

District 33 Patriots Jr/Sr Little League



“Where Safety Comes First”
2024 Safety Plan



League ID #: 178101

Table of Contents

Requirement 1	2024 Board of Directors	3
	<i>League Safety Officer Information</i>	3
Requirement 2	Distribution of Safety Manual	3
Requirement 3	Emergency Phone Numbers	4
Requirement 4	Volunteer Background Checks	5
Requirement 5	Coach Fundamental Training	8
Requirement 6	Safety Manual & First-Aid Training	8
Requirement 7	Field Inspections and Storage Procedures	8
	Pregame Check List	9
Requirement 8	Annual Facility Survey	10
Requirement 9	Concession Stand Guidelines	10
Requirement 10	Inspection of Equipment	11
Requirement 11	Accident Reporting Procedure	11
	<i>League Safety Officer Information</i>	11
Requirement 12	First Aid Kits	12
	Communicable Disease Procedures	
Requirement 13	Enforcement of Little League Rules	12
Requirement 14	Submitting Player, Manager and Coach Data	14
Requirement 15	Complete survey questions in the LL Data Center	14
	Lighting & Weather	14
	Hydration	15
	Concussion Prevention Policy	16
	Safe Sports Act	20
	Accident Notification Form	21
	D-33 Parent Code of Conduct	23
	Sudden Cardiac Arrest	24

Patriot Jr/Sr Little League Safety Program

Safety Mission Statement

Patriot Jr/Sr Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

2024 Board of Directors

Requirement 1:

Title	Name	E-Mail
President	Nancy Hemmings	zebratales@cox.net
Vice President	Rebecca Carranza	rebeccacarranza67@gmail.com
Secretary	Amy Merrow	perrymorrow@yahoo.com
Treasurer	Michelle Quinn	robelle13@yahoo.com
Safety Officer	Sandy McCann	safetyofficer.patriotleague@gmail.com
Information Officer	Brian Murphy	murphdogg3@yahoo.com
Player Agent	Ambria Romero	ambriaromero@yahoo.com
Umpire in Chief	Frank Nelson	fnelson1989@yahoo.com
Coaches Coordinator	Nancy Hemmings	zebratales@cox.net
Member-At-Large	Kim Hemmings	hemmingskim55@gmail.com
Member-At-Large	Kyle McCann	krmccann71@gmail.com

Distribution of Safety Manual

Requirement 2:

Each team manager will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions. Safety Manual will be posted in in the Patriot League Snack Bar.

EMERGENCY PHONE NUMBERS

Requirement 3:

Police Emergencies	911
Non-threat Emergency	311
Fire	911
SDPD Non-Emergency	619-531-2000
Animal Control	619-236-2341

NEIGHBORING HOSPITALS

NAME: Grossmont Hospital (nearest hospital)

ADDRESS: 5555 Grossmont Ave.

PHONE NUMBER: 911

Background Checks

Requirement 4:

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application from and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors.



Little League® Volunteer Application – 2024

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



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

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? ☐ Yes ☐ No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

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

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

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more.)

<input type="checkbox"/> League Official	<input type="checkbox"/> Umpire	<input type="checkbox"/> Manager	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Coach	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Scorekeeper	<input type="checkbox"/> Other _____

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/RgStateLaws

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

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

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

OR

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

☐ National Sex Offender Registry

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

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

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

Last Updated: 10/25/23



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

Little League® "Basic" Volunteer Application – 2024

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit [LittleLeague.org/LocalBGcheck](https://www.littleleague.org/LocalBGcheck) for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last

Address _____
City State Zip

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? _____
If yes, describe each in full: _____ ☐ Yes ☐ No
(If volunteer answered yes to Question 1, the local league must contact Little League International.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? _____ ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? _____ ☐ Yes ☐ No
If yes, describe each in full: _____
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? _____ ☐ Yes ☐ No
If yes, explain: _____
(If volunteer answered yes to Question 4, the local league must contact Little League Security International.)

- ☐ 5. In which of the following ☐ participate? (Check one ☐ Coach
☐ would you like to ☐ or more.) ☐ Umpire
☐ League Official ☐ Field Maintenance

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [littleleague.org/RgStateLaws](https://www.littleleague.org/RgStateLaws)

Manager
Scorekeeper
Concession Stand
Other _____

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

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

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

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

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

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

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

Last Updated: 10/25/23



VOLUNTEER BACKGROUND CHECKS & SAFETY

Volunteer Background Checks & Safety

Little League® Baseball and Softball has always strived to create a safe and healthy environment for all Little Leaguers and their families.

In 2018, the "Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017" became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation's sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment. There are certain requirements from the SafeSport Act that Little League International and all local little league programs must adhere to. To learn about SafeSport and how it impacts your league, visit LittleLeague.org/SafeSport.

As a condition of service to any Little League program, the following groups of individuals must submit a Little League Volunteer Application and complete an annual background screening prior to involvement in the league in any fashion:

- Board Members
- Managers and Coaches
- Umpires
- Any other volunteer or hired worker who provide regular service to the league and/or have repetitive access to, or contact with, players or teams

Any individual with a conviction, guilty plea, no contest plea, or admission of guilty to a crime against or involving a minor may not participate in the Little League program.

On average, leagues can estimate the number of background checks that should be completed by multiplying the total number of teams in the league by six. To assist leagues in completing this requirement, **Little League provides 125 free searches** through an agreement with J.D. Palantire (JDP). Additional searches are available for a nominal cost.

LLU Learn More About Background Checks:

- LittleLeague.org/BackgroundCheckQuestions

Little League International has contracted with JDP Background Screening to provide local leagues and districts with a special web site that allows members to instantly search a criminal records database of more than 450 million criminal records. This site provides searches of available criminal records from various repository sources and state-level sex offender registries. The fee for the first 125 searches per chartered league and district is free to the local league and district as the cost for these searches is being provided by Little League International. Any additional searches above 125 will cost the league or district a minimal fee.



Little League International requires all leagues in the United States to conduct background checks that utilize JDP Background Screening, or another provider that is comparable to JDP in accessing background check records for sex offender registry data and criminal records. Leagues must include a review of the U.S. Center for SafeSport's Centralized Disciplinary Database and Little League International Ineligible List as part of the background check process (JDP includes this additional review as a part of the standard background check.) The JDP National Criminal File database that contains more than 450 million records, including criminal and sex offender registry records covering 50 states and the District of Columbia, and meets the current regulation requirement. Leagues are not required to use the JDP website, but may also use alternate resources. However the alternate resources must equal or exceed the services provided by JDP.

LLU For More Information on JDP and Background Check Process:

- LittleLeague.org/LocalBGCheck

League Training Dates and Times

Requirement 5:	Date	Location	Time
Coach Fundamental Training:	1/28	Serra Mesa Little League	9-12p

Requirement 6:	Date	Location	Time
Safety Manual & First-Aid Training:	1/28	Serra Mesa Little League	12:15-1p

***Requirement 2:** Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.*

Field Inspections and Storage Procedures

Requirement 7:

BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			Dugouts	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches' boxes Lined					
Free Of Foreign Objects			Spectator Area	Yes	No
Grass Surface Even			Bleachers Need Repair		
Check for Snakes			Protective Screens Ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.

Turn this form into the concession stand or to your division Rep.

Requirement 8:

Annual Little League Facility Survey will be submitted in the Data Center.

Concession Stand Guidelines

Requirement 9:

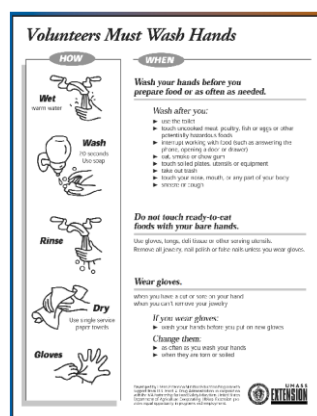
Every worker must be instructed on these guidelines before they can work.

Wash your hands regularly:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using paper towel, instead of your bare hands.

Wash your hands in this fashion before you begin work and especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.



Inspection of Equipment

Requirement 10:

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Manager's Coaches and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.

Accident Reporting Procedure

Requirement 11:

What to Report: An incident that causes a Payer, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

When to Report: All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

The Safety Officer is

NAME:	Sandy McCann
Cell Number:	951-743-7163
Email:	safetyofficer.patriotleague@gmail.com

How to Make a Report: Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information is needed.

1. The name and address of the injured person.
2. The date, time, and location of the incident.
3. A completely detailed description of the incident as possible.
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone numbers of any witnesses.

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

How to Replace the Injury Report Forms: The forms can be replaced by The Safety Officer or downloaded from www.leagueleague.org found under forms and publications.

FIRST AID KITS

Requirement 12:

Each team is provided with a league issued first aid kit. Each kit includes the following.

- (10) Adhesive sterile bandage
- (2) Extra-large adhesive sterile bandage
- (2) Non-adherent pads 2 x 3
- (2) Gauze pad 12-ply 3 x 3 sterile
- (1) Adhesive tape
- (2) Instant cold compress 4 x 4
- (3) Triple antibiotic ointment
- (3) Antiseptic towelette
- 1/8 oz. Burn Cream
- (3) Sting relief wipes
- (1) Tweezers

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (Provided in the first aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, Coaches, and Volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Enforcement of Little League Rules

Requirement 13:

- All volunteers must have a volunteer application filled out and on file with the League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)

- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- A catcher's helmet must have the dangling type of throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

Don't Swing It
...Until You're Up to the Plate!




(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:
Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes
*1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Coach, Please Let Players Catch!



REMEMBER:
Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09
"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

HEY COACH



HAVE YOU:

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Checked conditions of fences, backstops, bases and warning track
- ✓ Made sure a working telephone is available
- ✓ Held a warm-up drill

Make Sure They Are Safe!



"Dangling"

REMEMBER:
Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 3.17
"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Submitting Player, Manager and Coach Data

Requirement 14:

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org by April 1, 2024, or two weeks following the draft.

Requirement 15:

We will answer the survey questions in the Little League Data Center.

Lighting and Weather

Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

Rule of Thumb: The ultimate truth about lighting is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called.

Where to Go? No place is safe from lightning threat, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

Where not to go? Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause more injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.

Hydration

***Managers are required to bring water to each practice and game.
Players are encouraged to bring bottled water or sports drinks.***

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance. They include carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or using a wet rag to cool you off.

How is it treated?

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



Concussions

All 50 states have laws specific to the management of concussions and head injuries. Some states require not just leagues but DA's, ADAs, and umpires to undergo annual training.

- California law mandates that all coaches must receive training on concussions.
- The California Law is titled “Youth Sports Concussion and Sudden Cardiac Arrest Protocols,” and is found in the California Health Safety Code under the section referencing “Adolescent Health” (Cal Health and Safety Code §124235). §124235 includes sudden cardiac arrest protocols as well.
- Section 124235 applies to “youth sports organizations” which includes any organization, business, non-profit entity, or local government agency that sponsors or conducts amateur sports competitions, training camps, or clubs in which persons seventeen (17) years of age or younger participate in any of the following sports: (A) Baseball. (B) Basketball. (C) Bicycle motocross (BMX). (D) Boxing. (E) Competitive cheerleading. (F) Diving. (G) Equestrian activities. (H) Field hockey. (I) Football. (J) Full contact martial arts. (K) Gymnastics. (L) Ice hockey. (M) Lacrosse. (N) Parkour. (O) Rodeo. (P) Roller derby. (Q) Rugby. (R) Skateboarding. (S) Skiing. (T) Soccer. (U) Softball. (V) Surfing. (W) Swimming. (X) Synchronized swimming. (Y) Volleyball. (Z) Water polo. (AA) Wrestling. Youth sports organizations are required to immediately remove an athlete who is suspected of sustaining a concussion, other head injury, who has fainted or passed out from the athletic activity for the remainder of the day. The athlete shall not be permitted to return to the athletic activity until being evaluated by and receiving written clearance to return to athletic activity from a licensed health care provider. An athlete who has sustained a concussion shall complete a graduated return to play protocol of not less than seven (7) days in duration under the supervision of a licensed health care provider. If an athlete has a cardiac condition or other heart related issue that a health care provider believes that puts the athlete at risk, then the athlete shall remain under care until cleared to play. If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion or due to fainting or another suspected cardiac condition, the youth sports organization shall notify a parent or a guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.
- On an annual basis, a youth sports organization shall provide a concussion and head injury information sheet and sudden cardiac arrest information to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is seventeen (17) years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not limited to, facsimile or electronic mail. On a yearly basis, the youth sports organization shall offer concussion and head injury education and sudden cardiac arrest prevention educational materials, to each coach, administrator, referee, umpire, or other game official of the youth sports organization. Each coach and administrator shall be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization and the youth sports organization shall post related information online or provide the educational materials to athletes and parents, or both. A “Licensed Healthcare Provider” is one trained in the evaluation and management of concussions and other head injuries and cardiac conditions and sudden cardiac arrest, fainting, and shortness of breath.
- Concussion and head injury education and educational materials and a concussion and head injury information sheet shall, at a minimum, include information relating to all of the following: Head injuries and their potential consequences; the signs and symptoms of a concussion; Best practices for removal of an athlete from an athletic activity after a suspected concussion; and

Steps for returning an athlete to school and athletic activity after a concussion or head injury. Sudden cardiac arrest educational materials must minimally include cardiac conditions and their potential consequences, the signs and symptoms of cardiac arrest; best practices for removal of an athlete from play after fainting or a suspected cardiac condition is observed, steps for returning an athlete to athletic activity after fainting or a suspected cardiac condition is observed, and what steps to take in the event of a cardiac emergency.

- Additional California concussion law is found under the California Education Code (Cal. Educ. Code Section 35179.1 (c) (6), known as the 1998 California High School Coaching Education and Training Program) and requires coaches be certified in CPR and first aid and have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. The California law is found at sections 38131(6) and 49475 of the Education Code. (Cal. Educ. Code §35179.1(c) (6), § 38131(b) (6)), and §49475.6.
- Section 49475 of the California Educational Code provides that if a school district, charter school or private school offers an athletic program, any athlete who is suspected of sustaining a concussion must be removed immediately from the activity for the rest of the day. The athlete is not permitted to return to activity until evaluated and cleared in writing by a licensed health care professional who is trained in the management of concussions and acting within the scope of their practice. Parents/guardians of any student wishing to participate in an athletic activity and the athlete are required to annually sign a concussion information sheet before the student can participate. If a licensed health care provider determines that an athlete has sustained a concussion, the athlete shall complete a graduated return to play protocol of not less than seven (7) days under the care of a licensed health care provider. Section 38131(b)(6) provides that youth sports league activities taking place on school facilities or on school grounds are at the discretion at the governing board for the school district and subject to terms and conditions as the board may deem proper.
- The official versions of sections 124235, 38131(6), 35179.1, and 49475 are currently available online at:
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=124235.&lawCode=HSC
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=38131.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=35179.1.
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=49475.
- The following website offers additional information regarding California concussion law:
<http://www.cifstate.org/sports-medicine/concussions/index>
- Little League has developed a concussion overview page for each state that will be like the Child Abuse page.
- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • www.cdc.gov/concussion/HeadsUp/youth.html Concussions

- DA's must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the district.
- Failure to adhere to these laws could expose the district and/or host to unwanted liability and penalties • Some states require that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate
- The majority of states also require immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What is a Concussion?

A concussion is a type of traumatic brain injury—or TB—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right"—after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

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

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP

HEADS UP CONCUSSION

Concussions affect each child and teen differently.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/unconscious) out. Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

CONCUSSION INFORMATION SHEET FOR PARENTS AND PLAYERS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the signs listed below yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion. The individual may report symptoms, you observe signs:

Appears dazed or stunned	Is confused about assignment or position
Forgets an instruction	Is unsure of game, score, or opponent
Moves clumsily	Answers questions slowly
Loses consciousness (even briefly)	Headache or "pressure" in head
Nausea or vomiting	Balance problems or dizziness
Double or blurry vision	Sensitivity to light
Sensitivity to noise	Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems	Confusion
Does not "feel right"	Shows behavior or personality changes
Can't recall events prior to or after hit or fall	

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon while the brain is still healing risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- Tell your child's manager about any recent concussion. Managers should be informed if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell him or her.

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed from activity may not return to play or practice until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!

Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____ Date _____

Athlete Name (print) _____

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name (print) _____

Form to be retained by the league for the season, copy for parent upon request.

Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>



Accident Notification Form Page 1 (Parent/Guardian Statement)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1 Date of Birth (MM/DD/YY) Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (8-12)	<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 (10-12) (13-18)	<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 (13-18)	<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

Accident Notification Form Page 2 (League Use Only)

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 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 _____

D-33 Parent Code of Conduct

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, vaping products and alcohol and I will refrain from their use at all sports events.
17. 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.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature _____

Parent/Guardian Signature _____

ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of young people, too. However, the causes of sudden cardiac arrest in youth and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is Sudden Cardiac Arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 people under 25 die of SCA each year. Sudden cardiac arrest is the #1 cause of death for student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may experience symptoms, such as:

- *Fainting or seizures during exercise
- *Unexplained shortness of breath
- *Dizziness
- *Extreme fatigue
- *Chest pains
- *Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parent or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:

- *Fainting or seizures during exercise
- *Unexplained shortness of breath
- *Dizziness
- *Extreme fatigue
- *Chest pains
- *Racing heart

- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

What are the risks of practicing or playing after experiencing symptoms of SCA?

There are risks associated with continuing to practice or play after experiencing SCA symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parent or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:

- *Fainting or seizures during exercise
- *Unexplained shortness of breath
- *Dizziness
- *Extreme fatigue
- *Chest pains
- *Racing heart

- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.

_____ Signature of Athlete	_____ Print name of Athlete	_____ Date
_____ Signature of Parent/Guardian	_____ Print name of Parent/Guardian	_____ Date