



2024 Safety Manual

Have Fun - Play Safe

<https://www.sauguslittleleaguebaseball.com/>

League ID Number

02211611

Saugus Little League 2024

Welcome Message

At Saugus Little League Baseball, safety of the players and volunteers is of first and foremost concern. Only through safe participation will everyone have an enjoyable Little League experience.

To that end, Saugus Little League Baseball has developed this Safety Manual to be used by all board members, managers, coaches, players and all other volunteers. It is the responsibility of all, to become familiar with and utilize the information in this manual in all league activities.

New for the 2024 season, all volunteers must complete Adult Abuse Awareness Training, along with all necessary background checks in accordance with Little League policy.

Additionally, all fields will continue to carry first aid kits to ensure standard safety protocol. Volunteers are also recommended to carry personal first aid kits.

Should anyone have any safety suggestions they wish to include in this manual, please contact Safety Director James Brown or any other member of the Board of Directors. We owe it to ourselves and to the children, to do our part to ensure that we have a safe successful season.

Thank you,

James Brown – 781-307-1013
2024 Safety Director

John Benoit- 508-479-6382
2024 League President

Position	Name / Contact	
President	John Benoit	508-479-6382
Vice President	Craig Smith	978-852-0250
Treasurer	Tom Vitiello	857-453-9928
Secretary	Jaclyn Cassarino	802-777-8126
Player's Agent	Anthony Chesna	781-854-8936
Director, Major League	Steve Fitzpatrick	781-454-5925
Director, Minor	James Brown	781-307-1013
Director T-Ball / Coach Pitch	Danielle Schnell	781-710-5809
Umpire-In-Chief	Yat Voong	617-913-2945
Safety Officer	James Brown	781-307-1013
Fundraising Director	Alex Renfrew	978-935-6125
Fundraising Committee	Abbey Chesna	781-953-5336
Fundraising Committee	Jenna Nuzzo	781-808-6771
Director of Field Operations	Jeff Natalucci	781-727-3107
Equipment Director	Sal Beatini	401-368-5613
Information Officer	Jessica DeThomas	781-606-1924
Concession Manager	Ed O'Connell	617-529-4526

Saugus Little League Telephone Numbers

Saugus Police, Fire, Ambulance - Emergency 9-1-1

Saugus Police- Non- Emergency 781-941-1199

Saugus Fire – Alternate business 781-941-1170

SAFETY

VOLUNTEER BACKGROUND CHECKS

Any person who wishes to volunteer for a position of manager, coach, board member and any others who provide regular services to the league and/or have repetitive access to or contact with players or teams within the league must fill out a “Little League Volunteer Application” and a “MA CORI Request Form”, as well as provide a government-issued identification card for ID verification. Saugus Little League will be conducting a national background check through JDP, as well as a Massachusetts Criminal Offender Record Information request on all volunteers. Anyone refusing to fill out these forms is ineligible to participate in any capacity. These confidential records will be retained by the league president for the year of service.

New for 2024

Expanded Child Protection Program

All local league and district officials are required to complete online abuse awareness training (approximately 30 minutes).

Little League® "Basic" Volunteer Application - 2022

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localRGcheck for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last

Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Work Phone _____ Email Address _____
 Driver's License# _____

- Have you ever been charged with, convicted of, pled 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 1, the local league must contact the Little League Security Manager.]
- Have you ever been convicted of or pled no contest or guilty to any crime(s)?
 If yes, describe each in full _____ Yes No
 [Answering yes to Question 2, does not automatically disqualify you as a volunteer.]
- 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 3, does not automatically disqualify you as a volunteer.]
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?
 If yes, explain: _____ Yes No
 [If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.]
- In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concussion Stand
 Coach Manager Other _____
 Umpire Scorekeeper

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____
 Employer: _____
 Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Service Organizations, etc.): _____

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

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/bgchecklaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) as the may and as long as I continue to be active with the organization, which may include a review of sex offender register, home of which contain name only searches which may result in a report being generated that may or may not be true, 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 Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)9 for all background check requirements

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

OR

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
 National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the law 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.



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606
 MASS.GOV/CJIS



Criminal Offender Record Information (CORI) Personal Request Form

If you have a valid Massachusetts I.D. or driver's license and are not submitting an indigency waiver, you may submit your CORI request online at Mass.gov/CJIS. This form is only to be used to request **your own personal CORI information**. In Massachusetts, it is illegal for an employer or any other entity to require someone to provide a copy of his/her **personal CORI**.

A money order or bank issued Cashier's or Treasurer's check in the amount of **\$25.00 made out to the Commonwealth of Massachusetts** must be submitted with this form. Please note that these are the only acceptable forms of payment. **Do not send cash, personal checks, or business checks**. This form, along with payment or indigency waiver, must be mailed to the address above, **Attn: CORI Unit**.

REQUEST INFORMATION

* Are you submitting an indigency waiver? Yes No

Please note: You will need to submit an indigency waiver if you are indigent. The indigency waiver form can be found at <http://www.mass.gov/eopss/docs/chsb/affidavit-of-indigency.pdf>.

Requestor Details

Please type or print clearly. Items marked with an asterisk (*) MUST be completed.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc): _____

* Date of Birth (MM/DD/YYYY): _____ Probation Central File (PCF) Number(s) (if known): _____

* Last **SIX** digits of your Social Security Number: _____ -- _____ I do not have a Social Security Number

Father's First Name: _____ Father's Last Name: _____

Mother's First Name: _____ Mother's Last Name: _____

Please check this box if you would ALSO like to request your personal CORI with your former last name(s):

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

Mailing Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Personal Phone Number: _____

Email Address: _____

*****PLEASE NOTE: If you are requesting your CORI for immigration purposes, and you have additional paperwork regarding the names requested, please attach a copy of the paperwork to this form.*****



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606
MASS.GOV/CJIS



Personal CORI Request Authorization

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of Individual Authorizing CORI Request _____
Date

Authentication of Signature

Please note that ALL fields in this section must be completed by the Notary Public. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was _____ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Signature of Notary Public (Notary stamp or seal is also required) _____
Date my Commission expires



Correctional Facility Information

If you are currently incarcerated, a correctional facility official **MUST** complete the following section.

Name and rank of Correctional Facility Official (Please print.) _____
Phone Number

Address of Correctional Facility

Signature of Correctional Facility Official _____
Date

Terms and Conditions

By submitting a request for CORI using this form, the Requestor agrees to be bound by these terms and conditions and any and all other guidelines, disclaimers, rules, and privacy statements within this agreement, collectively referred to as "Terms and Conditions." All Terms and Conditions contained herein apply only to obtaining information from the DCJIS.

1. As referenced in these terms and conditions, the terms below shall have the following meanings:
 - a. CRA: Consumer Reporting Agency
 - b. CRRB: The Criminal Record Review Board
 - c. CORI: Criminal Offender Record Information
 - d. DCJIS: The Massachusetts Department of Criminal Justice Information Services
 - e. iCORI service: The internet-based service used to request and obtain CORI and self audits.
 - f. Requestor: A registered user of the iCORI service and any additional authorized users for the requestor's account. Requestor, as used in these terms, also includes Consumer Reporting Agency requestors. Requestor, as used in these terms, also includes any individual who requests or obtains CORI or a self-audit report from DCJIS using a paper form.
 2. Obtaining CORI from DCJIS by using this form is subject to Massachusetts General Law and to Federal law, including, but not limited to, M.G.L. c.6, §§ 167-178B (the CORI Law), M.G.L. c. 66, § 10 (the Public Records Law), M.G.L. c. 266, § 120F (Unauthorized use of a computer), and any current or future laws applicable to the use of computer systems or personal information. The penalties for violations of these laws include both civil and criminal penalties.
 3. A requestor may only request the level of CORI access authorized by statute or the DCJIS for the type of request being submitted. A requestor who submits a CORI request using an access level higher than that authorized for the type of request being submitted will be in violation of the CORI law and DCJIS regulations and may be subject to both civil and criminal penalties.
 4. An individual or entity who knowingly requests, obtains, or attempts to obtain CORI or a self-audit from the DCJIS under false pretenses, or who knowingly communicates, or attempts to communicate, CORI to any individual or entity except in accordance with the CORI law and DCJIS regulations, or who knowingly falsifies CORI or any records relating thereto, or who requests or requires a person to provide a copy of his or her CORI except as authorized pursuant to M.G.L. c. 6, § 172, shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$5,000.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000.00. In the case of such a violation involving juvenile delinquency records, an individual or entity shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$7,500.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$75,000.00.
 5. Neither the DCJIS nor the CRRB shall be liable in any civil or criminal action due to any CORI or self-audit report that is disseminated by the DCJIS or the CRRB, including any information that is false, inaccurate, or incorrect, because it was erroneously entered by the court or the Office of the Commissioner of Probation.
-

6. CORI results are based on an exact match of the information provided by the requestor to information as it appears in the CORI database. Requestors are responsible for providing accurate information for the subject requested. In addition, it is the requestor's responsibility to compare the CORI or self-audit results received from the iCORI service to the subject's personal identifying information to ensure that the results match this information. The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's submission of inaccurate, incorrect, or incomplete subject information. Furthermore, NO REFUNDS of CORI fees will be provided because of data entry errors or other errors or omissions made by the requestor.
 7. Each requestor who submits 5 or more background checks annually must have a written CORI policy. Each requestor is responsible for adopting its own CORI policy. The DCJIS publishes a model CORI policy on its website that may be adopted for use by requestors. If this requirement applies to a requestor, the requestor agrees that at the time of submission of any CORI request, it has adopted a CORI policy.
 8. The requestor agrees that he/she has reviewed and understands all training materials regarding the CORI process and CORI requirements available from the DCJIS. Requestors are solely responsible for reviewing and understanding the training materials provided by the DCJIS.
 9. Requestors who seek to receive the standard or required level of access to CORI for employment, housing, licensing, or volunteer purposes must ensure that the following are completed prior to submitting a CORI request:
 - a. Completion of a CORI Acknowledgement Form for each subject to be checked;
 - b. Verification of the identity of the subject using an acceptable form of government issue identification;
 - c. Obtaining the subject's signature on the CORI Acknowledgement Form;
 - d. Signing and dating the CORI Acknowledgement Form certifying that the subject was properly identified; and
 - e. Confirming that the requestor is in compliance with all applicable laws and regulations.
 10. All requestors, including those that request CORI through a CRA, must comply with 803 C.M.R. 2.00 and, if applicable, 803 C.M.R. 5.00. In addition, CRAs are also responsible for ensuring compliance with the Fair Credit Reporting Act and with DCJIS regulation 803 CMR 11.00.
 11. A requestor that uses CORI to commit a crime against, or to harass, another individual is subject to the criminal penalties set forth in M.G.L. c. 6, §178 ½, including imprisonment in a jail or house of correction for not more than one year and a fine of not more than \$5,000.00. The DCJIS and the CRRB disclaim any liability for the improper use or dissemination of information obtained through the iCORI service.
 12. Requestors are subject to audit at any time by the DCJIS and may be asked to produce documentation to demonstrate compliance with these provisions and with DCJIS regulations (803 CMR 2.00-11.00 et seq.).
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13. No information obtained from the iCORI service or from DCJIS personnel regarding use of the iCORI service shall be construed as legal advice.
 14. The DCJIS reserves the right to alter, amend, or discontinue any feature of the iCORI service or the conditions of its use at any time. Any such changes will be announced on the iCORI service and/or the DCJIS website in advance. The user is subject to the terms of use in effect at the time of his/her agreement. The DCJIS and the CRRB shall not be liable for any damages associated with use of this site.
 15. These Terms and Conditions are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts and the laws of the United States, without giving effect to any principles of conflicts of law. If any provision of these Terms and Conditions is determined to be unlawful, void, or for any reason unenforceable, then that provision shall be considered void. The remaining provisions shall remain valid and enforceable.
 16. By submitting a request for CORI to the DCJIS, I affirm that I have read and understand these Terms and Conditions. Further, I acknowledge, agree to, and am bound by, these Terms and Conditions, as well as by M.G.L. c. 6, §§ 167-178B, inclusive, and 803 CMR 2.00-11.00, inclusive.
-



Dear League and District Officials:

Thanks to your commitment as a volunteer, Little League® has become a staple for families all throughout your community. To help ensure our values and mission are reflected in each of our local leagues, it is necessary that every volunteer acknowledges that abuse awareness training is important.

As we continue to adapt the Little League Child Protection Program, every effort is being made to notify all Little League volunteers who are required to complete an annual Little League Volunteer Application and Background Check that they **must also complete required adult abuse awareness training prior to assuming any Little League duties** for the 2024 season.

We understand it is necessary to be flexible in how local leagues are delivering this training to its volunteers. With many leagues and/or districts offering annual trainings for First Aid/CPR/AED and Baseball/Softball skills/fundamentals as part of their ASAP program it is acceptable to complete the Abuse Awareness Training in this group setting.

Adult Abuse Awareness Training Administration:

- Each league must accurately track the volunteers who participate in the training.
- Each participating volunteer must sign-in and acknowledge completion.
- League Secretary must keep record of participation on file for the duration of the current season.

Participation tracking is absolutely necessary as volunteers will NOT receive any type of individual certificate for completing the training/education.

Each local league is permitted to determine which specific abuse awareness training program should be completed by their league. As a reminder, USA Baseball provides a free online abuse awareness training. It is the responsibility of each local league to ensure that the volunteers in the league complete this training on an annual basis. Local leagues can access the training completion status of their volunteers through the User Directory link on the USA Baseball

home page by searching either the volunteer's name or the local league name in the directory.

This training provides a resource to create a positive and safe environment for all athletes, coaches, parents, legal guardians, and umpires by understanding how to recognize misconduct and abuse of all types.

Dear District and League Official:

We hope the start to your 2024 Little League® season is going well!! As part of the continued evolution of the **Little League Child Protection Program** and our new requirement for all volunteers to complete Abuse Awareness training on an annual basis, we wanted to provide an important update to those leagues that are requiring their volunteers to complete their training through **USA Baseball's BASE program**.

After receiving many inquiries from local Little League programs about adding their specific league name to a drop-down menu for easier tracking of their respective volunteers, we have worked with USA Baseball to create the following directions for local Little Leagues to provide to their volunteers.

Below you will find instructions to share with coaches and volunteers on how to link their account to their local league and complete the Abuse Awareness for Adults course. For league administrators tracking course progress, they will find all users that link their accounts by using the **User Directory** "Little League-Local League" filter.



Directions for Abuse Awareness for Adults Course Completion--LITTLE LEAGUE:

1. **Create an Account or Sign in to USABDevelops.com**
 - Go to **USABDevelops.com** or download the **USA Baseball app in the Apple App Store** or **Google Play**.
 - Click "Sign in/Register"
 - Enter all required information
 - **Select your league from the "Little League – Local Leagues" drop-down menu and click "+Join"**
 - **If you have an existing account, click your name in the top right corner, select MY ACCOUNT, and then UPDATE MY PROFILE to link your account with your local Little League.**
2. **Complete Abuse Awareness for Adults course***
 - Click EDUCATION
 - Select COURSES
 - Click "Abuse Awareness for Adults" → "+Enroll" → "Go to Course"
 - Complete the course

*If you have completed the Abuse Awareness for Adults course in the past and need an updated certificate, please select the Restart Course button.

- Click your name in the top right corner and select MY ACCOUNT
- Select COURSES
- Scroll to the Abuse Awareness for Adults course and click RESTART COURSE

3. **Download Certificate**

- Click your name in the top right corner and select MY ACCOUNT
- Select COURSES
- Scroll to the Abuse Awareness for Adults course and click DOWNLOAD
CERTIFICATE

Thank you for your support as we work together to provide a safe, welcoming environment for all our participants.

Annual background checks
are required for...

Volunteers



Managers and coaches



BACKGROUND CHECKS

[WATCH NOW](#)

FOR MORE INFORMATION VISIT

LITTLELEAGUE.ORG/RESOURCEGUIDE

SAFETY CODE

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult member of Saugus Little League.
- Managers are responsible for the safety of all of their team members. Managers and Coaches should be familiar with the contents and requirements of the Safety Manual.
- Arrangements should be made in advance of all games and practices for emergency medical services
- Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at each concession stand.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Managers are responsible for inspecting the field prior to each game or practice. Play area should be inspected for holes, damage, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

- Procedure should be established for retrieving foul balls batted out of playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Managers are responsible to inspect all team equipment regularly for the condition of the equipment as well as for proper fit.
- Batters must wear NOCSAE approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses".

- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.
- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted.
- Managers and Coaches must follow the Pitch Count regulation, 85 pitches for 11-12 year old's and 75 pitches for 9-10 year old's and 50 pitches for 7-8 year olds.

See a need to add to the safety code? Please contact: SLL Safety Director – James Brown **781-307-1013** or SLL President –John Benoit **508-479-6382**

ASAP - What is It? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at the manager’s and coach’s fingertips.

Some Important Do’s and Don’ts

Do ...

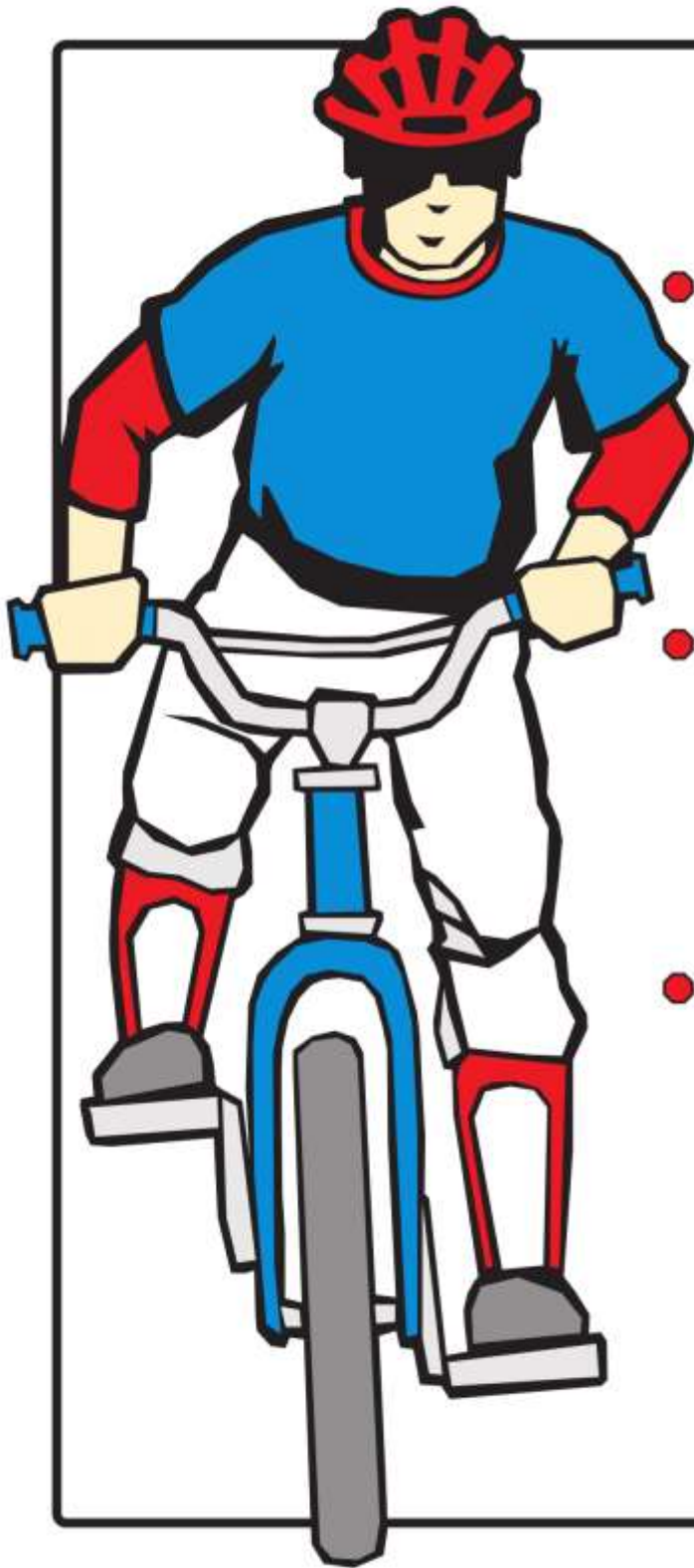
- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Assist those who require medical attention - and when administering aid, remember to:
 - **LOOK** for signs of injury (*Blood, Black-and-blue deformity of joint etc.*).
 - **LISTEN** to the injured 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.
- Have your players’ Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

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 procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Director of Safety immediately.

Remember, safety is everyone’s job.

Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board member immediately. Don’t play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team’s equipment often.



- **Wear your helmet**
- **Watch for cars**
- **Ride with traffic**





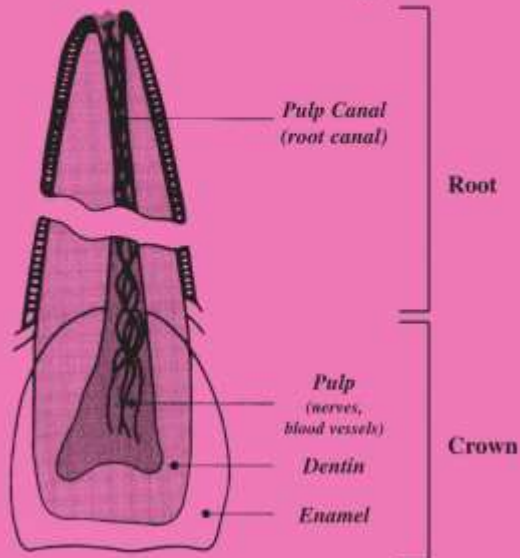
Keep'em Safe! Kids Aren't Cargo!

- Motor vehicle crashes are the leading cause of death for children 5-15 years of age. Kids should ride in the back seat with seat belts fastened.
- Children riding in the beds of trucks have no safety restraining devices to protect them in case of an accident.
- Passengers who are ejected from a vehicle are three times more likely to die than those who remain in the vehicle.

** Information from the National Highway Traffic Safety Administration*

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Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
 3rd best - Wrap tooth in saline-soaked gauze.
 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
 5th best - Place tooth in cup of water.
5. **Time is very important.** Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
 875 North Michigan Ave.
 Suite 4040
 Chicago, IL 60611-1901

1800-273-1788
 1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

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

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

© 1996 Little League Baseball[®] and Musco Lighting, Inc.

Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, clumsiness, delirium

FIGHT THE BITE!



JOIN THE "SWAT TEAM" AGAINST WEST NILE VIRUS

Defend Yourself Against Mosquitoes:

DRAIN standing water around the house weekly since it's where mosquitoes lay eggs, including: tires, cans, flowerpots, clogged rain gutters, rain barrels, toys and puddles.

DUSK & DAWN are when mosquitoes that carry the virus are most active, so limit outdoor activities or take precautions to prevent mosquito bites.

DEET is an effective ingredient to look for in insect repellents. Always follow label instructions carefully.

DRESS in long sleeves and pants during dawn and dusk or in areas where mosquitoes are active.

West Nile Virus disease is rare, but if you have symptoms including high fever, severe headache and stiff neck, contact your health care provider immediately.

Combata la Picadura:

Desague agua estancada alrededor de la casa (en llantas, cubos de basura, macetas, canalones y charcos) pues ahí ponen huevos los mosquitos. Corte la hierba y arbustos y no riegue demasiado.

AL ATARDEGER y AMANEGER están más activos los mosquitos que portan el virus. Evite actividades afuera o tenga precauciones para prevenir picaduras.

"DEET" es un ingrediente que deben tener los repelentes de insectos para que sean efectivos. Siga las instrucciones.

VISTASE con camisas de manga larga y pantalones cuando esté afuera en la tarde o al amanecer o donde haya muchos mosquitos.

La enfermedad del virus del Nilo Occidental es muy rara, pero si usted tiene los siguiente síntomas como dolor de cuello, fiebre alta y fuerte dolor de cabeza, contacte inmediatamente a su proveedor de servicios

www.fightthebitecolorado.com

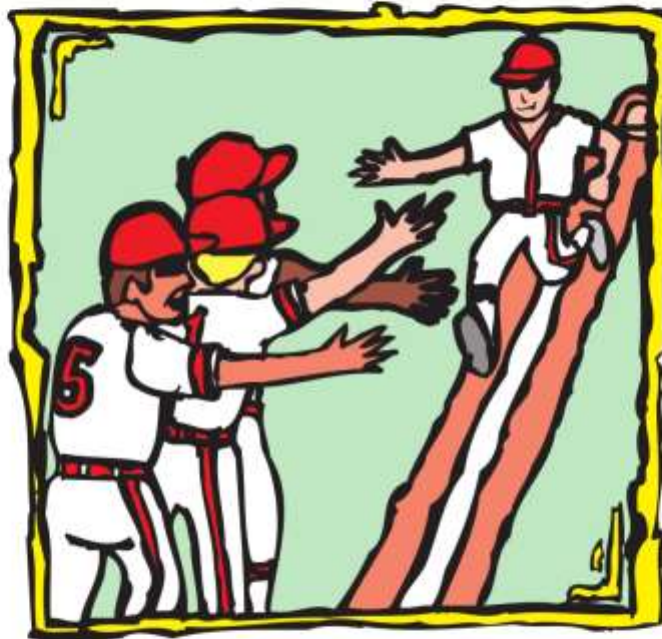
Submitted by the Tri-Lakes Athletic Association Little League.



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' 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**

Keep It Clean!

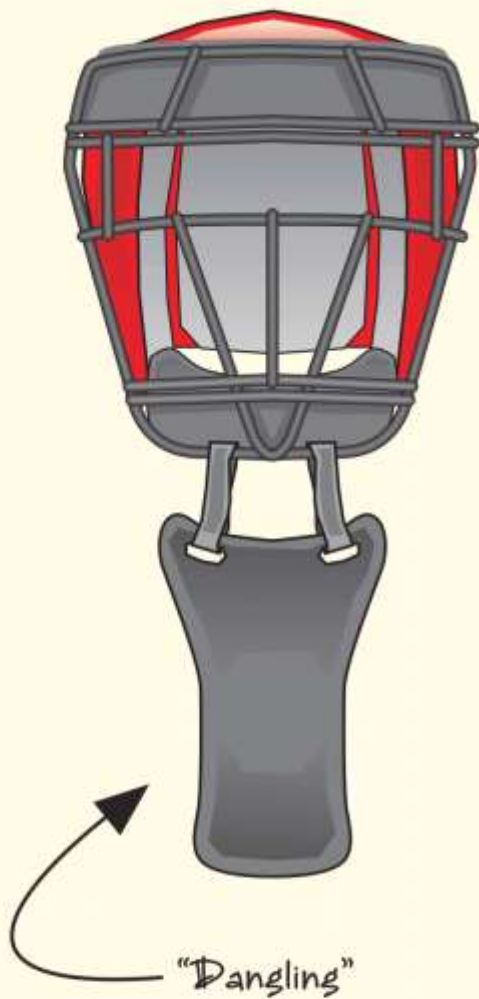


REMEMBER:

**Use good sportsmanship on the field,
even to your language.**

Regulation XIV – Field Decorum

- a) "The actions of players, managers, coaches, umpires and league officials must be above reproach . . ."
- b) "The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts."



**Make
Sure
They
Are
Safe!**

REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Coach, Please Let Players 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 bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

DON'T GET CAUGHT IN A RUNDOWN.

Make it all the way home.
Stay off the tracks.



Trespassing on the rail track is a major league error.
Tracks are for trains, not games. Don't forfeit your future.
Stay off the tracks.

SPONSORED BY OPERATION LIFESAVER

For more information please call 1-800-537-6224
or visit their Web site at www.oli.org



Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

Lightning Facts and Safety Procedures

Consider the following facts:

- The average lightning stroke is 6 – 8 miles long.
- The average thunderstorm is 6 –10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK last summer occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 3 – 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash-Bang” Method

One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the “flashbang” method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety, or if the “flash-bang” proximity measure applies. When in doubt, the following rule of thumb should be applied:

WHEN YOU HEAR IT - CLEAR IT
WHEN YOU SEE IT - FLEE IT

Where to Go?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (like our snack bars and press boxes). For the majority of participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go!!

Avoid high places and open fields, isolated trees, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at

**National Weather Service
P.O. Box 1208
Gray, Maine 04039**

GYX 0301 (August 2003) - Revised

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

**LIGHTNING...
the underrated killer!**

A SAFETY GUIDE

**U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION**

**NATIONAL WEATHER
SERVICE**

Gray, Maine



This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

LIGHTNING KILLS Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



NOAA

**ACCIDENT
REPORTING
&
FIRST AID**

Reminder: Managers must carry a “Medical Release” form for each of their players at all times. Should there be an accident and the child need immediate medical attention, this form may be the difference between a minor and major incident.

Accident Reporting Procedures

What to report

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

When to report

All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident. For the 2023 season, notify the Safety Director – James Brown or President – John Benoit.

How to make the report

Reporting incidents can come in a variety of forms. Most typically, they are *telephone conversations*. At a minimum, the following information must be provided:

1. The name and phone number of the individual involved
2. The date, time, and location of the incident
3. As detailed a description of the incident as possible
4. The preliminary estimation of the extent of any injuries
5. The name and phone number of the person reporting the incident.

Safety Director’s Responsibilities

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party’s parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor’s visit, etc.) will advise the parent or guardian of the Little League’s insurance coverages and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Director shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “close” (i.e., no further claims are expected and/or the individual is participating in the league again).

When treating an injury, remember:

Protection

Rest

Ice

Compression

Elevation

Support

Saugus Little League

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball

What Parents Should Know About Little League Insurance.

The Little League Insurance program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 the claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply, when necessary, treatment requiring the removal of a pin/plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses 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 occurs.

No payment will be made for deferred treatment unless the physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Sincerely,

James Brown
781-307-1013
2024 Safety Director

John Benoit
508-479-6382
2024 League President

How to Prevent Injuries

Managers and coaches should consider the following to prevent injuries:

1. Check medical release form for health concerns and medications.
 2. Proper maintenance of the playing site (game and practice facilities).
 3. Pay close attention to playing conditions (heat and humidity as well as severe weather).
 4. Make sure players know basics of good nutrition (especially water replacement on hot days).
 5. Proper athletic conditioning (stretching, strengthening, and endurance, as well as agility and coordination drills).
 6. Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries).
 7. Consistent and proper use of all protective equipment.
 8. Close supervision and organization of warm-ups, practices and games.
 9. Careful compliance with all Little League rules, especially those having to do with safety.
-

Evaluating Fresh Injuries

In evaluating fresh injuries, remember the three types of motion:

1. **Active Motion** – Player is able to move the part themselves,
2. **Active Assistance Motion** – Player is able to move with a little help from you; (watch the warning signs like the player telling you it hurts to move), and
3. **Passive Motion** – the player’s injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can’t use the injured part); this is the most serious injury. If a player sprains his/her ankle, but can still limp around, it may be mild or moderate; if he/she can’t get up, it is probably severe. Look for swelling, the more immediate and larger the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn’t look the way it did before the accident, something’s wrong. Consider unconsciousness or an eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Carefully evaluate all injuries and ensure the child does not require professional care. It’s not worth risking a child’s health just to continue the game.

Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids.

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Additional information is available from your state high school association and from the National Federation TARGET program.

First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary – lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: CPR should only be administered by a person knowledgeable and trained in the technique.

The Heimlich Maneuver

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.

When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"

If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button).

The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp).

These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.



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

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

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

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

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

Date of Accident	Time of Accident	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) | |
| | <input type="checkbox"/> BIG (14-18) | | | |

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
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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)/guardian(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.

General Liability Claim Form

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

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

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

Who owns Premises		Person in charge of Premises		
Coverage Data	Limits	Med. Pay: None	Elevator: Yes	Products: Yes
	BL/PD:			Cont: Yes
	Policy Number		Policy Dates: Begin: End:	
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repair			

Insured Person and Injuries	Name		Phone No. (Res.)	
	Address (Street, City, State, Zip)		Occupation	Age
			<input type="checkbox"/> Married <input type="checkbox"/> Single	
Employers Name and Address				

Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
Description of Injury				
Where was the injured taken after accident?			Probable length of Disability	

Witnesses:	Name, Address, Phone Number			
	Name, Address, Phone Number			
	Name, Address, Phone Number			

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



Applicable in Arizona

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

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

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

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

Applicable in Colorado

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

Applicable in Florida and Idaho

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

* In Florida - Third Degree Felony

Applicable in Hawaii

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

Applicable in Indiana

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

Applicable in Minnesota

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

Applicable in Nevada

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

Applicable in New Hampshire

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

Applicable in Ohio

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

Applicable in Oklahoma

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



Little League® 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.

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 International, 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses 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 occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

CODE OF CONDUCT

Saugus Little League Code of Conduct

No Board Member, Manager, Coach, Player or Spectator shall:

- ⇒ At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- ⇒ Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- ⇒ Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- ⇒ Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ⇒ Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- ⇒ Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- ⇒ Appear on the field of play, stands, or anywhere on the league's complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- ⇒ Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- ⇒ Smoke while on the playing field or in any dugout at any time.
- ⇒ Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- ⇒ Speak disrespectfully to any manager, coach, official or representative of the league.
- ⇒ Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- ⇒ Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.
- ⇒ No swinging bats or throwing baseballs at any time within the walkways and common areas of a Saugus Little League complex.
- ⇒ No throwing rocks.
- ⇒ No pets are permitted at Saugus Little League games or practices.
- ⇒ After each game, each team must clean up trash in dugout and around stands.
- ⇒ All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- ⇒ No children under the age of 16 are to be permitted in the Snack Bars.

The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the Executive President may assess additional disciplinary action up to and including expulsion from the league.

Are your “expectations” reasonable and consistent?

What Do I Expect From My Players?

- to be on time for all practices and games.
- to always do their best whether in the field or on the bench.
- to be cooperative at all times and share team duties.
- to respect not only others, but themselves as well.
- to be positive with teammates at all times.
- to try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another.
- to understand that winning is only important if you can accept losing, as both are important parts of any sport.

What Can You And Your Child Expect From Me?

- to be on time for all practices and games.
- to be as fair as possible in giving playing time to all players.
- to do my best to teach the fundamentals of the game.
- to be positive and respect each child as an individual.
- to set reasonable expectations for each child and for the season.
- to teach the players the value of winning and losing.
- to be open to ideas, suggestions or help.
- to never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

What Do I Expect From You As Parents And Family?

- to come out and enjoy the game. Cheer to make all players feel important.
- to allow me to coach and run the team.
- to try not to question my leadership. All players will make mistakes and so will I.
- do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- if you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits.

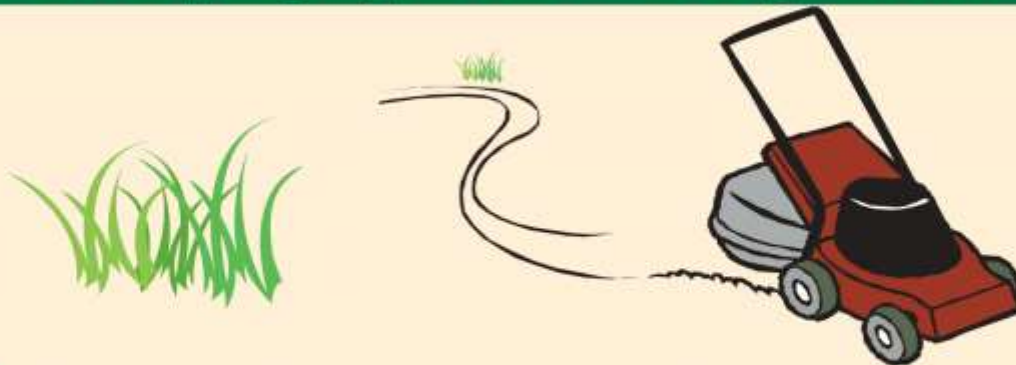
**STORAGE
AREA
PROCEDURES**

Equipment / Chemical Storage


The following applies to all of the storage areas/storage sheds used by Saugus Little League and apply to anyone who has been issued a key by Saugus Little League to use those areas.

- All individuals with keys to the League equipment sheds (i.e., Managers, Coaches, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
 - Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, etc.) please locate and read the written operating procedures for that equipment.
 - All chemicals or organic materials stored in League sheds shall be properly marked and labeled as to its contents.
 - All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
 - Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.
-

Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.
3. Never carry passengers.
4. Do NOT mow in reverse.
5. ALWAYS look down and behind BEFORE and WHILE backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. **Always** check the oil in the mowers before use.
8. ONLY adults operate mowers. NO children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You **MUST** wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan

CONCESSION STAND GUIDELINES

Keep It Clean: Concession Stand Tips

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness.

1. Menu. Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*

2. Cooking. Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. *Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.*

3. Reheating. Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

4. Cooling and Cold Storage. Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.*

5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling. Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*

8. Dishwashing. Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. *Ideally*, dishes and utensils should be washed in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and

4. Air drying.

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria and viruses and cause foodborne illness.*

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*

11. Insect Control and Waste. Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness. Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food. *(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan.)*

Clean Hands for Clean Foods

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- **Use soap and warm water.**
- **Rub your hands vigorously as you wash them.**
- **Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.**
- **Rinse your hands well.**
- **Dry hands with a paper towel.**
- **Turn off the water using a paper towel, instead of your bare hands.**

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food-contact surfaces.
- After engaging in activities that contaminate hands.

Top Six Causes

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

- **Inadequate cooling and cold holding.**
- **Preparing food too far in advance for service.**
- **Poor personal hygiene and infected personnel.**
- **Inadequate reheating.**
- **Inadequate hot holding.**
- **Contaminated raw foods and ingredients.**

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash

20 seconds
Use soap



Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

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Think **PASS!**

1. **P**ull Ring
2. **A**im at Base of Fire
3. **S**queeze Lever
4. **S**weep Side to Side



Thermy™ says:

"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA

Final Safety Thoughts

PRE-GAME:

- 1) Be On Time**
- 2) Warm Up**
- 3) Stretch**

FIELDER SAFETY:

- 1) Eyes Up**
- 2) Glove On and Ready**
- 3) Eyes On The Ball**

ON DECK/BATTER SAFETY:

- 1) Helmet Always On**
- 2) Bat Barrel Down**
- 3) Swinging Area Clear**

RUNNER SAFETY:

- 1) Feet Down/Eyes Forward**
- 2) Listen to Base Coaches**
- 3) No Sliding Headfirst**

BENCH SAFETY:

- 1) No Horseplay**
- 2) No Bats**
- 3) Hydrate**

-THE END-