

# **TRAP HILL AREA LITTLE LEAGUE**



## **SAFETY MANUAL**

*Visit us online at:*  
**THLITTLELEAGUE.COM**

**PO BOX 577  
FAIRDALE, WV 25839**



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## Emergency / Non-emergency Contact Information

**In case of emergency dial 911**

### **Non-Emergency Contact Information:**

WV State Police	304-256-6700
Raleigh County Sheriff	304-255-9300
Trap Hill Fire & Ambulance	304-934-7772
Jan Care Ambulance	304-255-2931

### **Report all injuries and incidents to one of the following officers:**

Kyle Webb (President)	304-673-6209
Jamie Newman (Safety Officer)	304-712-6029
Tyler Webb (Player Agent)	304-207-2656
Austin Wright (VP / Secretary)	304-573-6767
Justin Breton (VP New Fields)	304-575-6531
Jeremy King (VP Softball)	304-923-7969
Erik Bower (Treasurer)	304-573-2200
Anthony Daniels (Coach Coordinator)	304-228-7490
Ben Worley (Board Member)	304-688-1105
Brandon Ellison (Board Member)	304-860-8390
Adam Buchanan (Board Member)	304-731-0845
Bo Webb (Board Member)	304-228-7496

*This list will be posted in the dugout area*



## Trap Hill Area Little League Board of Directors

**Kyle Webb (President)**

304-673-6209  
PO Box 328  
Glen Daniel, WV 25844  
kwebb10wv@gmail.com

**Justin Breton  
(VP New Fields/Development)**

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**Brandon Ellison (Board Member)**

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Lester, WV 25865  
brandonwv84@hotmail.com

**Adam Buchanan (Board Member)**

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222 Blackstone Drive  
Beckley, WV 25801  
adam.b.buchanan@gmail.com

**Bo Webb (Board Member)**

304-228-7496  
1552 Breckenridge Road  
Bolt, WV 25817  
bowebb@windowworld.com

**Paul Flanagan (District Admin)**

304-673-2743



# Little League® "Basic" Volunteer Application – 2024



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/LocalBGcheck](http://LittleLeague.org/LocalBGcheck) 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, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? \_\_\_\_\_

If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (If volunteer answered yes to Question 1, the local league must contact Little League International.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? \_\_\_\_\_  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
 (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)? \_\_\_\_\_  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
 (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? \_\_\_\_\_  Yes  No  
 If yes, explain: \_\_\_\_\_  
 (If volunteer answered yes to Question 4, the local league must contact Little League Security International.)

5. In which of the following \_\_\_\_\_ participate? (Check one  Coach  
 would you like to \_\_\_\_\_ or more.)  Umpire  
 League Official \_\_\_\_\_ Field Maintenance

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

- Manager \_\_\_\_\_
- Scorekeeper \_\_\_\_\_
- Concession Stand \_\_\_\_\_
- Other \_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) \_\_\_\_\_ Date \_\_\_\_\_

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/Suspended List)\*

**OR**

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

National Sex Offender Registry

\* Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

**Only attach to this application copies of background check reports that reveal convictions of this application.**

Proof of completion of Abuse Awareness Training for Adults provided to league



## Trap Hill Area Little League Annual Fundamentals Training

The Trap Hill Area Little League Annual Coaches/Managers Fundamentals Training Session will be held at the fields in Eccles, WV on April 4 at 6:00pm.

Attendance is required for at least one coach or manager from each team of all age divisions.

This training will cover the fundamentals of baseball and softball, including but not limited to:

1. Basic Fielding Skills (ground & fly balls, throwing mechanics, etc.)
2. Basic Batting Skills (stance, swing technique, dropping bat safely, etc.)
3. Basic Base Running Skills (watch/listen to base coaches, running through first base, rounding base paths, sliding, etc.)
4. Basic Pitching Form (positioning, stance & windup, throwing motion, etc.)
5. Overview of Little League rules (rulebook distribution, rule changes, etc.)

This training will be conducted by the Coaching Coordinator with assistance from various coaches as needed.

All attendees will be given the following resources to supplement their in-person fundamentals training:

\*All coaches of all age divisions will be provided with a link to the “Little League University” resource at time of training.

<https://www.littleleague.org/university/>

\*Coaches of the Coach-Pitch age division will be provided with a link to the “Little League Baseball Coach-Pitch 12-Week Program” resource at time of training.

<https://www.littleleague.org/downloads/coach-pitch-12-week-program/>

\*Coaches of the Tee Ball age division will be provided with a link to the “Little League Tee Ball Program” resource at time of training. <https://www.littleleague.org/downloads/tee-ball-program/>

\*Coaches of the Tee Ball age division will be provided with a link to the “Little League Online Tee Ball Curriculum” resource at time of training.

<https://www.littleleague.org/university/articles/little-league-tee-ball-program/>

# Fundamentals Training

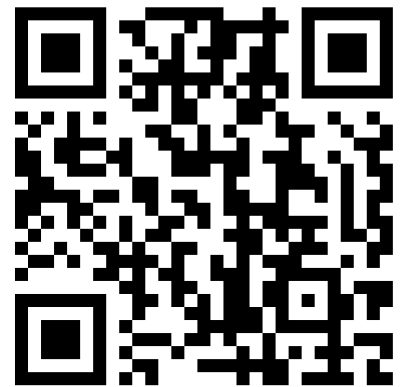
## Online Resources

The following are helpful resources for Coaches and/or Managers of Tee Ball and Coach-Pitch age divisions to aid in a fun and successful season.

### **Tee Ball** Online Curriculum



### **Little League** University



### **Tee Ball** 10-Week Program



### **Coach-Pitch** 12-Week Program







## Trap Hill Area Little League Annual First Aid Training

The Trap Hill Area Little League Annual Coaches/Managers First Aid Training Session will be held at the fields in Eccles, WV on April 4 at 7:00.

Attendance is required for at least one coach or manager from each team of all age divisions.

This training will cover the basics of first aid procedures common to the game of baseball and softball, including but not limited to:

1. Basic First Aid practices (nose bleeds, cuts/scrapes, insect stings, etc.)
2. First Aid Kits (location: concession stand, contents & uses of first aid kits)
3. Concussions in youth sports (diagnosis, return to play protocol)
4. Dehydration and other heat illnesses (signs, symptoms, treatment)
5. Sudden cardiac arrest (AED location: concession stand, how to use AED)
6. Proper reporting procedures for injuries/incidents

This training will be conducted by the Safety Officer with assistance from various volunteers as needed.

All attendees will be given the following resources to supplement their in-person first aid training:

“Concussion in Sports”

[https://www.cdc.gov/headsup/pdfs/youthsports/Heads\\_Up\\_Youth\\_Sports\\_Poster-v2-a.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/Heads_Up_Youth_Sports_Poster-v2-a.pdf)

“Sudden Cardiac Arrest Awareness”

<https://www.wvssac.org/wp-content/uploads/2014/10/Sudden-Cardiac-Arrest-Awareness.pdf>

“Dehydration/Other Heat Illnesses”

<https://www.nata.org/sites/default/files/heat-illness-parent-coach-guide.pdf>

# CONCUSSION

## In Sports



### SIGNS & SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

#### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

January 2021

### ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. Remove the athlete from play.
2. Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider. Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion.
3. Record and share information about the injury, such as how it happened and the athlete's symptoms, to help a healthcare provider assess the athlete.
4. Inform the athlete's parent(s) or guardian(s) about the possible concussion and refer them to CDC's website for concussion information.
5. Ask for written instructions from the athlete's healthcare provider about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - Be back to doing their regular activities (such as school).
  - Not have any symptoms from the injury when doing regular activities.
  - Have the green-light from their healthcare provider to begin the return to play process.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



For more information, visit [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)  
You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

# SUDDEN CARDIAC ARREST AWARENESS

## What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

## What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

**ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.**

## What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Comotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

## What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

## What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

## Where can one find additional information?

- Contact your primary health care provider
- American Heart Association ([www.heart.org](http://www.heart.org))

# Parents' and Coaches' Guide to Dehydration and Other Heat Illnesses in Children

These guidelines were developed to help parents and coaches increase the safety and performance of children who play sports in hot weather. Children who play sports or are physically active in hot weather can be at risk for heat illnesses. The good news is heat illnesses can be prevented and successfully treated.

Children sweat less than adults. This makes it harder for children to cool off. Parents and coaches must make sure that children take it slow to be sure they can get used to the heat and humidity gradually.

There are other reasons why a child may become ill from a heat illness. Those who have a low level of fitness, who are sick, or who have suffered from dehydration or heat illness in the past should be closely watched. A medical professional such as a certified athletic trainer (ATC) should be on site to monitor the health and safety of all participants during games and practice, especially when it is very hot and humid.

## Dehydration

Children get dehydrated if they do not replace body fluids lost by sweating. Being even a little dehydrated can make a child feel bad and play less effectively. Dehydration also puts children at risk for more dangerous heat illnesses.

### Signs and Symptoms

- ◆ Dry mouth
- ◆ Thirst
- ◆ Being irritable or cranky
- ◆ Headache
- ◆ Seeming bored or disinterested
- ◆ Dizziness
- ◆ Cramps
- ◆ Excessive fatigue
- ◆ Child not able to run as fast or play as well as usual

### Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Give him or her fluids to drink.

### "When can I play again?"

A child may be active again as soon as he or she is symptom-free. However, it's important to continue to watch the child.

*National*  
**SAFE  
KIDS**  
  
*Campaign*<sup>®</sup>

**NAATA**  
NATIONAL ATHLETIC TRAINERS' ASSOCIATION  
HEALTH CARE FOR LIFE & SPORT

## Heat Cramps

Heat cramps are a mild heat illness that can be easily treated. These intense muscle spasms usually develop after a child has been exercising for a while and has lost large amounts of fluid and salt from sweating. While heat cramps are more common in children who perform in the heat, they can also occur when it's not hot (for example, during ice hockey or swimming).

Children who sweat a lot or have a high concentration of salt in their sweat may be more likely to get heat cramps. Heat cramps can largely be avoided by being adequately conditioned, getting used to the heat and humidity slowly, and being sure a child eats and drinks properly.

### Signs and Symptoms

- ◆ Intense pain (not associated with pulling or straining a muscle)
- ◆ Persistent muscle contractions that continue during and after exercise

### Treatment

- ◆ The child should be given a sports drink to help replace fluid and sodium losses.
- ◆ Light stretching, relaxation and massage of the cramped muscles may help.

### "When can I play again?"

A child may be active again when the cramp has gone away and he or she feels and acts ready to participate. You can help decrease the risk of recurring heat cramps by checking whether the child needs to change eating and drinking habits, become more fit, or get better adjusted to the heat.

## Heat Exhaustion

Heat exhaustion is a moderate heat illness that occurs when a child continues to be physically active even after he or she starts suffering from ill effects of the heat, like dehydration. The child's body struggles to keep up with the demands, leading to heat exhaustion.

### Signs and Symptoms

- ◆ Child finds it hard or impossible to keep playing
- ◆ Loss of coordination, dizziness or fainting
- ◆ Dehydration
- ◆ Profuse sweating or pale skin
- ◆ Headache, nausea, vomiting or diarrhea
- ◆ Stomach/intestinal cramps or persistent muscle cramps

### Treatment

- ◆ Move child to a shaded or air-conditioned area.
- ◆ Remove any extra clothing and equipment.
- ◆ Cool the child with cold water, fans or cold towels (replace towels frequently).
- ◆ Have child lie comfortably with legs raised above heart level.
- ◆ If the child is not nauseated or vomiting, have him or her drink chilled water or sports drink.
- ◆ The child's condition should improve rapidly, but if there is little or no improvement, take the child for emergency medical treatment.

### "When can I play again?"

A child should not be allowed to return to play until all symptoms of heat exhaustion and dehydration are gone. Avoid intense practice in heat until at least the next day, and if heat exhaustion was severe, wait longer. If the child received emergency medical treatment, he or she should not be allowed to return until his or her doctor approves and gives specific return-to-play instructions.

Parents and coaches should rule out any other conditions or illnesses that may predispose the child for continued problems with heat exhaustion. Correct these problems before the child returns to full participation in the heat, especially for sports with equipment.

## Exertional Heat Stroke

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising in the heat. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

### Signs and Symptoms

- ◆ Increase in core body temperature, usually above 104°F/40°C (rectal temperature) when the child falls ill
- ◆ Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity

Other possible indicators include:

- ◆ Nausea, vomiting or diarrhea
- ◆ Headache, dizziness or weakness
- ◆ Hot and wet or dry skin
- ◆ Increased heart rate, decreased blood pressure or fast breathing
- ◆ Dehydration
- ◆ Combativeness

### Treatment

If there are no on-site medical personnel:

- ◆ Call emergency medical services for immediate transport to the nearest emergency medical facility. Begin cooling the child while waiting for and during transport to the emergency facility.

If there are on-site medical personnel:

- ◆ Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressive whole-body cooling by immersing the child in a tub of cold water. If a tub is not available, use alternative cooling methods such as cold water, fans, ice or cold towels (replaced frequently), placed over as much of the body as possible.
- ◆ Call emergency medical services for transport to the nearest emergency medical facility.

### "When can I play again?"

No child who has suffered heat stroke should be allowed to return until his or her doctor approves and gives specific return-to-play instructions. Parents should work with the child's doctor to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. The child should return to physical activity slowly, under the supervision of an ATC or other qualified health care professional, especially for sports with equipment.

### Parents: How Much Should Your Child Drink When Active?

- ◆ Before activity in the heat, record your child's body weight. (Remember if your child has already been exercising in the heat, he or she may already be dehydrated.)
- ◆ Weigh your child again, after the activity is over.
- ◆ Compare your child's pre-activity body weight to his or her post-activity body weight.

If post-activity weight is less than pre-activity weight, your child is not drinking enough fluids while active. A loss of as little as 1 percent of body weight can cause a decrease in performance. Because scientists have proven that children replace less of their fluid losses when drinking water, you may want to offer a flavored sports drink to increase the amount of fluid your child consumes.

## Tips for Parents

- ◆ Before your child starts playing a sport, he or she should have a physical examination that includes specific questions about any history of heat illness.
- ◆ Tell your child's coach about any history of heat illness.
- ◆ Make sure your child is properly hydrated before he or she heads out the door to practice or a game. Give your children their own water bottles.
- ◆ Make sure your child's coach has your emergency contact numbers.
- ◆ Check that your child's league/team has an emergency action plan.

## Tips for Coaches

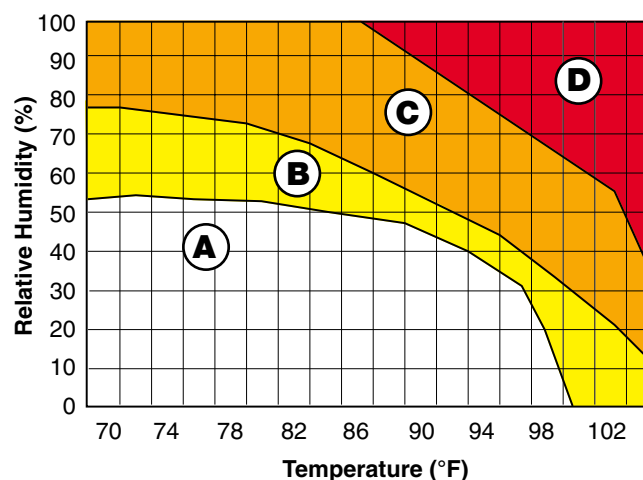
- ◆ Be aware of temperature and humidity levels. Change practice length, intensity and equipment use as the levels rise.
- ◆ It should be easy for children to drink fluids during practice, and you should remind them to drink regularly. Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.
- ◆ Every athletic organization should have an emergency action plan for obtaining emergency medical services if needed.
- ◆ Always have contact information for parents available.

## Activity Guidelines

Fluid breaks should be scheduled for all practices and become more frequent as the heat and humidity levels rise.

Add 5°F to the temperature between 10:00 a.m. and 4:00 p.m. from mid-May to mid-September on bright, sunny days.

- A. Children should receive a 5-10 minute rest and fluid break after every 25 to 30 minutes of activity.
- B. Children should receive a 5-10 minute rest and fluid break after every 20 to 25 minutes of activity. Children should be in shorts and t-shirts (with helmet and shoulder pads only, not full equipment, if worn for activity).



- C. Children should receive a 5-10 minute rest and fluid break after every 15 to 20 minutes of activity. Children should be in shorts and t-shirts only (with all protective equipment removed, if worn for activity).
- D. Cancel or postpone all outdoor practices/games. Practice may be held in an air-conditioned space.





# First Aid Kits: What Goes in Them?

## ASAP Requirement #12

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



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

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

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

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

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





## Field and Equipment Inspection Form

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

Field: \_\_\_\_\_

Team(s): \_\_\_\_\_

**PRACTICE** or **GAME** (circle one)

After inspection and approval, check each item:

- \_\_\_ Field Conditions
- \_\_\_ Dugouts
- \_\_\_ Catcher's Gear
- \_\_\_ Catcher's Glove
- \_\_\_ Bats
- \_\_\_ Batting Helmets
- \_\_\_ Uniforms
- \_\_\_ Other (please specify) \_\_\_\_\_

\*If any items were missing or defective, please note those details in the "Comments" below.

Manager or Coach Name: \_\_\_\_\_

Umpire Name (if applicable): \_\_\_\_\_

Comments:

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*All forms must be taken to Concession Stand to be filed. The Safety Officer will be monitoring periodically to see that Pre-Practice and Pre-Game Safety Checklists are being completed and filed properly.*



## Equipment Inspection Checklist

All equipment must be inspected by a coach or manager before each use.

All equipment must be inspected by the umpire before each game.

All bats to be used in the Major Division and below, must be affixed with the USABat Standard marking.

All bats must be void of any physical damage, or an altered state, that would prevent the bat from complying with the USABat Standard.

All batting or catcher's helmets must be free of cracks or other visible damage, and all of the internal padding must not be missing, tattered, torn or frayed.

No stickers are permitted on helmets.

All straps, clips, and attachments on catcher's equipment must be functioning properly.

All broken equipment must be destroyed or thrown away to prevent further use.

*Completed inspections must be documented on Field and Equipment Inspection Form, and filed properly.*



# HEY COACH, 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**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**



## **Concession Stand Safety Procedures**

All volunteers must be trained in food safety and preparation before they may work in the concession stand. This training will be provided by the Concession Coordinator and/or the Board of Directors of Trap Hill Area Little League.

Trap Hill Area Little League will provide food handling gloves in the concession stand.

All food that will be sold in the concession stand must be purchased by Trap Hill Area Little League.

All equipment must be inspected weekly to ensure safety.

Concession Stand Safety Procedures and Concession Stand Rules will be posted in the concession stand and must be followed by all volunteers who work in the concession stand.

Proper cleaning of all equipment at the end of each day is required.

All concession stand rules will be enforced by the Concession Coordinator and by the Board of Directors of Trap Hill Area Little League.



## **CONCESSION STAND RULES**

- No children are allowed in the concession stand.**
- Volunteers working in the concession stand must follow the Concession Stand Safety Procedures.**
- Food handling gloves must be worn when preparing food.**
- Shirt and shoes must be worn at all times.**
- Equipment must be used properly to ensure safety and to ensure that food is prepared correctly.**
- No running or horseplay allowed in the concession area.**
- Team Managers will assign a Team Parent in charge of organizing volunteers to work when their team is scheduled.**
- The Concession Coordinator will post the concession schedule at the beginning of each season to ensure proper planning.**
- Use common sense and be responsible.**

Thank you for your contribution to Trap Hill Area Little League!

We appreciate all who volunteer their time to help!

# 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.



**UMASS  
EXTENSION**



## Injured Player Protocol

If a player is injured during a game, practice, or other league-approved activity that may or may not require medical attention, league officials (manager/coach, Safety Officer, Player Agent, etc.) should follow these steps:

- Administer any initial first aid treatment (if necessary)
- Be sure to have the player's medical release onsite or easily accessible so anyone who may treat the player is aware of any allergies or special conditions
- Contact the player's parent or legal guardian if they are not onsite at the time of the incident
- Contact any emergency or non-emergency personnel that is required (if necessary)
- Document the incident using the ASAP Incident/Injury Tracking Report (reports must be filed with Safety Officer within 24-48 hours of the incident)
- If medical attention is needed, be sure to have Accident Claim Forms on hand to provide to the family and explain the league's Accident Insurance

All injuries are to be taken seriously, and volunteers serving as managers and coaches are responsible for making the health and safety of the players the top priority.

*Additionally, coaches and managers should report any "near misses" to the Safety Officer or Board Member in an effort to be proactive in avoiding incidents and injuries in the future.*

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

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

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

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

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

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

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

**Incident occurred while participating in:**

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

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

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

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

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

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

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

**Type of incident and location:**

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

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

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

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





# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

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

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

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

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

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

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

## 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.

**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.

<b>POSITION WHEN INJURED</b>	<b>INJURY</b>	<b>PART OF BODY</b>	<b>CAUSE OF INJURY</b>
<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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