



SAFETY PLAN

Prepared by:

Tim Derr
Safety Officer

League I.D. - 208-01-10

GENERAL INFORMATION

SAFETY GOALS:

1. Provide a safe environment so that our players can learn and enjoy the games of baseball and softball
2. Provide clear instructions to the coaches in order to effectively deal with any injuries in a prompt and safe fashion.
3. Provide a system for reporting any injuries quickly and in a well documented manner.
4. Provide immediate first aid to any injured player.
5. Provide a clear procedure for handling any serious injuries.
6. Provide an injury avoidance plan.
7. Provide First Aid Training for Managers, Coaches, and Umpires (see p. 11)
8. Provide Coaching Fundamentals Training by League Coordinators (see p. 12)

IMPORTANT PHONE NUMBERS:

1. SAFETY OFFICER—Tim Derr (302)379-4535 – safetyofficer@motlitttleleague.com

SAFETY OFFICER – Colleen Stanton (302) 530-4074 – licplease@aol.com

2. EMERGENCIES: (posted in concession stands at Duke and Silver Lake complexes)

Police and Ambulance - (911)

Middletown Police - (302) 378-8399

Middletown Fire Co. - (302) 378-7799

State Police - Troop 9, Odessa - (302) 378-3075

League President – Hubert Lee - (302) 345-6071

HOW TO AVOID ACCIDENTS AND INJURIES

1. Inspect the Fields prior to every Game - (Responsibility of Home Plate Umpire and managers)
 - a. Look for unsafe holes or stones on the field
 - b. Dress the Pitcher's mound and Batter's Box
 - c. Check all dugout and outfield fences
 - d. Check dugouts for debris
 - e. Be sure bases are properly anchored
2. Inspect Your Equipment prior to every Game (also see p.13)
 - a. Check Catcher's gear for proper straps and hardware (gear must be worn by a player, not a coach, when warming up pitchers and during PRACTICE)
 - b. Catcher's mask **must** have a safety flap for the throat area
 - c. All bats and helmets must be properly stored in the dugout area. **NO WEIGHTED DONUTS ARE PERMITTED.** Only weighted sleeves are allowed.
 - d. Catchers must wear protective cups
3. Have a Pre-Game Discussion - (Responsibility of Home Plate Umpire)
 - a. Should include umpires and coaches for both teams
 - b. Encourage everyone to create a positive atmosphere
 - c. Discuss any time limits or curfews
 - d. Discuss sportsmanship and establish umpire's control of the game
 - e. Review ground rules
 - f. Establish location of emergency phone or cell phone

WHAT TO DO IN CASE OF AN ACCIDENT OR INJURY

AT SILVER LAKE COMPLEX:

1. Call 911 for any serious injuries. Always error on the side of caution. Pay phone is located in the concession area or use cell phone. Trauma First Aid Kits available at Concession Stand and Jr/SR Baseball and Softball press boxes
2. Provide first aid as necessary. Ice and First Aid Kits are available in the Concession Area. (First Aid Kit to be checked periodically throughout the season by Safety Officer or Concession Committee Chairman)
3. Contact Parents of injured player
4. Fill out an accident report and notify the Safety Officer or other League Official as soon as possible. Report forms available in concession area.
5. Discuss the situation with your team to ease anxiety
6. Remember that M.O.T. Little League Insurance is only supplemental to individual's Health Insurance Policy.

AT DUKE FIELD COMPLEX:

1. Call 911 for any serious injuries. Always error on the side of caution. Phone is located in the concession area or use cell phone. Trauma First Aid Kits available at Concession Stand
2. Follow steps 2 - 6 above.

COMMON SENSE SAFETY PRACTICES AND TIPS DURING EVERY GAME

1. All players and coaches not in the field must stay in the dugout at all times
2. Managers are responsible for proper sportsmanship from both their players and parents
3. All on-deck batters must be in a protected area and must wear protective batting helmets. **No on deck batters are permitted for Leagues with players 12 years old or younger.**
4. Warm-up of relief pitchers may be done only in approved areas. Catchers must wear a mask. If the pitcher and catcher are exposed to batted balls, another player must protect the warm-up area and wear a batting helmet.
5. Only players and coaches of participating teams are permitted in the dugouts
6. Home teams are responsible for raking the infield, batting area, and mound after every game
7. Players may not wear watches or jewelry during the game
8. Base runners and batters must wear protective helmets at all time
9. A pitcher in the Instructional League and lower are required to wear a face mask or a helmet with a face mask. We purchased extra masks for Major players on up.

DURING CONCESSION DUTY (also see page 14)

1. Locate Fire Extinguisher to be used in the event of an emergency
2. Do not work in overcrowded conditions
3. All workers must be at least 16 years old unless under direct adult supervision. No children under 12 are allowed in the concession stand during operation.
4. Show courtesy to customers at all times
5. Be aware that French Fryer, Heat Lamps, Grill, and Water are or may be **EXTREMELY HOT!**
6. No bare feet at any time.
7. Remember to wash your hands prior to handling food, or between other activities.
8. The last shift is responsible for clean-up and preparation for the next concession duty. This includes:
 - a. Washing down grills, counter tops, and utensils
 - b. Be sure the heat lamps, french fryer, and other electrical appliances are turned off
 - c. Restock drink coolers, fill condiment containers, fill napkin holders, and be sure soda containers are not empty.

SAFETY ADDITIONS FOR 2013

1. Continued mandatory Volunteer Application form and sex abuse check. Expanded check to include the National register. The League expanded process to a complete background check for this season. Ms. Julie Eide (Player Agent) performed checks of all Officers, Board Members, Coaches, and other volunteers via internet @ www.state.de.us/dsp/sexoff/index.htm. and www.nsopr.gov. This check will be performed during the week of February 28, 2013. (Failure to fill out this form, or being listed as an offender, will result in immediate suspension from all League Activities)
2. Distributed information package to all managers on draft day including the following documents:
 - a. Listing of 2013 Officers and League Coordinators
 - b. Outline of Fundamentals Training (Mar.'13) and First Aid clinic (March '13)
 - c. Incident / Injury Tracking Form (also are to be used to record "near miss" occurrences; these to be submitted to League Coordinator and then on to Safety Officer for tracking purposes)
 - d. AIG Accident Notification Form
 - e. Parent Information and Mandatory Volunteer Form
 - f. New First Aid Kit and Ice Packs
 - g. All Insurance and accident forms are posted on website.
 - h. All concessions stands have blank insurance and accident forms and a mailbox for completed forms
3. Baseball and Softball Managers and Coaches will attend a "Fundamentals Clinic" given by Executive Committee Members on March 21, 2013 to meet the fundamentals requirement this year (see pp.12a, 12b & 12c). A form verifying attendance has been developed. (see p.12f) This form will be compiled by each League Coordinator and filed with the Safety Officer to assure attendance by every team and also each coach and manager at least once every 3 years.
Continued use of coaching fundamentals DVD's to assist coaches. Each League coordinator is responsible for making these training aids available to managers and coaches to supplement to the "Fundamentals Clinic" (see pp. 12d & 12e).
4. Continued use of forms for verification of equipment pick-up and return by League Coordinator (see attached pages 13a, 13b, 13c)
5. Continued use of mandatory Parent / Player Code of Conduct (see p.8j, 8k)
6. Continued use of attendance verification form for First Aid Training (see p. 11c) This form to be compiled by each League Coordinator and filed with the Safety Officer to assure attendance by each team and also each coach and manager at least once every 3 years.
7. Continued use of 2 ea Sky Scan Lightning Detectors. One placed at Silver Lake Complex and one at Duke Field complex. We purchased fog horns to notify all fields to leave the premises.

9. Appointed two Safety Officers for this season to help with the growth of our League.
10. Spot inspection of each team 3 times throughout the season. Verifying the proper forms is present and First aid kit is present and stocked. A Safety Officer checklist was created to use throughout the season.
11. Purchased new durable First Aid Kits and posted labels on them with contact information. Little League will store extra supplies at both complexes in our storage facilities. Purchased 4 Trauma First Aid Kits for serious injuries. One is at our Duke complex in the concession stand. Three at our Silver Lake, 1 in the concession stand, 1 each at our JR/SR baseball and softball fields.
12. New signs about concession stand safety are to be posted in each stand. Volunteers will be required to read the safety rules and relative safety information.
13. Setting an inclement weather policy to include thunder, lightning and heat index.
14. Introduced disciplinary action for Safety violations.
15. All Board Approved Volunteer will be required to wear an ID badge.
16. All Managers, Coaches and Team Parent must attend a Safety Meeting.
17. Town of Middletown inspects all the fields and lights before the season starts.

ACCIDENT REPORT AND PARENT INFORMATION FORMS

1. Incident / Injury Tracking Report (to be used to record accidents that might result in a future insurance or liability claim and also to track "Near Misses")
2. AIG Accident Notification Forms (to be used only if an accident needs to be reported to Little League Headquarters for insurance claim purposes)
3. Parent Information Packet (includes insurance information and a mandatory form for volunteers)
4. Parent / Player Code of Conduct Form

Activities/Reporting**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
B.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)
☐ Senior (14-16) ☐ Big League (16-18)
C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)**Type of incident and location:**

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

Little League® Baseball & Softball
CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor.
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the league official.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

CHARTIS

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 Fax: 570-326-9280

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

League Name				League I.D.	
PART 1					
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
Describe exactly how accident happened, including playing position at the time of accident:		

Check all applicable responses in each column:

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()	

Were you a witness to the accident? ☐ Yes ☐ No
 Provide names and addresses of any known witnesses to the reported accident.

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

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

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

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

Date _____ League Official Signature _____

General Liability Claim Form

Send Completed form to:
 Little League Baseball and Softball
 539 US Route 15 Hwy
 P.O. Box 3485
 Williamsport, Pennsylvania 17701-0485
 (570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

CN

(LEXINGTON USE ONLY)									

Insured	Name of League		League I.D. Number (Used as location code)				
	Name of League Official (please print)		Position in League				
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)				
			Phone No. (Bus.)				
Time and Place of Accident	Date of Accident		Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)		
	Arising out of Operations conducted at						
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Description of Accident						
State cause and describe facts surrounding accident (Use reverse side if needed)							

Who owns Premises			Person in charge of Premises			
Coverage Data	Limits BI/PD:		Elevator: Yes		Products: Yes	Cont: Yes
	Med. Pay: None		Policy Dates: Begin:		End:	
	Policy Number					
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Property Damage	Name of Owner		Description of Property			
	Address (Street, City, State, Zip)		Name of Insurance Co.			
			Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res)			
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	
			Phone No. (Bus)			
	Employers Name and Address					
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attending Doctor's Name and Address			
Description of Injury						
Where was the injured taken after accident?				Probable length of Disability		
Witnesses:	Name, Address, Phone Number					
	Name, Address, Phone Number					
	Name, Address, Phone Number					

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

CHARTIS

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana,
Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania,
South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



Little League Volunteer Application - 2013

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

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

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Social Security # (mandatory with LexisNexis or upon request) _____
Cell Phone _____ Business Phone _____
E-mail Address: _____
Date of Birth _____
Occupation _____
Employer _____
Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

Do you have children in the program? 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 #: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s): Yes ☐ No ☐
If yes, describe each in full: _____

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

Have you ever been refused participation in any other youth programs? Yes ☐ No ☐
If yes, explain: _____

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

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

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

Name/Phone _____

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, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____

On _____

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

Sex Offender Registry ☐ Criminal History Records ☐ LexisNexis ☐

*Please be advised that if you use LexisNexis 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 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.