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| --- | --- |
| *WYB Field Safety Checklist** Safety Parent keeps forms during the season.
* Contact Safety Officer if there are any problems that cannot be corrected at the field.
* The SAFETY PARENT Must Complete This Form BEFORE THE GAME CAN BEGIN

**FIELD NAME** Safety Parent |  |
|  |
|  | **TEAMS** | **DATE** |  |
| **HOME** |  |  |
| **VISITOR** |  |  |
| **1. Playing Field Must Be Checked For The Following:** |
|  | **Yes** | **No** | **Corrective Action** |  |
| **a. Holes in the field** |  |  |  |
| **b. Rocks on the field** |  |  |  |
| **c. Backstop** |  |  |  |
| **d. Fence** |  |  |  |
| **e. Bases** |  |  |  |
| **f. Pitchers Mound** |  |  |  |
| **g. Dugouts** |  |  |  |
| **h. Other** |  |  |  |
| **2. All Playing Equipment Must Be Inspected For the Following:** |
|  | **Yes** | **No** | **Corrective Action** |  |
| **a. Helmets** |  |  |  |
| **b. Bats** |  |  |  |
| **c. Catcher’s Equipment** |  |  |  |
| **3. Each Player Must Be Inspected For The Following:** |
|  | **Yes** | **No** | **Corrective Action** |  |
| **a. Proper Shoes** |  |  |  |
| **b. Proper Uniform** |  |  |  |
| **c. All Jewelry Removed** |  |  |  |
| **4. Each Coach Must Have The Following Safety Equipment:** |
|  | **Yes** | **No** | **Corrective Action** |  |
| **a. First Aid Kit** |  |  |  |
| **b. Medical Release Forms** |  |  |  |
| **5. Any Discrepancy Not Corrected Must Be Explained Below:** |
|  |
|  |