

A Safety Awareness Program (ASAP Plan)



Qualified Safety Plan Requirements

Updated: August 1, 2022

1. **League Safety Officer:** [Eric Hendricks](#) on file with Little League Headquarters.
2. The Amsterdam Youth Baseball League will distribute an e-mailed copy of this Safety Manual to all Coaches/Assistant Coaches, league volunteers and the District Administrator.
3. Emergency Phone Number: 911
Local Police Emergency: 911
Local Fire Emergency: 911

League President: Mike Insogna (518) 488-2943

League Vice President: Tom McGowan (518) 322-2144
League Player Agent: Mike Insogna (518) 488-2943

League Maintenance: Eric Pantalone (518) 332-3223
League Treasurer: Sara Pantalone (518) 701-6090
League Safety Officer: Eric Hendricks (518) 774-9976



This list will be posted in the concession area.

5. Concession Stand Safety

The concession stand is an important source of revenue for the Amsterdam Youth Baseball League (AYBL). The concession stand is staffed entirely by volunteers. Every League team is assigned approximately 5-7 regular game days during the season to staff the concession stand, with each family requested to participate in one or more shifts. Playoffs and Championship games are also a part of concession duties and coverage.

Volunteers cannot be under the age of 18 years of age due to liability. Parent volunteers in the concession stand help open and set up for business, prepare food, take orders, ring up sales, serve orders and restock the shelves/refrigerator at the end of their shifts. At the end of your shift, please put concession money into Bank Deposit envelope and place in the black lock box for Board Members to pick up to deposit that nights earnings. First time volunteers should arrive 10 minutes early the first time they work a shift so that they can be briefly trained by the concession stand coordinator, Sara Pantalone on operating the concession stand and other equipment.

The location of first-aid kits, fire extinguisher and AED shall be pointed out to volunteers during the training.

Coaches for each team are responsible to get a Team Parent to line up volunteers for their team's shifts. On week nights, shifts typically start 5:00pm and end at approximately 9:00pm. Shifts can be split up in one-hour shifts as long as someone has it running.

When the grill is in use, an adult volunteer will need to prepare the hot food for their shift and keep others away from the grill so no one gets hurt.

Opening Procedures

- Plug in coffee pot
- Plug in and turn on hot dog roller
- Turn on fryer if needed
- Sign off on cash in register ledger
- Open serving window and set out product to be sold
- Sign in and out at the start and finish of volunteer shift

Grilling Operations

- Confirm location of first-aid kit and fire extinguisher and confirm operational
- Set out condiments
- Prepare hot dogs
- Get out tools, foil, buns, etc.

Closing Procedures

- Turn off equipment (coffee pot)
- Turn off grill and fryers
- Turn off hot dog roller, unplug and clean
- Ensure refrigerator is fully stocked with water/soda/Gatorade
- Clean all utensils
- Ensure concession stand is clean and swept
- Take out the garbage and make sure there is a new bag in the can
- Close and lock the serving window

- Be sure to lock the concession stand doors

Concession Stand Safety

- Make sure your hands are clean and you use gloves to handle food
 - No person under the age of 18 will be allowed behind the counter in the concession stand. At all times, there must be an approved adult within the concession stand to provide supervision.
 - The Concession Manager will provide all necessary training.
 - Cooking equipment will be inspected periodically and repaired or replaced, if needed.
 - A fully stocked First Aid Kit will be placed in the Concession Stand and replenished as needed.
 - The concession stand main entrance door **shall not** be blocked while people are inside.
 - All heating element appliances will be shutoff and unplugged at the close of the concession stand.
 - Menu shall be posted & approved by the League Board
6. Coaches will be required to walk/inspect the fields for hazards prior to **ALL** practices and games.
 7. The League President, Vice President and Safety Officer will inspect all equipment in the pre-season.

- Coaches and Assistant Coaches will inspect equipment prior to each game.

8. Implement Prompt Accident Reporting.

The League will use the provided incident tracking form from the Little League Website and will provide completed accident forms to President/Safety Officer within 24-48 hours of the incident. Please see copy of Accident Reporting Form.

9. Each team will be issued an updated **First Aid Kit** and is required to have it at every practice and game.
10. Ice Packs will be kept in the concession stand.
11. Coaches should inspect all player equipment before each game.
12. The AYBL will require ALL TEAMS to enforce the following Dugout Rules to your players:
- **Bats**: Bats should not be held by any player in the dugout. Other than when the batter is actually batting, the only player allowed to have a bat in his/her hand is the batter and the batter that is on deck.
 - **Inside dugout fence**: players and coaches should not put their hands through the dugout fence due to the risk of injury from a foul ball.
 - **Concession Stand**: Coaches and players must not leave the dugout or playing field other than to go to the bathroom or retrieve a foul ball. Please make every effort to go to the concession stand before the game. Alternatively, please get a

parent to go to the concession stand for a coach or player during the game.

- **Food during a game:** Players are not allowed to eat during a game. Only water or Gatorade, and sunflower seeds are allowed during the game.
- **Parents in dugout:** Parents (and children other than those playing the game) must stay outside the dugout/playing field during the game. They may deliver any Gatorade/water or seeds at the back of the dugout.
- **Coaches in dugout:** While the game is being played, all dugout coaches (those not coaching the bases) must stay behind the fence and within the dugout (not in the opening to the field). One coach/team mom/dad must be in the dugout at all times. **All coaches/team mom/dad must be approved league volunteers who have completed a background check.**
- **Smoking/Vaping:** **Smoking or Vaping is not allowed at the ballpark and signs stating so should be posted in a conspicuous location.**
- **Trash:** Please make sure that your team leaves the dugout clean for the next team and that someone empties the trash after every game.
- **Fields:** Please make sure that after every game each team rakes the fields for the next team that will play.

13. League Player Registration Data or Player Roster Data and Coach and Manager Data.

- League player Registration Data or Player Roster Data and

Coach/Manager Data must be submitted via the Little League Data Center at www.LittleLeague.org. (this is done by the President/Vice President)

Mandatory requirement for an approved ASAP plan.

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. _____

_____ PART _____
Name Date of Injury Injured Age Person/Claimant SSN Date of Birth

☐ Female ☐ Male

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

Address of Claimant Address of Parent/Guardian, if different

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

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

Date of Accident Time of Accident Type of injury ☐ AM ☐ PM

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

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

Date	Claimant/Parent/Guardian Signature	(In a two parent household, both parents must
Date	Claimant/Parent/Guardian Signature	

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.

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provided 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"/>	<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/	<input type="checkbox"/> 20 NOSE
<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			
Date	League Official Signature		

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?

Signature: _____ Date: _____

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.