

2023 ASAP Safety Manual



Williams Little League

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Safety Mission Statement

It is the policy of Williams Little League to actively participate in the A Safety Awareness Program (ASAP) to safeguard the physical and emotional well-being of all children participating in any baseball and softball programs, as well as providing a safe and friendly environment for volunteers, parents and spectators. It is also the policy of our league to

- ***Inform and educate our community as to what the ASAP Program is and how it serves the best interests of our participants***
- ***Involve players, parents, community members, local businesses, law enforcement, fire protection, Emergency Medical Services (EMS) and other organizations in our ASAP Program through the sharing of information, poster campaigns, advertising and education programs***
- ***Utilize all available resources within our community to further the goals of the ASAP***
- ***Make Zero-Injuries our goal***

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A Safety Awareness Program (ASAP) Safety Manual

The ASAP mission is to increase awareness to provide a safer environment for children, volunteers, and all Little League participants. Having a league safety program is instrumental to the well-being of players, volunteers and all participants. The Little League ASAP program encourages individual leagues to create a safety manual. Williams Little League is committed to the safe operation of our programs. This Safety Manual has been developed to assist in that effort and to ensure that our league is “ASAP” compliant. This safety manual will be distributed to all Managers, Coaches, Umpires, League’s Board of Directors, and all other volunteers. Parents shall be informed of the ASAP through managers and/or Safety Officer.

2023 Safety Training Events

Williams Little League requires Safety training. Each team shall have at least one Manager or Coach that is certified in 1st Aid CPR and/or the CDC Concussion Training. Copies of certification shall be provided to the league and within managers binders. The following explains where training can be obtained.

- **Red Cross First Aid CPR Training**
 - <https://www.redcross.org/take-a-class>
- CDC Concussion Training
 - Link to: [HEADS UP to Youth Sports: Online Training | HEADS UP | CDC Injury Center](#)
 - <https://www.cdc.gov/headsup/youthsports/training/index.html>
- 2023 Fundamental/Skills and First-Aid/Safety Training Sessions
 - First-Aid and Safety Program Training: March 26th 2023
 - March 24th and 25th Skills Assessment
 - Umpire Clinics: Local TBD and Prescott Clinic March 25th 2023

Safety Officer

The responsibilities of the Williams Little League Safety Officer are:

- ✓ Develop and document League Safety Program and distribute copies to all volunteers in accordance with ASAP policy
- ✓ Submit a yearly ASAP plan to Little League
- ✓ Submit annually an updated Facilities Survey to LLBB
- ✓ Ensure compliance throughout the league with the established safety policies
- ✓ Help develop and coordinate all Safety Related Training with the League

- ✓ Conduct regular inspections of all fields and facilities
- ✓ Report all violations to our Little League Board of Directors along with the corrective actions taken
- ✓ Investigate all accidents; provide claims forms and information and track in accordance with this safety manual
- ✓ Make sure all teams have First Aid Kits at all games and practices
- ✓ Ensure league compliance with the Little League Baseball's Child Protection Policy
- ✓ Ensure compliance with ASAP requirement 14 requiring player registration data and coach/manager data be submitted via the Little League Data Center
- ✓ Submit any ideas implemented by our league to help improve our safety plan

2023 Safety Officer Contact Information

Name: Samantha Flores

Cell: (928) 607-4142

Email: sjf58@nau.edu

Player Safety

Child Protective Policy

Little League has zero tolerance for any type of abuse against a minor, including, but not limited to, sexual abuse, physical abuse, mental, and emotional abuse (as well as any type of bullying, hazing, or harassment). Any individual with an offense involving or against a minor (refer to Volunteer Application), will not be permitted to participate in any Little League programs or activities. The Williams Little League shall enforce and establish a zero-tolerance culture that does not allow any type of activity that permits or promotes any form of misconduct or abuse (mental, physical, emotional, or sexual) between players, coaches, parents, guardians, caretakers, spectators, volunteers, and/or any other individual.

Volunteers and Background checks

- Our league will conduct background checks on all Volunteers. Final approval is by the League's Board of Directors. There will be absolutely no exceptions to this requirement. Please refer to the 2023 Williams Little League Bylaws on a full description of the background check process.
- All Volunteers shall be cleared through the Little League background check process required by Little League International thru J.D. Palatine (JDP). Anyone refusing to

follow and complete the required process will not be allowed to participate with the league in any capacity. Please see Volunteer Application in Appendix A.

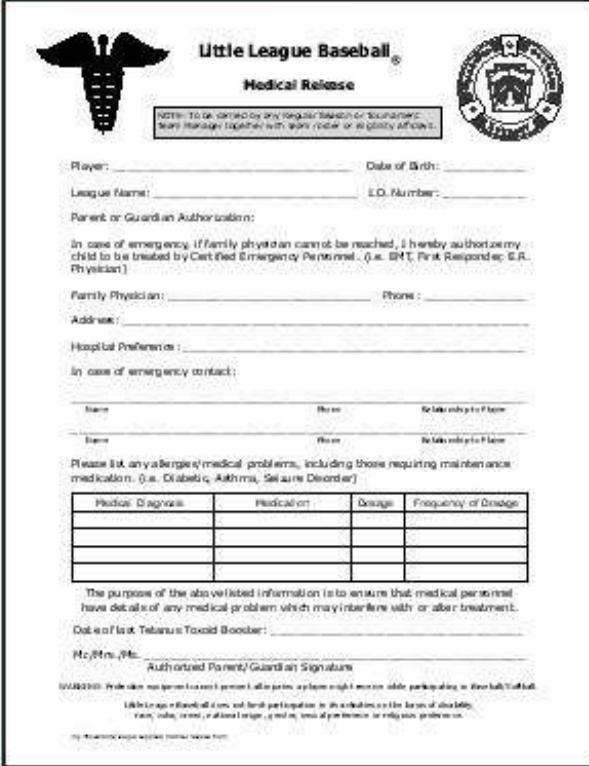
- No one will be allowed on fields or in dugouts without a completed Williams Little League background check.

Professional Photography

The purpose of this rule is for the safety of the Players. Professional photography is defined by the league as payment, indirect payment, reimbursements, or donations for: pictures of Players or photography of activities within the league. Newspaper and media organizations are exempt from the following rule. No person shall provide professional photography for Williams Little League unless approved as a vendor through Little League® International and approved by the Leagues Board of Directors.

Little League Medical Release Form

The Williams Little League requires that the Little League Medical Release be completed, signed, and returned to the team manager before participation in any practice or game. *There are no exceptions to this rule. Copies shall also be provided to the Player Agent.* A blank copy will be provided with the registration forms and/or team Managers.



The form is titled "Little League Baseball Medical Release". It includes a caduceus logo on the left and a Little League logo on the right. A note states: "NOT to be done by any regular season or tournament team manager together with any other or eligibility officials." The form contains the following fields and sections:

- Player: _____ Date of Birth: _____
- League Name: _____ L.O. Number: _____
- Parent or Guardian Authorization: _____
- In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)
- Family Physician: _____ Phone: _____
- Address: _____
- Hospital Preference: _____
- In case of emergency contact:
- _____
Name Phone Relationship to Player
- _____
Name Phone Relationship to Player
- Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetes, Asthma, Seizure Disorder)
- | Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
- The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.
- Do not list Tobacco/Toxic/Drugs: _____
- _____
Name/Phone
- _____
Authorized Parent/Guardian Signature
- WARNING: If you do not permit your child to play, a player might become liable participating in these ball/softball.
- Little League Baseball does not permit participation in its activities on the basis of race, color, creed, or physical handicap, or on the basis of sexual orientation.
- © 2010 Little League Baseball, Inc. All rights reserved.

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

For Managers and Coaches: Quick Stop

This section is a quick checklist for managers and coaches to ensure safety on a daily basis.

- Ensuring safe Facilities
 - Fields, dugouts, batting cages bathrooms, ect. checked prior to Games or Practice
- Manager Binder
 - Locations for Safety Information
 - Contact Information
 - Emergency Forms
 - All Players Medical Release forms and Parent Code of Conduct Form
- Require stretches and Warmups prior to practices and Games
 - Warmups should include gradually increasing working thru the full range of motion for the activity expected and should include a sport specific activity. Lining up and throwing to each other for 15 minutes is not a warmup!
 - Cool down after vigorous exercise. A 10-to-15-minute cool-down period allows heart rate and breathing to return to normal. Slow walking will prevent blood from pooling in the legs. Blood pooling can cause dizziness and blackouts. Coach may conduct stretching exercises again to prevent the muscles from getting sore and stiff.
- Little League Rule Book
 - Rule Changes
 - Game Pitch Counts per Age Group and Pitching Mechanics
- Weather Policy
 - 30 Minute Delay for Lighting Conditions
- Players Returning from Injury
 - Managers and Coaches responsibility to ease player back into practices and games.
 - Managers and Coaches may decide for player may have less of a playing role in the team to recover
- Injury Prevention
 - Every activity or action shall have safety as a number one priority.

OUR LEAGUE'S EMERGENCY PROCEDURE

In the event of any emergency such as a serious injury, illness, crime, threat of any type, then Dial 9-1-1

DIAL 9-1-1

This will connect you to a dispatcher who will provide the appropriate response to any emergency. Listen carefully to the dispatcher. They will ask you the appropriate questions and get you the help you need. No matter what, DO NOT HANG UP until the dispatcher hangs up or tells you to.

Emergency Injury or Illness

If the emergency is an injury or illness, follow this procedure

- ✓ First, protect the victim from further injury! DO NOT MOVE THE VICTIM UNLESS THERE IS AN IMMEDIATE THREAT!
- ✓ Any qualified person at the scene should provide First Aid immediately.

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone.

- ✓ First dial 9-1-1. Give the dispatcher the necessary information. Answer any and all questions that he or she might ask. Most dispatchers will ask your exact location, the telephone number from which the call is being made and your name. They will also need to know what happened, how many victims there are and their condition. They will also ask what help is being given (first aid, CPR, etc.) The dispatcher may be able to tell you how to best care for the victim.
- ✓ Continue to care for the victim and reassure them until professional help arrives.
- ✓ If the victim is a minor, find the legal guardian.
- ✓ Always notify the League President and/or Safety Officer of any incident, no matter how minor, so that it can be properly documented by the league.

League President – Richard Gonzalez (858) 736-4252
League Safety Officer – Samantha Flores (928) 607-4142

Enforcing Little League Rules

All rules of the 2023 Little League Rulebook (Little league International Rules) will be strictly enforced. Our league will ensure that every manager, coach, umpire, and league/district official will have access to the 2023 Little League Rulebook. Williams Little League encourages the download of the 2023 Little League Rulebook App. All participants shall adhere to the Little League Rulebook during games and practices as most rules relate to safe participation. Some rules of special importance

- Catchers will be properly equipped In accordance with Rule 1.17. All catchers shall also have dangling throat protectors secured to their masks in such a way as to provide proper protection
- Catchers warming up pitchers or catching for infield/outfield drills will wear catchers helmet, mask with dangling throat protector
- Rule Book 3.09 -Managers or coaches are permitted to warm up a pitcher at home plate or in the bullpen or elsewhere at any time, including in game warm-up, pregame warm-up, and in other instances. They may also stand by to observe a pitcher during warm-up in the bullpen.
- All equipment will be inspected before it is issued and before each use. All batting and catchers helmets will comply with all specifications and applicable NOSCAE standards
- All suspect or clearly defective equipment will be disposed of by our equipment manager. It will not be given away for use by anyone
- All bats used by our league will fully comply with 2023 Little League rules

Local Leagues Safety Rules

- Every Manager is to carry the team's roster with copies of all Medical Release Forms to all games and practices.
- Umpires are a vital part of our Safety Program. Umpires will be considered Safety Officers for each game they officiate in the absence of a District or League Safety Officer and have the authority to stop, or delay play due to any safety issues

Fundamentals Training

- Draft dates will serve as fundamentals training. Other online resources will be provided to coaches. Clinics will be provided as they come available.

First Aid Training

- Annual Basic First Aid/EMT Training is mandatory for our coaches and managers. All umpires and league officials will also be required to attend.

Field Inspections

- Before any game or practice, Managers, Coaches and Umpires will carefully inspect the fields/facilities for hazards. Inspection should include bases, fences, outfield area, restrooms, and bleachers. Managers shall also ensure that all phone listings for our Little League Board of Directors and all Emergency Phone listings are predominately posted at the game or practice site. Report all problems to the League Safety Officer. Correct all problems BEFORE beginning play or practice.

Equipment Inspection

- Before any game or practice, all equipment (Bats, Helmets, Bases, Catchers Equipment) shall be carefully inspected for defects. Discard all defective equipment and report all problems to the Safety Officer. All defective equipment will be returned for permanent disposal. At no time will defective equipment be given away.

Safety Equipment

First Aid Kits

- Every Manager is to ensure that a First Aid Kit is available for all games and practices. Managers will also be sure to carry the team first aid kit if traveling outside of the league facilities. All kits should include non-latex gloves.

Concession Stand Safety

Williams Little League will operate concessions at Williams Cureton Park City Little League Field and as needed Williams High School Field. Operations will be inspected by our Board on a regular basis.

- Our league will post and distribute written safety procedures for our concession operations
- Our league concession manager shall be obtain a food handlers card and a copy shall be posted in the concession stand

- Our league concession manager trained in safe food handling/prep procedures shall train league volunteers working in concessions
- Our Training will include
 - Proper perishable food storage and handling guidelines
 - Proper food preparation guidelines
 - Procedures for inspection of all food storage equipment
 - Safety rules for operation of grills or other potentially dangerous equipment
 - Concessions check lists for opening and closing concessions

Concession Stand Policies and Guidelines

Policy

- All concession volunteers shall have training in basic safety guidelines for concessions
- Unwrapped foods are only served by individuals with a food handlers card;
- Grills/Hotplates may not be attended by anyone under the age of 18 without proper supervision.
- All other concessions volunteers handling unwrapped food shall be at least 14 years of age.
- Concessions volunteers will inspect the concession area for any violations of the posted safety requirements and report any irregularities to a board member.
- Concession manager, board member or the volunteer in-charge of the concession stand will verify before daily operations the following:
 - Only authorized volunteers are to be in the concessions area during operations
 - Fire Extinguisher and First Aid Kit is in place, stocked and in working order
 - Emergency Phone Numbers posted
 - Cleanliness of the food preparation area completed and free of any unsafe or unsuitable items such as cleaning fluids, debris, etc
 - Food storage and preparation equipment are in proper working order
 - League Safety Manual is in the Concession Area

Guidelines

- At least one of the League's Board of Directors shall be present in concessions stand during while open to the public;

COVID-19

Williams Little League shall apply advice from the Center of Disease Control (CDC) pertaining to Covid-19. The CDC provides Covid Community Levels based on Low, Medium or High Levels. The following explains how the Williams Little League will mitigate for Covid-19 during community levels.

Everyday Hygiene Guidelines (Low & Medium Levels):

- Players, coaches, umpires, spectators, and volunteers will take precautions related to COVID-19.
- Wash hands before and after team activities, hand sanitizer will be provided to the extent possible
- No individuals should attend team activities if they are showing virus symptoms
 - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Families are responsible for assessment of player health prior to each team activity
- Managers and Coaches should notify players guardian if player arrives showing symptoms
- Minimize direct contact and maximize physical separation/spacing
 - Players may wear a facemask during play or practice, but it is not required.
 - Players drink only from their own water bottles.

Protocol for High Levels

- Everyday Hygiene Protocols shall be followed
- Only one team on the field during practice.
- Dugouts will be rotated for each practice. i.e. 1st & 3rd practice will use Home dugout, 2nd practice will use Visitor dugout.
- Minimize shared equipment - players bring their own gear to the extent possible
- Equipment and dugouts should be sanitized to the extent possible.

- Parents are permitted to attend games. Spectators will be required to social distance. Children not playing will need to stay with their parents. All spectators will be required to wear a mask if not socially distanced.
- No sunflower seeds or gum allowed on fields, in dugouts and within stands.

Accident Reporting Procedure

All accidents and near-miss incidents shall be reported to the League Safety Officer.

- All accidents involving an injury that require any first aid or professional medical attention shall be reported within 24 hours of the incident;
- All other accidents and near miss incidents shall be reported within 72 hours. Near miss accidents are any incident where a player, spectator, umpire, coach, manager, or league official narrowly missed being injured. These “close call” incidents may indicate a safety problem that needs to be addressed before an actual injury occurs.
- League Safety Officer will investigate and take appropriate action.
- Safety officer will also forward comments to the League’s Board of Directors and fill out appropriate form(s)
- ASAP Incident Tracking Form and Little League Accident Notification Form
- Safety office or another board member will also assist parents in filing claim forms. Copies of all claim forms will be maintained for two years. ■ All accidents and near miss incident reports will be maintained by the board for a minimum of two years.

Maryland District 7 Little Leagues

Incident/Injury Tracking Report

A Safety Awareness Program – Activities/Reporting

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 (5-6) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13)
☐ Senior (13-15) ☐ Sr./Minor (13-15) ☐ Big League (16-18)
 C) ☐ Tryout ☐ Practice ☐ Game/Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

Position/Role of person(s) involved in incident:

- D) ☐ Batter ☐ Baseline runner ☐ 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 being allowed in a game or practice.)

Type of incident and location:

- A) On Primary Playing Field
☐ Base Path: ☐ Running or ☐ Sliding
☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
☐ Collision with: ☐ Player or ☐ Structure
☐ Grounds Defect
☐ Other: _____
 B) Adjacent to Playing Field
☐ Seating Area ☐ Travel:
☐ Parking Area ☐ Car or ☐ Bike
 C) Concussion Area or ☐ Walking
☐ Volunteer Worker ☐ League Activity
☐ Customer/Bystander ☐ Other: _____
 D) Off Ball Field

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____

Phone Number: _____

Signature: _____

Date: _____



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: 570-327-1874 Fax: 570-326-9280

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

League Name		League I.D.	
PART 1			
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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	-----------------------------------------------------------------------------	----------------

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)	
	<input type="checkbox"/> BIG (14-18)			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	PARAPLEGIC	<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 _____

Appendix A: 2023 Little League Volunteer Application



Little League® Volunteer Application – 2023

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 on 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/local/check for more information.

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

All RED fields are required.

Name _____ First _____ Middle Name or Initial _____ Last _____ Date _____

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? _____
If yes, list full name and what level? _____ ☐ Yes ☐ No

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, pled 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 pled no contest or guilty to any crime(s)? _____
If yes, describe each in full: _____ ☐ Yes ☐ No
(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 lived on any youth organization ineligible list? _____
If yes, explain: _____ ☐ Yes ☐ No
(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/Background

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

☐ National Sex Offender Registry ☐ Ineligible/Suspended List

*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.

Little League® "Basic" Volunteer Application – 2023

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 for more information.

All red fields are required.

Name _____

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, pled 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 pled no contest or guilty to any crime(s)?

If yes, describe each in full: _____ Yes ☐ No ☐

(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)?

If yes, describe each in full: _____ Yes ☐ No ☐

(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?

If yes, explain: _____ Yes ☐ No ☐

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

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

- ☐ League Official ☐ Field Maintenance ☐ Concession Stand
- ☐ Coach ☐ Manager ☐ Other _____
- ☐ Umpire ☐ Scorekeeper

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/bgchecklaws

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 names 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 _____

If Minor/Parent Signature _____ Date _____

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 first 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 First Child Reporting Act concerning 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.