

Western Region  
GOODYEAR  
Little League

**GOODYEAR**  
**LITTLE LEAGUE**

“Where Safety comes First”  
2024 Safety Plan

League ID #: 00179058

GOODYEAR Little League  
Safety Program

Safety Mission Statement

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

**2024 Board of Directors**

**Requirement 1:**

<b>Title</b>	<b>Name</b>	<b>E-Mail</b>	<b>Phone Number</b>
President	Christina Garnier	<a href="mailto:president@goodyearll.org">president@goodyearll.org</a>	618-541-9761
BB Vice President	Matt Lawrence	<a href="mailto:Vicepresident@goodyearll.org">Vicepresident@goodyearll.org</a>	602-526-2351
SB Vice President	Anthony Denaro	<a href="mailto:Vicepresidentsoftball@goodyearll.org">Vicepresidentsoftball@goodyearll.org</a>	602-448-1322
Treasurer	Chris Burson	<a href="mailto:cfo@goodyearll.org">cfo@goodyearll.org</a>	602-999-5607
Secretary	Marissa Cowan	<a href="mailto:secretary@goodyearll.org">secretary@goodyearll.org</a>	949-259-3539
Safety Officer	Toby Crosser	<a href="mailto:safety@goodyearll.org">safety@goodyearll.org</a>	623-203-5660
Player Agent 7u	Jeremy Garnier	<a href="mailto:Playeragent7u@goodyearll.org">Playeragent7u@goodyearll.org</a>	618-541-9769
Player Agent	Jacob Pendergast	<a href="mailto:playeragent@goodyearll.org">playeragent@goodyearll.org</a>	315-868-1216
SB Player Agent	Derrick Wright	<a href="mailto:sbplayeragent@goodyearll.org">sbplayeragent@goodyearll.org</a>	614-716-9430
BBCoach Coordinator	Nick Colbert	<a href="mailto:coaches@goodyearll.org">coaches@goodyearll.org</a>	623-295-9445
SBCoach Coordinator	Scott McElroy	<a href="mailto:Coachessoftball@goodyearll.org">Coachessoftball@goodyearll.org</a>	623-340-3681
Umpire in Chief	Jim Beaumont	<a href="mailto:umpires@goodyearll.org">umpires@goodyearll.org</a>	623-326-9414
Fundraising	Marissa Cowan	<a href="mailto:Fundraising@goodyearll.org">Fundraising@goodyearll.org</a>	949-259-3539
Information Officer	Steffani Mennella	<a href="mailto:info@goodyearll.org">info@goodyearll.org</a>	602-502-1492
Equipment Manager	Jason Wall	<a href="mailto:Equipment@goodyearll.org">Equipment@goodyearll.org</a>	612-710-5672
Event Coordinator	Jeanette Schwerinski	<a href="mailto:eventcoordinator@goodyearll.org">eventcoordinator@goodyearll.org</a>	623-498-3609
All-Star Coordinator	Jim Beaumont	<a href="mailto:allstar@goodyearll.org">allstar@goodyearll.org</a>	623-326-9414
Field Coordinator	Brandon Dennis	<a href="mailto:fields@goodyearll.org">fields@goodyearll.org</a>	623-695-6308

## **Distribution of Safety Manual**

### **Requirement 2:**

A digital copy will be emailed to each head coach.

A link will also be posted on the Goodyear Little League Website.

## **EMERGENCY PHONE NUMBERS**

### **Requirement 3:**

Police Emergencies	911
Non-Emergency PD	623-932-1220
Fire	911
Non-Emergency FD	623-932-2300

## **NEIGHBORING HOSPITALS/MEDICAL FACILITY**

NAME: Abrazo West (HOSPITAL)  
ADDRESS: 13677 W McDowell Rd Goodyear, AZ  
PHONE NUMBER: 623-882-1500

NAME: Banner Urgent Care  
ADDRESS: 3328 N Litchfield Rd Goodyear, AZ  
PHONE NUMBER: 623-465-6300

NAME: Dignity Health  
ADDRESS: 251 N Estrella Pkwy Goodyear, AZ  
PHONE NUMBER: 623-322-6900

NAME: NextCare  
ADDRESS: 17688 W Elliot Rd Goodyear, AZ  
PHONE NUMBER: 623-889-6823

## Requirement 3: COVID-19 Guidelines **NEW as of 2021**

### As your local league considers returning to play, keep these resources in mind:



→  Follow State Government/Health Guidelines. [View](#)

→  Check with Local Government/Health Officials.

If all checked above, move on to the criteria below.

Follow CDC Guidelines for Parks/Rec Facilities. [View](#)

↓  
 Answer questions with the COVID-19 FAQs. [View](#)

↓  
 Prepare league communication plan using FAQs and Resources at [LittleLeague.org/Coronavirus](https://LittleLeague.org/Coronavirus)

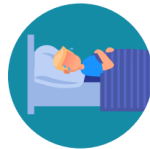
↓  
 Review Little League's Best Practices to Resume Play Guidelines and distribute to volunteers and families. [View](#)

↓  
When all boxes are checked –

# Play Ball!

More information and resources are available at [LittleLeague.org/Coronavirus](https://LittleLeague.org/Coronavirus).

## STAY SAFE ON AND OFF THE FIELD



**Stay home** if you are sick.



**Bring your own** equipment and gear (if possible)



**Cover your coughs and sneezes** with a tissue or your elbow.



**Wash your hands** or use sanitizer before and after events and sharing equipment.



**Tell a coach** or staff member if you don't feel well.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Background Checks

## Requirement 4:

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

## Little League® Volunteer Application – 2022

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

**This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/localBGcheck](http://LittleLeague.org/localBGcheck) for more information.**  
**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

**All RED fields are required.**  
 Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Social Security # (mandatory)** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special professional training, skills, hobbies: \_\_\_\_\_  
 Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

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

2. Special Certification (CPR, Medical, etc.)? If yes, list \_\_\_\_\_  Yes  No

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

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

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

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

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

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 List)\*  
**OR**  
 National Criminal Database check  U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List  
 National Sex Offender Registry

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

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

Last Updated: 10/11/2021

# Little League® "Basic" Volunteer Application – 2022

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](http://LittleLeague.org/LocalBGCheck) for more information.

All RED fields are required.

Name: \_\_\_\_\_  
First Middle Name or Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Call Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?  Yes  No  
 If yes, explain: \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
- In which of the following would you like to participate? (Check one or more.)
 

<input type="checkbox"/> League Official	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Coach	<input type="checkbox"/> Manager	<input type="checkbox"/> Other _____
<input type="checkbox"/> Umpire	<input type="checkbox"/> 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/ByStateLaw](http://LittleLeague.org/ByStateLaw)

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

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

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

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 List)\*
- OR
- National Criminal Database check  U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
- National Sex Offender Registry

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

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



## Volunteer Background Checks & Safety

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

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

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

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

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

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

[LLU Learn More About Background Checks:](http://LittleLeague.org/LocalBGCheck)

• [LittleLeague.org/BackgroundCheckQuestions](http://LittleLeague.org/BackgroundCheckQuestions)

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



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

[LLU For More Information on JDP and Background Check Process:](http://LittleLeague.org/LocalBGCheck)

• [LittleLeague.org/LocalBGCheck](http://LittleLeague.org/LocalBGCheck)

## League Training Dates and Times

<b>Requirement 5:</b>	<b>Date</b>	<b>Location</b>
<b>Coaches meeting/Fundamental Training:</b>	02/10/2024	Goodyear Community Park

<b>Requirement 6:</b>	<b>Date</b>	<b>Location</b>
<b>First-Aid Training:</b>	02/10/2024	Goodyear Community Park

*Each Head Coach will receive an emailed copy of this safety manual. Head coaches will also be able to access a copy of the safety manual at all league functions, through the league website.*

## Field Inspections and Storage Procedures

### **Requirement 7:**

#### **BEFORE THE SEASON STARTS**

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

#### **PRIOR TO EACH GAME**

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

#### **STORAGE SHED**

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

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

## PRE-GAME FIELD INSPECTION CHECK LIST

**MANAGERS NAME:**

**FIELD:**

**DATE:**

**Time:**

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

**REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.**

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



**Requirement 8:**

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

## **Concession Stand Guidelines**

**Requirement 9:**

**CONCESSIONS WILL NOT BE OPERATED THIS SEASON**

## **Inspection of Equipment**

**Requirement 10:**

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

## **Accident Reporting Procedure**

**Requirement 11:**

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

**When to Report:** All such incidents described above must be reported to The Safety Officer, League President, and respective Vice President within 24 to 48 hours of the incident.

**Safety Officer**

NAME: Toby Crosser  
 Cell Number: 623-203-5660  
 Email: safety@goodyearll.org

**President**

NAME: Christina Garnier  
 Cell Number: 618-541-9761  
 Email: president@goodyearll.org

**VP of Baseball**

NAME: Matt Lawrence  
 Cell Number: 602-526-2351  
 Email: vicepresident@goodyearll.org

**VP of Softball**

NAME: Anthony Denaro  
 Cell Number: 602-448-1322  
 Email: vicepresidentsoftball@goodyearll.org

**How to Make a Report:** Reporting incidents can come in a variety of forms. An email is required to document the detailed information. At a minimum, the following information is needed.

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

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

**How to access the Injury Report Forms:** The forms can be downloaded from [www.leagueleague.org](http://www.leagueleague.org) found under forms and publications.

## **FIRST AID KITS**

### **Requirement 12:**

Each team is provided with a league issued first aid kit and is required to have it at all practices and games.

Each kit includes the following:

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

## **Communicable Disease Procedures**

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

## **Enforcement of Little League Rules**

### **Requirement 13:**

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

©2014 Little League

# Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

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

**REMEMBER:**

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

**RULE 1.08, Notes**

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



## HAVE YOU:

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



# Make Sure They Are Safe!

**REMEMBER:**

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

**RULE 1.17**

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

# Lightning Facts and Procedures

## Consider the following facts:

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

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

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

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

## **First Aid for a Lightning Victim:**

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

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

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

# Hydration

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

## Tips to Prevent Heat Illness:

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

## How is it treated?

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

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



# Submitting Player, Manager and Coach Data

## Requirement 14:

Player, Manager, and Coach Information will be submitted through the Little League Data Center at [www.littleleague.org](http://www.littleleague.org)

## Requirement 15:

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

## Concussions

Fifty (50) states and the District of Columbia have enacted laws which address concussions and protect the health and safety of young athletes. Little League Baseball, Incorporated (LLB) has compiled a summary of all currently existing state laws regarding concussions in youth athletics.

Some laws are only applicable to school-sponsored athletics or to activities taking place on school-owned property. Some laws are applicable to all youth sports organizations, whether affiliated or not with a school district. It is strongly recommended that local leagues consult with legal counsel in its jurisdiction to determine the applicability, if any, of state laws to its program regarding concussions.

In keeping with its focus on protecting the health, safety and welfare of children, LLB requires all leagues and teams to comply with all applicable laws and recommends the review of the information and training materials on concussions which are available free of charge on the Centers for Disease Control website.

**CONCUSSION Information Sheet** HEADS UP CONCUSSION

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

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

**How Can I Help Keep My Children or Teens Safe?**  
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear or helmet to lower the chance 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.

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

To learn more, go to [www.cdc.gov/HEADSUP](http://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 (talking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/blacked out). Even a brief loss of consciousness should be taken seriously.

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

**What Should I Do If My Child or Teen Has a Possible Concussion?**  
As a parent, if you think your child or teen may have a concussion, you should:

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

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

To learn more, go to [www.cdc.gov/HEADSUP](http://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.

Revised 1/2015

**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: \_\_\_\_\_

## **Goodyear Little League Concussion Prevention, Treatment and Management Policy**

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Goodyear Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every Head Coach (and assistants, as they are identified), shall:
  - a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,
  - b) Complete the CDC on-line training course at:  
<https://www.train.org/cdctrain/course/1089818/>A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.
2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or event the player must:
  - a. Be immediately removed from the game or event; and
  - b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

### **Goodyear Little League Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Goodyear Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: \_\_\_\_\_  
Player

Dated: \_\_\_\_\_  
Parent/Legal Guardian                      Parent/Legal Guardian

**LEAGUE USE:** Division: \_\_\_\_\_ Team: \_\_\_\_\_



# Safe Sports Act

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

## USA Baseball Pure Baseball Initiative

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

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

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



This certificate documents course completion, not mastery of content. This course is approved for 1 (one) Clock Hour by the NFHS.



# Accident Notification Form Page 1 (Parent/Guardian Statement)



## LITTLE LEAGUE<sup>®</sup> BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (10/10) (13-18)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

# Accident Notification Form Page 2 (League Use Only)

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: ( ) Business: ( ) Fax: ( )
Were you a witness to the accident? <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/ 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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