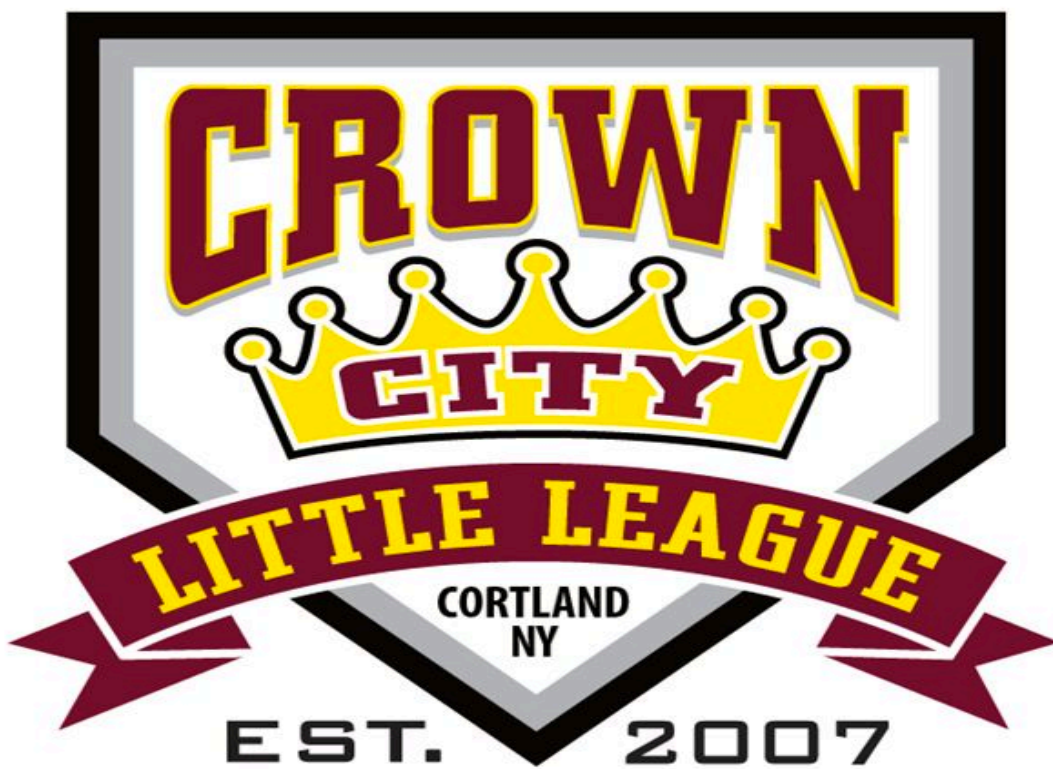


Crown City Little League

Safety Manual

2018



Little League Charter # 224577

New York District #8



Safety Manual



Emergency Phone List

For Crown City Little League

EMERGENCY

Cortland Police/Fire/EMT:.....911
 TLC Ambulance:.....756-7564
 Poison Control Center of CNY:.....(800) 252-5655

Non-Emergency Contact Numbers

Cortland Police - Non-Emergency:..... 756-2811
 Cortland Fire Dept. - Non-Emergency:..... 758-8380
 Cortlandville Fire Dept. - Non-Emergency:..... 753-9014
 Cortland County Sheriff - Non-Emergency:..... 753-5599

UTILITIES – EMERGENCY

NYSEG Gas Dept:.....(800) 572-1121
 NYSEG Electric Dept:.....(800) 572-1131
 National Grid Electric Co.....(800) 867-5222
 Cortland City Water Dept.....753-0421

UTILITIES - Non-Emergency

NYSEG Customer Service:.....(800) 572-1111
 National Grid Customer Service:.....(800) 642-4272
 Cortland Water Dept.:.....753-3061
 Cortlandville Waste/Sewer:.....756-9637

Area Hospitals

Cortland Regional Medical Center.....756-3500
 134 Homer Avenue
 Cortland, NY 13045

Cayuga Medical Center:.....277-1600
 101 Dates Drive
 Ithaca, NY 14850

Little League Support Numbers

Little League East Region – (860)-585-4730
 335 Mix Street
 Bristol, CT 06010

Crown City Little League

Cortland City Youth Bureau: 753-3021
 Director - John McNerney
 35 Port Watson Street
 Cortland, NY 13045
 Sports Hotline (Rain-Outs) Auto Message: 753-3031

2014 Crown City Little League Board of Directors

President – Steve Woodard: ... 745-1155
 Vice President – Keith VanGorder:..... 423-8291
 Treasurer - Maria Adsit: 345-2858
 Secretary – Shari Constantino... ..423-3584
 Safety Officer – Steve Morgan: 351-8666
 Equipment/Field Manager – Keith VanGorder: ... 753-7205
 Player Agent - Keith VanGorder:..... 753-7205
 Player & Coach Dev. Dir.- – Nate Cobb.....423-6963
 Concessions & Sponsorship – Dale Cotterill: 327-0876
 Information Officer – Tony DeRado.....745-6076
 John McNerney: 423-2252

Crown City Little League Division Directors

Major League Dir. – Shari Constantino: 423-3584
 Minor League Dir. – Dale Cotterill.....327-0876
 Rookie League Dir. – Tony DeRado.....745-6076

District Staff

District Administrator – Dan Cavallo (315)-463-8176
 201 Norwood Ave,
 Syracuse, NY 13206
 District Safety Officer – TBA

New York State Section II Contact

Dan Salmon – (315) 376-7914
 7696 East State Street
 Lowville, NY 13367



Safety Manual



A Safety Awareness Program (ASAP)

The ASAP Mission:

To increase awareness of the opportunities to provide a safer environment for kids and all Little League participants

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ASAP Safety Plan Requirements

Requirement 1: *Make sure your league has an individual named as Safety Officer*

- **Crown City Little League Safety Officer – Steve Morgan**

Requirement 2: *Compile all the materials following into a booklet and give to volunteers, parents*

- Applicable portions of safety manual are prepared and available for distribution. In addition, the Safety Plan and applicable forms will be posted on the Crown City Little League website.

Requirement 3: *Post and distribute emergency numbers*

- Emergency Phone Numbers List is included in this document and will be distributed to parents and volunteers as well as posted at CCLL Facilities and on the CCLL website

Requirement 4: *Require Volunteer Applications and Background Checks*

- All volunteers are required to complete Volunteer Applications and be checked via LexisNexis to meet requirements of Little League Regulations 1.8 & 1.9. Applications and LexisNexis report to be maintained by Safety Officer

Requirement 5: *Provide coaches and managers with fundamentals training*

- The CCLL board of Directors is committed to ensuring that coaches in our league are trained in the fundamentals of coaching, as well as working with children. For the last 6 years we partnered with SUNY Youth Sports Institute, to provide training for a number of our coaches and Board Members. It is the intent of the Board to require 1 coach from each team to have completed this training, with a 3-year re-certification.

Requirement 6: *Require training in first-aid for coaches*

- First aid training is an integral part of the training available through the SUNY Youth Sports Institute
- Coaches must have the team first aid kit and safety manual containing completed player Medical Release Forms during all regular season and tournament games and practices or other activities.

Requirement 7: *Require field inspections before games and practices*



Safety Manual



- Procedures are in place for field inspections by Umpires and coaches prior to the start of any game. Completed forms to be turned in the Building and Grounds Committee, via the League Directors (See Field Inspection Procedure)

Requirement 8: *Complete Annual Little League Facility Survey*

- Annual Field Survey completed by league Safety Officer and submitted to Little League International and the New York District 8 District Administrator.

Requirement 9: *Have written safety procedures for concession stand*

- Procedures are in place to comply with State and Local Health Codes as well as general concession safety. They are included in this manual on page 24.

Requirement 10: *Require regular inspection and replacement of equipment*

- Pre game field and equipment surveys are required to be completed prior to the start of any games. The Away team coach has the responsibility to turn in the completed survey to the appropriate Division Director. The Division Directors will review and forward the Surveys to the Buildings and Grounds Committee.

Requirement 11: *Have a method to report and track injuries*

- Accident/Incident/Near Miss reporting forms and procedure are included in each Safety Manual as well as posted on the CCLL website.

Requirement 12: *Provide teams with well-equipped First Aid Kits*

- Head Coaches of all teams are provided with First Aid Kits. First Aid Kits are required to be present at all Crown City Little League Practices and Games. **No exceptions!**
- Replacement or restock of first aid kit items can be done by contacting the League Safety Officer, Steve Morgan (607-351-8666) or directly through the Cortland Youth Bureau.

Requirement 13: *Enforce the rules*

- All League Officers, Coaches, Umpires, Players, Parents, and Volunteers are required to follow and enforce the rules as set forth in the Little League Official Regulations and Playing Rules manual, New York District Eight bylaws and the Crown City Little League bylaws.

Requirement 14: *Qualified Safety Plan Registration Form*

- This form will be completed and submitted by the CCLL President.



Safety Manual



Requirement 15: *League Player Registration Data or Player Roster Data, Coach and manager data*

- This information will be submitted via the Little League Data Center

Crown City Little League Mission

**Crown City Little League is dedicated
to building character, through the values of
teamwork, sportsmanship and fair play
and to providing youth a fun, safe,
and competitive baseball program**





Safety Manual



Message from the Crown City Little League Safety Officer

Dear Players, Coaches, Parents, Volunteers:

Welcome to the 2018 Crown City Little League! Can you believe we are now in our sixth year of existence! I'd like to introduce myself to you as the Crown City Little League Safety Officer. The role of Safety Officer has been around in Little League since the 1960's. In 1995, Little League, Incorporated introduced a new safety program known as "A Safety Awareness Program" or ASAP, to re-emphasize the role of the Safety Officer. Over the years, the ASAP program has grown to establish minimum requirements for each Chartered Little League, as well as to help each League to plan for improving their safety performance. Today, this program consists of 15 specific minimum requirements, but also includes numerous other recommendations.

As we start our seventh year, a critical area in which the league, and me personally, are continuing to work hard to improve upon, is the area of Safety. In this Safety Manual, you will find many resources and protocols that have been developed to this end. We will never be done with this process. By using the tools in this Manual, we hope to learn as we go, and incorporate that knowledge in future editions.

I ask you, the people of Crown City Little League, to help in this process. I welcome feedback, ideas, constructive criticism, and of course, direct assistance. There are many members of our community who have skills and knowledge that would be useful in our efforts to promote Safety in the Crown City Little League. Please contact me if you would like to help out. I have included my contact information below

I look forward to seeing you and hearing from you this season.

Sincerely,

Steve Morgan
CCLL Safety Officer
Safety_officer@crowncityll.com



Safety Manual



Team Safety Manual & First Aid Kit

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The Head Coach of the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles. The Head Coach is responsible for ensuring that the Safety Manual and First aid kit are present at any practice or game, Regular Season or Tournament Play. In addition, the Safety Manual will be posted on the Crown City Little League website as well made available to Umpires, Parents, Volunteers, or anyone wishing to obtain a copy.

Each Teams Safety Manual will include:

- Maps to hospitals and other emergency services
- Phone numbers for all Board Directors and Emergency Contacts
- CCLL Code of Conduct
- Do's and Don'ts of treating injured players.
- Medical Release Form for all players
- Accident/Incident Reporting Forms
- Insurance Claim Forms

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be. (See First Aid section).

First Aid Kits and Safety Manuals are to be returned to CCLL along with all playing equipment at the conclusion of the season.

First Aid Kit and Safety Manual must be present at all practices and games!

Additional materials or First Aid Kit restocks can be obtained by contacting the CCLL Safety Officer or the Cortland Youth Bureau Office

I have received my Safety Manual and First Aid Kit and will have them present at all practices, batting cage practices, games, (season and post-season) and any other event where team members could become injured or hurt.

Print Name

Team / Division

Signature of Manager

Date



Safety Manual



Crown City Little League (CCLL)

Player and Parent Agreement

Player and parent please read our player responsibilities list concerning the 2018 baseball season. This sheet must be signed and returned to your team's head coach during the next practice session.

1. **PROGRAM OBJECTIVE:** To teach the basic fundamentals of baseball and provide a fun experience for all participants. Our program is designed to enhance the growth of youth in various areas such as life skills, accepting responsibility, sportsmanship and developing physical fitness, which is critical to youth development.
2. Player and parent are reminded that these leagues are organized by the Crown City Little League (CCLL) for recreational purposes. The atmosphere in the recreational setting should be one, which promotes sportsmanship and fun. This depends upon the attitudes of all those involved: players, parents, coaches, spectators and umpires. Please conduct yourself accordingly.
3. All baseball equipment issued should be treated with respect.
4. Player is expected to show up to practice with all required equipment.
5. Player is expected to attend practice sessions and participate during practices to be eligible to play in weekly games.
6. I will treat my coaches, other players, umpires and fans with respect regardless of race, sex or abilities and I will expect to be treated accordingly.
7. Players fighting or being disruptive to the team and coaching staff will be removed from practices or games and parents will be contacted.
8. I expect to receive a fair amount of playing time.
9. I will do my best to listen and learn from my coaching staff.
10. Parent is expected to provide transportation to and from practices and games. In addition, they will pick-up their child(ren) in a timely manner after events.

Have a Great Season!!!

Player Signature

Parent Signature



Safety Manual



SAFETY CODE – Dedicated to Injury Prevention

Keeping Them Safe

Arrangements should be made in advance of all games and practices for emergency medical services.

Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager.

No games or practices should be held when weather or field conditions are bad, particularly with lightning.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play.”

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

During practice and games, all players should be alert and watching the batter on each pitch.

During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)

Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.

Batters must wear Little League approved protective helmets during batting practice and games.

Catcher must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to wear protective cups and supporters for practices and games.

Except when runner is returning to a base, head-first slides are **not** permitted.

At no time should “horse play” be permitted on the playing field.

Parents of players who wear glasses should be encouraged to provide “safety glasses.”

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

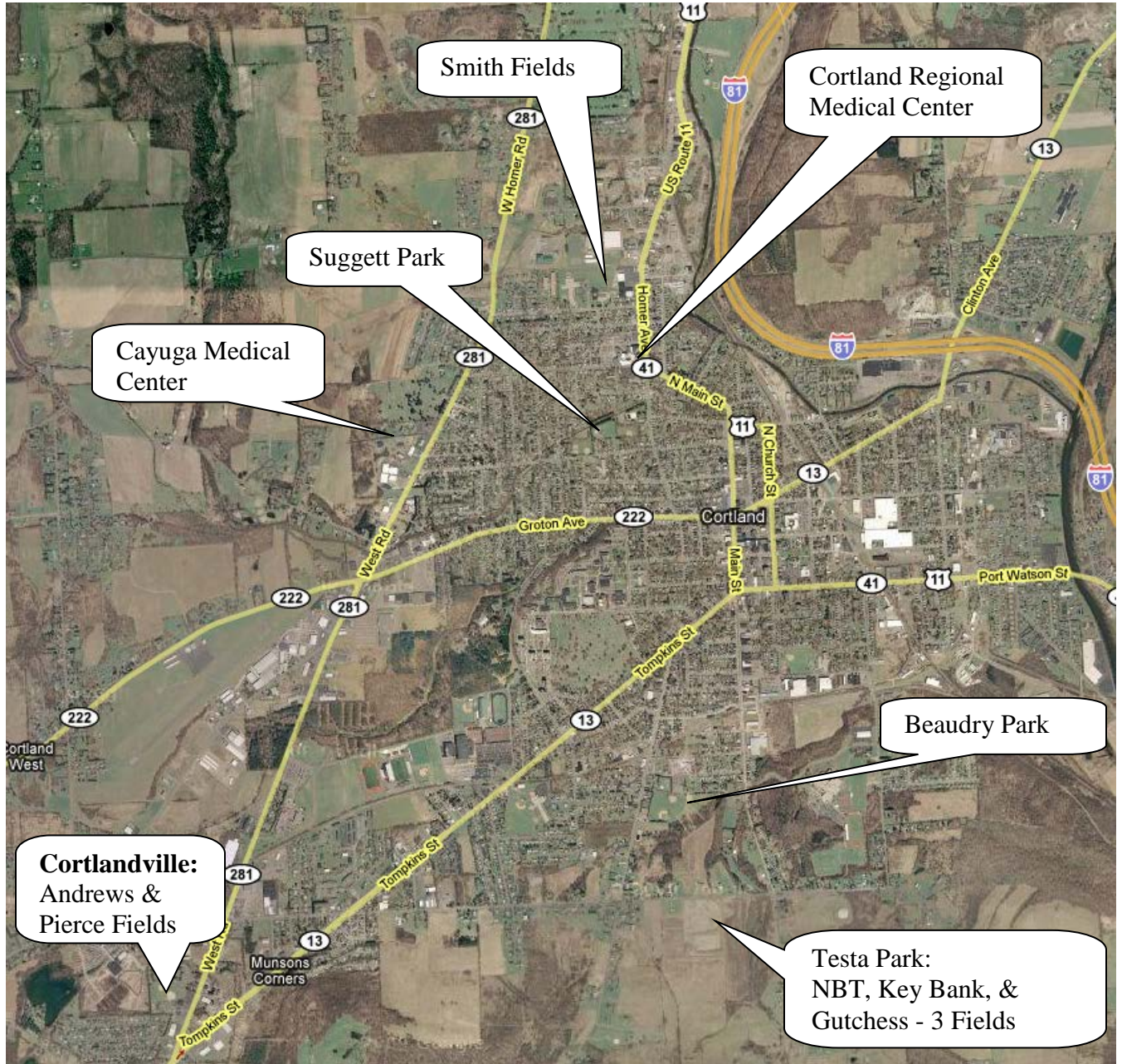
Managers and Coaches may **NOT** warm up pitchers before or during a game.

On-deck batters are not permitted

The Crown City Little League runs background checks on all of the managers, coaches and other applicable volunteer applicants.

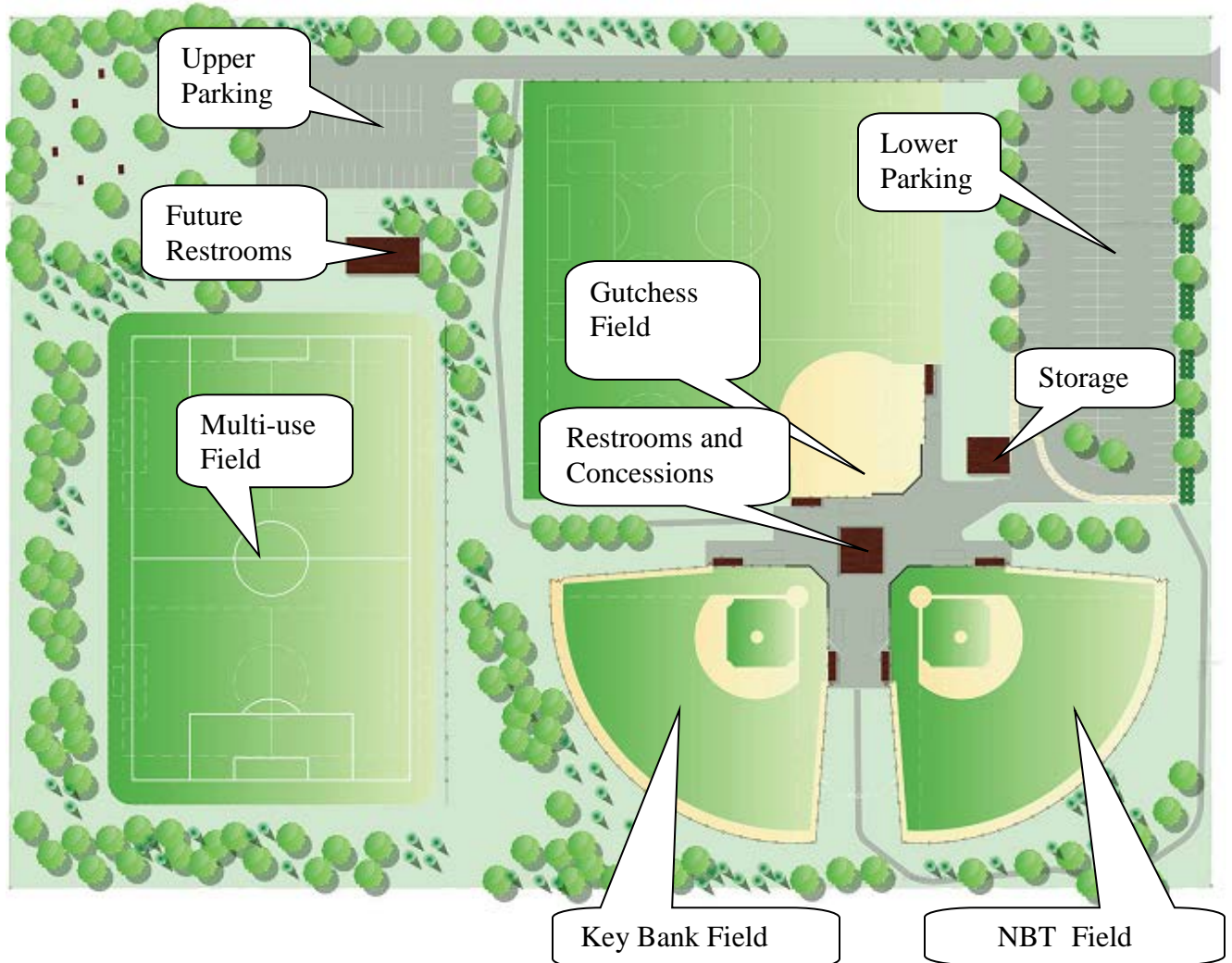


Crown City Little League Area Map





Testa Park Layout





Safety Manual



Volunteer Applications

In accordance with Little League Regulation I (c) 8., all Board Members, Managers, Coaches, and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams, must annually submit a fully completed official “Little League Volunteer Application”. The “Little League Volunteer Application” will be maintained by the Crown City Little League Safety Officer, by direction of the Crown City Little League president, for all personnel named above, for a minimum of the duration of applicant’s service to the league for that year.

In addition, in accordance with Little League Regulation I (c) 9., Crown City Little League will conduct background checks on all personnel that are required to complete a “Little League Volunteer Application” prior to the applicant assuming his/her duties for the current season. Background checks will be performed by the Crown City Safety Officer, by direction of the Crown City Little League president. Background checks will be performed using LexisNexis. Results of the background checks will be verified by the Crown City Little League President, and forwarded to the full Board of Directors for a decision in the event of a positive match requiring action, in accordance with the Regulation I (c) 9.

A copy of the official “Little League Volunteer Application” form is enclosed in the forms section of the Safety Manual.

A new form and background check for each volunteer is required to be completed each year. A current year’s form is included in the forms section of the Safety Manual.

All approved Crown City Little League Volunteers will be required to wear a League Approved photo ID tag during all Crown City Little League activities, practices, games etc. The ID tag will identify them as an approved Volunteer for the 2018 season.





Lightning & Inclement Weather Procedures

A member of the Crown City Little League Board of Directors or their designated representative will serve as “Lightening Monitor” at all CCLL events. The “Lightening Monitor” will monitor the weather and if lightning is determined to be within 6 miles or inclement weather is threatening, will follow these procedures:

- **ONE Long Horn Blast:** Games are *suspended*. Coaches, fans, parents and players will move to the parking lot and enter their vehicles. They will remain in their vehicles until notified of the board’s decision via the horn.
- **ONE Long Horn Blast:** Games are *resumed*, return to fields.
- **THREE Long Horn Blasts:** Games are *cancelled*. Go home and contact your coach about a make-up date.

No one will be permitted to remain on the fields, in the dugouts, on the sidewalks or around the concession building. If lightning or thunder is present, the “Lightening Monitor” on duty will monitor the situation with available technology. We will wait 30 minutes from the last lightning strike before resuming games. The air horn will be kept in the concession stand. Communication will be made with outlying fields as well concerning any suspended, resumed or cancelled games.





In Case of an Emergency

Administering First Aid

First Aid 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, (paramedics). No One should ever administer First Aid beyond his or her capabilities. Always 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 that may need to be taken. You cannot do this. Therefore, NEVER 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 furnished to each team at the beginning of the season. The CCLL Safety Officer's contact information has been placed inside all the First-Aid Kits.

The First Aid Kit will become part of the Team's equipment package and must ALWAYS be taken to all practices, batting cage practices, games (whether regular season or post-season) and any other Crown City Little League event where player's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager or Coach must contact the Crown Little League Safety Officer. (Please see contact information), or contact the Cortland Youth Bureau directly. Each kit contains the following:

First Aid Cream
Antiseptic Towelet
Scissors
Tweezers
Tongue Depressor
Latex Gloves

Triangle Bandages
Ace Bandages
Band-aid Strips
Gauze
Assorted Band-aid Packs

Elastic Gauze
Afterbite
Ice Packs
CPR Microsheild
Alcohol Hand Wipes

Treatment at Site:

Do . . .

- Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.



Safety Manual



- Know your limitations.
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Look for signs of *injury* (*blood, black-and-blue, deformity of joint etc.*)
- Listen to the injured player describe what happened and what hurts if conscious. Before question you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards 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.

Don't . . .

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.) Do Not
- Transport injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask.
3. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim till professional help arrives. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call:

- If the injured person is unconscious, call 9-1-1 immediately.
- Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.



Safety Manual



Call 9-1-1 anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.
- If you have any doubt at all, call 9-1-1- and requests paramedics.
- Also Call 9-1-1 for any of these situations:
 - Fire or explosion
 - Downed electrical wires
 - Presence of poisonous gas
 - Vehicle Collisions
 - Vehicle/Bicycle Collisions
 - Victims who cannot be moved easily





Safety Manual



Checking the Victim:

- **Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has several steps:

- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems.
- Do not ask the victim to move, and do not move the victim yourself.
- Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- Look for odd bumps or depressions.
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him or her stand up.

- **Unconscious Victims:**

If the victim does not respond to you in any way, assume the victim is unconscious. Call 911 and report the emergency immediately.

Checking an Unconscious Victim:



Safety Manual



- Tap and shout to see if the person responds. If no response -
- Look, listen and feel for breathing for about 5 seconds.
- If there is no response, perform rescue breathing and CPR if qualified
- Check for severe bleeding.

When treating an injury, remember:

Protection

Rest

Ice

Compression

Elevation

Support

HYDRATION:

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water*, especially when they're physically active.

When children are physically active, their muscles generate *heat* hereby increasing their *body temperature*. As their body temperature raises, their cooling mechanism - sweat kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and allow players to obtain a drink when they feel it is needed even if before the next scheduled break!!

Always encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated.

Encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water).



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Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. **Caffeine (tea, coffee, Colas) should be avoided** because they are diuretics and can dehydrate the body further. **Avoid carbonated drinks**, which can cause gastrointestinal distress and may decrease fluid volume.



Concussion:

A concussion is a mild traumatic brain injury, when the brain is injured from a hard blow. It can be from a collision with another player or fixed equipment, a thrown or hit ball, or other impact to the head, with or without a helmet's protection. It doesn't have to cause a blackout. The almost modest signs of concussion are what make it difficult to identify. The player may feel "just a little woozy" or be "out of it" mentally, or the signs may not materialize immediately.

The good news is if allowed to rest and heal, the brain normally mends itself from concussion. But rest is the key, and identifying the injury quickly is the only way to provide that rest. Make sure your players and coaches know they should be encouraged.

Observed signs of a concussion include:

- Unconscious for any time
- Acts dazed or stunned
- Shows confusion in actions or words
- Can't remember details
- Answers slowly
- Moves clumsily
- Has changes in mood or personality
- Loss of memory of event or time before/after event

Symptoms from the athlete:

- Headache or "pressure" in head/eyes
- Nausea or vomiting
- Loss of balance/dizziness
- Blurry or double vision
- Sensitivity to light/noise
- Concentration or memory problems
- Confusion
- Doesn't "feel right"

Concussion Action Plan:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate healthcare professional. Do not try to judge the seriousness of the injury yourself.



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3. Inform athlete's parent or guardian about the possible or known concussion and give them the fact sheet on concussion. (Available from Concession Stand or CCLL Safety Officer)
4. Allow athlete to return to play **ONLY** with permission from an appropriate health care professional.



Head Lice Control Statement from Crown City Little League:

Head lice are parasites that infest human hair. These parasites are a social nuisance, but according to the Centers for Disease Control and most medical experts, lice cannot carry or transmit any disease or serious ailment to humans. They also do not manifest into epidemics, but can be passed between people where a few or more can become carriers. The lice cannot fly or jump, but make their way from one person to another through close human contact. The lice lay eggs (called nits), which attach to the shaft of hair strands. The nits may take between 6-10 days to hatch into actual lice. Some cases cause itchy scalps.

No matter how relatively minor the medical profession may consider lice on the scale of public health issues, it is important to be informed and take reasonable precautions. The best way to control lice is to avoid close human contact between children. The spread of other public health-related ailments, including viruses, bacteria, etc. will also be better controlled by not hugging, wrestling and engaging in other general close contact.

The sharing of baseball and softball equipment has been discussed as a potential way for transmitting head lice between people. Consider this statement from the Harvard School of Public Health. "Shared helmets and headphones in schools or recreational settings may rarely and transiently harbor an occasional louse or nit; the effort necessary to effectively inspect and clean these devices, however, is not likely warranted." Brushes and combs are, however, cited by many experts as a more likely method of lice transmission because they may actually move the lice from the afflicted person.



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Still, however unlikely transmission of lice from one player to another sharing a helmet, it is important to the Crown City Little League (CCLL) that parents, coaches and players are comfortable and feel secure from such ailments.

Therefore, it is CCLL policy that:

- All CCLL players should wear a baseball cap beneath their helmets. (Some players may want to wear a kerchief or other thin hat instead of a baseball cap for a better fit).
- CCLL parents should check their children regularly for lice (you should see your school nurse or your doctor for more information on lice and screening children for infestation).
- Any player with lice will use a separate helmet from the rest of the team, with the manager ensuring the dignity of the player throughout the condition.
- Further, any player kept out of school due a lice infestation, will also be asked to not participate in CCLL activities, until a return to school is permitted.
- Helmets can be wiped out with a damp towel between players.
- Helmets can either be stored in a sealed plastic bag between practices and games (lice cannot live without a human host) or lightly rinsed out (please do not do both – wet helmets should not be stored in a plastic bag).
- No chemicals or sprays of any kind should be used on any equipment for any reason.
- Parents must notify the team manager if their child has lice.
- Players should never share hats, jackets, etc.
- Helmets, hats, jackets etc. should not be left on top of one another or in close proximity.

CCLL provides NOCSAE approved baseball equipment as required by Little League. If parents purchase helmets or other equipment for their children, it must be NOCSAE approved. All Rookie baseball players must use a NOCSAE approved helmet with a full-face cage similar in style to those provided by Crown City Little League. (Please look for the NOCSAE label and leave it affixed to your equipment after purchasing). You may contact the Director of Equipment at for more information on approved baseball and softball equipment.

If you have questions or concerns regarding lice or any other safety or health issue involving CCLL, please email the Director of Safety at safety_officer@crowncityll.com or contact any team manager or league official.

You should also contact your child's school nurse or your doctor for more information.



Safety Manual



Concession Stand Safety

In complying with Little League ASAP program requirement #9, the following concession stand safety rules are applicable to all Crown City Little League Concession stand operations:

- No person under the age of 16 will be allowed behind the counter during regular operating hours.
- All concession volunteers are required to complete a Little League Volunteer Application and can only work after an acceptable LexisNexis background check has been performed.
- Persons working in the concession stand will be trained by the Concession Stand Manager(s) on the following:
 - Safe use of equipment.
 - Food handling & temperature regulations (see attachments).
 - Proper hand washing techniques (see attachments).
 - Proper cleaning of machinery, including but not limited to, hot dog rollers, coffee pots, popcorn machine, pizza oven, and barbeque grill.
- Equipment will be inspected periodically and repaired or replaced as needed.
- Hot dog roller machine, coffee pot burners, popcorn machine, pizza oven and barbeque grill will be turned off at the end of each night.
- Cleaning materials and chemicals will be stored properly away from food products.
- Ice packs and first aid kits will be maintained within the concession stand for use in the case of medical emergencies.
- Concession stand main door entrance will not be locked or blocked while people are inside.
- A certified Fire Extinguisher must be placed in plain sight at all times. All concession stand workers are to be instructed on the use of fire extinguishers.
- Menu – the menu shall be posted and approved by the safety officer and concession director.



Food and Health Safety

In addition to the general Concession Stand safety rules, the following food and health safety rules shall be enforced:

- All foods shall be cooked and tested to verify that they are cooked.
 - All refrigerators shall be maintained at 41°F or below.
 - Warm foods shall be heated to at least 165 °F kept at a temperature greater than 140°F pursuant to the New York State Sanitary Code.
- All workers shall frequently wash their hands thoroughly. Disposable gloves shall be used when handling ready to eat foods; pursuant to New York State Sanitary Code and Department of Health guidelines.
- Only healthy workers shall prepare and serve food. Anyone with symptoms of illness will not work in the concession stand. Workers shall wear clean outer garments.
- All utensils that have to be cleaned shall be washed in hot soapy water, rinsed in clean water, sanitized (1 gallon of water with ½ teaspoon of chlorine bleach) and air dried. All wiping clothes shall be stored in sanitizing water (1 gallon of water with ½ teaspoon of chlorine bleach).
- Garbage and wastes shall be stored in proper containers.
- All foods shall be stored off the floor.
- The concession stand shall be cleaned after every use.



Safetymatters



Safety Manual



Accident Reporting Procedure

What to report:

An accident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the CCLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. In addition any incident or near miss that does not result in an injury or medical treatment but in which the potential for injury or medical treatment is present, should also be recorded in order to document and avoid the hazardous condition in the future.

When to report:

All such incidents described above must be reported to the CCLL Safety Officer within 24 hours of the incident. The CCLL Safety Officer, Steve Morgan can be reached at the following:

Cell Phone: 607-351-8666

Email: safety_officer@crowncityll.com

Address: 35 Port Watson Street
Cortland, NY 13045

The CCLL Safety Officer's contact information is in all team safety manuals and First Aid Kit





Safety Manual



How to make a report:

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

- The name(s) and phone number(s) of the individual(s) involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) will be handled directly by the CCLL Safety Officer

Team Safety Officer's Responsibilities:

The TSO will fill out the *CCLL Accident/Incident/Near Miss Report* and submit it to the CCLL Safety Officer ***within 24 hours of the incident.*** If the team does not have a TSO then the Team Manager/Head Coach will be responsible for filling out the form and turning it in to the CCLL Safety Officer. (*CCLL Accident/Incident/Near Miss Report* can be found in the Appendix).

CCLL Safety Officer's Responsibilities:

Within 24 hours of receiving the *CCLL Accident/Incident/Near Miss Report*, the CCLL Safety Officer will contact the injured party or the party's parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check the status of the injured party.
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Crown City Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injury(ies) is (are) more than minor in nature, the CCLL Safety Officer shall periodically call the injured party to:

- Check the status of any injuries.



Safety Manual



- 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).

Definitions

To clarify the meaning of these guidelines, we are defining use of the terms essential to an understanding of a basic accident-prevention program in Little League Baseball. They are as follows:

- 1. ACCIDENT** is a sudden, undesirable and unplanned occurrence often resulting in bodily injury, disability and/or property damage.
- 2. ACCIDENT CAUSE** is an unsafe condition, situation or act that may result directly in or contribute to the occurrence of an accident.
- 3. CORRECTIVE ACTION** is the positive steps or measures taken to eliminate, or at least minimize, an accident cause.
- 4. CASE** is used in the general sense, such as: accident case, injury case, claim case or insurance case.
- 5. HAZARD** refers to a condition or a situation that could cause an accident.
- 6. INJURY** is the physical harm or damage often resulting from an accident.





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7. INSURANCE CLAIM refers to the right of a parent, as in the case of accident insurance to have eligible medical expenses resulting from an accidental injury connected with a game or scheduled practice paid by the appropriate insurance company

8. TYPE OF ACCIDENT is a phrase used to describe an unintentional, sudden incident that can be identified so effective counter measures may be taken. Examples are: struck by, tripped, fell, collision with, caught between, etc.

9. AN UNSAFE ACT refers to unintentional human failure or lack of skill that can lead to an accident. It is one of the two general accident causes, the other being an unsafe condition.

10. AN UNSAFE CONDITION is an abnormal or faulty situation or condition, which may cause an accident. Its presence, particularly when an unsafe act is committed, may result in an accident.





Safety Manual



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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

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

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

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

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to 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 Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when: (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained. (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

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



Safety Manual



NEW ASAP Requirement:

League Player Registration Data or Player Roster Data, which also includes Coach and Manager Data, must be submitted separately through the Little League Baseball® Data Center on or before April 1, 2018 to meet requirement 15 of ASAP. This ASAP requirement is an effort to provide coaches with important Little League information and initiatives prior to and during the current playing season.

The Regulation: IV(g):

Player, manager and coach data must be supplied to Little League International annually. Leagues may submit information from registration by April 1, 2018. It is highly recommended that data be supplied electronically in approved formats to Little League International via the Little League Data Center. Look for related information online at LittleLeague.org/DataCenter.

Crown City Little League uses League One / Active for registration purposes. League One provides a Little League friendly download of required information. This information is submitted to Little League International via the Little League Data Center by our Information Officer on or before April 1st of each year.

Appendix A

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS For claims occurring after January 1, 2005

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 Fax: 570-326-9280
 or 570-326-1921

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.

League Name	League I.D.	Claim #
PART 1		
Name of Injured Person/Claimant	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 (5-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (5-8) | <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 (7-12) | <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"/> JUNIOR (13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> SENIOR (14-16) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> BIG LEAGUE (16-18) | <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., or its representative, any and all such information. 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

Appendix A

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.

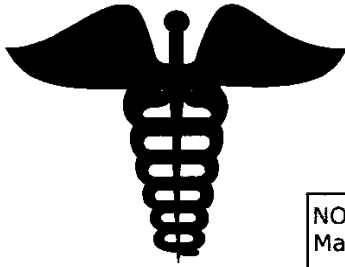
Check the boxes for all appropriate items below. At least one item in each column must be selected.

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 breakaway bases on: ALL SOME NONE of your fields?
Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____



Little League[®] Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____

Date of Birth: _____

League Name: Crown City Little League

I.D. Number: 224577

Parent or Guardian Authorization:

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: _____

Hospital Preference: _____

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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.



Crown City Little League Field and Pre-Game Inspection Survey

Date: _____

Home Team: _____

Field: _____

Away Team: _____

Inspected By: _____

Umpire signature: _____

Field Condition	Yes	No		Catcher's Equipment	Yes	No
Backstop Repair				Shin Guard OK		
Home plate repair				Helmets OK		
Bases secure				Face masks OK		
Bases repair				Throat protector OK		
Pitchers mound				Catchers cup (boys)		
Batters box level				Chest protector		
Batters box marked				Catchers mitt (boys)		
Grass surfaces even						
Gopher holes				Safety Equipment	Yes	No
Infield fence repair				First-Aid kit for each team		
Outfield fence repair				CCLL Safety Manual		
Foul lines marked				Ice for injuries		
Warning track				Blanket for shock		
Coaches box level						
Coaches box marked				Players Equipment	Yes	No
Dirt needed				Batting helmets OK		
Dugouts	Yes	No		Jewelry removed		
Fencing needs repair				Bats inspected		
Bench needs repair				Shoes checked		
Clean up needed				Uniforms checked		
				Athletic cups (boys)		
Spectator Areas	Yes	No		Little League patch		
Bleachers need repair				Other Notes:		
Hand rails need repair						
No smoking						
Parking area safe						
Protective screens OK						
Bleachers clean						

Pre-game inspections are to be completed before play begins. Coaches from both teams should inspect the field, dugouts, surrounding areas and equipment together. The Home Team coach has the responsibility to complete and turn the field and equipment survey into the Division Director. Division Directors will forward the survey to the Building and Grounds Committee.



Crown City Little League



Accident/Incident/Near Miss Report

Name: _____ Date: _____
 Address: _____ Phone Number: _____
 City: _____ Zip Code: _____
 Team: _____ Head Coach: _____

Division in Which Accident/Incident/Near Miss Occurred

Rookie League: Minor League: Major League:

Treatment required

No Treatment Required: First Aid at Field: To Doctor: To Hospital: Other:

Type if Injury/Incident

Struck by:	Collided With:	Other:
Pitched Ball: <input type="checkbox"/>	Fence: <input type="checkbox"/>	Tripped/Fell: <input type="checkbox"/>
Batted Ball: <input type="checkbox"/>	Backstop: <input type="checkbox"/>	Over Exertion: <input type="checkbox"/>
Thrown Ball: <input type="checkbox"/>	Umpire, Coach: <input type="checkbox"/>	Pre-existing: <input type="checkbox"/>
Bat: <input type="checkbox"/>	Ground: <input type="checkbox"/>	_____ : <input type="checkbox"/>

Unsafe Conditions?

Yes **No**

Uneven field surfaces such as holes, humps, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Foreign objects, such as glass, rakes, stones, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Congestion during practice or games?	<input type="checkbox"/>	<input type="checkbox"/>
Conditions such as rain, sun or darkness?	<input type="checkbox"/>	<input type="checkbox"/>
Lack of or improper, protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Unsafe Acts?

Yes **No**

Mishandled Ball	<input type="checkbox"/>	<input type="checkbox"/>	Not watching the ball/play:	<input type="checkbox"/>	<input type="checkbox"/>
Mishandled Bat:	<input type="checkbox"/>	<input type="checkbox"/>	Awkward position:	<input type="checkbox"/>	<input type="checkbox"/>
Poor evasive action:	<input type="checkbox"/>	<input type="checkbox"/>	Player out of position:	<input type="checkbox"/>	<input type="checkbox"/>
Incorrect sliding form:	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Grip on bat:	<input type="checkbox"/>	<input type="checkbox"/>

Note: This form is for Little League purposes only. When an accident/incident/close call occurs, obtain as much information as possible. Send a copy of this form to the CCLL Safety Officer and he or she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer.

The reason for this form is to establish a record of all accidents/incidents/close calls prior to any lawsuits and to provide Little League Baseball, Incorporated and Crown City Little League with advanced information



Appendix D

Crown City Little League



	Yes	No			
Poor running form:	<input type="checkbox"/>	<input type="checkbox"/>	Distracted:	<input type="checkbox"/>	<input type="checkbox"/>
Wild Pitch:	<input type="checkbox"/>	<input type="checkbox"/>	Lack of attention:	<input type="checkbox"/>	<input type="checkbox"/>
Wild throw:	<input type="checkbox"/>	<input type="checkbox"/>	Horseplay:	<input type="checkbox"/>	<input type="checkbox"/>
Wild swing:	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe what happened: _____

Note: This form is for Little League purposes only. When an accident/incident/close call occurs, obtain as much information as possible. Send a copy of this form to the CCLL Safety Officer and he or she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer.

The reason for this form is to establish a record of all accidents/incidents/close calls prior to any lawsuits and to provide Little League Baseball, Incorporated and Crown City Little League with advanced information

Appendix E

