HULL LITTLE LEAGUE



2017 SAFETY MANUAL

Hull Little League Board

2017 Hull Little League Board Members

John Tiani – President Kevin Richardson – Vice President Stephanie Peters – Treasurer Michelle Fleck – Secretary Mark Hendrickson – Player Agent Jon Nunes – Safety Officer Eric Healey – Coaching Coordinator Jay Fleck – Sponsorship/Fundraising Manager Carolyn Reynolds – Information Officer Joe DelVecchio – Umpire Coordinator John Burke – Concession Manager Gary Dunham – Board

Board Members – Gary Dunham, Tony Truglia, Joe Marois, Shana Driscoll, Maite Diez

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| | | |

Goal of Hull Little League

• Hull Little League is a non-profit organization of volunteers whose goal is to to provide a fun and safe environment for the children of our community to learn, practice and play baseball.

VOLUNTEERS

- <u>ALL</u> volunteers <u>MUST</u> complete an official "Little League Volunteer Application".
- Fundamentals Training, March 30, 2017

At least one manager/coach from each team must attend the training. Every manager/coach will attend this training at least once every 3 years.

Training will be at Hull High School meeting room.

• First Aid Training, March 30, 2017

Hull Little League will require at least one manager/coach from each team to attend. Every manager/coach must attend this training at least once every 3 years. The health agent will conduct this training at the Hull High School meeting room.

Communication Plan

- The safety manual will be published and distributed to all volunteers: concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc.
- Copies will be kept at the snack shack
- Safety plans will be posted on the internet

VOLUNTEER ELIGIBILITY

- As a condition of service to the league, all managers, coaches, board of directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with players or teams, must annually complete and submit an official "Little League Volunteer Application" to the local league president. Annual background screenings must be completed prior to the applicant assuming his/her duties for the current season. Refusal to annually submit a fully completed "Little League Volunteer Application" must result in the immediate dismissal of the individual from the local league.
- (regulation 1(b) and 1(c) 8 and 9)



Little League Volunteer Application - 2017

Do not use forms from past years. Use extra paper to complete ifiadditioal space is r equired.

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

| Name | Date | | | | |
|---|------------------------------|--|--|--|--|
| Address | | | | | |
| City | StateZip | | | | |
| Social Security # (mandatory with Fi | irst Advantage) | | | | |
| Cell Phone | | | | | |
| Home Phone: | E-mail Address: | | | | |
| Date of Birth | | | | | |
| Occupation | | | | | |
| | | | | | |
| Address | | | | | |
| Special professional training, skills, hobbies: | | | | | |
| Community affiliations (Clubs, Se | ervice Organizations, etc.): | | | | |

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

Do you have children in the program? Yes No If yes, list full name and what level? _______ Special Certification (CPR, Medical, etc.): ______

Do you have a valid driver's license: Yes 🛛 No

Driver's License#: ____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes \square No \square

State

If yes, describe each in full:

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? \square Yes \square No If yes, describe each in full:_____

Have you ever been refused particpa tio in an y other youth programs? Yes \square No \square If yes, explain: ______

In whichiof the following would you like to particpa te? (Check ohe or more.) League Offica Coach Umpire Field Maintenance Manager Scorekeeper Concession Stand Other Please list three references, at least one of which has knowledge of yournpartic pa to a 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:

http//w ww.littll @gue. or g/learn/programs/childprotectio/ state-laws-bg-checks.htm

AS A CONDITION OF VOLUNTEERING, I give permission for the Littl league or ganizatio t o conduct background check(s) on me now and as long as I contine t o be active with the organizatio, wi id na y 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 positio is conditioal upon the league receiving no inappropriate informatio on m y background. I hereby release and agree to hold harmless from liability the local Littl league, it tild eague Ba ebal I, inc orporated, the officr s, employees and volunteers thereof, or any other person or organizatio of the t may provide such informatio. I al so under stand that, regardless of previous appeintments, Littl league is not abligated to appoint me to a volunteer positio. If appointed, I understand that, prior to the expiratio of m y term, I am subject to suspension by the President and removal by the Board of Directors for wiolatio of little eague pi dies or pi nd ples.

| Applicant Signature | Date |
|---------------------------|------|
| If Minor/Parent Signature | Date |

Applicant Name(please print or type) _

NOTE: The local Littl league and little.argue Ba ebal I, Int orporated will not discriminate against any person on the basis of race, creed, color, natioal $\sigma(\hat{g} \ n \ n \ r)$ it al status, gender, sexual arientatio σ disability.

| LOCAL LEAGUE USE ONLY: | | | | |
|---|---|--|--|--|
| Background check completed by league officeron | | | | |
| System)s) used for background check (minimum of one must be checked): Regulation I(c)(9) Mandates First Advantage or another provider that is comparable | | | | |
| *First Advantage | Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records | | | |
| *Please be advised that if you use First Advantage and there is a name match in the few states where anly name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis 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. | | | | |

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

Little League[®] "Returning" Volunteer Application - 2017 Do not use forms from past years. Use extra paper to complete if additional space is required.

| If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill | Please update <u>ONLY</u> the information in this section which has changed since last year. Name: | | | | | |
|--|--|--|--|--|--|--|
| out the returning volunteer application. Otherwise, please use the standard | Address: | | | | | |
| volunteer application. | City: State: ZIP: | | | | | |
| You must provide the information to all the questions in this section | Home Phone: Cell Phone: | | | | | |
| | Work Phone: E-Mail Address: | | | | | |
| Have you ever been convicted or plead guilty to any crime(s) involving or against a minor? | Driver's License #: State: | | | | | |
| Yes No | Occupation: | | | | | |
| If Yes, describe each in full: | Employer: | | | | | |
| | Address: | | | | | |
| Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? | Please list three references, at least one of which has knowledge of your participation | | | | | |
| Yes No | as a volunteer in a youth program: Name / Phone: | | | | | |
| If Yes, describe each in full: | | | | | | |
| | // | | | | | |
| Have you ever been refused participation in any other youth program? Yes No | / | | | | | |
| If Yes, explain: | // | | | | | |
| | Special professional training, skills, hobbies: | | | | | |
| | | | | | | |
| In which of the following would you like to volunteer? (Check one or more) | Special Certifications (CPR, Medical, etc): | | | | | |
| League Official Manager Coach Umpire Field Maintenance | Special Affiliations (Clubs, Service Organizations, etc): | | | | | |
| Score Keeper Concession Stand Other: | | | | | | |
| | Previous volunteer experience (including baseball/softball and year(s)): | | | | | |
| 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 | IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW. PLEASE ATTACH A COPY | | | | | |
| that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position | OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: | | | | | |
| is conditional upon the league receiving no inappropriate information on my background. I hereby release and | http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm | | | | | |
| 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 | LOCAL LEAGUE USE ONLY: | | | | | |
| volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension | Background Check completed by league officer | | | | | |
| by the President and removal by the Board of Directors for violation of Little League policies or principles. | on | | | | | |
| Applicant Name (please print or type): | System(s) used for background check (minimum of one must be checked): | | | | | |
| | Regulation I(c)(9) Mandates First Advantage or another provider that is comparable | | | | | |
| Applicant Signature: Date: | *First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records | | | | | |
| If Minor — Parent Signature: Date: | *Please be advised that if you use First Advantage 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 recieve a letter directly from First Advantage in | | | | | |
| NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the | securities with the performance you show the security violation of the security with receiver a rected sine cay how in as how and get in compliance with the fair Credit Reporting Act containing information regarding all the criminal association with the name, which may not necessarily be the league volunteer. | | | | | |
| basis of race, creed, color, national origin, martial status, gender, sexual orientation or disability. | Only attach to this application copies of background check reports that reveal convictions of this application. | | | | | |
| | | | | | | |

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

Coach Training/Clinics

- Hull Little League (HLL) conducts a series of player clinics starting during the winter months and continuing right up to and throughout our scheduled season. These clinics are structured to not only help instruct our young players, but to also help instruct our coaches. All HLL coaches are required to attend, but not limited to, the clinics consisting of the player age group they will be coaching. A list will be kept of the clinic dates and the coaches who attended.
- In addition to the clinics, coaches and managers should take advantage of the vast amount of information provided by Little League of America in the Coaches Resource Center at: <u>www.littleleaguecoach.org</u>

LittleLeagueCoach.org

- GREAT COACHING STARTS HERE, AND IT'S FREE
- Great coaching is no accident. It starts with a love for the game. It grows from a strong desire to give children the tools they need to succeed on the field. And when done right, it teaches lessons that last a lifetime.
- All anyone has to do is create a FREE account at the Little League Coach Resource Center (www.LittleLeagueCoach.org). Contact your league president or district administrator for more information on creating your account, including the authorization code that is unique to your league. Then log on and start making your season special today.

Facility and Field Inspection Checklist

| Faci | lity Name |
|------|---|
| Insp | ector |
| Date | e Time |
| | Holes, damage, rough or uneven spots |
| | Slippery Areas, long grass |
| | Glass, rocks and other debris & foreign objects |
| | Damage to screens, fences edges or sharp fencing |
| | Unsafe conditions around backstop, pitchers mound |
| | Warning Track condition |
| | Dugouts condition before and after games |
| | Make sure telephones are available |
| | Area's around Bleachers free of debris |
| | General Garbage clean-up |
| | Who's in charge of emptying garbage cans |
| | Conditions of restrooms and restroom supplies |
| | Concession Stand inspection |
| | |

NOTES/ HAZARDS

Signature_____

Facility and Field Inspections

- Coaches will be required to walk/inspect the fields prior to practices and games.
- Umpires will also be required to walk the fields for hazards before each game.

opy and post in duguts.



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





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."

FIRST AID

- First aid training is required for coaches and managers, with at least one coach or manager from each team attending. It is not necessary for licensed medical personnel to attend training but are strongly encouraged to assist in the training presentation. Training qualifies volunteer for three years, but one team representative must attend each year.
- First aid training will take place during each divisions preseason coaches meeting. Date 3/31/17.
- Each Division 1 and Division 2 equipment bag given out will be equipped with one first aid kit and at least two ice packs.
- Additional first aid kits and ice packs will also be placed inside each of the two blue equipment storage boxes used at Menice and C.Feist (Kenberma) Fields.
- Additional first aid kits and ice packs will also be available in the equipment storage closet adjacent the 3rd base dugout at the Mitchell (L St.) Field.
- First aid supplies and ice packs will be replenished at a coach or manager's request.
- Any accident and/or injury that occurs should be reported the Hull Little League Board and/or the Safety Officer. Any injury to a player that causes that player to be removed from a game and/or be ineligible to participate during practices or future games is REQUIRED to be reported to the HLL Board.

| A structure / Poportup a | | | | A Safety Awareness Program's Incident/Injury Tracking Report | | | |
|---|--|---|--|---|---|-------------------|---|
| League Name: 🔜 | | Leag | ue ID: | | Inci | dent Da | ate: |
| Field Name/Locatio | in: | | | | Inci | dent Ti | me: |
| Injured Person's Na | ame: | | | Date | of Birth: | | |
| Address: | | | | Age: | | Sex: | Male 🗆 Female |
| City: | ç | State Z | IP. | | e Phone: | | |
| Parent's Name (If F | | 2 | | | Phone: | $\langle \rangle$ | |
| | kiyor). | | | | | () | |
| Parents' Address (I | f Different): | | | City | | | |
| Incident occurred | while participating in | n: | | | | | |
| A.) 🗆 Baseball | Softball | Challenger | TAD | | | | |
| B.) Challenger | T-Ball | Minor | Major | | Interm | ne diate | (50/70) |
| | Senior | Big League | - major | | | - unit c | |
| C.) Tryout | Practice | Game | 🗆 Toumam | nent | 🗆 Speci | ial Ever | nt |
| Travel to | Travel from | Other (Descril | - | | | | |
| Position/Role of p | erson(s) involved in | | | | | | |
| D.) 🗆 Batter | Baserunner | Pitcher | Catcher | | First I | Base | Second |
| Third | Short Stop | Left Field | Center F | ield | Right | Field | Dugout |
| Umpire | Coach/Manager | | Voluntee | | Other | | |
| | ind2 Vec No. # | ve what | | | | | |
| Was first aid requi Was professional | ired? Yes No If medical treatment re nust present a non-res | quired? 🗆 Yes 🗆 | | | g allowed | 1 in a g | ame or practice.) |
| Was first aid requi Was professional (If yes, the player n | medical treatment re nust present a non-res | quired? 🗆 Yes 🗆 | | | ng allowed | 1 in a g | ame or practice.) |
| Was first aid requi Was professional (If yes, the player n Type of incident a | medical treatment re nust present a non-res nd location: | quired? 🗆 Yes 🗆 | | to beir | - | - | ame or practice.)) Off Ball Field |
| Was first aid requi Was professional (If yes, the player n Type of incident a | medical treatment re nust present a non-res nd location: | quired? Yes strictive medical re | B.) Adjace | to beir | aying Fiel | d D.) | |
| Was first aid requi Was professional (If yes, the player n Type of incident a A.) On Primary Play | medical treatment re nust present a non-res nd location: ying Field | equired? • Yes • trictive medical re | B.) Adjacen | to bein | aying Fiel a | d D.) |) Off Ball Field |
| Was first aid requi Was professional (If yes, the player n Type of incident a A.) On Primary Pla Base Path: | medical treatment re nust present a non-res nd location: ying Field Running or Sii Pitched or Th | equired? • Yes • trictive medical re | B.) Adjacen | to bein nt to Pl ting Are ting Are | aying Fiel aa aa | d D.) |) Off Ball Field Travel: |
| Was first aid requi Was professional (If yes, the player n Type of incident a A.) On Primary Play Base Path: Hit by Ball: | medical treatment re nust present a non-res nd location: ying Field Running or Sii Pitched or Th r: Player or St | equired? • Yes strictive medical re ding rown or • Batted | B.) Adjace B.) Adjace Seat C.) Conces | to bein nt to Pl ting Are ting Are | aying Fiel a a rea | d D.) |) Off Ball Field Travel: Car or 🔳 Bike or |
| Was first aid requi Was professional (If yes, the player n Type of incident a A.) On Primary Pla Base Path: Base Path: Hit by Ball: Collision with | medical treatment re nust present a non-res nd location: ying Field Running or Sii Pitched or Th r: Player or St ect | equired? • Yes strictive medical re ding rown or • Batted | B.) Adjace Sea C.) Conces Volu | to bein nt to Pl ting Are king Are ssion A | aying Fiel a a rea | d D.) |) Off Ball Field Travel: Car or 📑 Bike or Walking |
| Was first aid requi Was professional (If yes, the player in Type of incident a A.) On Primary Play Base Path: Hit by Ball: Collision with Grounds Def Other: | medical treatment re nust present a non-res nd location: ying Field Running or Sii Pitched or Th r: Player or St ect | equired? Yes trictive medical re iding rown or Batted ructure | B.) Adjace Sea C.) Conces Volu | to bein nt to Pl ting Are king Are ssion A | aying Fiel ea rea Worker | d D.) |) Off Ball Field Travel: Car or 🔲 Bike or Walking League Activity |
| Was first aid requi Was professional (If yes, the player in Type of incident a A.) On Primary Play Base Path: Hit by Ball: Collision with Grounds Def Other: | medical treatment re nust present a non-res nd location: ying Field Running or Sli Pitched or Th x. Player or St ject | equired? Yes trictive medical re iding rown or Batted ructure | B.) Adjace Sea C.) Conces Volu | to bein nt to Pl ting Are king Are ssion A | aying Fiel ea rea Worker | d D.) |) Off Ball Field Travel: Car or 🔲 Bike or Walking League Activity |
| Was first aid requi Was professional (If yes, the player in Type of incident ai A.) On Primary Play Base Path: Hit by Ball: Collision with Grounds Def Other: Please give a shou | medical treatment re nust present a non-res nd location: ying Field Pitched or Sli Pitched or Th r: Player or St ject | equired? Yes trictive medical re trictive medical re iding nown or Batted nucture | B.) Adjace Sea C.) Conces Volu | to bein nt to Pl ting Are king Are ssion A | aying Fiel ea rea Worker | d D.) |) Off Ball Field Travel: Car or 🔲 Bike or Walking League Activity |
| Was professional (If yes, the player in Type of incident a Base Path: Base Path: Collision with Grounds Def Other: Please give a shor Could this accider This form is for local Litt potential safet hazards obtain as much informa cident Insurance policy, sap/Accident Claim For | medical treatment re nust present a non-res nd location: ying Field | aquired? Yes trictive medical restrictive medical restrictive medical restriction restrictive medical restriction iding mown or Batted irown or Batted Batted dent: | B.) Adjace B.) Adjace Seat Park C.) Concer Volu Cust Cust cague Internatio deas in order to is that could be form available a form available a | to bein nt to Pl ting Are ssion Are ssion Are ssion Are tomer/E | aying Fiel ea ea Vorker aystander is document league safe ms to any el www.littlele leigible parti | d D. |) Off Ball Field Travel: Car or |

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)



Suggestions for Warm-up Drills



Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Stightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your call. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



@ 1998 Little League Baseball[®] and Musco Lighting, Inc.

Thigh Stretches #1

Sitt on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on you knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



Walk the Field

- Coaches, managers and umpires are required to walk the field for any hazards that may exist. Any hazard that are found (i.e. broken glass, large rocks, ruts, bases not seated, excessive water, etc.) should be taken care of immediately. Any thing found that could be a potential hazard(i.e. rolled or loose fencing, fence safety caps loose or missing, player distractions, equipment problem or failure, etc.)should be reported to the HLL Board. Reporting of hazard concerns can be e-mailed to the board with a picture and/or a short description of the potential hazard.
- Coaches, managers and umpires are also required to inspect all of each team's equipment before each use. Any piece of equipment that is considered unsafe should be removed from use immediately. Any piece of equipment supplied by HLL that is deemed unsafe will be repaired or replaced by the league. Any piece of equipment belonging to a player that is deemed unsafe should be removed from the dugout.
- Equipment considered to be unsafe and beyond repair will be disposed of in a manner that will make it unable to be reused.



Coach, Please Let Players Catch!



REMEMBER:

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

RULE 3.09

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

6 March 2003

Batting Helmets with Cages

Every equipment bag given out to a Division 1 or Division 2 team will contain at least one batting helmet with a protective cage.

Division 1 - Batting helmets with cages are required for all nineyear-old players who are at bat. They are not required on the base paths.

•Any player participating in HLL will be given a batting helmet with a cage if that player requests one.

PROTECTIVE CUPS and MOUTH GUARDS

Managers and coaches shall discuss with **all** players on their team the benefits of wearing protective cups and using mouth guards. Cups and mouth guards are not required but are **strongly encouraged**, especially for players playing in the infield.

Little League Rules Will Be Enforced

- Every team manager will be given a copy of the 2017 Baseball Official Regulations and Playing Rules. The rules and regulations in this manual are strongly enforced by the league. Throughout the scheduled season, periodic coaches meetings will be held with members of the HLL Board. The purpose of those meetings will be to discuss any questions and/or concerns pertaining to the rule and regulations.
- Most little league rules are based on safety--please follow the rules.
- Rules must be enforced at practices and games.
- Parents and players are required to adhere to the league's Parent/Player Code of Conduct.
- Coaches are required to adhere to the league's Coaches Code of Conduct.
- Coaches and managers are strongly encouraged to read and abide by the safety regulations listed and described in the appendixes at the end of the Rules/Regulations manual.

Little League Pledges

Little League Pledge

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

Little League Parent/Volunteer Pledge

I will teach all children to play fair and do their best
I will positively support all managers, coaches and players
I will respect the decisions of the umpires
I will praise a good effort despite the outcome of the game

Keep It Clean!

REMEMBER:

Use good sportsmanship on the field, even to your language.

Regulation XIV – Field Decorum

a) "The actions of players, managers, coaches, umpires and league officials must be above reproach . . ."

b) "The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts."

Copy and post at dugouts.

If You See It, Flee It; If You Hear It, Clear It



REMEMBER:

- Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings
- Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up
- Clear fields immediately after thunder has been heard or lightning seen!

PLEASE WAIT!

- Wait 30 minutes before returning to play after last sign of lightning activity in your area
- Cars shouldn't leave until the game is called, so all players can be accounted for

Guidelines from the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service

Copy and post at dugouts.

Concession Stand

- The Hull Park and Recreation Commission owns and oversees the operation of the L Street Snack Shack.
- HLL does not operate, maintain, staff or contribute to the operation of the L Street Snack Shack.
- Any questions and/or concerns pertaining to the snack shack should be brought to the attention of the Hull Park and Recreation Commission. <u>www.town.hull.ma.us</u>

Concession Stand Tips

Requirement 9

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

1. Menu

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

2. Cooking

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

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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, diarthea, 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, readyto-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;
- Chemical or heat sanitizing; and
 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 samitizer (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 tightfitting 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.

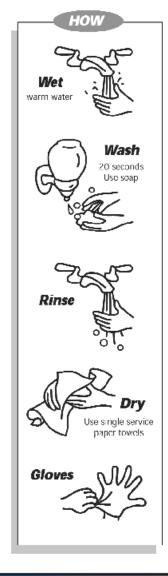
Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

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



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, 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-cat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils. Remove all jeweiry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

wash your hands before you put on new gloves

Change them:

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

Developed by LMass Extension Minifilian Echication Program with support from U.S. Food & Doug Administration in cooperation with the Makemistraship far broad Safety Advantation. Lifetida Sates Department of Agriculture Cooperating UMaes Extension provides equal apportunity in programs and aerologyment.





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Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise During: Drink at least 4 oz. every 20 minutes After: Drink 16 oz. for every pound of weight lost Dehydration signs: Fatigue, flushed skin, light-headed What to do: Stop exercising, get out of sun, drink Severe signs: Muscle spasms, clumsiness, delirium

Emergency Phone Numbers

| • FIRE | | 925-8111 |
|----------------------------|------------|--------------|
| POLICE | | 925-1212 |
| • EMERGEN | CIES | 911 |
| • Hull Anima | al Control | 925-4718 |
| • Hull Board | of Health | 925-2224 |
| Poison Cor | ntrol | 800-682-9211 |

 These numbers will also be posted inside both dugouts at the L Street Field and on the inside of both blue equipment storage boxes used at Menice and Kenberma Fields.