

LAS VEGAS



**Little
League**

ASAP SAFETY PLAN

2023



Table of Contents

| | |
|--|----|
| Little League Pledge | 3 |
| Little League Parent/Volunteer Pledge | 3 |
| Policy Statement | 3 |
| 2023 Board of Directors | 4 |
| Emergency Contacts | 4 |
| Emergency Contact Procedures | 5 |
| Evacuation Plan | 6 |
| Las Vegas Little League Safety Officer | 6 |
| Accident Reporting Procedures | 6 |
| League Safety Manuel Publication and Distribution | 7 |
| Safety Code | 7 |
| Code of Conduct | 10 |
| Team Signatures | 11 |
| Hey Coach Checklist..... | 17 |
| Coach, Please let Players Catch | 18 |
| Don't Swing It... Until You're Up to the Plate | 19 |
| First Aid Kits: What goes in them? | 20 |
| Volunteer Application and Background Check Procedure | 21 |
| Little League Volunteer Application | 22 |
| First Aid Training | 23 |
| Umpire Guidelines | 24 |
| Concession Stand Safety | 25 |
| Keyes Park Site Map | 26 |
| Player Registration Form | 27 |
| Medical Release Form | 28 |
| Accident Reporting | 29 |
| Prepare | 34 |
| Sport Parent Code of Conduct | 35 |
| Board Member Signature for Safety Plan | 36 |

Policy Statement

The Las Vegas Little League is organized and run solely by volunteers. Our main goal is to give each child in our community the chance to learn the fundamentals of baseball in a safe and fun manner.



Little League Pledge

**I Trust in God, I Love My Country and Will Respect its Laws.
I Will Play Fair and Strive to Win, but Win or Lose, I Will Always do My Best!!!**

Parent/Volunteer Pledge

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

2023 Board of Directors

| | | |
|-------------------------|------------------|---------------|
| President | Craig Aragon | (505)469-0011 |
| Vice President | Steven Gonzales | (505)617-5130 |
| Treasurer | Tanya Arrellin | (505)718-6628 |
| Secretary | Sonia Saiz-Gomez | (505)429-3344 |
| Safety Officer | Josh Hernandez | (505)718-6693 |
| Equipment Manager | Keith Maes | (808)369-4064 |
| Coaches Coordinator | Dominic Mulroy | (505)280-5776 |
| Player Agent | Jasmin Ramirez | (505)234-4483 |
| Information Officer | Brandy Garcia | (505)901-0094 |
| Fundraising Coordinator | Mauricela Romero | (505)469-4246 |
| Concessions Manager | Leah Valdez | (808)386-1891 |
| Field Maintenance | Ray Arrellin | (505)718-9857 |

EMERGENCY CONTACTS

| | |
|------------------------------|---------------|
| Police/Fire/Rescue..... | 911 |
| Las Vegas Police..... | (505)425-7504 |
| New Mexico State Police..... | (505)425-6771 |
| Las Vegas Fire..... | (505)425-6321 |
| Alta Vista Hospital..... | (505)426-3500 |

Emergency Contact Procedures:

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell 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 steps.

- 1) Dial 9-1-1.
- 2) Give the dispatcher the necessary information. Answer any questions that might be asked. Most dispatchers will ask: The exact location or address of the emergency. Include the name of the city, nearby intersections, landmarks, etc. as well as the field name and location of the facility.
 - Our location is: On Park Place at Keyes Park Cross-streets are: Grand Avenue and Mills Avenue.
 - The telephone number from which the call is being made.
 - The caller's name
 - What happened – i.e., a baseball related accident, bicycle accident, fire, fall, etc.
 - How many people are involved
 - The condition of the injured person – i.e., unconscious, chest pains, or bleeding.
 - What help is being given (first aid, CPR, etc.)
- 3) Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim.
- 4) Continue to care for the victim until professional help arrives.
- 5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Evacuation Plan

The emergency plan has been established in case of a threat or emergency to the LVLL Field.

1. At the time of an emergency or threat, all players will return to their assigned dugout and wait for their parent/guardian to come and get them.
2. If a player's parent/guardian is not available or present at the game, the manager will take responsibility for the safety and evacuation of the child.
3. Once the parent/guardian has obtained their child, they will proceed in a calm and orderly fashion to their vehicles.
4. Drivers will then proceed slowly and cautiously out of the facility observing the 5 mph speed limit.

Las Vegas Little League Safety Officer

The safety officer at LVLL is elected as a voting member of the Board of Directors by the General Membership annually. It is the duty of this officer to develop, and maintain a Safety Plan for LVLL that not only meets the requirements of Little League Baseball, INC. but also meets the needs of our league. The LVLL Safety Officer shall also ensure that all of the league's volunteers are aware of the Little League Safety Program through regular training clinics and posting of all new safety notices. In addition, the Safety Officer shall assist in investigating all accidents involving players, volunteers, and spectators by collecting and reviewing all accident reports, and when necessary, assist in the handling of any and all insurance claims. Any incident that occurs to any player, manager, coach, umpire or volunteer must be reported to the safety officer within 24 hours. The current Las Vegas Little League Safety Officer is:

Joshua Hernandez (505) 718-6693

Accident Reporting Procedures: When reporting an incident, the following must be provided:

1. Name and number of the individuals involved and person reporting the incident.
2. Time, Date, and Location of the incident
3. Detailed description of the incident.
4. The manager and coach will complete the LVLL accident report and submit it to the safety officer within 24 hours of the incident.

League Safety Manual Publication and Distribution

The Las Vegas Little League Safety Plan shall be maintained in a current up-to-date status by the league's Safety Officer.

This manual shall be reviewed annually and upon being updated, shall be copied; with one copy being sent to Little League Headquarters for approval, and a second copy being submitted to the District Safety Officer at District 4.

This manual shall be kept in the following places for review by any and all persons wishing to review it:

- All members of the Board of Directors
- Both press boxes (Field #1 and Field #2)
- Concession Stand
- Other places accessible to league volunteers, coaches and the public

Safety Code

Safety is OUR Responsibility! The board members of Las Vegas Little League have mandated the following safety code: All managers, coaches and team safety officers are required to read and explain the safety code to their players. Volunteers are responsible to read, follow, and sign the safety code. Signatures will be required to acknowledge that all managers, coaches, team safety officers, volunteers, umpires, and players have read the safety code.

- Every manager, coach, umpire, and player shall use proper caution and care to prevent injuries to self and others.
- Every adult is responsible for the safety at Las Vegas Little League fields.
- Only assigned managers/coaches and volunteers are allowed to practice with their team.
- Only managers, coaches, umpires, and players are allowed on the playing field or dugout during games or practices.
- All team equipment will be stored within the team dugout or within the fence of the dugout.
- On-deck batters are not allowed.
- Managers are only allowed to use balls that are LVLL approved. Umpires will make that decision.
- During practice and games, all players should be alert and watch the batter on every pitch.
- At any time, no horseplay will be permitted.

- During warm-up drills at practice or games; players should space themselves so that missed balls or wild throws will not endanger anyone.
- Foul balls batted out of the field during a game should be taken back to the press box; not thrown back into the field.
- Player's equipment should be inspected regularly for proper fit and condition.
- Managers, coaches and umpires will have a mandatory first aid kit and review.
- There is no running up and down or across bleachers.
- No pets are permitted in the playing field or dugouts.
- All gates to the field are to be kept closed at all times.
- Players and spectators should be cautioned of foul balls and over throws.
- No league participants are allowed on the field or compete with an open wound at any time. All wounds should be cared for and properly bandaged and should change clothing if blood is covering it.
- No smoking within 25 feet of playing field, concession stand or dugout.
- No throwing of any rocks or objects.
- No climbing of fences.
- No swinging on dugout fences, or sitting, standing on dugouts.
- Responsibility for keeping bats, balls and loose equipment off the field of play should be the responsibility of every player, manager, and coach.
- Parents of players who wear glasses should be encouraged to provide safety glasses and straps for glasses.
- Except when a runner is returning to a base; headfirst slides are not permitted.
- No swinging bats or throwing balls at any time within the walkways, concession stand, or common areas of the field.
- T-ball will use reduce impact balls.
- Managers and coaches will never leave a player unattended at practice or games.
- Shoes with metal spikes or cleats are not permitted.
- No alcohol or drugs permitted on the premises at any time, if alcohol or drugs are consumed on LVLL property you will be asked to leave the premises. If you are intoxicated you will be asked to leave.
- Players will not wear watches, rings, pins, jewelry or metallic items during practice or games. (Medical alarm tags will be allowed but must be taped in place)
- Managers/coaches will not wear rings, earrings, or jewelry or other metallic items during practice or games. (Wedding rings and medical tags are permitted).
- Umpires must not wear earrings, watches, or any metallic jewelry other than medical tags or wedding rings.

- Always report all present, or potential hazards to the LVLL Safety Officer or Board Member.
- All catchers must wear a mask, chest protector, throat protector, shin guards and catchers' helmet during practice, and games. No Exceptions.
- Catchers must wear complete gear to warm up a pitcher in practice or games.
- Catcher must use catcher's mitt; no other glove will be permitted.
- All male players should wear an athletic cup supporter during practice and games.
- All male catchers should wear the fiber plastic or athletic cups and long model chest protector.
- Female catchers must wear long or short model chest protectors.
- It is recommended but not required that infielders use a mouth piece.
- There will be a suggestion box available at the concession stand.
- Speed limit in field and parking areas is 5 mph or less.

Code of Conduct

The board of Las Vegas Little League has implemented the following code of conduct. All managers, coaches, umpires, and volunteers will be responsible to read the follow code of conduct to assure they agree and acknowledge the code. They will sign a form that states they have read the code of conduct.

Board Members, Mangers, Coaches, Umpires, Players, Volunteers, and Spectators SHALL NOT:

- Use obscene, profane, vulgar language in any form or gesture or manner at any time.
- Push, shove, strike, grab, or threaten a board member, participant, spectator or player at any time.
- Be in an intoxicated state of mind on any premises of the LVLL complex. Intoxicated will defined as an odor or behavior caused by alcohol or drug.
- Discuss in a derogatory or abusive manner with spectators about a play, decision, or personal opinion on any player or umpire during a game.
- Use verbal or physical abuse upon any official for any belief of a wrong decision or judgment.
- Use of unnecessary rough tactics in play of the game against the body of the opposing team.
- Gamble on a team, play, or outcome of a game with anyone at any time.
- Use objectionable demonstrations of dissent at an official's decision by throwing helmets, bats, balls, gloves, or any objects in a forceful unsportsmanlike manner.
- Speak disrespectfully to any manager, coach, board member, umpire, volunteer, or league official or to any other players.
- Smoke within 25 feet of the playing field, dugout, or concession stand at any time. Smoking will only be permitted within the designated areas.

All Managers, coaches, umpires, volunteers, players, parents, and spectators will be on a "THREE" strike policy. This WILL BE YOUR FIRST STRIKE and you have been notified of the policy. The LVLL board will review all infractions reported against the Code of Conduct. Depending on the seriousness or continuing behavior, the board may assess disciplinary action up to and including expulsion from the league and all the LVLL fields.

Team Signatures

I have read the Las Vegas Little League 2023 Code of Conduct and the Safety Code. I understand and acknowledge its rules and regulations outlined in this manual.

Team Name

Division

Print Name

Signature of Manager

Team Name

Division

Print Name

Signature of Manager

Team Name

Division

Print Name

Signature of Manager

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Team Name

Division

Print Name

Signature of Manager

All managers, coaches, and players that do not adhere to this safety plan could be subject to disciplinary action up to exclusion from the Las Vegas Little League.

Hey Coach

HAVE YOU:

- Walked the field for debris/foreign objects
- Inspected helmets, bats, catcher's gear
- Made sure a First Aid Kit is available
- Checked conditions of fences, backstops, bases and warning track
- Made sure a working telephone is available
- Held a warm up drill

Coach, Please Let Player's Catch!



Remember:

Coaches and managers must not warm up pitchers. Let players catch.

Rule 3.09

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

Don't Swing It... Until you're up to the plate!

Don't pick up your bat until you leave the dugout to approach the plate.

Rule:

On-Deck Batters – Little League divisions and younger: In all cases, there is NO on-deck batter in these divisions. This means that the next batter due to bat MUST NOT handle a bat until it is his/her turn to advance to the batter's box. There is no on-deck area anywhere.

On-Deck Batters – Little League Intermediate (50/70) Baseball/Junior League Softball Divisions and older: In all cases, the on-deck batter position is permitted. However, it is preferred that the on-deck batter be behind a screen or fence while warming up. Also, no other players must be in close proximity to the on-deck batter, and the on-deck batter must be wearing proper batting helmet.

There must be no loose equipment lying on the field in fair or foul territory in games or practices.



First Aid Kits: What Goes in Them?

ASAP Requirement #12

Bringing a first aid kit to all games and practices is an important part of implementing your league's ASAP Safety Plan. Your league's Safety Officer should ensure first aid kits are fully stocked throughout the season. Keep a list of supplies in your first aid kit, so it can be replenished as needed. If managers or coaches use any first aid supplies, they should work to replace them through your league's appropriate purchasing process before the team meets again.



Each league can decide what to put in their first aid kits. Suggested items include:

- Adhesive Bandages
- Gauze
- Athletic tape
- Antiseptic cleanser
- Gloves
- Bag to dispose of soiled items
- Scissors
- Tweezers
- CPR face mask
- First aid manual
- Instant chemical cold packs

The concession stand should have a stocked first aid kit, as well as access to ice for treating bruises and sprains; and plenty of drinking water. In addition to having first aid kits a game and practice locations, it is critical that a representative from each team attends a first aid training every year. Your league should also have an emergency plan as part of your ASAP safety plan. This should be accessible and include your field address and emergency phone numbers. There must be a working cell phone on site, or, if you're location isn't in cell service, a working landline.

When fundraising and budgeting for your league, factor in the cost of first aid kits. Make sure you have enough supplies for each team to last throughout the season. At the end of the season, throw out any expired items and determine what you'll need to restock each kit.

Leagues are encouraged to review the ASAP requirements when building an ASAP plan for the current season.

Volunteer Application and Background Check Procedure

As per Little League Policy, all persons who volunteer their services to Las Vegas Little League shall complete, in full, a current Little League Volunteer Application. The application shall be either typed or clearly printed in black ink.

The application form utilized shall be the one which is approved by Little League International annually.

All applicants shall submit their social security number on the application. Failure to provide it is grounds for immediate removal of the application and any further consideration as a volunteer.

Each applicant shall attach a copy of his/her current valid driver's license or identification card.

Las Vegas Little League will be using JDP the year to comply with the new Little League regulation of a nationwide background check. Anyone that refuses to submit the required documentation or fails to pass the background investigation will not be allowed to interact with the players in any capacity.



Little League® Volunteer Application – 2023

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: First _____ Middle Name or Initial _____ Last _____ Date _____
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?
If yes, list full name and what level? _____ Yes No

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license?
Driver's license#: _____ State _____ Yes No

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)?
If yes, describe each in full: _____ Yes No

(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)?
If yes, describe each in full: _____ Yes No

(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 US. 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

* 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.

First Aid Training

The goal that the 2023 Board Members has set for the year's session is to have at least one representative from each of the teams along with the board members and umpires attend a National Safety Council First Aid Training and Certification class. This training certifies a volunteer for 2 years with NSC; LL rules state the attendance of the training qualifies a volunteer for 3 years.

Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend to attend this first-aid training in order to meet the requirement.



Umpire Guidelines

The strike zone is from the armpits to the top of the knees when the batter assumes his natural stance.

Stand square to the pitcher. Use the stride stance with one foot slightly in front of the other (heel to toe).

With a right-handed batter at the plate, put your left foot between the batter and the catcher's left shoulder; reverse for left-handed batter. Have your chin about the height of the top of the catcher's head, and be close to him/her without making contact. Be sure you have a view of the entire plate.

As the pitcher looks in for his/her sign, stand erect or with your hands on your knees. Always watch for a possible balk. As the pitcher starts his/her windup, assume the crouch position. Keep your head still and follow the pitch with your eyes from the time it leaves the pitcher's hand until it's caught. Keep your hands down and your elbows in tight. Make the call a full second after the ball is in the catcher's mitt.

When the ball is hit, move out in front of the plate to watch the play develop.

Face the backstop, with your back to the pitcher when you clean the plate.

When there is a play at the plate, remove your mask and move to the third base side to position yourself for the call. Wait for the play to happen; never anticipate it. Continue to watch the play after it has happened, especially to see if the catcher has dropped the ball. Once you're sure it's over, make the call. The closer the play, the more emphatic your call should be.

If the catcher crowds the inside corner, raise your head a little higher to see both the pitcher and the plate, or adjust to the outside corner. Be sure your new stance allows you a view of the entire plate and the flight of the ball all the way from the pitcher's hand to the catcher's mitt.

If the catcher positions himself to one side; set up in your normal position to maintain a good view of the plate and the pitched ball.

If the catcher maintains a high crouch stance, move your head higher to get the needed view; don't duck below the catcher's shoulder level.

To call a strike, stand erect, bring the right fist forward above your head and call "Strike." Don't make a verbal call when the batter swings and misses; the signal is sufficient. Be more empathic when calling a batter out on a called third strike.

To call a ball, remain in the crouch position and call "Ball" with no hand signals. No explanation of where the pitch was is necessary.

Indicate a fair batted ball by pointing (perhaps repeatedly for emphasis) to fair territory, but never verbalize the call.

If the batter is still in the batter's box and is hit by a foul ball, call "Foul" and raise both hands. On a foul tip, give the foul tip signal, then strike signal. Do not call "Foul" or "Foul Tip". Remember that a foul tip must be caught directly by the catcher; it is not a foul tip if caught on the rebound, or if dropped.

When a batter receives ball four, just call "Ball Four" don't point to first.

Concession Stand Safety

People who work in the concession stand will be trained in safe food preparation.

Cooking equipment will be inspected daily or before being used and replaced as needed.

Stoves, grills, fryers, warmers will be turned on before us and shut off after use.

Cleaning equipment will be stored away from food and locked in a container.

A certified fire extinguisher will be available at all times when preparing food or when the concession stand is open.

All concession stand workers will be trained in the proper use of a fire extinguisher.

Cooking grease will be stored safely away from any heat or open flames.

A fully stocked first aid kit will be available at all times.

All concession stand workers will be trained in first aid and will be trained in the Heimlich maneuver.

No one under the age of 18 will be allowed to work the concession stand without adult supervision.

Workers will wash hands frequently with soap and hot/warm water after using the restroom, handling animals, sneezing, blowing of the nose, touching hair, or handling soiled surfaces or equipment, drinking or eating, and when switching between raw and ready to eat foods. The use of disposable gloves is required when handling food. Also use hand sanitizer when unable to wash hands immediately or after handling money. Ice that is used to cool cans/bottles will not be used for cup beverages.

Wiping cloths will be rinsed in a bucket of water with ½ tsp of bleach and changed every 2 hours.

Food will be stored at a minimum of six inches above the floor.

Food that must be refrigerated will be stored at suggested temperatures by the food inspector.

All food must be kept covered.

Concession stand will be kept clean and fully stocked daily and after every shift.





Little League® Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____

Address: _____ Gender: Male Female

Address 2 (if applicable): _____ League Age: _____ League Fee: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

My child will tryout for: Baseball Softball

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? Yes No
If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? Yes No
If yes, fill out "Volunteer Application"

Medical Information

Emergency contact: _____ Insurance carrier: _____

Relationship to player: _____ Phone: _____

Phone: _____ Policy: _____

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- (2) I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- (5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

Signature: _____ Date: _____

Internal Use Only:

| | | | |
|------------------------------|--|-----------------|--|
| Birth Certificate: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Waiver Needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Release Form | <input type="checkbox"/> Yes <input type="checkbox"/> No | Level Assigned: | _____ |
| Proof of Residency <i>or</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Team Name: | _____ |
| School Enrollment | | | |



Little League® Baseball and Softball M E D I C A L R E L E A S E



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.

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: _____

Prepare

We understand that many of our district, leagues, volunteers, parents, and players want to get back to the Little League field, and so do we, but our primary focus is on the safety and well-being of all of our members around the world.

Little League International will continue to monitor the progression of the Coronavirus (COVID-19) outbreak both in the United States and around the world and provide updates to its local leagues and districts, however, it **highly encouraged that each league and district adheres to the guidelines set forth by the national, state/provincial, and local government and health officials in terms of public gatherings and sporting events when determining when it is safe to return to normal activities. Leagues should contact their local health authority for guidance prior to resuming any Little League activities.** In the event that your league and/or is connected to a positive COVID-19 diagnosis of one of your participants, visit LittleLeague.org/Coronavirus for additional information.

Parent Code of Conduct

As a Las Vegas Little League parent/family member, I WILL:

- Remember that children participate to have fun
- Be a positive role model for my child and encourage sportsmanship
- Teach my child to play by the rules and resolve conflicts without resorting to hostility or violence
- Demand that my child treats coaches, officials, and other players with respect regardless of race, creed, color, sex, or ability
- Teach my child that doing one's best is more important than winning
- Praise my child for competing fairly and trying hard
- Promote the emotional and physical well being of athletes ahead of my personal desire to win
- Respect the officials and their authority during games

As a Las Vegas Little League parent/family member, I WILL NOT:

- Force my child to participate
- Engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent
- Boo, taunt, refuse to shake hands, or use profane language
- Encourage any behaviors or practices that would endanger the health and well being of athletes
- Ridicule or yell at my child or other participants for making a mistake or losing a game
- Use drugs, tobacco, or alcohol at any league event
- Coach my child or other players during games and practices, unless I am a coach.
I pledge to follow this code of conduct.

Player Name _____ Team Name _____

Parent/Guardian Name: _____


Signature: _____ Date: _____



2023 Board Member Signatures for ASAP Safety Plan

Craig Aragon

President Name



Signature Date 02/06/2023

Steven Gonzales

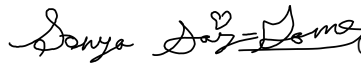
Vice President Name



Signature Date 02/06/2023

Sonia Saiz-Gomez

Secretary Name



Signature Date 02/06/2023

Tanya Arrellin

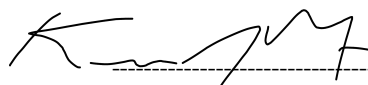
Treasurer Name



Signature Date 02/06/2023

Keith Maes


Equipment Manger



Signature Date 02/06/2023

Josh Hernandez

Safety Officer



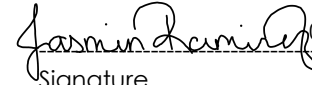
Signature Date 02/06/2023

Head Umpire

Signature Date

Jasmin Ramirez

Baseball Player Agent



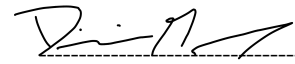
Signature Date 02/06/2023

Softball Player Agent

Signature Date

Dominic Mulroy


Coaching Coordinator



Signature Date 02/06/2023

Ray Arrellin


Field Maintenance



Signature Date 02/06/2023

Brandy Garcia

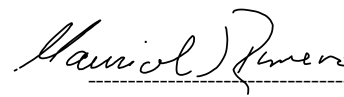
Information Officer



Signature Date 02/06/2023

Mauricela Romero


Fundraiser Coordinator



Signature Date 02/06/2023

Leah Valdez

Concessions Manager



Signature Date 02/06/2023