

2018 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2018 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms with your complete safety plan — *including all 16 minimum requirements clearly detailed* — online or with a **postmark** no later than **April 16, 2018**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted *starting Jan. 1, 2018*.

Safety plans approved prior to the posted deadline will win your league a credit award based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2018 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be *received and approved by Little League International by April 2*. This is different than the league deadline and requirement. Districts with **88%** or better of their leagues that LLI received an approved and qualified safety plan by April 2 will earn a **\$350** credit. Districts with 70%-87% of their leagues that LLI received an approved and qualified safety plan by April 2 will earn a **\$150** credit.

This Registration Form MUST Accompany Safety Plan Submission

League Name <u>Home Run Bawks</u>	League I.D. # <u>62200602</u>
City <u>ST MICHAELS</u> State <u>MD</u>	League I.D. # _____
(If board operates more than one charter, please list all: League I.D. # _____)	

League Safety Officer SHAWN CARTER
 Address 6929 EDGE CREEK RD
 City ESSEX
 State MD Zip Code 21601
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number (410) 245 0181
 Email smcarter72@hotmail.com

League President RICH WHEAT
 Address 239 MADISON AVE
 City ST MICHAELS
 State MD Zip Code 21663
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number (413) 988-1118
 Email rw07622@gmail.com

Items included with this application form:
 # of pages of league's safety program outline: 27
 # of non-returnable photographs: 0
 Person submitting application (if different from above): _____

Name _____ Title _____
 Address _____ City _____
 State _____ Zip Code _____ Telephone () _____
 Signature RWC Date 3/1/18

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2018 Little League Facility Survey, along with supporting safety manual, to:
 Mailing Address: ASAP Award Program or Shipping Address: ASAP Award Program
 Little League International Little League International
 P.O. Box 3485 539 U.S. Route 15 Hwy.
 Williamsport, PA 17701 So. Williamsport, PA 17702

Returned & Approved by April 2 for D.A. incentive or no later than April 16 for basic approval Over →

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

These two pages contain the 16 minimum requirements for your safety plan to qualify for the cash award if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. *This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey, as well as any other supporting pieces illustrating your safety program. Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.).*
Judging: All judging will be conducted based on the material submitted. *Non-original safety plans will not be considered for the awards.*

*** Please List Page Number Where Each Item Below Is Located In Your Safety Plan**

• Please list dates when training was/will be held; and where each requirement can be found in your plan.

1. Have active safety officer on file with Little League International

1. Page: 5

2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to safety manual to volunteers

2. Page: 6/10, 12

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your D.A. or District Safety Officer. Little League International does not keep copies for leagues' future use.

Do you have a website? YES NO

Is your Safety Plan posted on your website? YES NO

3. Post and distribute emergency and key officials' phone numbers

3. Page: 5

- Include emergency procedures for handling injuries and who to contact to track/report them.
- Include emergency phone numbers for ambulance, police, fire department, etc.
- Include league president and safety officer, consider head umpire, board members.

4. Use 2018 Volunteer Application Form

4. Page: 11
JDP

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy.
- Must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as First Advantage.
- Anyone refusing to fill out Volunteer Application is ineligible to be a league member.
- League president must retain these confidential forms for the year of service.
- Send an uncompleted, blank copy of league's application form from correct year.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)

5. Page: _____

- It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years; but one team representative still required each year.
- High school, college, or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

5. Date Was/ Will Be Held: 2/27/18

5. Date Was/ Will Be Held: _____

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

6. **Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**

- It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are not exempt.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years, but one team representative still needed each year.

6. Page: 13-14

6. Date Was/
Will Be Held: 2/27/18

6. Date Was/
Will Be Held: _____

7. **Require coaches/umpires to walk fields for hazards before use**

- Recommend leagues use form to track and document any facility issues needing to be fixed.
- Common sense activity — look for rocks, glass, holes, etc.
- Specify who is responsible for doing this — home coach, visitors, umpire, or all?

7. Page: 15

8. **Complete the 2018 ANNUAL Little League Facility Survey**

- A requirement each year, can help leagues find and correct facility concerns.
- Provided in the ASAP section on the Little League website — facilitysurvey.musco.com or email asap@musco.com
- DO NOT simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2018 form.
- Keep a copy on file for future needs; Little League does not maintain copies of surveys.

8. Page: ONLINE

9. **Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**

- Local restaurant operators are good resources for training assistance.
- Training should also cover safe use, care and inspection of equipment.
- See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.

9. Page: 8-9

10. **Require regular inspection and replacement of equipment**

- Inspect equipment before each use by coaches and umpires.
- Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
- Recommend use form to remind coaches and to track equipment needs.

10. Page: 10

11. **Implement prompt accident reporting, tracking procedure**

- Accident forms to safety officer within 24-48 hours of incident is common.
- Forms are available through Little League website.
- Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
- Share information on accidents and "near-misses" with District staff.

11. Page: 6-7

12. **Require a first-aid kit at each game and practice**

- Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
- Local hospitals and medical supply companies are good sources.
- If necessary, fund through special drive.

12. Page: _____

LOCATED IN
CONCESSION STANDS

13. **Enforce Little League rules including proper equipment**

- Most Little League rules have some basis in safety — follow them.
- Ensure players have required equipment at all times, even catchers warming up during infield.
- Make sure coaches and managers enforce rules at practices as well as games.
- Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
- Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

13. Page: 10, 15

14. **Submit league player registration data or player Roster data and coach and manager data**

- League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at LittleLeague.org. This is a requirement for an approved ASAP plan.

14. Page: ONLINE

15. **Submit an idea you implemented to help promote or improve your safety plan**

15. Page: 0

16. **Submit a qualified safety plan registration form with your ASAP plan**

16. Page: 1

2018 Qualified Safety Program Registration Form



Highly Recommended Ideas

Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:

ORGANIZATION

- | | |
|---|---------------------------|
| 16. Conduct supplemental criminal checks on all applicable personnel (i.e., thru First Advantage) | 16. Page: <u>JDP 2425</u> |
| 17. Have your safety plan reviewed by your DA or DSO | 17. Page: <u>2/27/18</u> |
| 18. Include the safety officer as a board position | 18. Page: <u>5</u> |
| 19. Have team safety representatives (i.e. team parents) | 19. Page: _____ |
| 20. Have player safety representatives (i.e. team safety officers) | 20. Page: _____ |
| 21. Allocate part of annual budget for safety | 21. Page: _____ |
| 22. Distribute ASAP News newsletters within league | 22. Page: _____ |
| 23. Use local safety resources (i.e. police, fire dept., hospital staff) | 23. Page: _____ |
| 24. Have league safety mission statement | 24. Page: _____ |

TRAINING

- | | |
|---|------------------------|
| 25. Provide CPR/AED training to coaches, managers, board members, parents | 25. Page: <u>13-14</u> |
| 26. Review concussion laws in your state and provide training to coaches, managers, board members, parents if necessary | 25. Page: <u>22-23</u> |
| 27. Provide bicycle and traffic training to players | 26. Page: _____ |
| 28. Provide drug education training to players and volunteers | 27. Page: _____ |
| 29. Provide Parent Orientation Program on Code of Conduct | 28. Page: _____ |
| 30. Teach coaches/managers about heat illnesses, warning signs | 29. Page: <u>16-19</u> |
| 31. Teach coaches/managers about stopping play, breaks for weather:
• Stop play for lightning; take breaks between innings for water, shade in high heat | 30. Page: <u>20-21</u> |
| 32. Teach coaches/managers about sports fundamentals, like:
• Proper warm-ups, running safe practices and games | 31. Page: _____ |
| 33. Involve umpires in safety training and safety importance | 32. Page: _____ |

FACILITIES AND EQUIPMENT

- | | |
|---|---------------------------------------|
| 34. Complete annual LL Lighting Safety Audit for lighted fields | 33. Page: <u>N/A</u> |
| 35. Complete a long-range facility plan for safety improvements | 34. Page: _____ |
| 36. Use reduced impact balls, especially for younger ages | 35. Page: <u>TEE BALL</u> |
| 37. Use disengage-able bases (mandatory starting in 2008) for ALL fields | 36. Page: <u>✓</u> |
| 38. Use double-first base to avoid collisions of fielders, runners at first | 37. Page: <u>✓</u> |
| 39. Use warning tracks in the outfield to protect outfielders | 38. Page: <u>CONCERN ✓</u> |
| 40. Use protective/padded fence tops to protect fielders | 39. Page: <u>✓</u> |
| 41. Use fencing or netting to protect spectators from foul balls | 40. Page: _____ |
| 42. Have a telephone available to all fields even for practices | 41. Page: <u>✓</u> |
| 43. Have back guard rails and side rails on taller bleachers | 42. Page: <u>✓</u> |
| 44. Have an AED (automatic external defibrillator) available for use | 43. Page: _____ |
| 45. Have electronic weather detector to alert for approaching storms | 44. Page: <u>20-21, 26-27</u> |
| 46. Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.) | 45. Page: _____ |
| 47. Control speed and flow of traffic in and around facilities | 46. Page: _____ |

ACTIVITIES

- | | |
|--|--------------------|
| 48. Encourage league input through 'Safety Suggestion Box' | 47. Page: _____ |
| 49. Provide continuous safety messages through:
• Bulletin boards, newsletters, emails, meetings | 48. Page: <u>✓</u> |
| 50. Encourage and recognize safety efforts from players:
• Safety poster contest, safety tips, player team safety officer | 49. Page: _____ |
| 51. Require/Encourage use of protective cups for players, esp. infielders | 50. Page: <u>✓</u> |
| 52. Require/Encourage use of mouth guards for players, esp. infielders | 51. Page: <u>✓</u> |
| 53. Require/Encourage use of face guards on batting helmets | 52. Page: <u>✓</u> |
| 54. Encourage all adults to sign up for Little League E-News | 53. Page: <u>✓</u> |

2018 Home Run Baker Little League Board of Directors

Name	Email	Day Phone	Officer Type(s)
Richard White	rw07622@gmail.com	443-988-1118	League President
Chrissy Murphy	cjtmurphy@live.com	410-924-7837	League Secretary, League Other Officer
Rick Bock	bocksters@yahoo.com	443-564-0280	League Treasurer
Shawn Carter	scarfer@tidewaterpt.com	410-245-0181	League Safety Officer
Geoff Diefenderfer	gdiefenderfer@eucmail.com	4437866526	League Other Officer
Keith Ludwig	keith.ludwig@choptanktransport.com	410-476-7798	League Baseball Vice President, League Umpire-in-Chief
Lee McGuckin	leland3734@yahoo.com	4437862684	League Other Officer
Tracy Roe	gavtracroe@aol.com	4437865463	League Other Officer
Jill Sherwood	jillmarie@atlanticbb.net	410-924-2031	League Baseball Vice President
Shawn Smith	shawn@dannysproduce.com	410-714-2414	League Other Officer
Ryan Stacey	recovery0907@yahoo.com	410-829-5712	League Other Officer
Monica White	monsicas@gmail.com	443-988-1119	League Player Agent



LITTLE LEAGUE, BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League, International
538 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1874

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) (Submit a copy of your approval from Little League incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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? Yes No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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Concession Stand Tips

SAFETY FIRST

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.

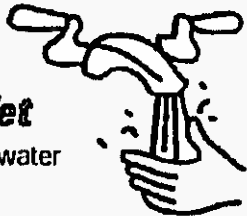
Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

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

Volunteers Must Wash Hands

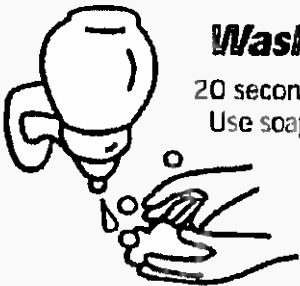
HOW

Wet
warm water



Wash

20 seconds
Use soap

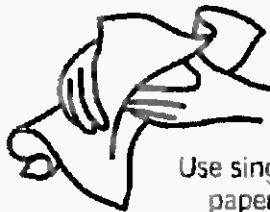


Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

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 or 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

Equipment Checklist

Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- Athletic supporter – all male players
- Metal, fiber, or plastic type cup – all male catchers
- Catcher's helmet and mask, with "dangling" throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- Catcher's mitt – all baseball catchers
- Chest protector and leg protectors – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- Helmet meeting NOCSAE standards – all batters, base runners, and players in coaches boxes
- Helmet chinstrap – all helmets made to have chinstrap (with snap buttons, etc.)
- Regulation-sized ball for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- Regulation-sized bat – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- Non-wood bats must have a grip of cork, tape, or composite material, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- 1st, 2nd and 3rd bases that disengage from their anchors
- Pitcher's plate and home plate
- Players' benches behind protective fences
- Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- Metal, fiber, or plastic type cup – any player, esp. infielders
- Pelvic protector – any female, esp. catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- Game-Face Safety Mask – any player, esp. infielders
- Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- Helmet – adults in coaches boxes
- Helmet with Face Guards or C-Flap meeting NOCSAE standards – all batters, esp. in younger divisions
- Mouth guard – batters, defensive players
- Goggles/Shatterproof glasses – any player, esp. those with vision limitations
- Batters vest/Heart Guard/Heart Shield/Female Rib Guard – any batter
- Regulation-sized reduced impact ball

OPTIONAL FIELD EQUIPMENT

- Double 1st base that disengages from its anchor
- Baseball mound for pitcher's plate
- Portable pitchers baseball mound with pitcher's plate
- Protective/padded cover for fence tops
- Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Aero

Spring 2009 5



Little League® Volunteer Application - 2018

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

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

Name _____ Date _____
 First _____ Middle _____ Last _____
 Address _____
 City _____ State _____ Zip _____
 Social Security # (mandatory with First Advantage or upon request) _____
 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): _____

- Do you have children in the program?
If yes, list full name and what level? Yes No
 - Special Certification (CPR, Medical, etc.)? (list) Yes No
 - Do you have a valid driver's license?
Driver's License#: _____ State: _____ Yes No
 - Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
If yes, describe each in full: _____ Yes No
 - Have you ever been convicted of or plead 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.)
 - 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 6, does not automatically disqualify you as a volunteer.)
 - Have you ever been refused participation in any other youth programs?
If yes, explain: _____ Yes No
- 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:

<https://www.littleleague.org/player-safety/state-laws-background-checks-leagues/>

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):
 Regulation (c)(9) Mandates all checks include criminal records and sex offender registry records
 * JDP Sex Offender Registry Data and National Criminal
 Records check, as mandated in the current season's official regulations

* 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.



HomeRun Baker Little League

HomeRun Baker Little League, has implemented the following Sport Parent/Family Code of Conduct for the important message it holds about the proper role of parents, family members, and guests in supporting their player in sports.

2016 Board

Rich White
President

Monica White
Player Agent

Keith Ludwig
Vice President

Chrissy Murphy
Secretary

Rick Bock
Treasurer

Shawn Carter
Safety Officer

Ryan Stacey
Geoff Diefenderger

Tracy Roe
Steve Bealefeld

Marc Bridges
Shawn Smith

Lee McGuckin
Jill Sherwood

239 Madison Ave

St. Michaels, MD 21663

443-988-1118

homerunbakerlittleleague@gmail.com

www.homerunbakerlittleleague.com

Parents/Families should read, understand and AGREE prior to their players participating in our league. ANY PARENT/FAMILY MEMBER/GUEST GUILTY OF IMPROPER CONDUCT AT ANY GAME OR PRACTICE WILL BE ASKED TO LEAVE THE SPORTS FACILITY AND BE SUSPENDED FROM THE FOLLOWING GAME. REPEAT VIOLATIONS MAY CAUSE A MULTIPLE GAME SUSPENSION, OR THE SEASON FORFEITURE OF THE PRIVILEGE OF ATTENDING ALL GAMES.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship

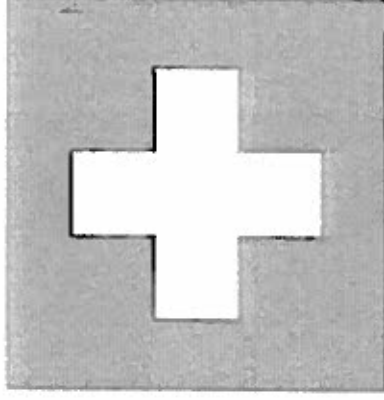
The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

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

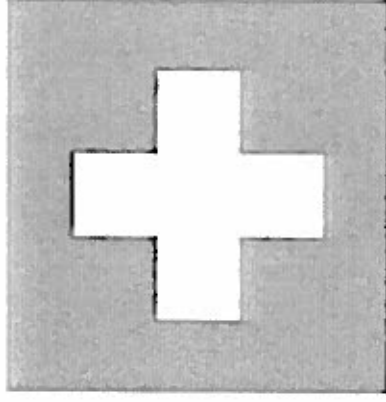


Cardiopulmonary Resuscitation (CPR)



Based on the European Resuscitation Council (ERC) Guidelines
2010/2011: cprguidelines.eu

Introduction to first aid: the basics

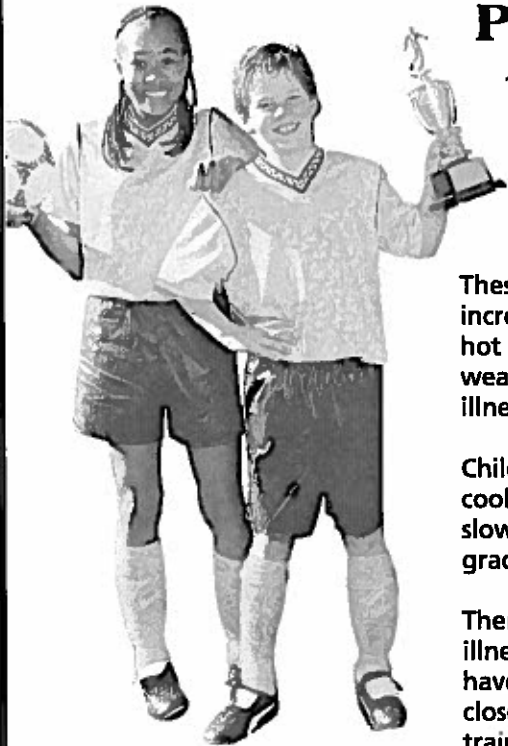


www.firstaidpowerpoint.org



HAVE YOU:

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



Parents' and Coaches' Guide to Dehydration and Other Heat Illnesses in Children

These guidelines were developed to help parents and coaches increase the safety and performance of children who play sports in hot weather. Children who play sports or are physically active in hot weather can be at risk for heat illnesses. The good news is heat illnesses can be prevented and successfully treated.

Children sweat less than adults. This makes it harder for children to cool off. Parents and coaches must make sure that children take it slow to be sure they can get used to the heat and humidity gradually.

There are other reasons why a child may become ill from a heat illness. Those who have a low level of fitness, who are sick, or who have suffered from dehydration or heat illness in the past should be closely watched. A medical professional such as a certified athletic trainer (ATC) should be on site to monitor the health and safety of all participants during games and practice, especially when it is very hot and humid.

Dehydration

Children get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a child feel bad and play less effectively. Dehydration also puts children at risk for more dangerous heat illnesses.

Signs and Symptoms

- ◆ Dry mouth
- ◆ Thirst
- ◆ Being irritable or cranky
- ◆ Headache
- ◆ Seeming bored or disinterested
- ◆ Dizziness
- ◆ Cramps
- ◆ Excessive fatigue
- ◆ Child not able to run as fast or play as well as usual

Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Give him or her fluids to drink.

"When can I play again?"

A child may be active again as soon as he or she is symptom-free. However, it's important to continue to watch the child.

National
**SAFE
KIDS**
★ ★ ★ ★ ★
Campaign®

 **National
Athletic Trainers'
Association**
Health Care for Life & Sport

Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a child has been exercising for a while and has lost large amounts of fluid and salt from sweating. While heat cramps are more common in children who perform in the heat, they can also occur when it's not hot (for example, during ice hockey or swimming).

Children who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure a child eats and drinks properly.

Signs and Symptoms

- ◆ Intense pain (not associated with pulling or straining a muscle)
- ◆ Persistent muscle contractions that continue during and after exercise

Treatment

- ◆ The child should be given a sports drink to help replace fluid and sodium losses.
- ◆ Light stretching, relaxation and massage of the cramped muscles may help.

"When can I play again?"

A child may be active again when the cramp has gone away and he or she feels and acts ready to participate. You can help decrease the risk of recurring heat cramps by checking whether the child needs to change eating and drinking habits, become more fit, or get better adjusted to the heat.

Heat Exhaustion

Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

Signs and Symptoms

- ◆ Child finds it hard or impossible to keep playing
- ◆ Loss of coordination, dizziness or fainting
- ◆ Dehydration
- ◆ Profuse sweating or pale skin
- ◆ Headache, nausea, vomiting or diarrhea
- ◆ Stomach/intestinal cramps or persistent muscle cramps

Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Remove any extra clothing and equipment.
- ◆ Cool the child with cold water, fans or cold towels (replace towels frequently).
- ◆ Have child lie comfortably with legs raised above heart level.
- ◆ If the child is not nauseated or vomiting, have him or her drink chilled water or sports drink.
- ◆ The child's condition should improve rapidly, but if there is little or no improvement, take the child for emergency medical treatment.

"When can I play again?"

A child should not be allowed to return to play until all symptoms of heat exhaustion and dehydration are gone. Avoid intense practice in heat until at least the next day, and if heat exhaustion was severe, wait longer. If the child received emergency medical treatment, he or she should not be allowed to return until his or her doctor approves and gives specific return-to-play instructions.

Parents and coaches should rule out any other conditions or illnesses that may predispose the child for continued problems with heat exhaustion. Correct these problems before the child returns to full participation in the heat, especially for sports with equipment.

Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

Signs and Symptoms

- ◆ Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when the child falls ill
- ◆ Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity

Other possible indicators include:

- ◆ Nausea, vomiting or diarrhea
- ◆ Headache, dizziness or weakness
- ◆ Hot and wet or dry skin
- ◆ Increased heart rate, decreased blood pressure or fast breathing
- ◆ Dehydration
- ◆ Combativeness

Treatment

If there are no on-site medical personnel:

- ◆ Call emergency medical services for immediate transport to the nearest emergency medical facility. Begin cooling the child while waiting for and during transport to the emergency facility.

If there are on-site medical personnel:

- ◆ Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressive whole-body cooling by immersing the child in a tub of cold water. If a tub is not available, use alternative cooling methods such as cold water, fans, ice or cold towels (replaced frequently), placed over as much of the body as possible.
- ◆ Call emergency medical services for transport to the nearest emergency medical facility.

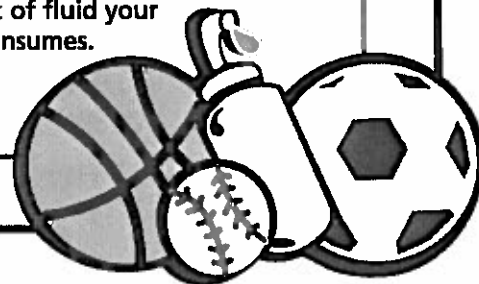
"When can I play again?"

No child who has suffered heat stroke should be allowed to return until his or her doctor approves and gives specific return-to-play instructions. Parents should work with the child's doctor to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. The child should return to physical activity slowly, under the supervision of an ATC or other qualified health care professional, especially for sports with equipment.

Parents: How Much Should Your Child Drink When Active?

- ◆ Before activity in the heat, record your child's body weight. (Remember if your child has already been exercising in the heat, he or she may already be dehydrated.)
- ◆ Weigh your child again, after the activity is over.
- ◆ Compare your child's pre-activity body weight to his or her post-activity body weight.

If post-activity weight is less than pre-activity weight, your child is not drinking enough fluids while active. A loss of as little as 1 percent of body weight can cause a decrease in performance. Because scientists have proven that children replace less of their fluid losses when drinking water, you may want to offer a flavored sports drink to increase the amount of fluid your child consumes.



Tips for Parents

- ◆ Before your child starts playing a sport, he or she should have a physical examination that includes specific questions about any history of heat illness.
- ◆ Tell your child's coach about any history of heat illness.
- ◆ Make sure your child is properly hydrated before he or she heads out the door to practice or a game. Give your children their own water bottles.
- ◆ Make sure your child's coach has your emergency contact numbers.
- ◆ Check that your child's league/team has an emergency action plan.

Tips for Coaches

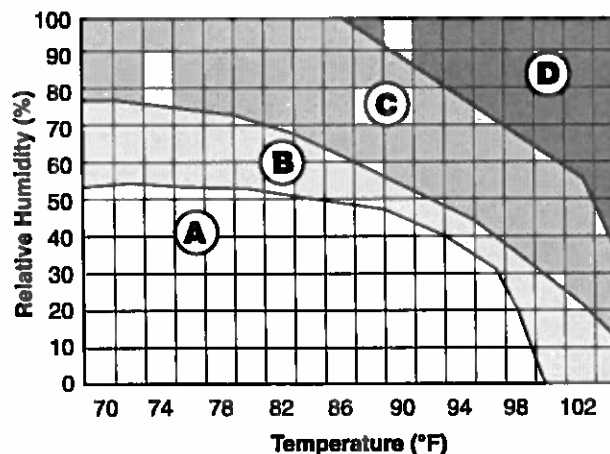
- ◆ Be aware of temperature and humidity levels. Change practice length, intensity and equipment use as the levels rise.
- ◆ It should be easy for children to drink fluids during practice, and you should remind them to drink regularly. Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.
- ◆ Every athletic organization should have an emergency action plan for obtaining emergency medical services if needed.
- ◆ Always have contact information for parents available.

Activity Guidelines

Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.

Add 5°F to the temperature between 10:00 a.m. and 4:00 p.m. from mid-May to mid-September on bright, sunny days.

- A. Children should receive a 5-10 minute rest and fluid break after every 25 to 30 minutes of activity.
- B. Children should receive a 5-10 minute rest and fluid break after every 20 to 25 minutes of activity. Children should be in shorts and t-shirts (with helmet and shoulder pads only, not full equipment, if worn for activity).



- C. Children should receive a 5-10 minute rest and fluid break after every 15 to 20 minutes of activity. Children should be in shorts and t-shirts only (with all protective equipment removed, if worn for activity).
- D. Cancel or postpone all outdoor practices/games. Practice may be held in an air-conditioned space.

SFERIC MOBILE



RECEIVE REAL-TIME SEVERE WEATHER ALERTS ANYTIME, ANYWHERE

Our severe weather alerting platform for iOS and Android devices notifies you of dangerous weather right on your mobile device when and where you need it most.

OVERVIEW

Your job demands that you have the latest information for any threat that could affect your operations. Whether you oversee one facility or manage distributed venues, having immediate access to new developments is critical. Weather changes can be unexpected, particularly severe weather such as lightning, hail, and high winds. When these events come out of the blue, our Sferic Mobile keeps you on top of things.

BENEFITS



MONITOR CRITICAL LOCATIONS

Our custom alerts engine lets you see a visual representation of the alert on a map for easy orientation of which sites could be affected and when.



INCREASE RESPONSE TIMES

Immediate notifications come straight to your iOS or Android device. No more going in and checking email or logging into a tool to find out if hazardous weather is approaching. You'll already know.



UPDATE ALERT RULES FROM ANYWHERE

Need to change an alert while you are away from your office or desk? No problem. The iOS and Android compatible mobile app provides easy access to the alerts portal so you can update the settings on the go.



Earth Networks provides a mobile warning system since we aren't always at our desks to receive alerts.



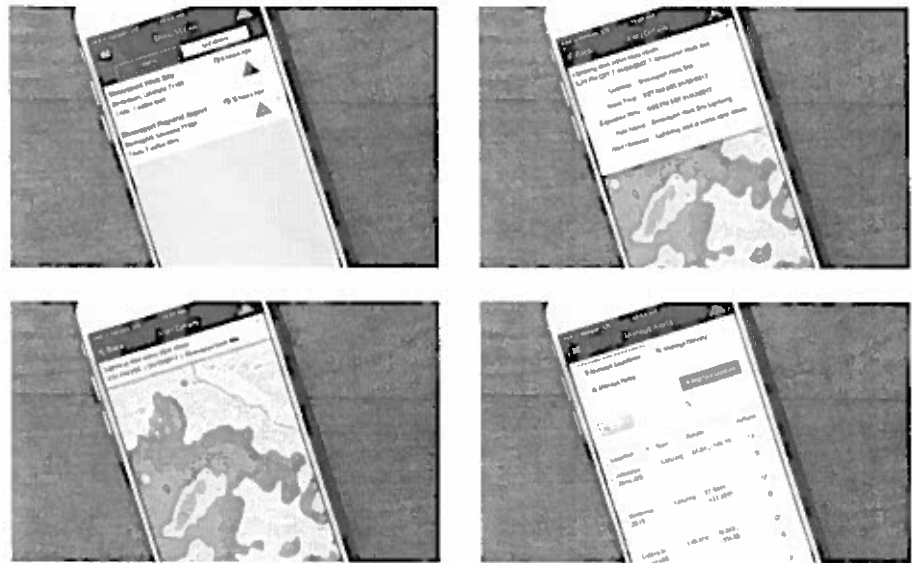
Jerry Graziose, District Safety Director
of Broward county

KEY ADVANTAGES

- Push notifications on iOS and Android devices
- Contextual alert mapping
- Configure, update and manage alert rules on-the-go

CREATE AND MANAGE CUSTOM SEVERE WEATHER ALERTS FOR YOUR LOCATION

Sferic Mobile provides emergency managers, airport crews, stadium managers, event staff, facility managers and operation centers with on-the-go access to Earth Networks' proprietary network of more than 12,000 professional-grade hyper-local weather stations and long-range world-wide lightning detection capabilities.



WHAT POWERS SFERIC MOBILE?

- **World's Largest Weather Network** – Data you can trust from Earth Networks' proprietary network of more than 12,000 professional-grade hyper-local weather stations. Each weather station monitors more than 25 metrics which are updated every 2 seconds.
- **EN Total Lightning Network** – If you want the fastest severe weather warnings for your organization, you need intelligent weather data powered by total lightning detection. Our Total Lightning Network is the first of its kind. With over 1,200 sensors in 40+ countries around the world, our network is the most extensive and technologically-advanced global lightning network. Our ability to monitor in-cloud lightning sets us apart from other lightning networks. Detecting in-cloud lightning enables us to generate faster, localized storm alerts and warn of other forms of severe weather like tornadoes, downbursts and hail.
- **Dangerous Thunder Storm Alerts** – Through our innovative detection of in-cloud lightning, we're able to provide organizations around the world with the most technologically-advanced alerts. Whether you're a school protecting athletes or a power company planning for outages, our proprietary Dangerous Thunderstorm Alerts (DTAs) are the perfect solution for minimizing any severe weather risk.

CONNECT WITH US

For more than 20 years Earth Networks has operated the world's largest and most comprehensive weather observation, lightning detection, and climate networks.

Our observations inform and alert consumers, enterprises and governments around the world, providing them with advanced environmental intelligence for decision making and safety.

(301) 250-4000

info@earthnetworks.com

CONCUSSION Information Sheet



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

What Is a Concussion?

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

How Can I Help Keep My Children or Teens Safe?

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

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



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

How Can I Spot a Possible Concussion?

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

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

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

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



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

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

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



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

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

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

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

Revised 5/2015

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

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

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

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

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

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

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

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

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

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



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

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



LITTLE LEAGUE® BACKGROUND CHECKS

Provided by JDP

Ensure Safety For Everyone In Your League.

Easily screen your League coaches and volunteers.



Round the Bases with 4 Steps to Safety and Success!



Step 1: Register

Complete the registration form online at <https://www.littleleague.org/player-safety/child-protection-program/> or call JDP at 855.799.8753. Make sure you have everything you need to register. There is a registration checklist on the back of this sheet.



Step 2: Receive Your User Name & Password

When you receive your user name and password via e-mail, you are ready to start! For a user guide please visit www.jdp.com/littleleague-backgroundcheck/.



Step 3: Order Background Checks

Begin screening your volunteers. The first 125 screens are free to the district and local Little League, paid for by Little League International. Each additional screen will be at a minimal cost.



Step 4: Reports

Visit www.jdp.com/littleleague-backgroundcheck/ to login and view your reports!

For more information on Little League® Background Checks visit
<https://www.littleleague.org/player-safety/child-protection-program/>



301 Grant St. #4300 Pittsburgh, PA 15219 · T (855) 799-8753 · E littleleague@jdp.com

Visit www.jdp.com/littleleague-backgroundchecks/ to get started.



LITTLE LEAGUE® BACKGROUND CHECKS

Provided by JDP

Registration Checklist

Make sure to have the following information available when you begin the registration process.

- Your League ID*
- You will not be asked for a credit card until your 126th search.
- Details of the person requesting access to submit backgrounds

We have extended our phone support hours to better assist you. Call the support line Mon-Fri from 7:30 AM to 9:00 PM EST.

*If you do not know your league ID, please call 570-326-1921 for assistance.

For Returning Presidents with Existing Accounts

If you are a returning league president with an active account, we can help with any account questions you may have for the upcoming season. Call 855.799.8753

- Reset passwords
- Update credit card information
- Get account number help
- Learn more about the service

For New Presidents with Existing Accounts

If you are a new president and need to update the contact information associated with an existing account for your league, please complete and submit the online "Information Change Form" that can be found at www.littleleague.org/background. Look on the right-hand side, bottom FAQ question, "I am a new League President . . ." Your change request will be reviewed and completed within 5 to 7 business days.

Additional Information

- Q Who in the local league should be responsible to process the background check information?
- A Little League International recommends the board of directors appoint the local league president and two other individuals to handle the background checks. These individuals may be from the board or individuals outside the board. For instance, the board of directors may appoint individuals who have significant professional background in this area, such as law enforcement officers or individuals with a legal background.
- Q What type of offenses are we screening for when we conduct a background check?
- A Local leagues are conducting a National Criminal File database that includes criminal records and sex offender registry records across 50 states. An individual who has been convicted or pled guilty to charges involving or against a minor, no matter when the offense occurred, must not be permitted to work or volunteer.
- Q How do volunteers get copies of their background report?
- A Volunteers may receive a copy of their full report or dispute a criminal record associated with their report by contacting the JDP Consumer Disclosure team at 855.799.8753 or by emailing littleleague@jdp.com. If a negative record is reported on a volunteer's background report, they will automatically receive a copy via email or U.S. Mail. Local Little League will supply the volunteer with a copy of the report if they intend to take adverse action based on the information in the background report.

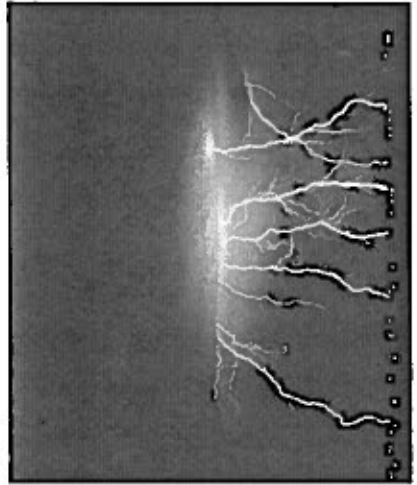
For more information on Little League®
Background Checks visit
[https://www.littleleague.org/player-safety/
child-protection-program/](https://www.littleleague.org/player-safety/child-protection-program/)



301 Grant St #4300 Pittsburgh, PA 15219 · T (855) 799-8753 · E littleleague@jdp.com
Visit www.jdp.com/littleleague-backgroundchecks/ to get started.

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

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STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

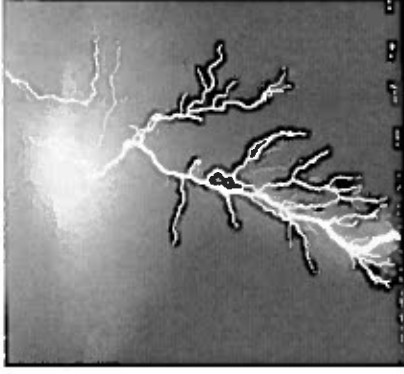
<http://www.lightningsafety.noaa.gov>

or contact us at

**National Weather Service
P.O. Box 1208
Gray, Maine 04039**

GYX 0301 (August 2003) - Revised

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

LIGHTNING...

the underrated killer!

A SAFETY GUIDE

**U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION**



**NATIONAL WEATHER
SERVICE**

Gray, Maine

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

LIGHTNING KILLS

Play It Safe!

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.

- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.

- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.

- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**

- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.



NOAA

- ▶ **Do not lie flat on the ground.**