

CORONADO LITTLE LEAGUE
QUALIFIED SAFETY PROGRAM FOR SEASON YEAR 2024

SAFETY POLICY ASAP PLAN



Amanda Lopez, President
Krishna Martinez, Safety & Risk Management

**CORONADO LITTLE LEAGUE
QUALIFIED SAFETY PROGRAM FOR SEASON YEAR 2024**

LEAGUE CONTACT INFORMATION

Physical Address: 372 Rotary Park
Bernalillo, NM 87004

Mailing Address: 3816 Lonesome Ridge Street NE
Rio Rancho, NM 87144

President: Amanda Lopez
Vice President: Jose Miranda
Safety Compliance & Risk Management:

League Phone: (505) 967 - 1345
League Email: PlayBallCorondo@gmail.com

EMERGENCY CONTACTS

Police - Fire - Ambulance: 911

Poison Control: 1-800-222-1222

Police Dispatch Non-Emergency:
(505) 867-2304

Sandoval County Sherriff: (505) 867 - 4581

TOWN OF BERNALILLO CONTACTS:

Troy Martinez
Director of Facilities Management:
(505) 401 - 8430
(505) 867 - 3311 Ext. 2054

The purpose of this Safety Plan is to educate all volunteers of Coronado Little League of the practices that have been set in place by the Board of Directors. Enclosed, you will find information about practices that need to be enforced for the safety of all of our ball players. **DO NOT** call the safety officer every time you see a child swing a bat; instead, utilize this plan to correct the situation promptly. We are all responsible for safety and it is our priority.

Little League, has in place, a volunteer application for any person involved within Coronado Little League. These applications are processed by our League on a national database to ensure that our children are safe. These applications are checked for crimes against minors and are checked for sexual predators. Any person that comes back with a bad background check will not be able to be involved with the League.

There will be a mandatory coach's meeting to ensure all coaches have a basic understanding of the fundamentals of baseball/softball and how to pass the information on to our players constructively. Equipment and First Aid Kits will be issued.

Emergency contact lists are posted at the field concession stand and are available in the coaching packets.

Please take a moment to review them so you are prepared in case of an accident.

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BASIC SAFETY REMINDERS

Safety is the responsibility of all volunteers as we have been put in charge of the teaching and guidance of the youth of our League. There are several areas in which safety must be addressed each and every time we meet with our teams. Volunteers should enforce all Little League rules including those requiring proper equipment.

PRACTICE

Check your fields before the beginning of each practice. Never assume that your field is glass free. Be sure to inspect for holes in the field or fence and for any damaged sprinklers.

Have available a first aid kit as well as a phone in the event of an emergency.

Be mindful of weather conditions as well as proper lighting.

Ensure that vehicle traffic is far enough away from your ball players to avoid dangerous situations.

When using batting cages, inspect the netting for holes. Ensure batters are wearing helmets at all times while they are in the cages.

When using batting cages when games on adjacent fields are in progress, ensure all practicing players are aware of foul balls or overthrows coming into the practice area.

GAMES

Inspect all equipment before each game to ensure that it is in proper working condition and that it has been adjusted to the player that will be using it. Contact your Onsite Director or Equipment Manager for anything that needs to be replaced.

All warm-ups before games are to be done on the playing field itself. No throwing of baseballs or swinging of bats outside of the field fence.

No horseplay on the fields or in the dugouts before, during or after each game.

No on-deck batters, in the batter's box at any time.

No unauthorized team members allowed in the dugout during the game including non-players, siblings and parents.

Coaches and managers are not allowed to catch pitches, including pre-game practice sessions.

WEATHER WARNING AND LIGHTING CONCERNS

Beware of Lightening in the distance. A bolt of lightning can travel up to 5 miles. Weather Warning will be called in inclement weather by the Board of Director assigned to the site for the game. Coronado Little League has a lightening delay of 8 miles per 30 minutes.

Is it dark yet? All games and practices will end at the sunset time issued at the beginning of game start time. Do not expose your team to the dangers of limited lighting.

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First Aid Kits have been budgeted for and purchased by Coronado Little League and have been placed at each field Conex box. All player medical release forms are located and secured in the League Concession stand for reference.

All coaches have received an accident packet and are to keep it on hand at all practices and games. All required documents and medical forms are in the packet. The Safety Compliance Officer will assist you with the accident form and tracking report. The Safety Compliance Officer will follow up and investigate the accident, if necessary, and notify the District Safety Officer within 24 hours of accident. Additional Safety Packets can also be found on-site in the League Concession Stand.

EMERGENCY SAFETY PROCEDURES

Give first aid and have someone call 911 immediately if an ambulance is necessary.

Notify parents immediately if they are not at the scene.

Notify the League Safety Compliance Officer by phone, and fill out a Coronado Little League Incident Report as soon as possible and/or within 24 hours.

Talk to your team about the situation, if it involves them.

Coronado Little League Insurance is supplemental to your own policy. Claims must be filled out as soon as possible with the League Safety Compliance Officer.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but not limited to the following:

Routine use of gloves or other precautions to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated, is a must.

Bleeding must be stopped, the open wound covered and if there is any excessive amount of blood on the uniform, it must be changed before the athlete may participate.

Immediately wash hands and other skin surfaces if contaminated with blood or other bodily fluid.

Clean all contaminated surface and equipment with a solution made from a proper dilution of household bleach.

Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

Contaminated towels should be disposed of immediately.

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INJURY ASSESSMENT PROCEDURES

ASSESSING THE INJURIES	TREATMENT OF INJURIES	POST - INJURY
<p>Is the player conscious?</p> <p>Is the player adequately breathing?</p> <p>Once the above two steps are completed, ask where the player is hurt before you begin touching them.</p> <p>Localize the painful area and check for distortion, swelling, persistent pain and tenderness which are all signs of significant injury.</p> <p>If possible, control the area that is in pain.</p> <p>Decide whether you need to call for medical support, or if you can help the player up and move them to the dugouts.</p>	<p>Use the R.I.C.E method as a basis for acute rehabilitation.</p> <p>R: Rest the injured area</p> <p>I: Apply ice for 20 - 30 minutes; remove for 1 ½ - 2 hours and then repeat.</p> <p>C: Use compression around the injured area to minimize swelling.</p> <p>E: Elevate the injured area above the head level</p>	<p>A player assisted off the field who wants to return a few minutes later should be asked to perform functions that involve the affected area.</p> <p>If there is any impairment, the player should not be allowed to return.</p>

INJURY ASSESSMENT PROCEDURES

GENERAL BODY WARM - UPS

Warm, pliable muscles are less likely to be strained. Perform warm-up exercises prior to activity.

STRAINS AND SPRAINS

Symptoms include pain, limited motion and swelling. Rest the player immediately and contact parents and/or medical professionals for attention.

DISLOCATION AND FRACTURES

While not always evident, common symptoms are pain, deformed joints and loss of function. Obtain medical care immediately. DO NOT move the athlete.

FLUID REPLACEMENT

Frequent fluid replacement before, during and after exercise helps prevent the body from overheating. Be aware of the two most common heat disorders by learning to recognize their symptoms.

HEAT CRAMPS

These are sudden, painful muscle contractions often caused by acute loss of body fluid and mineral depletion through sweating or the result of an acute hit. Massage and gently stretch the muscles and replace fluids.

HEAT STROKE

High body temperature; red, hot, dry skin; rapid, strong pulse; difficult breathing; collapse; and convulsions are all signs of heat stroke. This is a medical emergency. Call immediately for emergency medical care. Place the player in the shade; lower their body temperature is possible.

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CONCESSIONS

Coronado Little League operates a concession service for league related events. The concession stand does limit food cooking onsite, using prepackaged items cooked using a microwave or an Electric covered Skillet. The facility processes and menus are approved by the State of New Mexico Environment & Health Division. Our facility does have running water. To ensure a safe operation, the following rules are in place for the volunteers:

All volunteers working in the concession stand will be trained in safe food preparation.

Gloves will be worn during the handling of all non-prepackaged foods.

Concession workers will use hand sanitizer to keep their hands clean.

All volunteers will be trained in proper operation of fire extinguishers.

There are two operating fire extinguishers in the concession stand at all times.

A first aid kit will be in the concession stand.

An Adult volunteer will be present in the concession stand during all operating times.

Cleaning chemicals will be stored in a lock closet, away from any and all food items.

The concession stand main entrance door will not be locked or blocked while people are inside.

Food preparation equipment will be inspected periodically and repaired or replaced as needed.

Menu will be kept simple.

Cooking thermometers will be used to check cooking and food handling temperatures.

Posted hand washing procedure will be followed.

Concession worker must be in good health and hygiene.

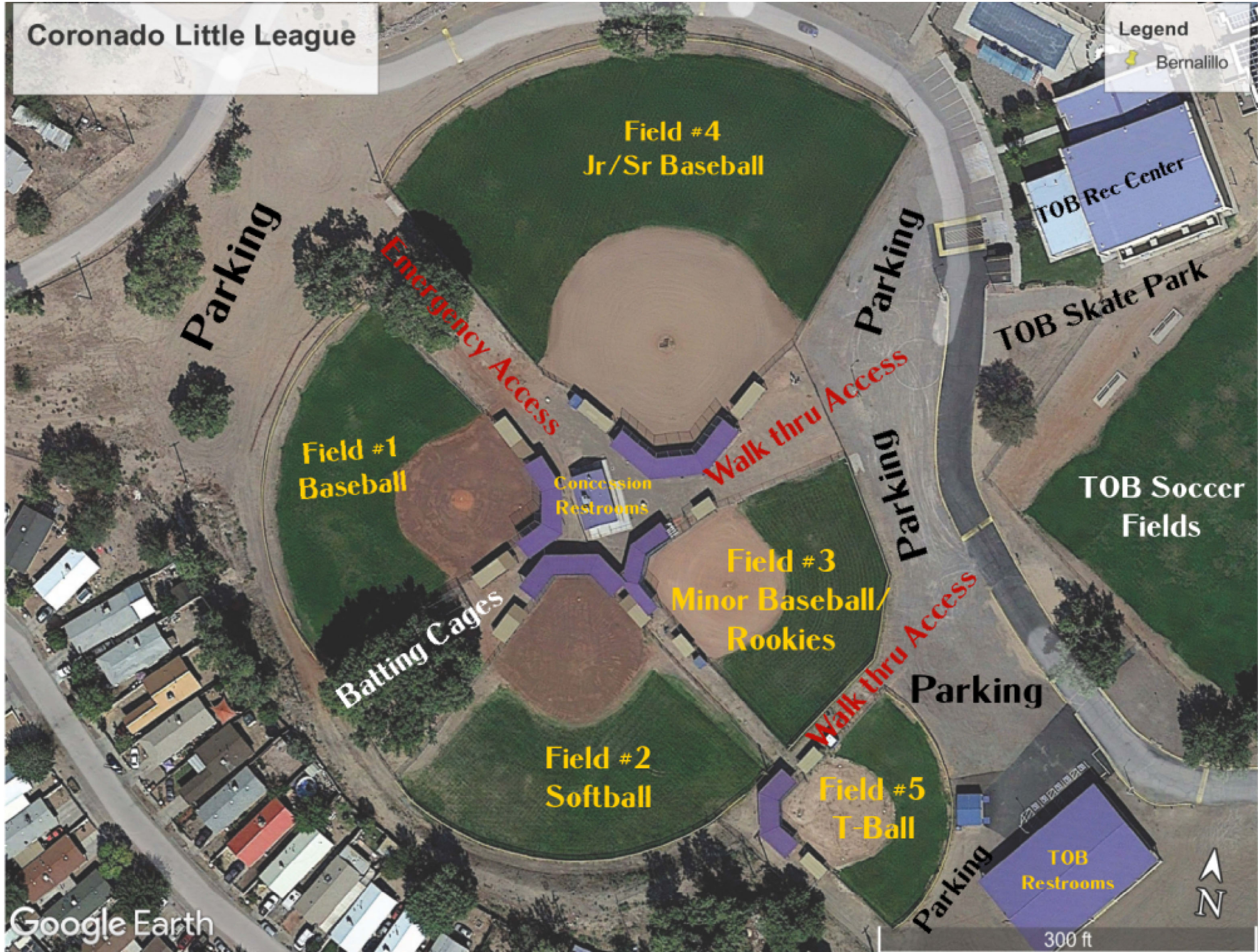
All food will be stored at least 6 inches off of the concession floors.

The concession stand will be cleaned after every use and unusable food will be discarded nightly.

Minimum volunteer age in concession is 12 upon approval of adult volunteer on site. No individual under the age of 16 will be permitted to handle money and/or credit card transactions.

Coronado Little League

Legend
Bernalillo



Field #4
Jr/Sr Baseball

Parking

Field #1
Baseball

Emergency Access

Concession
Restrooms

Walk thru Access

Parking

TOB Rec Center
TOB Skate Park

TOB Soccer
Fields

Batting Cages

Field #3
Minor Baseball/
Rookies

Parking

Walk thru Access

Parking

Field #2
Softball

Field #5
T-Ball

Parking

TOB
Restrooms

300 ft



Google Earth



Little League® Volunteer Application – 2024



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 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?

If yes, describe each in full: _____ Yes No

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

5. Have you ever been convicted of or 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 Little League International.)

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

League Official Umpire Manager Concession Stand

Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

OR

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended 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.

Proof of completion of Abuse Awareness Training for Adults provided to league

TIPS for PROTECTING CHILD ATHLETES from Sexual Abuse

Every child athlete deserves a safe and fun sports experience.
Use these tips to help your child have one.

Make a game plan

Ask these questions to find out if preventing child sexual abuse is a priority for your child's youth-sports program.

- Are background checks performed on **all** staff with access to youth?
- Does staff receive training on recognizing and reporting child sexual abuse? How often?
- Is there a staff code of conduct/ethics? Does it address inappropriate behaviors?
- What is your organization's reporting procedure?

Know the plays

Every youth-sports program should have policies addressing:

Bullying and hazing - There should be a zero-tolerance policy.

Coach-athlete communications - Staff should not communicate with youth about non-sports related matters. Parents should be included in all communications, including those via text message, telephone or social media.

Locker and restrooms - These areas should be supervised by two staff of the same sex as the children using them. Staff should respect children's privacy while supervising them. Parents should have access to the facilities in order to assist young children and those with disabilities.

Supervision - Children should be supervised by at least two staff while at all team activities.

Travel - Staff should not stay in the same hotel rooms as youth.

Get off the bench

Child sex abusers often target youth whose parents appear uninvolved. Help protect your child by being an active participant in his or her athletic experience.

Go to practices and games. You'll be able to get to know the staff and monitor their treatment of children.

Talk to your child about being on the team. If he or she does not like it, find out why. It may indicate a more serious problem or concern.

Help children set boundaries. Teach them they have the right to be treated with respect, even by adults.

Empower youth to say "no." Let them know it's OK to stand up to anyone who makes them feel confused or uncomfortable. Use role-playing scenarios to practice this skill.


Speak up. Address red flag behaviors by speaking with the team's coach. If the issue remains unresolved, discuss your concerns with the organization's administration.


Report. Contact local law enforcement with suspicions of child sexual abuse **immediately**. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678) for additional assistance.


Be a team player. Not all children have someone looking out for them. Bring up red flag behaviors even if your child is not the one being affected.


Learn red flag behaviors


While these warning signs do not always indicate abuse, they do cross appropriate athlete-coach boundaries.

 Singling youth out for special attention or gift giving.

 Spending one-on-one time with children such as in private practice sessions.

 Touching children in ways not related to training for the sport.

 Telling youth sexual or inappropriate jokes and stories.

 Commenting on children's appearances when not related to the sport.

For more resources visit www.SafeToCompete.org

CONSEJOS para PROTEGER A LOS NIÑOS ATLETAS del abuso sexual

Todos los niños atletas merecen tener una experiencia deportiva segura y divertida. Utilice estos consejos para ayudar a su hijo a tener una.

Realice un plan de juego

Haga las siguientes preguntas para averiguar si la prevención del abuso sexual infantil es una prioridad para el programa de deportes juvenil en el que participa su hijo.

- ¿Se verifican los antecedentes de **todo** el personal que tiene acceso a los jóvenes?
- ¿El personal recibe capacitación sobre cómo reconocer e informar el abuso sexual infantil? ¿Cada cuánto tiempo?
- ¿Existe algún código de conducta/ética del personal? ¿Trata sobre comportamientos inapropiados?
- ¿Cuál es el procedimiento para informar de su organización?

Conozca el juego

Todos los programas de deportes juveniles deberían tener políticas que traten lo siguiente:

Hostigamiento y acoso: debe haber una política de tolerancia cero.

Comunicación entre el entrenador y el atleta: el personal debe hablar con los jóvenes solo sobre asuntos relacionados con el deporte. Los padres deben estar incluidos en todas las comunicaciones, incluidas aquellas vía mensaje de texto, o medios de comunicación social.

Vestuarios y baños: estas áreas deben estar supervisadas por dos miembros del personal del mismo sexo que los niños que lo utilizan. El personal debe respetar la privacidad de los niños mientras los supervisa. Los padres deben tener acceso a las instalaciones para ayudar a sus hijos y a aquellos con discapacidades.

Supervisión: los niños deben ser supervisados por al menos dos miembros del personal mientras realizan actividades en equipo.

Viajes: el personal no debe alojarse en la misma habitación de hotel que los jóvenes.

Entre en acción

Los abusadores sexuales infantiles, a menudo, buscan jóvenes cuyos padres no se involucran. Ayude a proteger a su hijo al participar activamente en sus experiencias atléticas.

Asista a prácticas y juegos: podrá conocer al personal y controlar el trato de los niños.

Hable con su hijo sobre estar en el equipo: si no le gusta, averigüe por qué. Esto puede indicar una inquietud o problema más serio.

Ayude a los niños a poner límites: enséñeles que tienen el derecho a ser tratados con respeto, incluso por los adultos.

Enséñeles a decir "no": explíqueles que está bien defenderse de alguien que los haga sentir confundidos o incómodos. Utilice juegos de roles para practicar esta habilidad.


Hable con un responsable: hable sobre comportamientos alarmantes con el entrenador del equipo. Si el asunto sigue sin resolverse, hable con la administración de la organización.


Informe: comuníquese **inmediatamente** con la policía local si sospecha de abuso sexual infantil. Llame al National Center for Missing & Exploited Children® al 1-800-THE-LOST®(1-800-843-5678) para obtener asistencia adicional.


Sea un jugador del equipo: no todos los niños tienen a alguien que los cuide. Informe comportamientos alarmantes incluso cuando su hijo no es el niño afectado.


Conozca los comportamientos alarmantes


Estas señales de advertencia no siempre indican abuso, pero cruzan límites apropiados entre el entrenador y el atleta.

 Distinguir a los jóvenes para darles especial atención o hacerles regalos.

 Pasar tiempo a solas con los niños como en sesiones de prácticas privadas.

 Tocarle a los niños de maneras que no están relacionadas con el entrenamiento deportivo.

 Contarles a los jóvenes historias o chistes inapropiados o sexuales.

 Hacer comentarios no relacionados con el deporte sobre la apariencia de los niños.

Para obtener más recursos visite www.SafeToCompete.org



LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel(i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Legal Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

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 National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) 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 Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC 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, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be 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.

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 within 104 weeks after the date the Injury is sustained.

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 International. 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

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

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
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

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

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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
------	---------------------------

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 Minor Major Intermediate (50/70)
- Junior Senior Big League
- 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 to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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 Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

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

Signature: _____ Date: _____

2024 Little League® Age Chart



Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2020	2020	2020	2020	2020	2020	2020	2020	2019	2019	2019	2019	4
2019	2019	2019	2019	2019	2019	2019	2019	2018	2018	2018	2018	5
2018	2018	2018	2018	2018	2018	2018	2018	2017	2017	2017	2017	6
2017	2017	2017	2017	2017	2017	2017	2017	2016	2016	2016	2016	7
2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015	8
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	9
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	10
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	11
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	12
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	13
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	14
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	15
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	16

NOTE: This age chart is for BASEBALL DIVISIONS ONLY, and only for 2024.

2024 Little League® Age Chart



Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	4
2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	2018	5
2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	6
2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	7
2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	8
2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	9
2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	10
2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	11
2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	12
2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	13
2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	14
2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	15
2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	16

NOTE: This age chart is for SOFTBALL DIVISIONS ONLY, and only for 2024.