



# Bastrop Little League

Safety Manual 2021

*“Safety Comes First!”*

League ID #3433001



# Bastrop Little League – Safety Manual

SAFETY POLICY TITLE – Table Of Contents

POLICY DATE – January 1, 2021

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# Bastrop Little League

## Phone Numbers and Physical Address Information

### Mailing Address:

Bastrop Little League  
P.O. Box 363  
Bastrop, Texas 78602

### Physical Address:

Bastrop Little League  
2400 Hill Street  
Bastrop, TX 78602

### **EMERGENCIES DIAL 911**

Bastrop Sheriff's Department: (512)303-1080

Bastrop Police Department: (512) 321-5550

Poison Control Center: (800)222-1222

### Bastrop Little League Safety Officer:

Jonathan Boone

Cell # (512) 200-4137

Email Address: [president@bastroplittleleague.org](mailto:president@bastroplittleleague.org)

# 2020 Bastrop Little League Board Members

<b>BLL Position</b>	<b>Name</b>	<b>Email</b>	<b>Phone #</b>
President	Jonathan Boone	<a href="mailto:playeragent@bastroplittleleague.org">playeragent@bastroplittleleague.org</a>	(512)200-4137
Vice President	Chris Bodine	<a href="mailto:vicepresident@bastroplittleleague.org">vicepresident@bastroplittleleague.org</a>	
Secretary	Sarah Bullock	<a href="mailto:secretary@bastroplittleleague.org">secretary@bastroplittleleague.org</a>	
Treasurer	Krista Hosford	<a href="mailto:treasurer@bastroplittleleague.org">treasurer@bastroplittleleague.org</a>	
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Coaching Coordinator - Tee Ball		<a href="mailto:teeball@bastroplittleleague.org">teeball@bastroplittleleague.org</a>	
Coaching Coordinator Minors Baseball	Levi Johnson	<a href="mailto:mnbb@bastroplittleleague.org">mnbb@bastroplittleleague.org</a>	
Coaching Coordinator Upper Division Baseball	Stephen Gonzalez	<a href="mailto:jrb@bastroplittleleague.org">jrb@bastroplittleleague.org</a>	
Coaching Coordinator – Softball	Latrisha Goertz	<a href="mailto:softball@bastroplittleleague.org">softball@bastroplittleleague.org</a>	
Equipment Officer	Jarrod Goertz	<a href="mailto:equipment@bastroplittleleague.org">equipment@bastroplittleleague.org</a>	
Field and Grounds	Corey Macks	<a href="mailto:maintenance@bastroplittleleague.org">maintenance@bastroplittleleague.org</a>	
Information Officer	Jennifer Perez	<a href="mailto:informationofficer@bastroplittleleague.org">informationofficer@bastroplittleleague.org</a>	
Sponsorships Coordinator	Michael Hosford	<a href="mailto:sponsorships@bastroplittleleague.org">sponsorships@bastroplittleleague.org</a>	
Marketing Coordinator	Emily Cote	<a href="mailto:info@bastroplittleleague.org">info@bastroplittleleague.org</a>	

## **SAFETY POLICY TITLE – Introduction**

Welcome to the 2021 season of Bastrop Little League Baseball and Softball. Our league is a Non-Profit organization run solely by volunteers of the community. The purpose of our safety program is to help to prevent injuries from occurring and provide playing fields that are as safe as possible given the resources available. This manual is provided to all managers, coaches and other Little League personnel to emphasize and implement safety as a way of life in our Little League Baseball and Softball Program. We also encourage active participation of not only league officials of all levels, but the parents as well.

Keep these important keys in mind:

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

***Working together, we all can make Little League Baseball and Softball fun and safe.***

## **SAFETY POLICY TITLE – Safety Officer**

*The main responsibility of our safety officer is to develop and implement the league's safety program. A link between the board of directors and its managers, coaches, umpires, players, spectators and any other third parties on the complex in regards to safety matters, rules and regulations.*

The Safety Officer reports to the President of the League and has the following responsibilities:

1. The safety officer coordinates all safety activities including supervision of ASAP (A Safety Awareness Program) and completing the annual safety report.
2. Ensure that all Little League rules related to safety are being followed.
3. Investigate and handle any insurance related claims.
4. Explaining insurance benefits to claimants and assisting them with filing the correct paper work.
5. Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
6. Coordinate managers, coaches, umpires, players, and spectators in order to provide the safest environment possible for all.
7. Ensure that first aid kits are available and emergency arrangements have been made for medical response, as needed.
8. Ensure that each team has an understanding of first aid, where the main first aid kits are stored for emergencies.
9. Conduct spot checks of practices and games to be sure reasonable precautions are taken to protect all players and volunteers.
10. Maintain and keep a first aid log. This log will list where accidents and injuries are occurring, to whom, in which divisions, under what supervision and at what time.
11. Check fields with the grounds committee listing areas needing attention.
12. Schedule a first aid clinic/training class for all managers, coaches, umpires and volunteers.
13. Creating and maintaining all signs on the Bastrop Little League complex including No parking signs, No smoking signs, cautionary signs, etc.
14. Act immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

## **SAFETY POLICY TITLE – Safety Code**

### ***Our Goals are Education and Prevention***

1. Responsibility for safety procedures belongs to every adult member of our local league.
2. First Aid training is a recommended requirement for all coaches and managers when medical services cannot be staged at a game. First aid kit should be available at the field.
3. No games or practices should be held when weather or field conditions are not good, particularly when field lighting is inadequate.
4. Inspect play area frequently for holes, damage, stones, glass or other foreign objects.
5. Only players, managers, coaches and umpires are permitted on the playing field during games and practice sessions.
6. All equipment should be stored in team dugout or behind screens, & not within any area defined umpires as “in play.”
7. All players should be alert and watching the batter on each pitch during practice and games. Establish procedures for retrieving foul balls batted out of the playing area.
8. Inspect equipment regularly and make sure it fits properly.
9. During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
10. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, swinging bats, etc.)
11. Catchers must wear catcher’s helmet, mask, throat protector, shin guards, long model chest protector and protective supporter (boys) at all times. This applies between innings, in bullpen practice, during games, practices & pitcher warmups.
12. Batters must wear protective helmets during practice, as well as during games.
13. Managers and Coaches may not warm up pitchers before or during a game.
14. Head first sliding is prohibited while advancing except at Senior and Big League levels of play.
15. Horseplay and climbing on fences of the dugout is not permitted at any time.
16. Parents of players who wear glasses should be encouraged to provide their children with safety glasses.
17. Metal cleats are not permitted on Bastrop Little League fields.
18. Player must not wear watches, rings, pins or metallic items during games and practices.
19. Use of mouth guards is strongly encouraged, especially for pitchers and for batters when face shields are not provided.

## **SAFETY POLICY TITLE – Distribution**

In order for any policy to be effective, it must be distributed. This Safety Manual and any subsequent revisions will be distributed as follows:

1. League Officers/Board Members
2. Managers and Umpires
3. Any parent that requests a copy either verbally or in writing
4. District Administrator or Safety Officer
5. Copies will also be in the:
  - a. Upper Concession Stand
  - b. Lower Concession Stand
  - c. Board Room
  - d. BLL Website

## **SAFETY POLICY TITLE – In Case Of an Emergency**

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, no breathing – err on the side of caution).
2. Notify parents immediately if they are not at the scene.
3. Notify league safety officer by phone within 48 hours.
4. Fill out a Bastrop Little League Incident Report form and hand deliver within 24 hours to the Bastrop Little League Safety Officer. Copies of this form are available in the Upper and Lower Concession stands, Bastrop Little League Board Room or can be emailed to you by the Safety Officer on request.
5. Talk to your team about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.
6. Talk to anyone in Bastrop Little League you feel will be helpful (i.e. League Safety Officer, V.P., etc...).
7. Bastrop Little League insurance is a supplement to your own insurance policy. Claims must be filed with the League Secretary and/or Safety Officer.



## **SAFETY POLICY TITLE – Accident Reporting**

**What to report** - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer.

**When to report** - All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2021 is Jonathan Boone, and he can be reached at the following:

Phone: (512)200-4137

[president@bastroplittleleague.org](mailto:president@bastroplittleleague.org)

**How to make the report** – Report any serious incident by phone as it happens. Any other incident can be reported via e-mail.

At a minimum, the following information must be provided:

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

Be sure to complete the Incident/Injury Report (***Attachment A***) for **ALL** injuries and get it to the Safety Officer immediately after reporting the injury. **DO NOT SEND THE FORM TO LITTLE LEAGUE.**

**Safety Officer's Responsibilities** - Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and;

1. Verify the information received;
2. Obtain any other information deemed necessary;
3. Check on the status of the injured (i.e., Emergency Room visit, doctor's visit, etc.);
4. Will advise the parent or guardian of the League's insurance coverage's and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party's family to:

1. Check on the status of any injuries, and;
2. Check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e.: no further claims are expected and/or the individual is participating in the league again).

## SAFETY POLICY TITLE – Accident Reporting

### Insurance Claim Forms

*Insurance Claim Forms (Attachment B)* contains detailed instructions on completing the Little League Baseball Accident Notification Form. This form **MUST** be completed for **ALL** injuries, whether or not the individual requires additional medical assistance.

**DO NOT SEND FORM TO LL INTL - SEND IT TO THE LEAGUE'S SAFETY OFFICER – Jonathan Boone.**

The League needs complete information on the form but it may not necessarily need to be sent in. It may be an informational copy for League use only, but that will be based on the Safety Officer and Director's review. If you have any questions on whether or not the form needs to be completed or you have problems in filling it out, contact the League Safety Officer.

## SAFETY POLICY TITLE – Warming Up

***“WARM UP TO THROW – DON'T THROW TO WARM UP”***

This is an old coaches' saying that still holds true today. Simply having a team show up and throw the ball around prior to a game does not prepare them to play. Baseball is a classic example of short bursts of energy that take maximum effort. All too often, players are injured, not from being struck by a ball or bat, but from muscle pulls, strains or sprains. These are the most preventable injuries by simply doing some pre-game warm-ups. Each coach or manager is responsible for the safety of each player, and that includes minimizing the risk of injury. To that end, each team will warm up prior to a game or practice using at least 10 to 15 minutes of exercises. See *Attachment C* for suggested warm-up drills. All of these exercises are described in the book and shown in the film “Little League's Official How-To-Play Baseball Book”. Additional assistance may be obtained from any school gym teacher or athletic trainer, as needed.

## SAFETY POLICY TITLE – Field Safety Checklist

All umpires, managers and/or coaches are responsible for checking field safety conditions before each game.

The Field Safety Checklist form (*Attachment C*) should be completed and forwarded to the Leagues Safety Officer within 24 hours whenever any discrepancies are noted. If possible, the inspector should try to correct the condition immediately to ensure a safe playing area.

## **SAFETY POLICY TITLE – Communicable Disease**

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk other blood borne infectious diseases can be transmitted.

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

1. Use gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated. Bleeding must be stopped, the open wound covered and if there is any excessive amount of blood on the uniform it must be changed before athlete may return.
2. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves or use hand sanitizer.
3. Clean all blood contaminated surfaces and equipment with a solution made from a proper dilution of household bleach (CDC recommends a 1 to 100 solution or other disinfectant) before competition resumes.
4. 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.
5. Contaminated towels should be disposed of/disinfected properly.
6. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.
7. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instrument or devices.
8. Athletic trainer/coaches with bleeding or oozing skin should refrain from all direct athletic care until condition resolves.
9. Bleeding must be stopped, the open wound covered and if there is any excessive amount of blood on the uniform it must be changed before athlete may participate.

## **SAFETY POLICY TITLE – Lightning, Rain and Hot Weather**

With a thunderstorm, **IF YOU CAN HEAR THE THUNDER, YOU CAN BE HIT BY LIGHTNING.**

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.

On the average, thunder can only be heard over a distance of 3 to 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by the approaching storm should stop play and get the kids to safety, regardless of whether or not the lightning can be seen or not, or the 15 second or less time between the flash and the sound has occurred.

For the majority of participants, the best area for them to seek shelter is in a fully enclosed vehicle with the windows rolled up. Avoid high places and open fields, isolated trees, unprotected gazebos, dugouts, flagpoles, light poles, bleachers, metal fences, and water.

When in doubt, the following rule of thumb should be applied:

***WHEN YOU HEAR IT – CLEAR IT! WHEN YOU SEE IT – FLEE IT!***

### **Rain:**

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe—use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

### **Hot Weather:**

- Precautions must be taken in order to make sure the players on the team do not DEHYDRATE or HYPERVENTILATE.
- Suggest players take drinks of water when coming on and going off the field between innings.
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout ASAP.
- If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First –Aid kit to cool him/her down until the emergency medical team arrives.

## **SAFETY POLICY TITLE – Medical Care**

One of the problems that any League official will have to deal with is an injury. It does not matter whether it's to a player, coach, umpire or spectator. The goal of the League is to ensure that timely care is provided to those who are involved. It is the home team manager's responsibility to ensure that emergency medical care is provided at each game. This does not mean that the manager must necessarily be the caregiver, but he or she must know some basics. These basics include the following:

### **DO:**

- 1- Reassure and aid children who are injured, frightened, or lost.
- 2- Provide, or assist in obtaining, medical attention for those who require it.
- 3- KNOW YOUR LIMITATIONS.
- 4- Carry your first-aid kit to all games and practices.
- 5- Have your players "Medical Clearance Forms" with you at all times.
- 6- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

### **DO NOT:**

- 1- Administer any medications.
- 2- Provide any food or beverage. Water might be provided if medically safe to do so.
- 3- Hesitate in giving aid when needed.
- 4- Be afraid to ask for help if you're not sure of the proper procedures.
- 5- Leave an unattended child at a practice or game.
- 6- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- 7- Transport an injured individual, get an ambulance if needed.

After the incident, be sure to report it to the Safety Officer (see Accident Reporting section of this manual).

**ALL INCIDENTS MUST BE REPORTED ON THE FORMS IN THAT SECTION.**

Various, local agencies provide medical coverage and all are within minutes of any of the League fields. Asking them for assistance is highly recommended.

## **SAFETY POLICY TITLE – Violence During Games**

Recent events from around the country have indicated that the threat of violence against sports officials, coaches and managers from spectators is an all too real possibility. The League does not condone this type of activity in any manner and the following guidelines are established to try and prevent any unfortunate situations.

If a spectator is becoming excessively loud and unruly or it is felt that they might threaten or act in a violent manner, the umpire/manager of the game will immediately stop play. After play is stopped, the umpire will consult with the team managers and/or Board Member on Duty to try and determine if the spectator is affiliated with either team. If this is the case, the manager will be asked to speak with the offending individual to try and calm them down. If this does not work, the manager and BMOD will ask the spectator to leave at this time so that the game can continue. If the spectator refuses to leave or calm down the police will be called. The police report/incident will be referred to the Executive Board of the League for possible action, up to and removal from field.

If the individual cannot be identified with a team or the officials at the game feel that the individual poses a real threat to the safety of any player, official or spectator, the police will be immediately notified to deal with this person. Under no circumstances should any League official attempt to restrain or get into a confrontation with an unruly individual. Our goal is to ensure a safe and enjoyable environment for everyone.

## SAFETY POLICY TITLE – Managers and Coaches

The **Manager/Head Coach** is a person appointed by the president/directors of B.L.L to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

1. The **manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
2. The **manager** is also responsible for the safety of his players. He / She is also ultimately responsible for the actions of designated coaches.
3. If a **manager** leaves the field, that manager shall designate a coach as a substitute and such substitute manager shall have the duties, rights and responsibilities of the manager.
4. **Managing** is not a self-serving recreation. One must be in tune with the best interest of the player's welfare. Nothing is right unless for their good.
5. **Managing** involves patience, thoughtful judgement, rational thinking and responsiveness.

### Managers will:

- Attend the Fundamentals and First Aid Training during the **Mandatory Coaches Meeting in February 2021**.
- Meet with all parents to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts (for appropriate ages).
- Encourage players to bring water bottles to practices and games.
- Work closely with equipment officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that cellular phone always be on hand.
- Do not expect more from players than what the players are capable of.
- Teach the fundamentals of the game to players: **Catching fly balls, Sliding correctly, Proper fielding of ground balls, Simple pitching motion for balance, Hitting, Base running, Rules of Baseball and team work.**
- Encourage players at every opportunity.
- Make sure players are healthy, rested and alert.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that two managers cannot agree, the Divisional VP or Board Member on Duty shall make the determination.
- Support umpire decisions.
- Make sure players carry all gloves and other equipment off the field and to the dugout when their team is up at bat.
- Keep players alert and in the game, use common sense. Be organized and maintain discipline at all times.
- Keep players and substitutes sitting on the teams bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers wear the proper equipment. (Throat guards a must).
- Observe the "No- On-deck" rule for batters and keep players behind the screen at all times. No player should handle a bat in the dugout at any time. (Except Jr. & Sr. League)
- Keep players from climbing fences.
- Get players to drink often so they do not dehydrate. Do not play children that are ill or injured. (Notify the umpire or managers)
- Attend to children that become injured in a game.
- Do not lose focus by engaging in conversation with parents and passerby's.
- Encourage and teach sportsmanship. Although winning is fun it's not the most important role.

## **SAFETY POLICY TITLE – Managers and Coaches (continued)**

**Equipment is checked when it is issued but it is the managers responsibility to maintain it. Managers should inspect equipment before each game and each practice.**

The manager will promptly remove and/or replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets requirements as outlined in this manual and the official little League rulebook.

At the end of the season, all equipment must be returned to the league for inspection by the Equipment Officer.

1. Each team shall have protective helmets, which must meet the official Little League rulebook requirements.
2. Helmets must have an exterior warning label.
3. Use of the helmet by the batter and all base runners is mandatory.
4. Use of a helmet by a player/base coach is mandatory.
5. All male players must wear athletic supporters.
6. Male catchers must wear long model chest protectors, Female catchers must wear long or short model chest protectors.
7. All catchers must wear a mask, “dangling” type throat protector and catchers helmet during practice, pitcher warm-up, and games.
8. If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
9. Bats with dents, or that are fractured in any way, must be discarded.
10. Only official little League balls will be used during practice and games.
11. Make sure the equipment issued is appropriate for the age and size of the kids on your team. If it is not, get replacements from the equipment manager.

***Always do things in the best interest of the Players and the League!***

## **SAFETY POLICY TITLE – General Facility**

- Located at 2400 Hill Street; Bastrop Texas 78602.
- The Bastrop Little League complex consists of (6) six ball fields. (Little League).
- Bleachers are located on first and third base lines on all fields.
- Home plate, batters box, bases and the area around the pitchers mound will be checked periodically for tripping and stumbling hazards.
- Chain link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- Our score booths have working P.A systems and an electronic scoreboard on all fields.
- Garbage cans are centrally located throughout the complex. Please use them.
- NO SMOKING – NO TOBACCO (This includes vaping and other types of E-cigarettes)

## **SAFETY POLICY TITLE – First Aid**

First-Aid means exactly what the term implies—it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First –Aid go beyond his or her capabilities. Know your Limits!

The average response time on 9-1-1 calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First-Aid you can and wait for the paramedics to arrive.

### **First-Aid kits:**

First Aid kits will be available to each team at the beginning of the season.

The first aid kit should become part of the teams equipment package and shall be taken to all practices, batting practices, games and any other little league event where children safety is at risk. *To replenish material contact the leagues Safety Officer.*

**First Aid kits and this safety manual must be turned in at the end of the season along with your equipment package.**



## **SAFETY POLICY TITLE – Field Equipment**

- Be stored appropriately when not in use.
- Never left outside the sheds at end of game.

## **SAFETY POLICY TITLE – Parents and Spectators**

- Must show positive support to all players.
- Must teach all children to play fair and do their best.
- Must positively support all managers, coaches, umpires and players.
- Must respect decisions of umpires.
- Must praise a good effort despite the outcome of the game.
- Are positive in any criticism of the program and willing to volunteer their services to improve it.
- Demonstrate that they recognize the effort expended by the volunteer personnel by refraining from unsportsmanlike conduct.
- Recognize the little leaguers are children, not professional players, and need encouragement not criticism.
- Applaud good play.
- Congratulate the winners, encourage the loser. Enjoy the game for what it is- Fun!

## **CONCESSION STAND**

Concession stand safety procedures will be posted in the concession stand. These procedures will include the following:

1. **No one under the age of 14 is allowed behind the counter in the concession stand without being accompanied by an adult. Only ADULT volunteers can handle the money.**
2. Cooking equipment will be inspected on a regular basis and repaired or replaced if needed.
3. Food not purchased by Bastrop Little League to sell in the concession stands will not be cooked, prepared, or sold in the concession stands
4. Cleaning chemicals must be stored in a safe place, out of children's reach.
5. 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 or have knowledge on the use of fire extinguishers)
6. A fully stocked First Aid Kit will be placed in each concession stand.
7. The concession stand main door will remain closed while the concession stand is open for business. But the door will not be locked or blocked while people are inside.
8. Volunteers must wash hands frequently and wear disposable gloves.
9. Anyone who is sick, or has open sores or cuts, should not work in the concession stand.
10. All items must be stored a minimum of 12 inches off the floor.
11. Items that require refrigeration must be stored in the refrigerators located in the concession stand.
12. Trash needs to be disposed of in the trash receptacles.
13. Sanitizing wipes will be used to keep the concession stand clean. Wipes should only be used once before disposal.
14. There will be no smoking allowed in or outside of the concession stand.
15. Concession stand must be cleaned after every event.

The concession manager and/or Board Member on Duty will be responsible for the training of all those who work the concession stand. Contact information for the concession stand manager and BMOD will be posted within the concession stand.

# CONCESSION STAND CLEANLINESS TIPS

## "12 STEPS TO SAFE AND SANITARY FOOD SERVICE EVENTS"

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

- 1.Menu:** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
- 2.Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41 degrees F. or below (if cold) or 140 degrees F. or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 degrees F.; poultry parts should be cooked to 165 degrees F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
- 3.Reheating:** Rapidly reheat potentially hazardous foods to 165 degrees F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
- 4.Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other, and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number one cause of food borne illness.
- 5.Hand Washing:** Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are not a substitute for hand washing.
- 6.Health and Hygiene:** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. Bastrop Little League does not allow smoking on the property. The use of hair restraints is recommended to prevent hair ending up in the food products.
- 7.Food Handling:** Avoid hand contact with raw, ready to eat foods, and food contact surfaces. *Use* an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
- 8.Dishwashing:** Use disposable utensils for food service. Keep your hands away from food contact surfaces. Never reuse disposable dishware. Dishes and utensils should be washed in a four-step process:
  - Wash in hot soapy water.
  - Rinse in clean water.
  - Air-drying.
- 9.Ice:** Ice used to cool cans/bottles should not be used in cup beverages, and should be stored separately. Use a scoop to dispense ice; never use hands. Ice can become contaminated with bacteria and viruses, causing food borne illnesses.
- 10.Wiping Cloths:** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 2 teaspoon of chlorine bleach. Change the solution every two hours). Well-sanitized work surfaces prevent cross-contamination and discourage flies.
- 11.Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
- 12.Food Storage and Cleanliness:** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

## **TEN COMMANDMENTS OF SAFETY**

Be Alert  
Check Playing Field For Safety Hazards  
Wear Proper Equipment  
Ensure Equipment Is In Good Shape  
Ensure First Aid Is Available  
Maintain Control Of The Situation  
Maintain Discipline  
Safety Is A Team Sport  
Be Organized

**HAVE FUN!**

## **WHEN TREATING AN INJURY, REMEMBER:**

**P**rotection

**R**est

**I**ce

**C**ompression

**E**levation

**S**upport

# Bastrop Little League Safety Manual

## Attachment A

### For Local League Use Only

#### Activities/Reporting

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

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  
 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: \_\_\_\_\_

# Bastrop Little League Safety Manual

## Attachment B

### 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.

## **Attachment B (continued)**

### **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.

**Attachment B (continued)**

**LITTLE LEAGUE® BASEBALL AND SOFTBALL  
ACCIDENT NOTIFICATION FORM  
INSTRUCTIONS**



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

Accident & Health (U.S.)

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

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

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

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

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

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

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

Check all applicable responses in each column:

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

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

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

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

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

## Attachment B (continued)

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?     YES     NO  
If YES, are they  Mandatory    or     Optional    At what levels are they used?

Thereby 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 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.

# Bastrop Little League

## Safety Manual

### Attachment C

#### Field and Safety Checklist

All umpires, managers and coaches are responsible for checking the field and safety conditions before each game

<b>FIELD CONDITION</b>	<b>Good</b>	<b>Repair</b>
Bases-Condition		
Bases-Secured in ground		
Batters Box Level & Marked		
Coaches Box- Square		
Fence 3rd Base Side		
Fence 1st Base Side		
Fence Backstop Area		
Fence Outfield Area		
Fields Level		
Foul Line marked		
Foul Poles		
Gopher Holes		
Grass Infield Surface Even		
Grass Outfield Surface Even		
Home Plate		
In-Field Surface-Dirt Needed		
Pitchers Mound		
Roto-Till		
<b>Dugouts</b>	<b>Good</b>	<b>Repair</b>
Bat rack secure		
Bench repair		
Ensure no Bee's in fence		
Fence condition		
Roof		
Trash-Clean for play		

<b>Players</b>	<b>Good</b>	<b>Repair</b>
Helmets check for cracks		
Bats-No dents, cracks, etc.		
Proper Uniform		
Athletic Cups		
No Jewelry		

<b>Catchers</b>	<b>Good</b>	<b>Repair</b>
Shin Guards, Chest Protectot		
Helmet w/Mask, Throat Guard		
Athletic Cups, Catchers Mitt		

<b>Safety</b>	<b>Good</b>	<b>Repair</b>
First Aid Kits Available		
Ice Available for injuries		
Follow Manual Saftey		

<b>Fans-Bleachers</b>	<b>Good</b>	<b>Repair</b>
Bleacher Condition		
Bleachers Clean		
Trash Empty		
No Smoking		
No Alcohol		
No Pets		

<b>Press Box</b>	<b>Good</b>	<b>Repair</b>
Roof		
Stairs		
Benches		
Electrical		
Scoreboard		
Pa System		

<b>Misc Info or Remarks</b>	<b>Good</b>	<b>Repair</b>

# Bastrop Little League

## Safety Manual

### Attachment D

## 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.



### 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.



## ***WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE***

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

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

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters

within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant.

Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical

services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days

after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.

3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or

Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to

Excess Coverage and Exclusion provisions of the plan.

5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to

transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any

one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that

Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological

changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable



# Little League® Volunteer Application – 2021

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



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/localBGcheck](http://LittleLeague.org/localBGcheck) for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

### All RED fields are required.

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Social Security # (mandatory)

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

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

1. Do you have children in the program?  Yes  No  
If yes, list full name and what level? \_\_\_\_\_

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

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

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  Yes  No  
If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. 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 5, does not automatically disqualify you as a volunteer.)

6. 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 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List?  Yes  No

If yes, explain: \_\_\_\_\_  
(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)

- League Official
- Umpire
- Manager
- Concession Stand
- Coach
- Field Maintenance
- Scorekeeper
- Other \_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

### Name/Phone


IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStateLaws](http://LittleLeague.org/BgStateLaws)

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

#### Review the Little League Regulation 1(c)(9) for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) \*

#### OR

- National Criminal Database check
- SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender
- 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.

Last Updated: 10/28/2020