



# WEST LA LITTLE LEAGUE

## 2022

# SAFETY MANUAL

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WEST LA LITTLE LEAGUE SAFETY MANUAL 2022 ID# 405-25-09 ID# 405-25-09



# **COVID-19 Guidelines**

As the issues regarding Covid-19 are fluid, the league is unable to publish standardized guidelines associated with the pandemic. All coaches, managers, volunteers and parents must stay diligent and remain independently informed in order to comply with local, county, state and Federal rules and are asked to follow posted signs and any updates to West LA Little League policies regarding this issue which may be communicated electronically to the volunteer and parent community from time to time.



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## SAFETY MANUAL ATTACHMENT ITEMS

- Covid 19 Guidelines (just after cover page)
- Claim Form Instructions
- Little League International Claim Form
- Volunteer Application Form
- Little League Medical Release Form
- Acknowledgment of Receipt and Review of the League Safety Manual & 1<sup>st</sup> Aid Kit
- West LA Little League Safety Code Certification Form
- West LA Little League Codes of Conduct
  - Parents and Spectators
  - Players
  - Manager and Coaches
- "Volunteers Must Wash Their Hands"
- Suggested Warm Up Drills
- Hey Coach
- Incident/Injury Tracking Report



## **LEAGUE PHILOSOPHY**

Teaching and learning the game of baseball and softball in a safe and nurturing environment where children are free and encouraged to develop their athletic, intellectual and social skills through teamwork, fair play and sportsmanship. The opening paragraph of the West LA Little League Constitution elaborates on this and provides that "[The] objective of the League [is] to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens." All coaches, parents and children will be held to a high standard of moral and ethical character. ALL should be role models and should act in a manner consistent with such standards.

## **ASAP SAFETY PLAN**

As one measure to further our mission, West LA Little League and Little League International have adopted ASAP (A Safety Awareness Program) to improve and continue to provide a safer environment for all participants in Little League Baseball.

The West LA Little League Safety Manual outlines specific safety issues, league procedures and safety guidelines. All participants, volunteers, employees and spectators are bound by the guidelines set forth in this manual. Printed copies of this manual can be found in the scorer's booth above the Major's Field, in the snack shack, and on-line in the safety section on our website ([www.wlall.org](http://www.wlall.org)).

## **THE ROLE OF THE SAFETY OFFICER**

The safety officer is a member of the West LA Little League Board of Directors, appointed to be the primary point of contact for the execution of the safety plan. The safety Officer's responsibilities include modifying the leagues safety manual on an annual basis, coordinating a first aid clinic and safety meeting for all managers and coaches, completing an annual facility survey, reviewing all practice and game field for potential safety hazards and communicating with our local district and Little League International regarding any safety concerns.



## **VOLUNTEER APPLICATIONS & BACKGROUND CHECKS**

As a condition of service to West Los Angeles Little League, all Managers, Coaches, Board of Director members, and other persons deemed by the West LA Little League Board of Directors to have repetitive access or contact with players or teams must complete and submit an official League Volunteer Application either in paper or electronically. West LA Little League Volunteers are required to register as a 2022 Little League Volunteer online.

As a condition of volunteering, volunteers give permission for the West Los Angeles Little League organization to conduct a background check, which may include a review of sex offender registries, child abuse and criminal history records.

Per Little League International policy, West LA Little League must do a background check for volunteers. West LA Little League utilizes JDP, Little League's recommended background check service.

Volunteers must submit and have their application approved by the League President before starting volunteer duties with West LA Little League. Applications will be retained by the league secretary in a secure location for the duration of the applicant's service to the League for that year.

## **SUBMISSION OF LEAGUE PLAYER REGISTRATION DATA**

League player registration data and coach and manager data will be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

## **MEDICAL RELEASE FORMS**

Parents fill out and sign our online West LA Little League medical release forms when they register their child. Our form is consistent with the Little League Baseball and Softball Medical Release (see attachment). Each Manager is sent copies of these medical releases and **MUST** keep COPIES on hand at every practice and game. No player may participate in ANY practice or game without having completed a Medical Release Form. Secondary copies of release forms are kept on hand at the snack shack.



## **ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF LEAGUE SAFETY MANUAL**

Each manager must complete the Acknowledgment of Receipt and Review of the League Safety Manual and turn it into the League Commissioner prior to the first practice. (See attachment.) The West LA Little League Safety Manual is posted on the League website and copies are available in the Snack Shack and Scorer's booth above the Major's field. It contains a duplicate copy of the League Safety Code and other important information.

## **WEST LA LITTLE LEAGUE SAFETY CODE**

### **SAFETY IS EVERYONE'S RESPONSIBILITY**

The West LA Little League Safety Code MUST be discussed with all managers, coaches, players and parents at the initial team meeting. Examples of how these guidelines come into play should also be discussed. Managers, coaches and all players MUST complete and sign the Safety Code Certification Form stating that they understand and agree to comply with the Safety Code. (See attachment) The form must be turned into the Division Commissioner. It is the responsibility of the team manager to ensure that players and coaches comply with Safety Code regulations.

The Board of Directors of West LA Little League has mandated the following Safety Code:

- Responsibility for safety procedures belongs to every adult member of West LA Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice with teams.
- Only league-approved managers and/or coaches will supervise batting cages.



- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires will have mandatory training in First Aid.
- First-aid kits are located in the snack shack, in one dugout on each of the fields, and under the stairwell leading up to the office above the Major's Field backstop.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate. Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects. Any deficiencies shall be reported promptly to the Umpire (if during a game) and to the West LA Little League Fields Director and the West LA Little League Safety Commissioner.
- 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 designated coaches.
- Foul balls batted out of playing area will be returned to a coach or to the umpire and not thrown over the fence.
- 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 endangering spectators (i.e., playing catch, pepper, swinging bats etc.).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games. No stickers, paint or other alterations may be placed on or made to the helmets.
- Except when a runner is returning to a base, head first slides are not permitted.
- 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" for their children.
- On-deck batters are not permitted. Only the batter leading off the inning is allowed outside the dugout in between innings while warm-up pitches are being thrown. That batter may only step up to the plate when directed to by the umpire.
- Managers will only use the official Little League balls supplied by West LA Little League.
- Once a ball has become discolored, it will be discarded.





- All male players will wear athletic supporters during all practices and all games.
- Male catchers must wear a metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector (even on a "hockey" style mask) and catcher's helmet during practice, pitcher warm-up, and games. Note: skullcaps are not permitted.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch without during games without wearing full catcher's gear and an athletic cup as described above. During warm-ups, catchers shall also wear the appropriate protective mask, helmet, and groin protection, however, leg and chest protection is not required.



- Managers will never leave an unattended child at a practice or game.
- No children under the age of 18 are permitted in the Snack Shack without adult supervision.
- No persons under the age of 18 may assist in practices or games unless they are a League registered player, and then only with their own team.
- Never hesitate to report any present or potential safety hazard to the West LA Little League Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol. Managers and coaches are not permitted to administer medication to any child.
- No playing in the parking lots at any time.
- No smoking is permitted at the field complex or grounds.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex. Players may not swing bats near other persons.
- No throwing rocks.



- No climbing fences.
- No swinging on dugout roofs.
- No pets are permitted on the fields at any time.
- Observe all posted signs.
- All Pitching Machine Rules must be strictly adhered to.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No bicycles, skateboards, scooters, etc may be ridden on WLA LL grounds.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.



## **PITCHING MACHINE RULES: MAJORS ELECTRIC PITCHING MACHINE**

1. There must be two coaches present to use the pitching machine located in the Majors cages.
2. No more than two players can be picking up baseballs at a time while the pitching machine is off.
3. While the machine is on, only one player at a time should be in the cage and he or she must be wearing a batting helmet.
4. No person under 18 years old may operate the pitching machine.
5. Only use authorized baseballs, softballs, or dimpled training balls in the machine.
6. Any person operating the machine will strictly observe the speed settings and ratios posted on the machine by the manufacturer.
7. The machine will not be operated without a second perpendicular screen positioned to restrict access to the machine by any player from the side.
8. If using a pitching machine on the field, the machine will be placed in a stable position and the power cord will be managed so players are not able to run over exposed power cord.
9. Always read and adhere to all manufacturer warnings and instructions on the machine.
10. It is the responsibility of the coach of the last team using the machine to 1) pick up all the balls; 2) cover the machine; 3) unplug and stow the power cord; and 4) ensure the machine is placed and locked in the Majors northernmost batting cage.



## **PITCHING MACHINE RULES: SPRING LOADED "A" BALL PITCHING MACHINES**

1. Only Coaches and Managers may operate the Minors "A" ball spring loaded machines either in the cages or on the field. Players may not operate the machines.
2. The machine for the fields is stored in the left field storage fence of the Minors field and shall be returned after use.
3. Machines for use in other areas of the park, such as the Minors cages, are labeled with their proper location and shall be returned after use if they are moved.
4. At least one coach or manager from each team must be properly trained in the use of these machines. Training takes place at the Coaches Clinic that is given in conjunction with the annual safety meeting prior to the beginning of the season.
5. Settings for Pitching Machines are set and calibrated by WLALL equipment volunteers at the beginning of the season or from time to time as needed. Other than minor adjustments demonstrated during the Coaches Clinic, these machines are not to be adjusted, altered, or reassembled.
6. If there are any questions regarding use of these machines, please contact the Equipment Officer at [equipment@wlall.org](mailto:equipment@wlall.org).

## EQUIPMENT INSPECTION

### Helmets

- Must be N.O.C.S.A.E. approved and the approval seal must be visible.
- Must not be painted - this includes nail polish or white-out.
- Must have a fully readable exterior warning label that must be legible (Clear tape over the label will help).
- Must be inspected before each game or practice for cracks and proper padding.
- Must have a chinstrap (minors and above, the strap is optional).
- May not be altered or modified in any way.
- A special note about "C-Flaps" or masks on helmets that protect the player's face: Equipment, such as C-Flaps or masks, that is not permanently part of, or sold with, helmets, especially those made by third parties, often cannot be affixed without modifying the helmet in some way, (e.g. drilling holes). Such modifications void the helmet manufacturer's warranty. Only unmodified helmets with C-Flaps or masks that are covered by the manufacturer's warranty and approved for use in Little League may be worn.

### Bats

- Effective January 1, 2018, Little League® International Board of Directors formally adopted USA Baseball's bat standard. All bats must bear the USA Bat logo:



- That includes the moratorium prohibiting the use of all 2 ¼ inch barrel baseball bats constructed with composite material in the barrel, unless approved. [Visit LittleLeague.org](http://VisitLittleLeague.org) for detailed information.
- Must be inspected before each game or practice for dents, cracks, and flat spots.

- No altered bats, this includes painted or engraved bats.

### **Catcher's Gear**

- Must include a chest protector with neck collar (long model required in Little League baseball), shin guards, catchers helmet, mask and throat protector at all times (Check to make sure the straps are not loose or torn).

### **Shoes**

- No metal spikes or cleats are permitted. Rubber or molded plastic soles are acceptable.

### **All Players**

- Must wear athletic supporter (male players). Male catchers to also wear protective hard cup.

### **Damaged Equipment**

- Damaged equipment needs to be reported to your commissioner or Equipment Officer, ([equipment@wlall.org](mailto:equipment@wlall.org))



# WEST LA LITTLE LEAGUE CONTACTS

## 2021 – 2022 BOARD OF DIRECTORS

<u>Position</u>	<u>Name</u>	<u>Email</u>
President:	Marc Lipson	president@wlall.org
Vice President:	Matt Fiorello	vp@wlall.org
Fundraising/Sponsorship:	Eric Borstein, Todd Hasson & Ross Walker	fundraising@wlall.org
Secretary:	May Wu	secretary@wlall.org
Treasurer:	Michael Ezer	treasurer@wlall.org
Technology:	Austin Katz & Justin Block	web@wlall.org
Social Media:	media@wlall.org	web@wlall.org
Operations:	Tory Strang	operations@wlall.org
League Liaison:	Mark Tronstein	liaison@wlall.org
Player Agent:	Greg Brackett	playeragent@wlall.org
Majors Baseball Commissioner:	Geoff Lands	majors@wlall.org
AAA Baseball Commissioner:	Larry Hughes	aaa@wlall.org
AA Baseball Commissioner:	Ryan Del Giorgio	aa@wlall.org
A Baseball Commissioner:	Brinton Harris	a@wlall.org
Coach Pitch Commissioner:	Jack Bitton	coachpitch@wlall.org
T-Ball Commissioner:	Jeff Gold	tball@wlall.org
Softball Commissioner:	Max Haber	softball@wlall.org
Minors & Rookies Softball Commissioner:	Jon Cohen	rookies@wlall.org
Fall Ball Commissioner:	Jay Woollacott	fallball@wlall.org
Fields & Facilities:	Cory Rosenberg	fields@wlall.org
Special Events:	Cara Luse	events@wlall.org
Scheduling:	Drew Henderson	scheduling@wlall.org
Safety:	Randall Rubin	safety@wlall.org
Discipline/Umpires:	Matt Fiorello	discipline@wlall.org
Rules:	Mike McNulty	playeragent@wlall.org
Equipment:	James Jun & Mike Malik	rules@wlall.org
Photos/Trophies:	Cara Luse	equipment@wlall.org
Special Projects:	Aaron Aftergood	photos@wlall.org
Registration:	Norman Becker	recruitment@wlall.org
Merchandise:	Wendy Baker	registration@wlall.org
Snack Shack:	Tory Strang	merchandise@wlall.org
Volunteers:	Paul Ryan	volunteers@wlall.org





## **Mailing Address**

West LA Little League  
PO Box 24365  
Village Station  
Los Angeles, CA 90024

## **Other Little League Contacts**

Little League District 25  
Marty Hoy  
District Administrator  
[Martyhoy@cadistrict25.org](mailto:Martyhoy@cadistrict25.org)

## **Little League Support Contacts**

LL Regional Office West Region  
6707 Little League Drive  
San Bernardino, CA 92407  
909-887-6444 Phone  
909-887-6135 Fax

Little League International Office  
PO Box 3485  
Williamsport, PA 17701  
570-326-1921 Phone  
570-322-2376 Fax

Or

539 Route 15 Hwy.  
S. Williamsport, PA 17702



## EMERGENCY PHONE LIST

### WEST L.A. LITTLE LEAGUE

#### Emergency Numbers

- Police / FIRE / EMT 911
- Poison Control Center 800-222-1222
- Office of Public Safety 323-838-2320

#### Non-Emergency Numbers

- Police – Non-Emergency 877-275-5273 (877- ASK-LAPD)
- Fire Department (station 37) 310-575-8537  
1090 Veteran Ave.  
Los Angeles, CA 90024

#### Utilities

- Southern California Gas Co. 800-427-2200
- LADWP 800-342-5397 800-DIAL-DWP

#### Area Hospitals

- UCLA (Ronald Reagan) Medical Center 310-825-9111  
Emergency Room 310-825-2111  
757 Westwood Plaza  
Los Angeles, CA 90025
- UCLA Santa Monica Medical Center 310-319-4000  
Emergency Room  
1250 16<sup>th</sup> St.  
Santa Monica, CA 90404



## **FIRST AID TRAINING**

All managers and coaches must be trained in First Aid at least once every three years. This is a requirement of Little League International. No manager or coach will be allowed to participate in a practice or a game until they have been trained in First Aid (by a professional) this year or in one of the prior two years. West LA Little League will keep a log of the dates of completion of training, but it is the responsibility of the team manager to make sure that he/she and coaches have attended a proper training class. West LA Little League will provide a first aid training course for managers and coaches and our District 25 Safety Commissioner will also offer a District wide training course.

## **COACHING CLINICS**

All managers and coaches must attend a League sponsored coaching clinic every year. For the 2022 season, this meeting is scheduled to take place on January 22, 2022 via video conference. It is an opportunity to learn coaching techniques, drills, practice regimens, rules and coaching philosophy. No manager or coach will be allowed to participate in a practice or a game unless they have attended a coaching clinic this year or in one of the prior two years. West LA Little League keeps a log of the attendance of all managers and coaches and will enforce this rule. Any manager or coach who does not attend and doesn't otherwise meet the requirement may meet the requirement by attending a group or one on one make up session organized by the Safety Officer.

Due to the uncertainty associated with the Covid-19 pandemic, for the 2022 season, the Baseball and Softball coaching clinic will be provided directly through the commissioners of each division to the managers and coaches on a date and in a manner determined as is practical on or about January 22, 2022.

## FIRST AID CLINIC

### BASIC CONCEPTS

- Never assume the role of a physician.
- Whenever there is any doubt, refer to a physician.
- Always remain calm.
- Never move a player who has a potentially serious injury (head, neck, back). This includes sitting up.
- Use good judgment by stopping to think.
- Get to a phone and call parents and an ambulance, if necessary. (911)
- STOP playing the game when a serious injury occurs.
- An excellent review entitled "Prevention and Emergency Management of Youth Baseball and Softball Injuries" prepared by The American Orthopedic Society for Sports Medicine (AOSSM) can be found at:

[https://www.stopsportsinjuries.org/STOP/STOP/Prevent\\_Injuries/Baseball\\_Injury\\_Prevention.aspx](https://www.stopsportsinjuries.org/STOP/STOP/Prevent_Injuries/Baseball_Injury_Prevention.aspx)

Concepts found in this handbook are covered in our first aid clinic.



## COMMON INJURIES AND IMMEDIATE FIRST-AID PROCEDURES

### **HEAD INJURY without loss of consciousness**

No return to play that day if any symptoms (transient confusion, inattention, disorientation, amnesia, visual changes, vomiting, dizziness, delayed verbal and motor responses, slurred speech, in coordination, emotions out of proportion to circumstance). Follow up with their doctor by phone that day for further instructions and return to play recommendations.

### **NECK OR BACK INJURY**

If the pain is severe, and especially if there is numbness or tingling or weakness in the arms or legs, do not attempt to move or sit the player up. Keep the injured player calm. Send for an ambulance. If the pain is slight, can apply cold to the area.

### **HEAT ILLNESS**

There is a spectrum of heat illness ranging from post exercise muscle cramps to severe heat stroke. Young athletes can manifest any of the heat related illnesses. Heat exhaustion precedes heat stroke and is caused by water and/or salt depletion. Athletes will feel sick, weak; possibly have a headache and also vomiting. They should stop their activity, rest in cooler shade, and be given fluids, preferably salt containing sport drinks. Any athlete who is very lethargic and ill appearing, warm and/ or unable to drink liquids should have emergency medical care called.

### **EYE INJURY**

A doctor should see any injured eye. Do not touch or rub an injured eye. Do NOT remove objects stuck into the eye. Cover the injured eye with a paper cup until you can get medical help. An eye injury may require a tetanus booster.



## **NOSE BLEED**

Constant pressure at end of nose for 10 minutes. Anterior inferior part of nasal septum is where Kiesselbach's Plexus (place where nasal arteries all meet) is located and where most bleeds originate.

## **TOOTH TRAUMA**

If permanent teeth are knocked out, find the tooth and if dirty, rinse gently. No chemical cleansers. Use milk or cold running water. Place the tooth into clean water or milk to transport it and the child to a dentist or emergency department. If the tooth is broken, save the pieces in milk.

## **BEE STINGS AND INSECT BITES**

If one of your players is allergic to a bite or sting, it can pose a serious, even life threatening problem. Itching, burning, and hives, along with swelling about the lips and tongue with problems breathing, can indicate that a person is allergic. Ice should be applied to the site of the bee sting. Time is critical. The athlete should be transported to the hospital immediately. The stinger can be removed by carefully scraping it.

## **SKIN WOUNDS (abrasions, lacerations)**

Wash with clean water. Use direct pressure with a clean cloth to stop bleeding. Apply antibiotic ointment and a bandage. Deep, gaping wounds will require MD evaluation urgently.

## **SPRAINS and STRAINS**

Sprains are injuries to ligaments and strains are injuries to muscles or muscle tendons. Sprains often occur at the ankle, knees and wrist. Strains often occur at the hamstring, back muscles, or inner thigh muscles (groin pull). Symptoms of both are pain, swelling, loss of function, limited motion. Often it is hard to distinguish the two, however acutely the treatment is the same. Treatment for both is RICE = rest, ice, compression, elevation. Unlike adults, children with injuries and pain and swelling anywhere are much more likely to have a growth plate injury or occult fracture vs. a sprain or strain. Growth plate injuries or occult fractures are initially treated with RICE, however an injury in a child or young adolescent with pain and swelling will need to be evaluated by an MD.



## **MUSCLE CRAMPS**

A muscle cramp is a contracted muscle that does not relax that causes sudden tight intense pain. This occurs most commonly at the back of the lower leg/calf (charley horse), the back of the thigh (hamstring), or the front of the thigh (quadriceps). A cramp can last a few seconds to 15 minutes or longer. Cause unknown. However, cramps are often related to poor conditioning, inadequate stretching, dehydration, and salt depletion. Gently stretch and massage the muscle. Hold in stretched position until the cramp stops. If the cramp is in the calf, push the foot against an immovable object until the pain is gone.

## **WIND KNOCKED OUT**

This is a description of what happens when a blow to the mid upper abdomen (solar plexus) causes the diaphragm muscle to spasm and therefore one can't breathe. Inhaling and exhaling is dependent on the diaphragm. The spasm lasts seconds. Calm the child. Advise to try deep breathing.



## FACILITY AND FIELD INSPECTION LIST

**Facility Name** \_\_\_\_\_

**Inspector** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery Areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitchers mound
- ☐ Warning Track condition
- ☐ Dugouts condition before and after games
- ☐ Make sure telephones are available
- ☐ Area's around Bleachers free of debris
- ☐ General Garbage clean-up
- ☐ Who's in charge of emptying garbage cans
- ☐ Conditions of restrooms and restroom supplies
- ☐ Concession Stand inspection

NOTES/ HAZARDS

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Managers, coaches and umpires are responsible for checking field safety conditions before each game. Safety hazards that may put players at risk must be noted and games will be postponed if there is a genuine safety concern.





## ANNUAL FACILITY SURVEY

West LA Little League will conduct an annual survey of all facilities in accordance with Little League requirements. The purpose of this survey is to find and correct any concerns with fields, dugouts, bleachers, snack shacks and other facilities. This survey will be conducted by the West LA Little League President, the Field Maintenance Officer and the Safety Director. The completed facility survey will be on file with West LA Little League and submitted to Little League International.

## TEN COMMANDMENTS OF SAFETY

- i. BE ALERT!
- ii. CHECK PLAYING FIELD FOR SAFETY HAZARDS
- iii. WEAR PROPER EQUIPMENT
- iv. ENSURE EQUIPMENT IS IN GOOD SHAPE
- v. ENSURE FIRST AID IS AVAILABLE
- vi. MAINTAIN CONTROL OF THE SITUATION
- vii. MAINTAIN DISCIPLINE
- viii. SAFETY IS A TEAM SPORT
- ix. BE ORGANIZED
- x. HAVE FUN!



## SNACK SHACK & FOOD SAFETY

- No person under the age of 18 will be allowed behind the counter in the concession stand.
- Volunteers working in the concession stands will be trained in safe food preparation. (Safe food handling procedures are posted at the Snack Shack.)
- Employees will wash hands with soap before their shift and frequently thereafter.
- All food materials will be handled in a sanitary manner and gloves will be used to handle food materials which are not wrapped
- Training will cover safe use of the equipment.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food that is not purchased by West LA Little League to sell within the snack bar will not be cooked, prepared, or sold.
- Cooking grease will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession stand.
- The barbecue will be cleaned thoroughly prior to cooking. Hamburgers, chicken breasts, hotdogs and sausages should be cooked thoroughly so that there is no uncooked meat.
- Food items such as meats, condiments, onions, cheese, etc. shall be kept out of the direct sun.
- Prior to closing the Snack Shack, any food that has been heated such as nacho cheese, hamburgers, etc. will be thrown away.



## 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 Maneuver

- 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; and
- 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.

### Heimlich Maneuver 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; and
- 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 maneuver, immediate medical care should be sought by calling 911 or by going to the local emergency room.



## 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 borne 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:

- 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.
- Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (i.e., in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
- 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.
- Athletic trainers or coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition is resolved.
- Contaminated towels should be properly disposed of or disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

## FIRST AID KITS & SAFETY EQUIPMENT

### First Aid Kit

First Aid kits and instant cold packs were placed in boxes at a dugout on each field and are maintained on a weekly basis.

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide, Contents card and Disposable glove

Additional first aid supplies are also available at the Snack Shack, under the stairwell at the Majors Field and in the area near T-Ball Field.

### Automated External Defibrillator (AED)

West LA Little League owns three Cardiac Science AEDs. One is located in the Snack Shack, the other under the stairwell leading up to the announcer's booth at the Major's field, and a third is in the Western dugout on the Borestein Field (the field closest to Ohio Ave). These devices should be used only in the event of an emergency. AED training for all coaches is provided at all of our safety clinics. If you notice that this device has been used, tampered with, or otherwise in need of maintenance or fresh supplies please contact the League Safety Commissioner immediately.



## CODES OF CONDUCT

At the team meeting, the Manager must read the Players Code of Conduct, the Coaches Code of Conduct and the Parents Code of Conduct to all in attendance. (See attachments.)

Managers must also make a copy of all three Codes of Conduct and distribute them to the coaches, parents and players of their team. All coaches, parents and players must sign these forms and return them to the manager. Managers must keep the originals of the signed forms and return a signed copy to the parents. When reading the Players Code of Conduct at the Team Meeting, the team Manager should discuss what the Code means, provide examples, and engage in a short discussion of the context and content of the Code. Parents should be encouraged to discuss it further with their children.

**REMEMBER, MANAGERS AND COACHES ARE ROLE MODELS AND MUST ACT IN A MANNER CONSISTENT WITH THE CODE OF CONDUCT AND WITH THE HIGHEST LEVEL OF MORAL AND ETHICAL CHARACTER.**

### CODE OF CONDUCT CERTIFICATION FORM

Each manager, coach, player and parent must sign the applicable Code of Conduct as having read and discussed it. (See attachment.) Each team Manager should keep the original signed forms with him / her at all practices and games. Managers will need to certify to the Board that they have received ALL signed forms PRIOR to their first PRACTICE GAME. Players without signed Players Codes of Conduct and Parents Codes of Conduct will NOT be allowed to play in games. Completed Code of Conduct Certification Forms (should be returned to the Division Commissioner.)



## IN CASE OF MEDICAL EMERGENCY

### EMERGENCY PROCEDURES

In case of emergency take the following steps:

- Give first aid and have someone call 911 immediately if an ambulance is necessary. The address to provide is:

**1411 S. Sepulveda Blvd.  
Los Angeles, CA 90024**

**(Bad News Bear Fields on Sepulveda between Wilshire and Ohio)**

- Notify parents immediately if they are not on the scene.
- Fill out a West LA Little League Injury Report form (See Attachment).
- Talk to the team about the event and why the situation occurred and how it might have been prevented.

## REPORTING AN ACCIDENT

### ACCIDENT REPORTS

Please report all accidents and injuries as follows:

- Notify league Safety Officer by phone or email or in person within 24 hours (Randall Rubin at 323.371.4595 / [safety@wlall.org](mailto:safety@wlall.org)).
- Fill out *Program's Incident/Injury Tracking Report Form* (Please see attachment)
- Deliver the accident report to the Safety Officer within 24 hours.
- Talk with anyone else in West LA Little League (President, Vice-President, or your own division, etc.) about the incident.

West LA Little League insurance is supplemental to parents' own insurance policy. Claims must be filed with the League Safety Officer.

### WHAT SHOULD BE REPORTED

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 Officer. This includes even passive treatments such as evaluation and diagnosis as to the extent of an injury, application of an ice pack, or the need for extra periods of rest.

Near Misses should also be reported

### WHEN REPORTS SHOULD BE MADE

All such incidents described above must be reported to the Safety Officer within 24 hours of the incident.





## HOW TO REPORT ACCIDENTS

All accident reports are to be reported on the "Incident/Injury Report". (Please see attachment)

Accident Reports need to be completed for any injury requiring first aid. It is through the compilation of the data in these reports that the league at both the local and the national levels can develop safety policies.

Accident report forms can be obtained on the websites of West LA Little League and Little League Inc.

**REMEMBER: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the West LA Little League Safety Officer or any board member immediately. Do not play on a field that is unsafe or use unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. Check you team's equipment often!**

## SAFETY MANUAL ATTACHMENTS

### THE FOLLOWING SAFETY ITEMS ARE ATTACHED

- Claim Form Instructions
- AIG Little League Claim Form
- Volunteer Application Form
- Little League Medical Release Form
- Acknowledgment of Receipt and Review of the League Safety Manual
- West LA Little League Safety Code Certification Form
- West LA Little League Codes of Conduct
  - Parents and Spectators
  - Players
  - Manager and Coaches
- “Volunteers Must Wash Their Hands”
- Suggested Warm Up Drills
- Hey Coach – Safety Suggestions
- Incident/Injury Report

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

## **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## **CHECKLIST FOR PREPARING CLAIM FORM**

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### **PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR**

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
		( )	( )
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

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

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

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

**For Residents of California:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

Were you a witness to the accident? ☐ Yes ☐ No  
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 STROKE	<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 \_\_\_\_\_

# 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/LocalBOCheck](http://LittleLeague.org/LocalBOCheck) 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: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

1. 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.)
2. 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.)
3. 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.)
4. 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.)
5. In which of the following would you like to participate? (Check one or more.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Manager           | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Umpire          | <input type="checkbox"/> 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, Services Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years): \_\_\_\_\_

**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/Background](http://LittleLeague.org/Background)**

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (names of which contain names only searches which may result in a report being generated that may or may not be real, child abuse and criminal history records, I understand that, if appropriate, 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 removed 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 rules 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 concerning 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.





# 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.



## ACKNOWLEDGMENT OF RECEIPT AND REVIEW OF THE LEAGUE SAFETY MANUAL

Manager Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Date: \_\_\_\_\_

I, as a team manager hereby certify to West Los Angeles Little League and its Board of Directors that (1) I have been instructed as to the location of the League provided First Aid Kits on each field and (2) I have received and reviewed the West LA Little League Safety Manual, understand its contents and agree to adhere (and require my players to adhere) to the safety procedures contained therein.

\_\_\_\_\_  
Signature of Team Manager



## West LA Little League Safety Code Certification Form

Manager Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Date: \_\_\_\_\_

I, as a team manager or coach, hereby certify to West Los Angeles Little League and its Board of Directors that I have reviewed, discussed with and explained to all players and parents on my team the West LA Little League Safety Code and agree to abide by and enforce such Code.

\_\_\_\_\_  
Signature of Team Manager

\_\_\_\_\_  
Signature of Team Coach

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Team Coach

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature of Team Coach

\_\_\_\_\_  
Name Printed

[CERTIFICATION AND SIGNATURES CONTINUED ON FOLLOWING PAGE]

I, as a team player, hereby certify to West Los Angeles Little League and its Board of Directors that I have read, reviewed with my coach and understand the West LA Little League Safety Code and agree to abide by it.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Name of Player

\_\_\_\_\_  
Signature of Player

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Name of Player

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Name of Player

## **WEST LOS ANGELES LITTLE LEAGUE CODE OF CONDUCT**

### **PARENTS AND SPECTATORS**

The Board of Directors of West Los Angeles Little League has mandated the following Code of Conduct for all Parents and Spectators. Parents of all players are required to sign this Code of Conduct indicating that he/she has reviewed and understands and agrees to comply with this Code of Conduct.

All Parents and Spectators shall:

- PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR MY CHILD AND OTHER CHILDREN PARTICIPATING THE LEAGUE.
- BE SUPPORTIVE AND UNDERSTANDING OF OTHER ADULTS, INCLUDING UMPIRES AND PARENTS OF THE OPPOSING PLAYERS INVOLVED IN THE GAME.
- NOT, AT ANY TIME, LAY A HAND UPON, PUSH, SHOVE, STRIKE OR THREATEN TO STRIKE AN OFFICIAL, UMPIRE, BOARD MEMBER, COACH, PLAYER OR OTHER SPECTATOR.
- NOT VERBALLY ABUSE, INSULT OR SPEAK DISRESPECTFULLY TO ANY OFFICIAL, UMPIRE, BOARD MEMBER, COACH OR OTHER SPECTATOR.
- ENCOURAGE AND RECOGNIZE GOOD SPORTSMANSHIP FROM ALL PLAYERS.
- PLACE THE EMOTIONAL AND PHYSICAL WELL BEING OF MY CHILD AND OTHER CHILDREN AHEAD OF A PERSONAL DESIRE TO WIN.
- INSIST THAT MY CHILD PLAYS IN AS SAFE AND HEALTHY AN ENVIRONMENT AS POSSIBLE.
- SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD IN ORDER TO ENCOURAGE A POSITIVE EXPERIENCE FOR ALL.
- REFRAIN FROM USING, AND DEMAND AN ENVIRONMENT AT WEST LA LITTLE LEAGUE THAT IS FREE OF DRUGS, TOBACCO AND ALCOHOL.
- REMEMBER THAT THE GAME IS FOR THE KIDS, NOT THE ADULTS.



- 
- DO MY BEST TO MAKE THE LITTLE LEAGUE EXPERIENCE FUN FOR MY CHILD.
  - ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES AND OFFICIALS WITH RESPECT.

The West LA Little League Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the Board may assess disciplinary action up to and including expulsion from the league. I have read the West LA Little League Code of Conduct and promise to adhere to its rules and regulations.

---

SIGNATURE

DATE

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PRINT NAME

---

SIGNATURE

DATE

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PRINT NAME

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TEAM NAME AND DIVISION (E.G., AAA MINORS)

## **WEST LOS ANGELES LITTLE LEAGUE CODE OF CONDUCT**

### **PLAYERS**

The Board of Directors of West Los Angeles Little League has mandated the following Code of Conduct for all Players. All Players are required to sign this Code of Conduct indicating that he/she has reviewed and understands and agrees to comply with this Code of Conduct.

All Players Shall:

- NEVER ARGUE WITH AN UMPIRE, OR PROTEST AN UMPIRE’S CALL.
- NEVER THROW EQUIPMENT.
- NEVER PUSH, SHOVE, HIT OR THREATEN TO HIT AN UMPIRE, COACH OR PLAYER.
- ALWAYS SHOW RESPECT FOR TEAMMATES, COACHES, OPPONENTS, PARENTS, SPECTATORS AND THE UMPIRES.
- NOT USE BAD LANGUAGE.
- NOT INSULT OTHERS BECAUSE OF PLAYING ABILITY OR COLOR, SEX, RACE, RELIGION, OR ANYTHING THAT MAKES THEM DIFFERENT.
- NOT SHOUT AT, ABUSE OR TRY TO MAKE THE OPPONENTS OR OTHER PLAYERS LOSE CONCENTRATION.
- CHEER FOR AND ENCOURAGE YOUR OWN PLAYERS; DO NOT TAUNT OR CHEER AGAINST YOUR OPPONENT.
- PLAY FAIRLY AND HONESTLY AT ALL TIMES.
- BE MODEST IN VICTORY AND DIGNIFIED IN DEFEAT.
- AFTER ALL GAMES, HAVE A CHEER FOR THE OTHER TEAM AND SHAKE HANDS/HIGH FIVE.
- ALWAYS THANK THE COACHES OF BOTH TEAMS AND THE UMPIRES.



- 
- PLAY TO THE BEST OF YOUR ABILITY AND GIVE 100% EFFORT AT ALL PRACTICES AND GAMES.
  - PRACTICE GOOD SPORTSMANSHIP.

The West LA Little League Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the Board may assess disciplinary action up to and including expulsion from the league. I have read the West LA Little League Code of Conduct and promise to adhere to its rules and regulations.

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PLAYER'S SIGNATURE

DATE

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PLAYER'S NAME, TEAM AND DIVISION (E.G., AAA MINORS)



## **WEST LOS ANGELES LITTLE LEAGUE CODE OF CONDUCT**

### **MANAGERS AND COACHES**

The Board of Directors of West Los Angeles Little League has mandated the following Code of Conduct for all Managers and Coaches. All Managers and Coaches are required to sign this Code of Conduct indicating that he/she has reviewed and understands and agrees to comply with this Code of Conduct.

All Managers and Coaches shall:

- NOT, AT ANY TIME, LAY A HAND UPON, PUSH, SHOVE, STRIKE OR THREATEN TO STRIKE AN OFFICIAL, UMPIRE, BOARD MEMBER, COACH, PLAYER OR SPECTATOR.
- NOT VERBALLY ABUSE, INSULT OR SPEAK DISRESPECTFULLY TO ANY OFFICIAL, UMPIRE, BOARD MEMBER, COACH OR OTHER SPECTATOR
- PLACE THE EMOTIONAL AND PHYSICAL WELL BEING OF MY PLAYERS AHEAD OF MY PERSONAL DESIRE TO WIN.
- TREAT EACH PLAYER AS AN INDIVIDUAL, REMEMBERING THE LARGE RANGE OF EMOTIONAL AND PHYSICAL DEVELOPMENT WITHIN THE SAME AGE GROUP.
- PROVIDE A SAFE PLAYING ENVIRONMENT FOR MY PLAYERS AND TO AHERE STICTLY TO ALL LEAGUE SAFTEY GUIDELINES.
- ORGANIZE PRACTICES THAT ARE FUN, CHALLENGING AND INSTRUCTIONAL FOR MY PLAYERS.
- REFRAIN FROM USING, AND PROVIDE AN ENVIRONMENT AT WEST LA LITTLE LEAGUE, THAT IS FREE OF DRUGS, TOBACCO AND ALCOHOL
- BE KNOWLEDGEABLE IN THE RULES OF BASEBALL/SOFTBALL AND TO TEACH THESE RULES TO MY PLAYERS.
- USE THE APPROPRIAE COACHING TECHNIQUES FOR THE SKILLS THAT I TEACH.
- REMEMBER THAT I AM A YOUTH BASEBALL/SOFTBALL COACH, AND THAT THE GAME IS FOR THE CHILDREN, NOT THE ADULTS.





- 
- ENCOURAGE AND RECOGNIZE GOOD SPORTSMANSHIP FROM ALL PLAYERS AND SPECTATORS.
  - BE A ROLE MODEL FOR ALL PLAYERS, OTHER COACHES AND SPECTATORS AND SHALL LEAD BY EXAMPLE UPHOLDING THE HIGHEST MORAL AND ETHICAL STANDARDS.
  - EXPLAIN TO MY PLAYERS THE “PLAYERS” CODE OF CONDUCT AND ENFORCE COMPLIANCE SUCH CODE BY MY PLAYERS.

The West LA Little League Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the Board may assess disciplinary action up to and including expulsion from the league. I have read the West LA Little League Code of Conduct and promise to adhere to its rules and regulations.

---

SIGNATURE

DATE

---

PRINT NAME

TEAM POSITION (MANAGER OR COACH)

---

TEAM NAME AND DIVISION (E.G., AAA MINORS)

# Volunteers Must Wash Hands

## HOW



## 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

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



## Suggestions for Warm-up Drills



### Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



### Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



### Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



### Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



### Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



### Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



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### Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

### Thigh Stretches #2







Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.





## **HAVE YOU:**

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-  **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**

## For Local League Use Only

### Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: West Los Angeles Little League League ID: 405 - 25 - 09 Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

#### Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
- ☐ Junior ☐ Senior ☐ Big League
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
- ☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

#### Position/Role of person(s) involved in incident:

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
- ☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
- ☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

#### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_