

LAKE NORMAN LITTLE LEAGUE SAFETY MANUAL

2024 Edition



Approved: February 4, 2024

SAFETY MISSION STATEMENT

The Safety Mission of Lake Norman Little League is to practice and promote the appropriate level of safety on and off the field. It is everyone’s responsibility to prioritize the safety of our youth, parents, volunteers, umpires, coaches, and visitors. Accordingly, we work hard to establish and maintain an environment and culture where safety is our priority. In doing so, we strive to accomplish the following:

- Develop, share and promote safety awareness.
- Provide appropriate safety education to the league.
- Promote active participation by all youth in fun and healthy physical activities according to their interests and abilities.
- Promote universal recognition that organized youth sports can develop positive attributes including healthier lifestyles, fair play and good citizenship.

IMPORTANT NUMBERS

EMERGENCIES: DIAL 911

	POLICE DEPT	FIRE DEPT	ANIMAL CONTROL	POISON CONTROL
Cornelius	704-892-1363	704-892-1544		
Huntersville	704-464-5400	704-875-3563		
Mecklenburg County	704-336-8100		704-336-7600	704-355-4000

IMPORTANT DATES

VOLUNTEER ORIENTATION, including a review of league policies, will take place at the seasonal Coaches Meetings scheduled for February 20, 2024 (spring season) and August 20, 2024 (fall season) at Cornelius Town Hall in Cornelius, NC. It is mandatory that one representative from each team be present.

FUNDAMENTALS & FIRST AID TRAINING for coaches will take place during the league’s seasonal Coaches Clinics scheduled for February 24, 2023 (spring season) and August 24, 2023 (fall season) at Bailey Road Park in Cornelius, NC. It is mandatory that one representative from each team be present.

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1 Introduction

The goal of this Safety Manual is to reduce and eliminate injuries to players and spectators. Some of the topics covered are very practical and common-sense ideas, while others are more detailed information needed in certain situations. It is important that everyone be involved with the safety program. If anyone sees a safety hazard or unsafe behavior, it needs to be reported. Anyone with ideas for the safety program is encouraged to come forward and share it with the league's Safety Officer.

2 Responsibilities Relative to Safety

2.1 President

The President of the League is responsible for ensuring that league safety policies and regulations are carried out by the entire membership to the best of his/her abilities.

2.2 Equipment Manager

The Equipment Manager is responsible for purchasing and distributing team equipment to each Team Manager and repairing/replacing damaged league equipment as reported. The Equipment Manager will also exchange league equipment such as helmets or catchers gear if it doesn't fit properly.

2.3 Safety Officer

The Safety Officer is responsible for the development and implementation of the League's safety programs. The Safety Officer is the link between the Board of Directors of Lake Norman Little League and its coaches, players, spectators and other third parties on the complex regarding safety matters, rules and regulations.

2.3.1 Core Responsibilities

- Coordinating with all division commissioners and coaches in order to provide the safest possible environment for all.
- Maintaining a first aid log of accidents and injuries.
- Correlating and summarizing safety data to determine proper accident prevention in the future.
- Ensuring that each coach reviews this Safety Manual and receives a first aid kit at the beginning of the season.
- Ensuring first aid kits are available in all equipment bags and restocking the kits as needed.
- Making Little League's "no tolerance with child abuse" clear to all.
- Reporting any field or park safety issues to the appropriate town contact for action.
- Discussing safety at each Board Meeting and allowing experienced people to share ideas on improving safety.

2.4 Team Manager / Head Coach

The Team Manager / Head Coach is appointed by the League President to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team. The Manager shall always be responsible for the team's conduct, observance of the

official rules of Little League Baseball, and deference to the umpires. The Manager is also responsible for the safety of his players. He/she is also ultimately responsible for the actions of assistant coaches and the team. If a Manager leaves the field, he/she shall designate an assistant coach as a substitute and such a substitute shall have the duties, rights and responsibilities of the Manager.

If a Manager knowingly disregards the safety of their players, he or she is subject to the Three Strikes Policy outlined in the League's Local Rules.

2.4.1 Core Responsibilities

- Appoint a volunteer parent as Team Safety Officer. The Team Safety Officer must be present at all games or have a designated substitute and must have access to a cell phone for emergencies.
- Attend a mandatory training session on first aid given by the league with his/her assistant coaches.
- Attend coaches' clinics offered by the league to enhance fundamentals.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their children.
- Make sure equipment is in first-rate working order. If anything is damaged, contact the Division Commissioner or Equipment Manager for a replacement.
- Expect no more of each player than what they are capable of.
- Teach the fundamentals of the game to players (catching fly balls, sliding correctly, proper fielding of ground balls, simple pitching motion for balance, etc.)
- Be open to ideas and suggestions for improvement and/or help.
- Enforce that prevention is the key to reducing accidents to legs.
- Always have a first aid kit and this Safety Manual on hand.
- Use common sense.
- Ensure that catchers wear full helmet with facemask, throat guard, long model chest protector, and shin guards.
- Enforce the rule that male catchers must always wear an athletic supporter with cup during all games and practices.
- Encourage all male players to wear an athletic supporter with cup during all games and practices.
- Confirm that anyone acting in the capacity of catcher wears a full helmet with facemask and throat protector during any type of warm-ups.
- Confirm that players are wearing rubber cleats (no metal spikes).
- Confirm that players are not wearing jewelry of any kind during practice or during a game.
- Assure that all players tuck in their shirt while playing a game.
- Assure that all players wear a Little League approved protective helmet during batting (practice and games).

- Encourage parents of players who wear glasses to have their child wear safety glasses.
- Do not allow on-deck batters. There are no on deck circles in any Little League division below Intermediate. The batter may not take any practice swings until he/she reaches the dirt around home plate. This is also the only place anyone can swing a bat.
- Ensure that bats conform to Little League approved standards. **BAT SAFETY IS IMPORTANT!**

2.4.2 Pre-Game Responsibilities

- Make sure players are healthy, rested and alert.
- Make sure players are wearing the proper uniform and equipment (i.e. protective cups, mouth guards, etc.).
- Make sure the equipment is in good working order and is safe.
- Coaches of both teams will be responsible for walking fields to ensure there are no hazards present.

2.4.3 Responsibilities during the Game

- Make sure all players carry all gloves and other equipment off the field and to the dugout when their team is up to bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Coaches should always emphasize that all players always need to stay alert and keep their eyes on the ball during practice and games.
- Always maintain dugout discipline.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Ensure compliance with pitch count rules and remove a pitcher (or position player) that appears to be demonstrating an arm injury.
- Encourage everyone to think "safety first".
- Always observe the "no on-deck" rule for batters and keep players behind fences. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Do not play children that are ill or injured.
- Attend to children that become injured in a game.
- Do not lose focus by engaging in conversation with parents or others.

2.4.4 Post-Game Responsibilities

- Do not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Lake Norman Little League, and Little League International.

- Discuss any safety issues with the Safety Officer that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the Safety Officer.

2.4.5 General Ongoing Facility Checks

Managers should walk each field prior to its use for any league practice or game to verify that the following safe conditions exist BEFORE players take the field:

- Home plate, batter's box, bases and the area around the pitcher's mound checked for tripping and stumbling hazards.
- Chain-link fences will be checked periodically for holes, sharp edges and loose edges and will be repaired or replaced.
- Safety caps on fences will be checked periodically for cracks and will be repaired or replaced accordingly.
- Warning track will be checked for smoothness and free of holes to ensure players safety.
- All bases break away to meet Little League requirements.

3 Game Preparation and Play

3.1 Player Conditioning and Stretching

Conditioning ("warm-up") is an intricate part of accident prevention. Extensive studies on the effect of conditioning have demonstrated that the stretching and contracting of muscles just before an athletic activity improved general control of movements, coordination and alertness. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overextension. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

3.1.1 Stretching Recommendations

- Stretch necks, backs, arms, thighs, legs and calves.
- Don't ask the child to stretch more than he or she is capable of.
- Hold stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

3.1.2 Calisthenics Recommendations

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardiovascular workout.

3.2 Hydration

Good nutrition is important for children. Sometimes, the most important nutrient children need is water, especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism (sweat) kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months.

Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated.

If a player should collapse as a result of heat exhaustion, call 911 immediately. Get the player to drink water and use the instant ice bags supplied in your First Aid Kit to cool him/her down until the emergency medical team arrives.

3.3 Sun Protection

The League recommends the use of sunscreen with an SPF (sun protection factor) of at least 15 as a means of protection from damaging ultraviolet light.

4 Maintaining General Game Venue Safety

There is nothing better than watching our youth playing baseball, especially if it's a family affair. But along with this great experience comes the responsibility of making the parks and ball fields safe for the players as well as the spectators.

4.1 Driving Safety

Driving within parks and around fields needs to be done with extreme caution. Any unsafe driving should be reported to local authorities. Coaches should also inform parents about the importance of driving safely around our fields. Parents are requested to relay this information to relatives and friends, so all attendees understand the importance of safe driving around our fields.

4.2 Bicycle Safety

It is great to see kids riding bicycles, but the ball field is not the place to do it. If a child is riding a bike it needs to be away from players and spectators. Additionally, the following safety measures are recommended:

- Bicyclists should always wear a protective helmet.

- Bicyclists must observe all traffic regulations – red and green lights and all traffic signs.
- When crossing the street get off your bicycle, look both ways to make sure it's safe then proceed crossing the street by walking your bicycle.
- Bicyclist riding at night should always wear some type of reflective wear and make sure your bicycle is equipped with a light in front and a reflector on the back.
- Always give pedestrians the right-of-way.
- Never carry other riders on the handlebars, on a front or back rack, or on your seat. It will prevent you from controlling your bicycle.
- When riding in the street stay to the right side, keep a lookout for car doors opening suddenly, slow down or stop at every intersection, and check for oncoming traffic. If riding in a group, ride in a single line.
- Always use proper hand signals when turning and stopping.
- Periodically check all nuts and bolts to be sure they are secure.

4.3 Strangers in the Park

Please be aware of who is around your team and report anyone who causes suspicion to local authorities and the league. Parents should always keep an eye on their younger children who are at the park and never leave children unattended at the playgrounds.

4.4 Weather Safety Awareness

Please refer to the league's Lightning Policy and Procedures found in the appendix.

5 Accident Reporting Procedure

5.1 What to Report

An incident that causes any player, coach, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatment such as the evaluation and diagnosis of the extent of the injury.

5.2 When to Report

All such incidents described above must be reported to the Safety Officer within 24 hours of the incident by email at SafetyOfficer@lknll.com.

5.3 How to Make a Report

At a minimum, the following information should be provided:

- The name and phone number of the individual involved.
- The date, approximate time and location of the incident.
- As much detail of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

An Accident Notification Form has been provided in the appendix of this document.

5.4 Safety Officer's Responsibilities

Within 24 hours of receiving the accident notification, the Safety Officer will contact the injured party and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party.
- If the injured party requires other medical treatment (i.e., emergency room visit, doctor's visit, etc.), they will advise the parent or guardian of the League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to check on the status of any injuries, and to check if any other assistance is necessary in the areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

6 League Insurance Policies

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated, with Lake Norman Little League's Insurance Policy being designed to supplement a parent's existing family policy.

6.1 Explanation of Coverage

The League's insurance policy is designed to afford protection to all participants at the most economical cost to the League. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance – which is purchased by the League, not the parent – takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is always in force during the season.

6.2 How the Insurance Works

- The injured child's parents file a claim under the insurance policy.
- Should the family's insurance policy not fully cover the injury treatment, the Little League Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
- If the child is not covered by any family insurance, the Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.
- Treatment of dental injuries can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. The maximum dollar

benefit is \$500 for eligible dental treatment after the normal fifty-two-week period, subject to the \$50 deductible per claim.

6.3 Filing a Claim

When filing a claim, all medical costs should be fully itemized. If no insurance is in effect, a letter from the parent or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form, and then submit them to the insurance company of the claimant. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. 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.

Claims must be filed with the Safety Officer. He/she forwards claims to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA 17701. Claim officers can be contacted at 717-327-1674 and fax 717-326-1074. Contact the Safety Officer for more information.

7 Volunteer Background Screening

Volunteers are required to complete a Little League Volunteer registration process during registration. Based on personal information collected in this process, a thorough background check is conducted for each volunteer. If there is a convicted case, the background check will indicate this. Anyone refusing to complete the volunteer registration process will be ineligible to be a league volunteer.

8 Health and Medical – Administering First Aid

First aid is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives. At no time should anyone administering first aid go beyond his or her capabilities. Know your limits!

The average response time on 911 calls is 5-7 minutes. Perform whatever first aid you can and wait for paramedics to arrive.

8.1 First Aid Kits

First aid kits are included with each team's equipment package and shall be taken to all practices, games and any other league event where children's safety is at risk.

- All teams are issued a fully stocked first aid kit at the beginning of each season.
- Managers are responsible for requesting replacement first aid kit supplies. If replenishment supplies are needed during the season, Managers should email the Safety Officer with the items and quantities needed. Supplies will be sourced and provided as quickly as possible.

8.2 Important First Aid Do's and Don'ts

DO....

- Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call 911 immediately if a person is unconscious or seriously injured.
- Look for signs of injury (blood, black and blue, deformity of joint, etc.)
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

DON'T....

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.).
- Transport injured individuals except in extreme emergencies.

8.3 Emergency Number (911) Call Process

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly; preferably from a mobile phone near the injured person. If this is not possible send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

- Dial 911
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
 - The telephone number from which the call is being made
 - The caller's name
 - What happened – for example, a baseball related injury
 - How many people are involved
 - The condition of the injured person – unconsciousness, chest pain or severe bleeding
 - What help (first aid) is being given
 - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim until professional help arrives.
- Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

8.4 When to Call

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 anyway and request paramedics if the victim:

- Is or becomes unconscious
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Is bleeding severely
- Has pressure or pain in the abdomen that does not go away
- Is vomiting or passing blood
- Has a seizure, a severe headache, or slurred speech
- Has an injury to the head, neck or back
- Has a possible broken bone

If you have any doubt at all, call 911 and request paramedics.

Also call 911 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Victims who cannot be moved easily

8.5 Treating an Injured Victim

8.5.1 Conscious Victims

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. See steps below:

- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- Do not ask the victim to move, and do not move the victim yourself.
- Examine the scalp, face, ears, nose and mouth.
- Look for cuts, bruises, bumps and depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.

- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move fingers, hands and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- Look for odd bumps or depressions.
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him/her to stand up

8.5.2 Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 911 and report the emergency immediately.

8.6 Treating Bleeding Injuries

Before initiating any first aid to control bleeding, be sure to wear latex gloves included in the team's first aid kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding:

- Act quickly. Have the victim lie down; elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- Control bleeding by applying pressure on the wound with a sterile pad or clean cloth.
- If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
- If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 911 immediately.

8.7 Nosebleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

8.8 Bleeding on the Inside or Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

8.9 Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. Stitches prevent scars.

8.10 Insect Stings

In highly sensitive people, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 911. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

8.11 Allergic Symptoms

Signs of allergic reaction may include nausea, severe swelling, breathing difficulties, bluish face, lips and fingernails, shock or unconsciousness.

Allergic Reaction Treatment:

- For mild or moderate symptoms, wash with soap and cold water.
- Remove stinger or venom sack by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- If the victim has gone into shock, call 911.

9 Emergency Treatment for Dental Injuries

9.1 Avulsion (entire tooth knocked out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- Avoid additional trauma to tooth while handling. Do not handle the tooth by the root. Do not brush or scrub tooth. Do not sterilize tooth.
- If debris is on tooth, gently rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if the athlete is alert and conscious.
- If unable to re-implant wrap tooth in saline soaked gauze or cup of water.
- Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. Transport immediately to dentist.

9.2 Luxation (Tooth in socket, but Wrong Position)

Extruded Tooth: Upper tooth hangs down and/or lower tooth is raised up. Reposition tooth in socket using firm finger pressure. Stabilize tooth by gently biting on towel or handkerchief. Transport immediately to dentist.

Lateral Displacement: Tooth pushed back or pulled forward. Try to reposition tooth using finger pressure. Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief. Transport to dentist immediately.

Intruded Tooth: Tooth pushed into gum – looks short. Do nothing – avoid any repositioning of tooth. Transport to dentist immediately.

Fracture (broken tooth): If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete. Save all fragments of fractured tooth as described under Avulsion. Transport patient to dentist immediately with tooth fragments in the plastic baggie supplied in your First Aid kit.

9.3 Prescription Medications

Do not, at any time, administer any kind of prescription medicine. This is the parents' responsibility, and the League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medications.

10 Dealing with Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficulty breathing when they become active. Allergies are usually treated with prescription medications. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him/her stop playing immediately and calm him/her down until he/she is able to breathe normally. If the asthma attack persists, dial 911 and request emergency service.

10.1 Exercise-Induced Asthma Symptoms

Asthma has two components: the underlying chronic inflammation and periodic attacks. We do not know for certain what causes the underlying inflammation. What we do know is that the tendency to have asthma runs in families and that some people are born with the tendency to have asthma.

We do know what causes asthma attacks —exposure to a trigger. In exercise-induced asthma, that trigger is mouth breathing during exercise. The attack is similar in many ways to an allergic reaction.

- An allergic reaction is a response by the body's immune system to an "invader." That invader can be a substance or anything that the body senses as "different."
- When the cells of the immune system sense an invader, they set off a series of reactions that help fight off the invader.
- It is this series of reactions that causes the production of mucus and bronchospasms. These responses cause the symptoms of asthma attack.

- Because asthma is a type of allergic reaction, it is sometimes called reactive airway disease.

Sports and games that require continuous activity or are played in cold weather are most likely to trigger an asthma attack. Symptoms usually begin about 5-20 minutes after beginning to exercise. The symptoms usually peak about 5-10 minutes after stopping exercise, then gradually diminish. The symptoms are often gone within an hour, but they may last longer. Symptoms include one or a combination of the following:

- Coughing
- Wheezing
- Chest tightness
- Chest pain
- Prolonged shortness of breath
- Extreme fatigue

Symptoms may be more subtle in children.

- Children may complain of not being able to keep up with peers in games and sports.
- They may say they don't like games or avoid participating.
- This can lead to problems with socialization or self-esteem in some children.

11 Working with Attention Deficit Disorder

11.1 What is Attention Deficit Disorder (ADD)?

ADD is now officially called Attention Deficit/Hyperactivity Disorder, or ADHD, although most people, and even some professionals, still call it ADD (the name given in 1980). It is a neurobiological-based developmental disability estimated to affect between 3-5% of the school age population. The disorder is found to be present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

11.2 Why should I be concerned with ADHD when it comes to baseball?

Unfortunately, more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication – even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest

that the child take the prescribed medication (if he or she is taking medications) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

11.3 What are the symptoms of ADHD?

Inattention: This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity: This is where the child;

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing in or engaging in leisure activities quietly;
- Often “on the go” or often act as if “driven by a motor”;
- Often talk excessively.

Impulsivity: This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty waiting their turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability: This is where the child:

- Often has an angry outburst;
- Is a social loner;
- Blames others for problems;

- Fights with others quickly;
- Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with adults, they may miss important parts of conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two-step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in”. They need to focus on how other children are playing with each other rather than attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is no simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders than can have symptoms like those found in ADHD.

12 Appendix A: National Facility Survey

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL **NATIONAL FACILITY SURVEY**

2015



League Name: _____

District #: _____

ID #: _____

(if needed) ID #: _____

(if needed) ID #: _____

City: _____ State: _____

President: _____ Safety Officer: _____

Address: _____ Address: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ ZIP: _____ State: _____ ZIP: _____

Phone (work): _____ Phone (work): _____

Phone (home): _____ Phone (home): _____

Phone (cell): _____ Phone (cell): _____

Email: _____ Email: _____

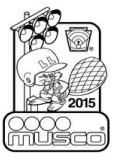
PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

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SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2015 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your</p> 		Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)																				
1. How many cars can park in designated parking areas?	None 1-50 51-100 101 or more																					
2. How many people can your bleachers seat?	None/NA 1-100 101-300 301-500 501 or more																					
3. What material is used for bleachers?	Wood Metal Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent Cellular																					
9. Is a public address system available?	Permanent Portable																					
10. Is there a pressbox?	Yes																					
11. Is there a scoreboard?	Yes																					
12. Adequate bathroom facilities available?	Yes																					
13. Permanent concession stands?	Yes																					
14. Mobile concession stands?	Yes																					

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FIELD	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
15. Is field completely fenced?	Yes																					
16. What type of fencing material is used?	Chainlink																					
	Wood																					
	Wire																					
17. What base path material is used?	Sand, clay, soil mix																					
	Ground burnt brick																					
	Other:																					
18. What is used to mark baseline?	Non-caustic lime																					
	Spray paint																					
	Commercial marking																					
19. Is your the infield surface grass?	Yes																					
20. Does field have conventional dirt pitching mound?	Yes																					
21. Does field have a temporary pitching mound?	Yes																					
22. Are there foul poles?	Yes																					
23. Backstop behind home plate?	Yes																					
PERFORMANCE AND PLAYER SAFETY																						
24. Is there an outfield warning track?	Yes																					
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																					
25. Batter's eye (screen/covering) at center field?	Yes																					
26. Pitcher's eye (screen/covering) behind home plate?	Yes																					
27. Are there protective fences in front of the dugouts?	Yes																					
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																					
29. Do you have fenced, limited access bull pens?	Yes																					
30. Is a first aid kit provided per field?	Yes																					
31. Do bleachers have spectator foul ball protection?	Overhead screens																					
	Fencing behind																					
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes																					
33. Is the field lighted?	Yes																					
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																					
	Don't know																					
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																					
	Steel																					
	Concrete																					
36. Is electrical wiring to each pole underground?	Yes																					
37. Ground wires connected to ground rods on each pole?	Yes																					
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System																					
	Light Levels																					
39. Fields tested/inspected by qualified technician?	Electrical System																					
	Light Levels																					

2015 LL Season

FACILITY MANAGEMENT	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
40. Which fields have the following limitations:																						
a. Amount of time for practice?	Yes																					
b. Number of teams or games?	Yes																					
c. Scheduling and/or timing?	Yes																					
41. Who owns the field?	Municipal																					
	School																					
	League																					
42. Who is responsible for operational energy costs?	Municipal																					
	School																					
	League																					
43. Who is responsible for operational maintenance?	Municipal																					
	School																					
	League																					
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?	Municipal																					
	School																					
	League																					
	Other																					
45. What divisions of baseball play on each field?	T-Ball & Minor																					
	Major																					
	Jr., Sr. & Big																					
	Challenger																					
	50 - 70																					
46. What divisions of softball play on each field?	T-Ball & Minor																					
	Major																					
	Jr., Sr. & Big																					
	Challenger																					
47. Do you plan to host tournaments on this field?	Yes																					

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FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2015 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

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13 Appendix B: Medical Release Form



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)/Guardian Name: _____ Relationship: _____

Parent (s)/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/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.

14 Appendix C: Accident Notification Form



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 Fax: 570-326-9280

Accident & Health (U.S.)

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

League Name	League I.D.				
<hr/>					
Name of Injured Person/Claimant	SSN	PART 1	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	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"/> SOFTBALL <input type="checkbox"/> CHALLENGER <input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> CHALLENGER (4-18) <input type="checkbox"/> T-BALL (4-7) <input type="checkbox"/> MINOR (6-12) <input type="checkbox"/> LITTLE LEAGUE (9-12) <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) <input type="checkbox"/> JUNIOR (12-14) <input type="checkbox"/> SENIOR (13-16) <input type="checkbox"/> BIG (14-18)	<input type="checkbox"/> PLAYER <input type="checkbox"/> MANAGER, COACH <input type="checkbox"/> VOLUNTEER UMPIRE <input type="checkbox"/> PLAYER AGENT <input type="checkbox"/> OFFICIAL SCOREKEEPER <input type="checkbox"/> SAFETY OFFICER <input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> TRYOUTS <input type="checkbox"/> PRACTICE <input type="checkbox"/> SCHEDULED GAME <input type="checkbox"/> TRAVEL TO <input type="checkbox"/> TRAVEL FROM <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> OTHER (Describe)	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES) <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
--	--	---	--	---

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

15 Appendix D: Concussion Awareness

CONCUSSION

INFORMATION FOR *COACHES/ATHLETIC TRAINERS/FIRST RESPONDERS/
SCHOOL NURSES/SCHOOL VOLUNTEERS*
(Updated 10/13/15)

What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

How do I recognize a concussion? There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.



16 Appendix E: Lightning Policy & Procedures



Lightning Policy and Procedures

This policy is necessary to protect players, families and fans of Lake Norman Little League ("The League"). This procedure is mandatory upon the presence of lightning and thunder in the immediate area of games or practices. To these points, The League will comply with "Appendix A - Lightning Safety Guidelines" as outlined in Little League's *Official Regulations, Playing Rules, and Operating Policies*.

LIGHTNING MONITOR

The Division Commissioner designates or maintains the role of Lightning Monitor at their division's game location. The Lightning Monitor should not include coaches or umpires participating in a game as they are unable to devote the attention needed to adequately monitor conditions. The Lightning Monitor must know the policy and procedures and be empowered to ensure the guidelines are followed. The Lightning Monitor is encouraged to download a weather application to their smartphone that includes lightning safety among its features. During practices, the Head Coach designates or maintains the role of Lightning Monitor for his practice field.

LIGHTNING PROCEDURE

The sooner activities are stopped, and people get to a safe place, the greater the level of safety. The Lightning Monitor should make use of a smartphone weather application to identify thunderstorms and/or lightning activity that is within 6-10 miles of the venue. Below are other criteria that should be used to halt activities:

1. If lightning is observed
2. If thunder is heard
3. If time between lightning and corresponding thunder is less than 30 seconds (indicates storm is 6 miles or less away)

When the Lightning Monitor identifies a need to act, he/she should communicate with the umpires, coaches, players and fans to temporarily suspend play and inform all to seek a safe place.

SAFE PLACE

Safe Places include the following:

1. A hard-topped vehicle
2. A substantial building

Safe areas **DO NOT INCLUDE:**

1. Anywhere on the field
2. Dugout
3. Bleachers

WHEN PLAY RESUMES

In the event of lightning, games and practices will halt for at least 30 minutes before resuming play. The Lightning Monitor is responsible to keep track of the 30-minute time limit and shall inform umpires once it is safe to resume play. If lightning occurs during the 30-minute wait period and it is determined to be within 6-10 miles away, the 30-minute wait period restarts until the Lightning Monitor determines it is safe to resume play or postpone the event. All games have specific time limits. In the event a lightning delayed game cannot be resumed within the time limit, the game may need to be postponed at the discretion of the Lightning Monitor.

When Thunder Roars, Go Indoors!

STOP all activities.

Seek shelter in a substantial building
or hard-topped vehicle.

Wait 30 minutes after the storm to
resume activities.



www.lightningsafety.noaa.gov



17 Appendix F: Participation Waiver & Release



PARTICIPATION WAIVER AND RELEASE

In consideration of being allowed to participate in any way in Lake Norman Little League athletics/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees on behalf of himself/herself and/or the youth participant identified below that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
2. The risk of having contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 and/or other medical conditions, diseases, or maladies exists, and it is impossible to eliminate the risk of being exposed to and/or becoming infected through contact or close proximity with an individual with a communicable disease.
3. I AM AWARE OF THE AFOREMENTIONED RISKS KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OR OMISSIONS OF THE RELEASEES or others and assume full responsibility in connection with my participation.
4. I willingly agree to comply with Lake Norman Little League's stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY AGREE TO INDEMNIFY, DEFEND, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE Lake Norman Little League, its officers, directors, officials, managers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), FROM AND AGAINST ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, EVEN IF ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE, MISCONDUCT, OMISSIONS OF ANY OF THE RELEASEES.
6. I HAVE READ THIS PARTICIPATION WAIVER AND RELEASE BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Issued: January 1, 2021



The following acknowledgements shall be made electronically by parents during registration of youth participants, and by adult participants during the volunteer registration process.

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS

By acknowledging and agreeing to the check box below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant associated with this guardian account; 2) that the date of birth of the youth participant associated with this guardian account is correct; 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and 4) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

ACKNOWLEDGEMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS

ACKNOWLEDGEMENT BY ADULT PARTICIPANTS

By acknowledging and agreeing to the checkbox below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE, MISCONDUCT OR OMISSIONS OF ANY OF THE RELEASEES OR OTHERWISE.

ACKNOWLEDGEMENT BY ADULT PARTICIPANT

Issued: January 1, 2021