



## **2024 Lexington Girls Little League Safety Plan**

President: Chazaray Carver  
Safety Officer: Emily Middleton  
League ID: #325353

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## **1.0 Mission Statement**

The Personnel and Volunteers of Lexington Girls Little League, a non-profit organization, are committed to providing a respectful atmosphere along with the safest possible environment for all children of our league. In addition, it is our goal to empower everyone to learn the game of softball, while instilling the Little League values of Community, Fun, Inclusion, Integrity, and Teamwork.

## **2.0 Purpose**

The purpose of the Lexington Girls Little League Safety Plan is to provide every child of Little League age the opportunity to play softball in the safest possible conditions. Although there are inherent risks of injury in the games, we will strive to minimize those risks by incorporating and renewing this Safety Plan every season.

A copy of this Safety Plan will be available for all Managers, Coaches, League Volunteers, and the District.

## **3.0 League Safety Officer**

The Lexington Girls Little League Safety officer is the direct link between the Board of Directors and the managers, coaches, umpires, players, and any other third parties regarding safety matters. The main responsibility of the LGLL Safety Officer is to develop, implement, and communicate the League's Safety Program to all involved.

**The Lexington Girls Little League Safety Officer for 2024 is Mrs. Emily Middleton.**

The LGLL Safety Officer's responsibilities shall include, but are not limited to the following:

- Ensuring the field and playing conditions are maintained as safe as possible.
- Conducting necessary safety training.
- Providing recommendations and reports of all incidents to the Board.
- Along with the League President, shall be the contact person for insurance forms.
- Report to the President.
- File the Safety Plan with Little League, Inc. by the established deadline.

## **4.0 Safety Manual Distribution**

A copy of this Safety Plan, once approved by Little League, will be provided to all league personnel including Board Members, Managers, Coaches, Concession Workers, Facilities Crews, etc.

A printed copy of the plan will be placed inside the main building located at the City Park, and a digital copy will be made available on the Lexington Girls Little League Website at [lexingtongirlssoftball.teamsnapsites.com](http://lexingtongirlssoftball.teamsnapsites.com).

## 5.0 Volunteer Application and Background Checks

Background checks will be required for all volunteers, including, but not limited to board members, managers, coaches, team parents, and anyone else who has direct contact with children. The purpose of the background check is to ensure that children are protected from anyone who has committed any crimes against minors and that the league is aware of any criminal background.

LGLL utilizes the Little League Volunteer Application – 2024 (Attachment A).

## 6.0 League ASAP Contact Information

### General Contacts:

EMERGENCY:	911
City of Lexington Police (Non-Emergency):	731-968-6666
City of Lexington Fire (Non-Emergency):	731-968-8219
Henderson County Sheriff (Non-Emergency):	731-968-2407
Henderson County Dispatch (Non-Emergency):	731-968-5911

### Board Members:

League President – Chazaray Carver	731-336-6631
Vice President – Savannah Rocco	731-798-8640
Safety Officer – Emily Middleton	731-845-4856
Secretary – Jessica Casner	731-602-7052
Treasurer – Felicia Simpson	731-614-2466
Player Agent – Kevis Buckley	731-307-8503
Umpire in Chief – Terry Britt	731-614-4356
League Equipment Coordinator – Emily Middleton	731-845-4856
Field / Facilities Manager – Blake Woodward	731-614-8571
Sponsorship / Fundraiser Coordinator – Felicia Simpson	731-614-2466
Coaching Coordinator – Blake Woodward	731-614-8571

## 7.0 Fundamentals, First Aid and Concussion Training

LGLL offers training for managers and coaches for the purpose of teaching the fundamentals of hitting, sliding, fielding, pitching, etc. At least one representative from each team will be required to have attended the fundamentals and first aid training once every three years. Fundamental training was conducted **March 3, 2024**. LGLL will also require First Aid training for Managers, Coaches, and League Volunteers that have not completed this training in the past three years. First Aid training can be completed on-line through "[www.firstaidforfree.com](http://www.firstaidforfree.com)" or any other on-line first aid training services.

A fully-stocked First Aid Kit will be provided in the Lexington Girls Little League Concession Stands next to the main entrance door. It will be clearly labeled "First Aid." In the event that it is used, an Incident/Injury Tracking Report (Attachment B) shall be completed.

## **8.0 Facilities and Equipment**

Prior to the start of the season, LGLL Equipment Manager will inspect all equipment for safety defects before it is distributed to the managers. Defective equipment shall be discarded. All Managers are required to provide a list of serviceable and non-serviceable equipment. Once the list is provided to the Equipment Manager, the items noted will be purchased and replaced.

Umpires are required to observe and inspect the equipment used in games and advise the Managers if they notice any equipment items that are unsafe or do not meet Little League specifications.

While preparing the field for play, Managers and coaches will evaluate the field and determine if there are any conditions that need attention. The Manager will report the condition to the League President or Field/Facilities Managers for repair.

Managers and Umpires must walk the field prior to play to judge the fitness and safety of the field.

## **9.0 Concession Stand Safety**

The LGLL Concession Stand Manager will be trained in the correct handling and distribution of food prior to the beginning of games. The following is a required checklist for the concession stand(s).

### General Requirements:

- Ensure that all counters are wiped clean prior to serving food / beverages.
- Ensure that all trash is taken out when needed and before leaving for the evening.
- Only concession personnel are allowed to handle food, beverages, and/or candy.
- Ensure that gloves are worn when handling food.
- Ensure that spills are quickly addressed and corrected.

### Cross Contamination

- Wash, rinse and sanitize all food contact equipment and surfaces after use, when switching from raw to cooked foods, and before closing.
- Store all cleaning supplies in properly labeled containers below food or food contact surfaces and equipment.
- Always separate cooked foods from raw.

### Personal Hygiene

- Wash hands before preparing food and as often as needed.
- Keep a clean, neat appearance.
- Do not handle foods if you are ill or have open cuts or sores.
- Properly restrain hair as required.

### Food Storage

- Observe all expiration dates and rotate as necessary.
- Store all food off of the floor.
- Store raw food below or away from cooked/ready-to-eat foods.
- Cover all foods when returning to storage and store at proper temperatures as necessary.

Additional Concession Stand safety information and messages are contained in Attachment C of this document.

## **10.0 Accident and Injury Reporting**

The Manager will immediately notify league official(s) (e.g. Umpire, Board Member) and evaluate the injury to determine what kind of care is needed. The Manager or League Official shall notify the player's parent or guardian if not on site at the time of the incident. If a family member of the player is unavailable and it is determined that the player needs further medical attention, it is the position of the Manager to err on the side of caution. If a family member of the player is available and present, other than basic first aid, medical care shall be deferred to the family member.

The Manager is required to notify Lexington Girls Little League of the accident/injury within 24 hours of occurrence. The Manager shall complete and submit an accident report form that has been approved by the Board of Directors within 48 hours of the occurrence to the League Safety Officer. The approved Incident/Injury Tracking Report forms are provided in Attachment B of this document.

- **What to report?**
  - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the LGLL Safety Officer.
- **What information is needed in the initial notification?**

- Name and phone number of individual(s) involved (Including Parent/Guardian)
- Date, time and location of the incident.
- A detailed description of the incident.
- Preliminary estimation of the extent of any injuries.
- Name and phone number of person reporting the incident.
- **Safety Officer Responsibilities**  
 Within 48 hours of receiving the incident report, the Safety Officer, or other League Official, will contact the injured party, or parent/guardian, in order to:
  - Verify the information received.
  - Obtain any additional information deemed necessary.
  - Check on the status of the injured party and
  - Advise of LGLL’s insurance coverages and the provisions for submitting any claims in the event the injured party required other medical treatment (e.g. Emergency Department visit, Doctor’s visit, etc.)

If the extent of the injuries is more than minor in nature, the Safety Officer, or other League Official, shall periodically contact the injured party to:

- Check on the status of the injuries; and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “closed” (i.e. no further claims are expected and/or the individual is participating in the league again.)

It is the intent of Lexington Girls Little League to reduce the risk of future injuries by tracking potentially unsafe conditions or “near-misses.” Any potentially unsafe condition should be reported to the Safety Officer, preferably using the Incident/Injury Tracking Report Form in Attachment B.

## **11.0 Little League Rules**

Lexington Girls Little League adheres to and enforces the rules as set forth by Little League Baseball, Inc. A print copy of the current year’s rule book may be ordered on the Little League website at the requestors expense (including applicable taxes and shipping). The Rulebook may also be accessed for free by downloading the smartphone application via your phone’s app store.

### General Little League Rules

- Most Little League rules have a basis in safety—follow them.
- Ensure players always have required equipment including catchers warming up on the field.
- Coaches and managers should enforce rules at practices as well as games.
- All fields shall have bases that dis-engage their anchor as required by Little League rules.

## 12.0 Weather

LGLL shall be responsible for determining when games are cancelled. Managers/Coaches should listen to current weather forecasts for the day of any game and be alert to changing weather conditions. The LGLL Board will approve and utilize a specific cellphone weather application that will be used when making decisions regarding inclement weather. The application information will be shared with all Managers and Coaches as well.

### Rain

If it begins to rain, evaluate the strength of the rain. Periodically evaluate the condition of the playing field. Stop play if conditions become unsafe. Managers are to consult with the umpire, of which the umpire makes the final decision. If the umpire and managers decide to postpone, wait 20 minutes from this point before making a decision to cancel the game.

### Lightning

When thunder is heard within 30 seconds or less of a visible lightning strike, or a cloud-to-ground lightning bolt is seen, or lightning is detected within 6 miles or less according to the board approved cell phone weather application the thunderstorm is close enough to strike your location with lightning.

- All outdoor activities will be suspended for 30 minutes.
- A League Official will sound **three blasts** from the air horn to notify those within the park of the presence of lightning and **suspension of play**.
- All players, coaches, managers, and spectators will return to their vehicles for this period of time.
- "Thirty-minute Rule." Once play has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play. Any subsequent thunder or lightning after the beginning of the 30-minute count will reset the clock and another 30-minute count should begin.
- League Officials will make the final decision for when play can resume based on weather and field conditions. If the decision to resume is made, the League Official will sound **one long blast** from the air horn to notify that **play will resume**.

### Excessive Heat

Using the board approved cellphone weather application, League Officials will determine the heat index and make the decision regarding cancelling or postponement



of activities. Activities should be postponed if a heat index of 104° or greater is observed. Once the heat index drops to 103° or less, activities may resume.

Any determination for cancellation of games will be determined by league officials and team managers based on these guidelines. The most likely course of action will be to postpone start times instead of cancellation, but LGLL does reserve the right to cancel contests in the interest of participant safety.

## **Attachment A**



# 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](http://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?

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

(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?  Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)?  Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?  Yes  No

If yes, explain: \_\_\_\_\_

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

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

League Official  Umpire  Manager  Concession Stand

Coach  Field Maintenance  Scorekeeper  Other \_\_\_\_\_

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

Name/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

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

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

## **Attachment B**

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: \_\_\_\_\_

## 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.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

---

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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



**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

**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 \_\_\_\_\_

## **Attachment C**

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

#### 6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

#### 9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

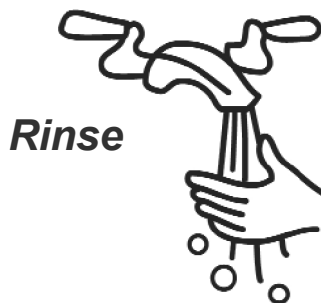
#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

*Safety plans must be postmarked no later than May 1st.*

# Volunteers Must Wash Hands

## HOW



*—:v,111,'•*

**Wash your hands** before you  
**prepare food** or as often as needed.

### **Wash after you:**

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

**Do not touch** ready-to-eat  
**foods with your bare hands.**

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

### **Wear gloves.**

when you have a cut or sore on your hand  
when you can't remove your jewelry

### **If you wear gloves:**

- ▶ wash your hands before you put on new gloves

### **Change them:**

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



UM ASS

**IKINSON**



Think **PASS!**

1. **P**ull Ring

2. **A**im at Base of Fire

3. **S**queeze Lever

4. **S**weep Side to Side



# First Aid Kits: What Goes in Them?

## ASAP Requirement #12

Bringing a first aid kit to all games and practices is an important part of implementing your league's ASAP Safety Plan. Your league's Safety Officer should ensure first aid kits are fully stocked throughout the season. Keep a list of supplies in your first aid kit, so it can be replenished as needed. If managers or coaches use any first aid supplies, they should work to replace them through your league's appropriate purchasing process before the team meets again.



### Each league can decide what to put in their first aid kits. Suggested items include:

- Adhesive Bandages
- Gauze
- Athletic tape
- Antiseptic cleanser
- Gloves
- Bag to dispose of soiled items
- Scissors
- Tweezers
- CPR face mask
- First aid manual
- Instant chemical cold packs

The concession stand should have a stocked first aid kit, as well as access to ice for treating bruises and sprains; and plenty of drinking water. In addition to having first aid kits at game and practice locations, it is critical that a representative from each team attends a first aid training every year. Your league should also have an emergency plan as part of your ASAP safety plan. This should be accessible and include your field address and emergency phone numbers. There must be a working cell phone on site, or, if your location isn't in cell service, a working landline.

When fundraising and budgeting for your league, factor in the cost of first aid kits. Make sure you have enough supplies for each team to last throughout the season. At the end of the season, throw out any expired items and determine what you'll need to restock each kit.

Leagues are encouraged to review the ASAP requirements when building an ASAP plan for the current season.

## **Attachment D**

# HEADS UP



## SIGNS AND SYMPTOMS

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

### ) SIGNS OBSERVED BY COACHING STAFF

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

### ) SYMPTOMS REPORTED BY ATHLETE

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



## ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - ) Be back to doing their regular school activities.
  - ) Not have any symptoms from the injury when doing normal activities.
  - ) Have the green-light from their health care provider to begin the return to play process.

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



For more information and to order additional materials **free-of-charge**, visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

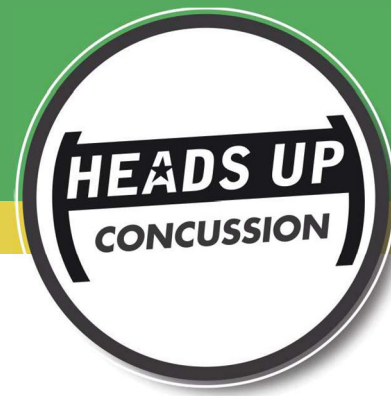
You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QRcode pictured at left with your smartphone.



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

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.





**ALL CONCUSSIONS ARE SERIOUS.**

IF YOU THINK YOU HAVE A CONCUSSION:

- ✓ **DON'T HIDE IT.**
- ✓ **REPORT IT.**
- ✓ **TAKE TIME TO RECOVER.**



▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON.”**



JOIN THE CONVERSATION AT [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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