sliding.
2. The base must not be anchored down.
3. Sliding pads are recommended.
4. The player should make approaches at half speed and keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.
7. It should be kept in mind that head-first sliding\* is not recommended except when returning to a base.

### **Batter Safety**

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Regular than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.

1. A well-fitted, NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.

4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.
5. When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.

### **Catcher Safety**

1. The catcher, as might be expected from the amount of action involved has more accidents than any other player. Statistics show that the severity of injuries is less in Regular than in Minor League play. Again, this bears out the fact that the more proficient the player, the less chance of injury. Assuming that the catcher is wearing the required protection the greatest exposure is to the ungloved hand. The catcher must learn to:
  - (a) Keep it relaxed.
  - (b) Always have the back of the throwing hand toward the pitcher when in position to catch.
  - (c) Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
2. The catcher should also be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly.
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
4. To repeat, the best protection is keeping the eye on the ball.

### **General Inattention**

Going one step back to the "whys" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

1. Otherwise idle fielders should be encouraged to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
5. Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding



## Suggestions for Warm-Up Drills

### Heel Cord Stretches

Stand an arm's length from a wall, placing one foot a few inches from the wall, with the affected foot behind the front foot far enough that your heel is just flat on the floor. The front leg should be bent slightly at the knee, while the hind leg should be straight. Slowly lean forward into the wall until you feel your calf muscle stretch. Hold this position 10 seconds. Repeat five times.

You can stretch the plantar fascia at the same time by simply rolling a towel and placing it under the toes of your back foot while performing the stretch.

### Head and Neck Circles

Drop your chin to your chest and then start moving your head in a slow circle all the way around, from left to right. Tilt your ear to your left shoulder, then your head back, then your right ear down towards your right shoulder and back to center with the chin close to the chest. Repeat several times slowly to get the full stretch and range of motion and then repeat in the opposite direction, chin to chest yoga exercise will and then tilting the right ear towards the shoulder. This exercise should help ease stiffness and neck pain and firm up the whole area while making it more flexible.

### Thigh Stretches

Sit on the ground with your legs straight out. Pull one leg underneath your rear. It should be almost as if you are sitting on it while your other leg remains straight. Lean your upper body backward, and you should feel the stretch in your thigh. Switch legs after about five seconds of going as far back as possible.



## Shoulder Stretches

Begin standing up straight with shoulders relaxed and back. Clasp your hands behind your lower back. If you have difficulty doing this, hold on to a towel or walking pole positioned horizontally behind your back. Lift your clasped hands, keeping your elbows straight, back out away from your body. Keep an upright posture. Stop lifting at the point you no longer feel comfortable; don't stretch to the point of pain. Stretch for 15 to 30 seconds.

## Rotating Wrist Stretch:

Place one arm straight out in front and parallel to the ground. Rotate your wrist down and outwards and then use your other hand to further rotate your hand upwards.

## Rotator Stretch

From The Stretching Handbook comes a suggestion to help stretch your rotator muscles. Stand erect, with one hand behind the middle of your back, palm outward, and your elbow pointing out at your side. Reach in front of yourself with your other hand and take hold of your elbow, gently pulling it forward. Hold the stretch for five to seven seconds, then reverse the position and stretch on the other side.

## Shoulder Shrugs and Arm Swings

Shoulder shrugs and swings are ways to warm up for throwing, catching and hitting. The coachjim.250x.com website recommends rotating your shoulders in a circular, rolling motion, working both forward and backward. Perform giant arms swings holding a bat in each hand, swinging in a windmill motion in a large circle that begins as high as you can reach over your head and descending down as far as you can reach at your side.

## Little League Interval Throwing Program

<p><b>30' Phase</b></p> <p>Step 1:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 30'(25 Throws)</li> <li>C) Rest15min.</li> <li>D) Warm-up Throwing</li> <li>E) 30'(25 Throws)</li> </ul> <p>Step 2:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 30'(25 Throws)</li> <li>C) Rest10min.</li> <li>D) Warm-up Throwing</li> <li>E) 30'(25 Throws)</li> <li>F) Rest10min.</li> <li>G) Warm-up Throwing</li> <li>H) 30'(25 Throws)</li> </ul>	<p><b>45' Phase</b></p> <p>Step 3:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 45'(25 Throws)</li> <li>C) Rest15min.</li> <li>D) Warm-up Throwing</li> <li>E) 45'(25Throws)</li> </ul> <p>Step 4:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 45'(25 Throws)</li> <li>C) Rest10min.</li> <li>D) Warm-up Throwing</li> <li>E) 45'(25 Throws)</li> <li>F) Rest10min.</li> <li>G) Warm-up Throwing</li> <li>H) 45'(25 Throws)</li> </ul>
--	---

45' Phase	90' Phase
<p>Step 3:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 45'(25 Throws)</li> <li>C) Rest15min.</li> <li>D) Warm-up Throwing</li> <li>E) 45'(25Throws)</li> </ul> <p>Step 4:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 45'(25 Throws)</li> <li>C) Rest10min.</li> <li>D) Warm-up Throwing</li> <li>E) 45'(25 Throws)</li> <li>F) Rest10min.</li> <li>G) Warm-up Throwing</li> <li>H) 45'(25 Throws)</li> </ul>	<p>Step 7:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 90'(25 Throws)</li> <li>C) Rest15min.</li> <li>D) Warm-up Throwing</li> <li>E) 90'(25 Throws)</li> </ul> <p>Step 8:</p> <ul style="list-style-type: none"> <li>A) Warm-up Throwing</li> <li>B) 90'(20 Throws)</li> <li>C) Rest10min.</li> <li>D) Warm-up Throwing</li> <li>E) 60'(20 Throws)</li> <li>F) Rest10min.</li> <li>G) Warm-up Throwing</li> <li>H) 45'(20 Throws)</li> <li>I) Rest10min.</li> <li>J) Warm-up Throwing</li> <li>K) 45'(15 Throws)</li> </ul>

30 feet = 9.1 meters  
45 feet = 13.7 meters  
60 feet = 18.3 meters  
90 feet = 27.4 meters

### Safety Code of Managers and Coaches

Responsibility for Safety procedures will be that of an adult member of the Pojoaque Valley Little League.

Managers, Coaches, and Umpires should have training in First Aid. First Aid Kits are issued to each team manager during equipment checkout and must be kept in their possession during all games and practices. Additional first aid supplies and information will be located in the concession area.

No Games or practices are to be held when weather or field conditions are unsafe particularly when lightning is present.

Play areas will be inspected before each use for holes, damages, stones, glass and other foreign objects by the coaches and or managers.

All equipment during games and practices should be stored within team dugouts or behind screens and not what umpires define "In Play" areas.

Only Coaches, Managers, Umpires and players allowed on the field as well as in the dugout during any practices and games.

One person needs to be assigned to control bats, and loose equipment and keep it off the playing field.

During practice and games all players need to be alert and paying attention at all times.

During Warm up drills players need to be spaced accordingly to avoid injuries.

Warm Up drills need to all be performed on Playing field or designated areas.

Coaches, Managers are in charge of making sure equipment is in good condition and fits the player on the field.

Batters are required to wear Little League approved helmets during batting practice and games.

Catchers are required to wear helmet, mask, throat guard, long model chest protector, shin guards, and protective cup for ALL practices and games NO EXCEPTIONS.

Head first slides are not permitted in Majors and lower divisions for the exception of when the runner is returning to a base.

Horse Play is NOT permitted on playing field.

Players wearing glasses are encouraged to use safety glasses.

Jewelry is not permitted on playing field.

Managers, and Coaches MAY NOT warm up pitchers before or during a game.

League prohibits "On Deck" Batter.

Practice Swings are NOT allowed in dugout and only the first batter of each half inning is permitted to swing on playing field.

Instruct players of the importance of field responsibility to avoid collisions.

Stress the importance of adequate equipment to parents and players.

Use Common Sense, do NOT leave children unattended have at least two adults present at all times, and have a cell phone on hand.

Remember your responsibilities when using 22 from the storage shed.

Do NOT operate machinery in the sheds ie, mowers. Weed whackers, score board if you do not understand the safe operating procedures.

Report any unmarked chemicals or organic materials not labeled located in the storage unit.

Batting Machines should be operated by responsible adults only.

Dead rodents and animals are not to be handled by anyone without proper tools.

**Concession Stand** shall be operated in accordance to all State and local Laws. All food must be handled with paper towels or plastic wrap. Staff members may wear plastic/rubber gloves while working. All staff members must wash their hands on a frequently basis. The Concession stand shall be cleaned at the end of each day. The concession stand shall have a fully stocked First Aid Kit. Working staff only will be allowed in the concession stand (behind the counter) at all times. Coaching staff, etc. shall not loiter in the area. A list of emergency numbers and key league personnel telephone numbers shall be available in the concession stand for emergency use. All trash shall be removed from the concession stand at the end of each day. Rubber gloves shall be worn by the staff while handling trash. No glass containers of any type shall be sold at the concession stand. Fire extinguishers must be placed at each end of the concession stand in a visible and unblocked area. All staff shall be instructed in the use of the fire extinguishers before they are permitted to work in the stand. All hair must be pulled back or in a hair net. No person under the age of 15 allowed working concession stands.



## **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.

**ENCOURAGE** an attitude of alertness, hustle, and enthusiasm as part of safety.

**EMPHEMIZE** that good sportsmanship and courtesy are necessary for harmonious and safe environment

**KNOW** your limitations

**KEEP** all required documentation with you at all times

**DON'T**

**PANIC or lose your cool be aware of the situation**

**ADMINISTER any medications that you have not been given permission to do so**

**TRANSPORT injured individuals unless it is the only option and an extreme emergency**



## **Accident Reporting Procedures**

In the effort to prevent accidents to Little Leaguers one must deal with the unpredictable actions of many small athletes. One of the most widely accepted ways to counteract the unsafe acts, which are so often a part of such uncertain behavior, is to inquire into the reasons behind such acts and take suitable counter measures. Since we cannot eliminate all of these disturbing and sometimes tragic mishaps, one must use them as tools to help control similar or related accidents. Also, alert operation makes it possible to get at the causes of “near misses” so that something can be done to prevent the occurrence of injury-producing accidents.

### **Which Accidents to Analyze**

Good judgment must be used in deciding which accidents to analyze. The severity of an injury should not be the only basis of deciding to determine reasons for an accident and what can be done to reduce the chances of its reoccurrence. The possibility of a similar and more severe accident occurring should be our main reason for getting at the causes and taking suitable corrective action. Examples of cases that probably would not require detailed checking would be a “strawberry” from sliding or minor strains and bruises, not associated with serious unsafe acts or conditions.

### **Examples of accidents requiring thorough study are:**

1. A collision when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning players may reveal they had forgotten ball priority assignments in the excitement of

trying to make the catch. The corrective measure might be to hold additional ball priority drills. A completed accident cause report passed on to the Safety Officer will serve as a warning to managers of other teams.

2. If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and correction of this type of accident may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.

3. Although it may be embarrassing to a manager, should a relief catcher have front teeth knocked out because of neglect to always wear a mask and catcher's helmet when warming up a pitcher, the report on such a violation should be passed along as a warning to others.

4. Let's assume a player turns an ankle chasing a fly ball. Upon checking, it is found there is a hole in the outfield. A copy of the accident report passed on to the grounds keeper would reduce the chances of that person forgetting to correct the ,18.

## **Other Uses for Accident Reports**

1. The need for corrective measures, of course, is most evident when an injury is severe enough to require professional services. In addition to the need for immediate preventative action, it is very important to have accurate information to complete the insurance claim report. This may be done by the Safety Officer.

2. As in any organized endeavor, communications among teams in a league and leagues in a district is important. The safety program can be effective for everyone if each adult, with some safety responsibility, is given a brief report on serious or unusual hazards and the corrective action that has been taken to counteract them. In order to accomplish this, the League Safety Officers and the District Safety Officer must be kept informed about all significant accident cases.

## **Further Follow-Up on Accident**

Even after corrective measures have been put into effect, responsible adults should continue to check back to make sure that unsafe habits have not been resumed and conditions are not allowed to slip. We advise youngsters to keep their eye on the ball. Let's do the same with safety precautions.

## **Weather/Lightning Safety**

### **Make it Easy**

When storms roll in, do your volunteers know what to do? Rain is not necessarily a reason to stop play. But add lightning to the storm, and even if it isn't raining, you need clear instructions to ALL people to leave your fields and find a safe place to wait until the storm passes or the game is rescheduled. The quick and easy approach for lightning is "if you see it, flee it; if you hear it, clear it." Lightning can travel up to 10 miles from the storm's edge, so if it is seen or heard, the fields should be cleared and the game paused to wait for the lightning to pass. If lightning is not seen for a reasonable time (usually 30 minutes), the game can continue. Players should be instructed to stay until the game is cancelled, so all players are accounted for while a game is in storm delay. Have clear instructions for high heat and humidity, too. Playing in the hot sun without water breaks or cool shade for players to escape the sun's heat between defensive innings is a recipe for disaster. Children do not dissipate heat as well as adults do. But you can protect your players from the heat by instituting water breaks, shade covers for dugouts, 5-10 minute breaks between innings, make sure players are drinking plenty of water or sports drinks *before* they get thirsty.

### Take Out the Human Factor

For storms, use electronic detectors, whether those that detect actual lightning strikes (Sky Scan®) or that detect the potential for lightning (Thor-Guard®), to eliminate guesswork; having a sensor allows the umpire to keep his eyes on the game and not the sky. Too many games are played under approaching storms because an umpire had his back to a lightning strike. Consider purchasing a lightning detector this fall to have a consistent limit to how close lightning gets to your games before the field is cleared. Waiting for a storm to pass on the field or in an open area around the field(s) is NOT acceptable, especially for players who don't know any better, and your league needs to set expectations that at the least people will wait out the storm in their cars with the windows rolled up. If an enclosed building is large enough for the teams and spectators to go inside to wait, that is even better.

### Follow Your Procedures

No one should be allowed to ignore the warnings of umpires, board members or other authorized league representatives to follow safety procedures. Too much is at stake to allow anyone to not heed warnings, even if they want to take responsibility for doing so. Your league needs to protect people in spite of themselves. You don't allow catchers not to wear their helmets because they don't want to; make sure everyone understands these rules are for their protection and must be followed.



### First Aid Tips:

#### ASSESSING INJURIES (COACH)

C is the player conscious

O is the player adequately breathing

A after those steps ask player where he is hurt

C Control area of pain

H decide whether the child requires HOSPITAL or just HELP moving out of play area

**CONSCIOUS PLAYER**

Ask the player where they are hurt before you touch them

Examine visually if the painful area has swelling, or distortions

**UNCONSCIOUS PLAYER**

Check responsiveness

Call 911

Position person on their back

Open airway by lifting chin and head tilt

Listen for breathing

Give two slow breaths

Check pulse (carotid pulse 10 seconds)

Perform rescue procedure based on findings

**Heat cramps:**

Rest briefly and cool down, Drink clear juice or an electrolyte-containing sports drink, Practice gentle, range-of-motion stretching and gentle massage of the affected muscle group, Don't resume strenuous activity for several hours or longer after heat cramps go away, Call your doctor if your cramps don't go away within one hour or so.

**Heat stroke:**

Get the person to a shady area.

Cool the person rapidly, using whatever methods you can, for example: Spray the person with cool water Sponge the person with cool water If the humidity is low, wrap the person in a cool, wet sheet and fan him or her vigorously

**Sprains and Strains:**



Proper treatment of a sprain or strain is of utmost importance. Without the best treatment, a sprain of a ligament or a strain of a muscle can be a long recovery. Proper treatment of this injury can get you back quickly.

### **How to reduce Blood borne pathogens:**

Hand hygiene is the single most important procedure for preventing

Gloves should be worn during any procedure that may result in contact with a patient's blood or other body fluids.

In addition to gloves, protective eye cover (not just prescription glasses), masks, gowns and shoe covers may be worn as necessary.

### **Treatment for face or dental injuries:**

Suffering significant head, neck, or facial trauma should be evaluated and treated in hospital emergency rooms. Such trauma may involve bleeding from the nose or ears, concussion, dizziness, lapse of memory, disorientation, severe headache and earache, or breaking (fracture) of the skull and/or jaws. Most hospitals have on their staff oral surgeons who can treat fractures of the upper or lower jaw and perform emergency tooth removal (dental extractions) and reconstruction of the dental arches.

If the tooth is completely knocked out of the socket, follow these guidelines:

Do not handle the tooth by its roots. If there is debris on the tooth, rinse it with saline solution. Try to replace the tooth back into the socket as quickly as possible. Stabilize the tooth by biting down lightly on a gauze pad, handkerchief or towel. If you are unable to replant the tooth, place it in the athlete's saliva or sterile saline solution. The last resort would be to place the tooth in a cup of water. Transport the athlete **immediately** to a dentist. You need to get the tooth replanted within 30 minutes of injury for the highest degree of success.

#### **Fractured Tooth**

When a tooth is fractured, it is often very sensitive due to exposed nerve endings. An athlete with a fractured tooth is more comfortable keeping their mouth closed. The following should be done when a fractured tooth occurs: Keep/collect any loose portions of the tooth and take them with you to the dentist. Stabilize the remaining piece of tooth with a gauze pad, handkerchief or towel. Immediately transport the athlete and tooth fragment to the dentist.

**Mouth Guards** a majority of dental injuries can be prevented if the individual wears a fitted mouth piece/guard. If you have any questions, contact your dentist.





**LITTLE LEAGUE® BASEBALL AND SOFTBALL  
ACCIDENT NOTIFICATION FORM  
INSTRUCTIONS**

**Send Completed Form To:**  
 Little League, International  
 539 US Route 15 Hwy, PO Box 3485  
 Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
 Phone: 570-327-1674 Fax: 570-326-9280

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	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 (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<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"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (16-18)	<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.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

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.

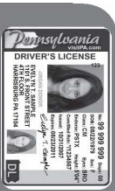
POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<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 breakaway bases on:  ALL  SOME  NONE of your fields?  
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
------	---------------------------





# Little League Volunteer Application -2011

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

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

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Social Security # (mandatory upon request or with LexisNexis) \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Special professional training, skills, hobbies: \_\_\_\_\_  
Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_  
Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_  
Special Certification (CPR, Medical, etc.): \_\_\_\_\_  
Do you have a valid driver's license: Yes  No   
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_  
Have you ever been convicted of or plead guilty to any crime(s): Yes  No   
If yes, describe each in full: \_\_\_\_\_

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes  No  If yes, describe each in full: \_\_\_\_\_  
Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_  
In which of the following would you like to participate? (Check one or more.)  
League Official  Coach  Umpire  Field Maintenance   
Manager  Scorekeeper  Concession Stand  Other

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_  
NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

**LOCAL LEAGUE USE ONLY:**  
Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_  
System(s) used for background check (minimum of one must be checked): \_\_\_\_\_  
Sex Offender Registry  Criminal History Records  \*LexisNexis   
*\*Please be advised that if you use LexisNexis and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*  
**Only attach to this application copies of background check reports that reveal convictions of this application.**

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

# LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2011



League Name: \_\_\_\_\_

District #: \_\_\_\_\_

ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Safety Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (cell): \_\_\_\_\_


Email: \_\_\_\_\_ Email: \_\_\_\_\_

## PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mos.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

**SPECIFIC BALLFIELD QUESTIONS**

• Please list all fields by name. For more than 20 fields, copy this form or request additional forms from ASAP (800/811-7443 or asap@musco.com).

Field Identification (List your ballfields 1-20)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
		Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	
<p><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 2011 Disney® character collector's pin shown featuring the entire collection of characters. Or enter data online at: <a href="http://facilitysurvey.musco.com">http://facilitysurvey.musco.com</a> for your league. Check your email for your league identification and password.</p>																						
<b>Please answer the following questions for each field:</b>		<b>Field #</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>GENERAL INVENTORY</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																					
	1-50																					
	51-100																					
	101 or more																					
2. How many people can your bleachers seat?	None/NA																					
	1-100																					
	101-300																					
	301-500																					
3. What material is used for bleachers?	Wood																					
	Metal																					
	Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent																					
	Cellular																					
9. Is a public address system available?	Permanent																					
	Portable																					
10. Is there a pressbox?	Yes																					
11. Is there a scoreboard?	Yes																					
12. Adequate bathroom facilities available?	Yes																					
13. Permanent concession stands?	Yes																					
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																				
16. What type of fencing material is used?	Chainlink																				
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix																				
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime																				
	Spray paint																				
	Commer'1 marking																				
19. Is your the infield surface grass?	Yes																				
20. Does field have conventional dirt pitching mound?	Yes																				
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes																				
23. Backstop behind home plate?	Yes																				
<b>PERFORMANCE AND PLAYER SAFETY</b>																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
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																				
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																				
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes																				
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	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																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10).	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	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																				
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League																				
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes																				

**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												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

**Return completed survey with safety program registration and supporting materials by May 1, 2011 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

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

## POJOAQUE VALLEY LITTLE LEAGUE COACHES CODE OF CONDUCT

I hereby pledge to live up to my certification as a PVLL Coach:

1. I will ensure that winning and/or losing teams do so in a manner, which exhibits respect and good sportsmanship.
2. I will provide instruction in a manner that is constructive and supportive during practices and games.
3. I will not ridicule or demean players, umpires or league officials.
4. I will not tolerate behavior that endangers the health or well-being of a child.
5. I will teach the game of baseball to the best of my ability.
6. I will not use any tobacco products in the dugout or on the playing field.

---

Coach's Signature

---

Date:

---

Assistant Coach

---

Date:

LETS ALL SHOW GOOD SPORTSMANSHIP

### Parent Code of Conduct Overview

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

---

Parent Signature

---

Date:

## 2019 Little League Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	<b>4</b>
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	<b>5</b>
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	<b>6</b>
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	<b>7</b>
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	<b>8</b>
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	<b>9</b>
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	<b>10</b>
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	<b>11</b>
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	<b>12</b>
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	<b>13</b>
2005	2005	2005	2005	2005	2005	2005	2005	2004	2004	2004	2004	<b>14</b>
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	<b>15</b>
2003	2003	2003	2003	2003	2003	2003	2003	2002	2002	2002	2002	<b>16</b>
2002	2002	2002	2002	2002	2002	2002	2002	2001	2001	2001	2001	<b>17</b>
2001	2001	2001	2001	2001	2001	2001	2001	2000	2000	2000	2000	<b>18</b>

Note: This age chart is for **BASEBALL DIVISIONS ONLY**, and only for 2019.

Facility surveys may also be entered online

# **LITTLE LEAGUE BASEBALL® & SOFTBALL** **NATIONAL FACILITY SURVEY**

2019



League Name: \_\_\_\_\_

District #: \_\_\_\_\_

ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Safety Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## **PLANNING TOOL FOR FUTURE LEAGUE NEEDS**

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			









## 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												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

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

# General Liability Claim Form

**Send Completed form to:**  
**Little League Baseball and Softball**  
**539 US Route 15 Hwy**  
**P.O. Box 3485**  
**Williamsport, Pennsylvania 17701-0485**  
**(570) 326-1921 Fax (570) 326-2951**

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

<b>Insured</b>	Name of League		League I.D. Number (Used as location code)		
	Name of League Official (please print)		Position in League		
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)		
			Phone No. (Bus.)		
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)	
	Arising out of Operations conducted at				
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				
	Who owns Premises		Person in charge of Premises		
Coverage Data	Limits		Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes	Yes
	Policy Number		Policy Dates: Begin: End:		
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
	Nature and Extent of Damages and Estimate of Repair				
Insured Person and Injuries	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married
			<input type="checkbox"/> Single		
	Employers Name and Address				
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
Description of Injury					
	Where was the injured taken after accident?		Probable length of Disability		
Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				
Date of Report:	Signature of League Official:		Position in League		

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



### **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

### **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

### **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.**

*WARNING:* Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

### **WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE**

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
  - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674

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
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.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

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.

<b>POSITION WHEN INJURED</b>	<b>INJURY</b>	<b>PART OF BODY</b>	<b>CAUSE OF INJURY</b>
<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
------	---------------------------

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

## TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.