2017 Season

Hermosa Beach Little League
710 Pier Avenue
Hermosa Beach, California 90254
Phone 310 -372-6916
www.hermosabaseball.org

League ID Number 4053603
District 36

Table of Contents **Page**

Introduction 3
Section 1
Important Contacts 4
Section 2
Registration Information 5
Section 3
HBLL Safety Code 6
Emergency Information 7
Rules of Safety 8
Section 4
Emergency Procedures 9
Communicable Diseases 10
Asthma Emergency Signs 11
Section 5
Accident and Emergency Reporting 12-13
Compliance and Reporting 14
Little League Insurance Information for Parents 15
Section 6
Education on League Activities 16
Section 7
Fields and Facilities 17-18
Concession Stand Volunteers 18
Clean Hands for Clean Food 19
Food Storage/Preparation Tips 20-21
Section 8
Equipment 22
Section 9
Game Procedures 23-24
Warm Up Drills 25
Section 10
Capital Improvement Plan 24
Section 11
Forms
- Accident Notification Form Instructions 26
- Accident Notification Form 27-28
- Little League Claim Form Instructions 29-30
- Little League Claim Form 31-32
- Incident/Injury Tracking Form 33
- Unsafe Condition Report 34
- Medical Release Form 35
- 2017 New Volunteer Form 36
- 2017 Returning Volunteer Form 37

Section 12
Codes of Conduct
- Coaches Codes of Conduct 38
- Volunteer Codes of Conduct 39

Parent's Guide to the LL Child Protection Program 40-41

Safety is everyone's responsibility

Introduction

The Hermosa Beach Little League (HBLL) Board of Directors has established the following Safety Manual for the 2017 season. The objective of this document is to provide comprehensive guidelines for a safe and fun Little League environment. We believe safety should be the responsibility of the "whole team" including coaches, players, and umpires, as well as families and friends of Hermosa Beach Little League. It is imperative that the Board of Directors, team managers, coaches, and volunteers review this Safety Manual and has it available for reference. Any questions or comments should be directed to the HBLL Board of Directors.

Hermosa Beach Little League will be submitting a qualified safety registration form along with this safety plan in accordance with Little League International regulations, and will keep an active Safety Officer on file. Also, in accordance with the Child Protection Act, background checks will be performed on all volunteers. Additionally, HBLL will be submitting league player registration data to Little League International.

Please direct any safety issues or improvement ideas directly to the Safety Officer or submit your ideas in the suggestion box located inside the Snack Stand.

Copies of the Safety Manual are kept inside the Snack Stand for reference and are distributed to all coaches and appropriate volunteers.

Play Hard....Play Safe And Have Fun!!

Section 1: Important Contacts

Hermosa Beach Little League 2017 Board of Directors		
NAME	**TITLE**	**CONTACT INFO.**
Executive Officers		
Dunham Stewart	President	310-200-5283
Greg Breen	Secretary and Treasurer	310-379-4868
Seth Weiss	Vice President – Players	310-920-2361
Jon Starr	Vice President – Sponsors	310-218-9468
Trent Stamp	Vice President – Baseball	310-592-6289
Darin DeRenzis	Vice President – Teams	310-418-6210
Jason Meugniot	Vice President – Communications	310-567-4129
Kelly Trudgen	Vice President – Softball	310-880-6093
Hilary Condren	Vice President – Food Services	310-435-1575
JD Ward	Vice President – Facilities	310-722-1717
Renee Stoddard	Vice President – Facilities Planning	619-244-5049
Commissioners – Baseball and Softball		
Greg Blomstrand	Juniors	310-372-0317
Chris Bowsher	Majors	310-293-3384
Ron Spyker	AAA Division	310-600-0871
Darin DeRenzis	AA Division	310-418-6210
Dick Taw	A Division	310-798-8258
Paul Baboolal	Rookie Division	213-810-6602
Jeff Neer	T-Ball Division	310-795-9847
Tom Hext	U12 & U14	310-903-9575
Dustin Oliver	U10	702-349-0029
Craig Trotter	U8	424-634-1273
Shelby Gonosey	U6 and Softball Scheduling	310-962-3430
Dave Trudgen	Softball Evaluations	702-630-2117
Directors		
Tonya Bertino	Uniforms	310-429-5929
Jeff Miller	Baseball Scheduling	310-367-1640
Adam Wald	Sponsorship	310-944-1398
Brian Parker	Sponsorship	310-937-7552
Kim Forte	Events Director	310-683-9910
Craig Trotter	Junior Umpires	424-634-1273
Jeff Ogan	Community Relations	310-372-1352
Andy Bzura	Registration	310-454-9793
Matt Sullivan	Player Clinics	310-413-4162
Paul Repetti	Facilities Projects	310-892-2882
Renee Stoddard	Equipment	619-244-5049
Cyndi Wills	Safety Officer	310-493-6683
Russ Wilson	Website	310-961-2502
Hermosa Beach Little League – www.hermosabaseball.com – 310-372-6916 **Little League International – www.littleleague.org – 717-326-1921**		

SECTION 2: Registration Information

Registration Information

The Registration Form for sign up includes:

- Player and Parents' Information
- Emergency Phone Contacts
- Family Doctor and Medical Insurance Information
- Waiver of Liability and Agreement to Assume Risk
- Parent Responsibility Statement
- Partial or Full Scholarship for Needy Families
- Financial Support Acknowledgement
- Volunteer Positions and Team Sponsorships

Post Registration Information

- Player try-outs & evaluations conducted for appropriate placements
- Volunteers who offer to coach/assistant coach are reviewed by the Board and chosen based on ability to teach the game and make it fun for the kids
- ***All volunteers must complete an ASAP Little League Volunteer Application as well as provide a government-issued photo identification card for ID verification, to be kept on file with HBLL Safety Officer. Background checks, as mandated by Little League, are completed by the Safety Officer***. ***Anyone refusing to fill out a Volunteer Application is ineligible to be a league member***
- The Safety Officer must conduct a search of the Department of Justice's nationwide sex offender registry using the 2016 Volunteer Application Form on all applicable volunteers, as well as a nationwide criminal background check using *FIRST ADVANTAGE* as a resource
- Final decisions on volunteers made after background checks are complete
- Safety Plan is submitted to Little League for approval
- Safety seminars are scheduled by the League Safety Officer

SECTION 3: Safety Code

HBLL Safety Code

Responsibility for League Safety Policies and Procedures will be that of the HBLL Safety Officer

Team Managers/Coaches

- Will be trained in basic First Aid
- Must know the location of the nearest telephone and have a First Aid kit at every practice and game.
- Must have their players' medical release forms with them at all team functions
- Must inspect fields, facilities, and equipment *before and after* each practice and game
- Must make sure that no games, practices, or other team functions will take place if field facilities, equipment, lighting, or weather conditions are not good
- Must immediately correct and/or report any unsafe conditions to the Safety Officer
- Must ensure that only players, team managers, coaches, or umpires are in the dugouts or on the fields

Players

- All players must complete a proper warm-up prior to participating in a practice or game
- Catchers must wear all safety equipment when stationed behind home plate or receiving pitches
- All batters and base runners must wear a NOCSAE approved batting helmet and may not remove their helmet until they have returned to the dugout
- All players on the field must be alert and watch the pitcher and batter on each pitch during practice and games
- Players may not bring baseballs into the dugout
- Players must put on a batting helmet prior to removing a bat from the dugout rack
- Players may not remove bat from the baseball rack until he/she is ready to exit the dugout to bat
- Swinging the bat is permitted only in the batters' box
- Bat 'donuts" and weights are strictly prohibited

- Headfirst sliding is prohibited unless returning to base
- Bases may not be strapped down during sliding practice
- Safety glasses or straps are strongly recommended for players who wear prescription glasses
- Mouth guards are recommended for all players
- Protective cups are required for all players
- It is MANDATORY that **ALL** head, face and spinal injuries are evaluated by a Physician (M.D.) and any/all injuries requiring a doctor's attention must have a written release from Physician (M.D.) prior to the injured player returning to any practice or game

General

- No one under sixteen is permitted in the score booths unless an adult is present
- Only certified managers and coaches may conduct batting cage practices or operate any pitching machine
- Climbing is not permitted on fences, walls, dugouts, field equipment, sheds, poles or trees
- Alcohol and tobacco products are prohibited in or near the ballpark facilities
- Speed limit shall not exceed 5 mph in the parking lot
- Only authorized vehicles can park next to snack stand

EMERGENCY INFORMATION

Hermosa Beach Police/Fire/Paramedics	**911**
Hermosa Beach Police	**310-318-0360**
CareStation, Emergency Facility **1010 N. Sepulveda Blvd.** **Manhattan Beach** **8am-9pm**	**310-376-6262**
Little Company of Mary Hospital **4101 Torrance Blvd, Torrance**	**310-540-7676**

Top Ten
Rules of Safety

Be Alert! SAFETY First!

Check playing field and equipment for safety hazards

Wear proper fitting equipment

Ensure that a first aid kit, ice packs, and phone are available and nearby

Maintain discipline at all times

Safety must be a TEAM effort!

Be punctual and organized

Personally see that each player leaves every practice and game with an authorized adult

Follow all safety rules

Smile and have FUN!!

SECTION 4: Emergency Procedures

The *most important help* you can provide a victim who is seriously injured is to call for professional medical help immediately, preferably from a cell phone near the injured person.

- If there is no phone nearby, send someone to make the call
- Be sure that you or another caller follows these steps:

Call 911 for emergency help

- Give the dispatcher the necessary information
- Be prepared to answer questions he/she might ask, for example:
  - The exact location or address of the emergency
  - The field name and exact location within the facility – **CLARK FIELD is 1035 Valley Blvd**
  - A call back number – the number from which you are calling, and/or the number to **Clark Field Snack Stand: 310-372-6916**
  - Your name/the caller's name
  - Any specific details about what happened
  - The number of people involved
  - Information on the condition of the injured person
  - What help is being given (First Aid, CPR, etc.)

- Do not hang up on the dispatcher; he/she may be able to advise on the best interim care for the injured person
- Continue to care for/provide information to the person caring for the injured person until professional help arrives
- Appoint someone to go to the street and direct emergency vehicles to the location of the injured person
- Stay CALM!

Communicable Disease Procedures

While the risk of one athlete infecting another with HIV/AIDS during competition is nearly non-existent, there is a remote risk that other blood borne infectious diseases like Hepatitis B can be transmitted through blood or other body fluids. Procedures for reducing the transmission of these infectious agents should include, but are not limited to the following:

- Bleeding must be stopped and open wound covered
- If there is excessive blood, a change of uniform if before the player can return to/participate in game
- Routine use of gloves and other precautions to prevent skin and mucous membrane exposure where contact with blood or other body fluids is anticipated
- Immediate washing of the hands and/or other skin surfaces contaminated (in contact) with blood or other body fluids
- Disinfecting of all contaminated surfaces and equipment
- Proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags and other ventilation devices should be available for use
- Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct contact until the condition has been alleviated
- Contaminated towels should be properly disposed of and/or disinfected
- Follow guidelines for the immediate control of bleeding and handling of bloody dressings, mouth guards and other articles containing body fluids

Asthma Emergency Signs

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

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

Asthma is different for every person.

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

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

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

Michigan Asthma Steering Committee of the Michigan Department of Community Health

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

SECTION 5: Accidents and Emergency Information

Accident and Injury Reporting

- **Immediately call 911** if paramedics are necessary (e.g., all neck, face, and head injuries, breathing difficulties, or any other severe injury)
- **Provide First Aid** and use appropriate precautions:

First Aid Priorities

- Know CPR/ABC's of Life (**A**irway – **B**reathing – **C**irculation)

- **Bleeding**

  - Use gloves in First Aid kit for your own safety as well as that of the injured person
  - Cover wound with sterile gauze and apply direct pressure
  - Elevate injured part if possible
  - Send for medical assistance if uncontrolled

- **Head Injuries (Concussion)**

  Symptoms include the following:
  - Dizziness
  - Ringing in ears
  - Headache
  - Nausea
  - Blurred vision
  - Memory loss
  - Slurred speech
  - Loss of balance
  - Confusion
  - Disorientation

  If any of these symptoms are present, call for medical assistance. **Do not allow the athlete to continue to play**

- **Unconscious Athlete**

    - **Do not move unless absolutely necessary** and assume head or neck injury
    - Call for emergency medical assistance
    - Stabilize athlete's head and neck
    - Monitor ABC's of Life
    - Provide CPR if necessary

- **Notify Parents ASAP**
- Notify the HBLL Safety Officer within 2 hours of occurrence
- Complete an Accident/Injury Reporting Form and provide to the HBLL Safety Officer within 48 hours
- File claims with the HBLL Safety Officer (Little League insurance is supplemental to the player's/player's parents' own insurance policy)
- If necessary, discuss the injury (how it occurred and why) with your team to alleviate any potential concerns they may have about their own safety. The players need to feel safe, protected, and understand how/why the injury occurred to minimize the potential of a repeat incident

Compliance and Reporting

- HBLL Board Members randomly monitor games and practices to ensure safety code compliance
- Safety Committee performs random inspections of equipment
- Unsafe equipment should be removed, repaired, or reported immediately
- An Unsafe Condition Form is provided to report any unsafe conditions/equipment to the Safety Officer for immediate attention
- An "Accident/Injury" form is provided for reporting all injuries to the Safety Officer within 48 hours of incident

What to report:

- An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid

When to report:

- All incidents described above must be reported to the Safety Officer within 48 hours

How to make a report:

- Use the Accident/Injury form provided.

  At a minimum, the following information must be provided:
  - Name and phone number of the individual involved
  - Date, time, and location of the incident
  - A detailed description of the incident
  - A preliminary estimation of the extent of injuries
  - Name and phone number of the person reporting the incident

Copies of all Forms can be found in Snack Stand or on the HBLL website

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 the parent's employer. If there is no primary coverage, the *Little League Insurance Program* 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 an 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 old) and a league official and forwarded directly to the Little League Headquarters within 20 days of 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 the 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 of the initial medical expense 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 the Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance company.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to the 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 the Reasonable Expenses 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 the 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 Exclusions provisions of the Policy.

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

SECTION 6: League Activities

Education on Little League Activities

- HBLL Board Members meet with coaches during a scheduled orientation meeting
- One coach from each team and in each division MUST attend
- HBLL contracts former professional baseball players, umpires, and coaches with high school and college experience to conduct clinics on coaching and basic fundamental baseball drills to ensure players at all age levels have fun and learn the proper way to play baseball
- HBLL currently contracts local professional baseball instructors to hold coaching clinics throughout the year
- HBLL provides continuous player clinics throughout the year for players interested in learning advanced skills
- HBLL requires all coaches/assistant coaches to complete the Positive Coaching Alliance (PCA) training program
- Additional clinics are offered mid-season
- Each team receives a complete First Aid kit
- First Aid kits are ordered and restocked as needed
- Each team is required to have a First Aid kit in possession at every practice and game during the season
- Training in First Aid provided at mandatory Coaches Clinic
- Workshops are scheduled with the Hermosa Beach Police and Fire Departments covering CPR, bicycle/travel for kids, and the dangers of using tobacco, drugs, and alcohol
- Videos supplied by Little League with information on proper warm up and use of equipment are available on request

Board of Directors –

The HBLL Board of Directors generally meets on a monthly basis to discuss league policies, general business issues, and other important topics such as fundraising, capital improvements, safety issues, rules, etc. Raising money through fundraising activities helps HBLL purchase many necessary items on an annual basis, and any emergency items needed throughout the year. Moreover, the Board of Directors continues to work closely with the City of Hermosa Beach Public Works and Parks and Recreation Department staff to ensure high quality playing fields.

Section 7: Fields and Facilities

General Information

- The HBLL Board of Directors performs field inspections prior to, and on an ongoing basis throughout the season
- The City of Hermosa Beach Public Works staff performs daily inspections and has contracted with a private company to care for the fields
- Field Open/Closed signs are posted to display field conditions
- Clark Stadium is adjacent to the city's Police and Fire Stations
- Score booth and snack stand are posted with "No Smoking" signs and equipped with Fire extinguishers - type A, B, C
- Annual Field Maintenance includes:
    - Grass reseeding
    - Leveling of outfield
    - Infield grading
    - General Facilities Maintenance
    - Painting
    - Dugout repair, etc.
    - Complete Annual Little League Facility Survey

Fields Utilized by the Hermosa Beach Little League:

Field	
Clark Field	Telephone (Snack Stand/northeast side of basketball courts) First Aid Kits Accident/Injury Forms (Snack Stand)

Education on Fields and Facilities

- Batting cage/pitching machine seminars
    - Mandatory training for users
    - Always use with extreme caution
    - An adult must be in cage while machine is in use
    - Players may never be in the cage alone
- Field preparation instructional, including:
    - Safe use of chalking fields
    - Base installation
    - Fence lifting and placement
- Snack Stand staff education:
    - First Aid
    - Proper food handling, including the importance of washing hands before shift
    - Location of Fire Extinguisher – by the main door, hanging on the wall

Concession/Snack Stand

- All Concession/Snack Stand issues should first be brought to the attention of the Snack Stand Supervisor
- No person under the age of 16 is allowed to work in or be in the Concession/Snack Stand at any time and/or under any circumstances
- No Alcoholic Beverages are allowed to be stored in or consumed in the Concession/Snack Stand or anywhere on the premises of Clark Field
- No smoking in Concession/Snack Stand at any time
- Concession/Snack Stand operations and all rules set forth and posted by the Snack Stand Supervisor will be followed at all times and enforced by all concession volunteers
- Opening and Closing procedures for the Concession/Snack Stand will be posted at all times
- Emergency Information/First Aid kits will be available and accessible at all times
- The Snack Stand Supervisor will conduct training on basic operations, safe use, and care of electrical appliances and safety. This training is held during the scheduled Annual Team Parents Meeting

Hermosa Beach Little League

Clean Hands for Clean Foods

Before beginning work in the Concession/Snack Stand, it is important that you wash your hands.

The following may serve as a guide to proper hand washing:

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

Wash your hands after performing any of these functions:

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

Preparing Food Safely

Food preparation is a crucial step in foodservice operations. To prepare food safely, you must prevent cross contamination, use proper time and temperature control, and always practice good personal hygiene

When preparing food:

Prevent Cross-Contamination	**Control Time and Temperature**
Cross-contamination is the transfer of microorganisms from one food surface to another. To prevent cross contamination: • **Wash Hands** properly before working with food and between touching different types of food, especially items such as raw meat or seafood • **Use Different Cutting Boards** and utensils to keep raw and ready to eat food separate • **Clean and Sanitize** all work surfaces and equipment after each task, especially after working with food such as raw chicken • **Prepare Raw and Ready To Eat Foods at Separate Times** of day; for example: you can prepare salads in the morning, clean and sanitize utensils and work station, then debone chicken in the afternoon	Food borne illness causing microorganisms grow and multiply at temperatures between 41 degrees Fahrenheit and 135 degrees Fahrenheit This range is known as the temperature danger zone. You should minimize the amount of time food spends in the temperature danger zone. The best way to avoid time-temperature abuse is to establish and monitor the following guidelines: • **Remove** from the refrigerator only enough product to be prepared in a short period of time • **Prepare Small Batches** of food at a time • **Refrigerate** food if interrupted during preparation • **Refrigerate** or cook food as soon as prep is done

4 Easy Ways to Keep Safe from Food Poisoning

THAW

There are three safe ways to thaw meat, poultry or fish.

DO'S

- **Defrost the wrapped item in the refrigerator on the bottom shelf to prevent spillage** onto other foods. Most foods will require 12-24 hours to defrost depending upon weight. (Typically, 4-5 lbs of food can defrost within 24 hours).

- **Use the microwave oven to defrost food, then cook defrosted food immediately.** Since microwaves cook unevenly, hot and cold spots are created- bacteria can survive here so it is important to cook ASAP.

- **Defrost food in the sink in cold water.** Replace water every half hour.

DONT'S

- Never defrost food in hot water.
- Never thaw foods at room temperature.

It's easy to keep your family safe from food poisoning!

Just follow these 4 steps:

clean

- Wash your hands for at least 20 seconds with soap and warm water before and after touching food, after using the bathroom and after handling pets.
- Rinse raw produce with clean running water and a brush to remove dirt (don't use soap or detergents).
- Dry your hands with paper towels or a freshly laundered towel. Don't dry your hands with a towel that was previously used to clean up raw meat juices.
- Wash your cutting boards and counter tops with hot, soapy water after preparing each food item and before you prepare a new food item. Use one teaspoon of chlorine bleach per quart of clean water to sanitize food- contact surfaces.
- Throw out excessively worn cutting boards because bacteria can thrive there.

cook

Foods that are cooked for a long enough time and at a high enough temperature to kill harmful bacteria can prevent foodborne illness.

This temperature differs from food to food, so check the proper cooking temperatures on the inner flap of this pamphlet and use a clean food thermometer.

Facts to consider:
In the microwave, cover food, add a little liquid (for pathogen-killing steam), stir and rotate to ensure proper temp throughout.
- If meat is ground up, bacteria that may have been present on the surface of the meat may end up inside of the meat.
- Fish is done when it is opaque and flakes easily.
- Eggs are safer if eaten when the yolk and the whites are firm.
- Leftovers should be reheated to 165° F.
- Leftover soups, sauces and gravies should be brought to a boil before eating.

seperate

Bacteria can spread throughout your kitchen if raw meat, poultry, and seafood are not handled properly.

- Separate raw meat, poultry, and seafood from the other foods in your shopping cart and in your refrigerator.
- Use one cutting board for raw meat and another for fresh fruit and veggies.
- Always wash your hands, cutting boards, utensils and dishes with hot, soapy water after contact with raw meat, poultry, seafood, eggs and unwashed produce.
- Put cooked food on a clean plate (never put cooked meat on plate used to hold raw meat!)
- Put raw meat, poultry, or seafood in sealed containers in your refrigerator to prevent leakage onto other foods.
- Don't use the marinade used on raw meat, poultry, or seafood on cooked foods unless boiled first.
- Never taste marinade that was used on raw meat, poultry or seafood.

chill

Dangerous bacteria can double every 20 minutes. T more bacteria there are, the greater the chance you coul become sick.

- Contrary to many beliefs, h food will not harm your refrigerator, so chill food quickly to keep harmful bacteria from multiplying.
- Set your refrigerator no higher than 40° F and the freezer at 0°F and check the temperatures periodically with a temperature gauge.
- Refrigerate or freeze perishables, leftovers and prepared food within 2 hou
- Divide large amounts of leftovers into shallow containers for quick cooling in the refrigerator.
- Don't pack the refrigerator too full- allow cold air to circulate.
- Marinate foods in the refrigerator.

Section 8: Equipment

Education on Equipment

- HBLL schedules mandatory coach's clinics
- Permission to use Batting Cages/Pitching Machines given to attendees of the mandatory clinics only
- Keys to the Batting Cages/Pitching Machines issued to certified users only
- First Aid kits and training provided
- Fire extinguishers and training provided
- First Aid kits are required for all practices and games
- Field Facilities training required to prepare the fields
- Snack Shack training required to work the snack stand
- HBLL requires all players wear batting helmets when batting and running bases in both practices and games
- Helmets are required for players who assist base coaching during an inning

Equipment Management Duties

- Inventory
- Inspection
- Order new equipment
- Repair / Replace substandard equipment
- Equipment is sized to the appropriate age group
- Tee ball teams may only use tee balls
- Reduced Injury factor level 5 (RIF) balls may only be used by Coach Pitch Teams. These balls are utilized at the Tee Ball and Farm Division levels.

SECTION 9: Game Procedures

Pre Game

- Umpires and Coaches Inspect equipment
- Coaches Inspect field for possible hazards and debris
- Inspect and remove debris from dugout
- Inspect and remove debris from bleachers
- Players must be in full uniform
- Players must be free of all jewelry
- Players must complete proper warm-ups
- Players must maintain a safe, clutter free environment inside dugout, making sure that equipment/bags/hats/gloves are stored properly

Home Team Duties

- Chalk the field
- Install bases
- Infield raking
- Inspect and correct field hazards
- Report field hazards to Safety Officer and Field Coordinator

Visiting Team Duties

- Install outfield fences.

Pre-Game Warm-ups and Infield

- Players must complete proper warm up drills (jogging, stretching and playing catch) to help prevent injuries
- The visiting team has the first 15 minutes infield practice
- Home team will follow with a 15-minute infield practice
- Home team provides the Official Scorekeeper
- Umpires and Managers meet at home plate and exchange line up cards and review local playing rules
- Games should start and end on time

During the Game

- Coaches encourage a SAFE and enjoyable game
- Pitchers must warm up in a designated area
- New pitcher's must be limited to ten pitches
- Managers and Coaches must follow the pitch count guidelines set forth by HBLL or Little League, Inc for 2015. Any abuse of this rule will be reviewed by the Board of Directors
- Catchers must wear full protective gear
- Umpires must be in proper position to safely and correctly make calls
- Managers/Coaches must control spectators

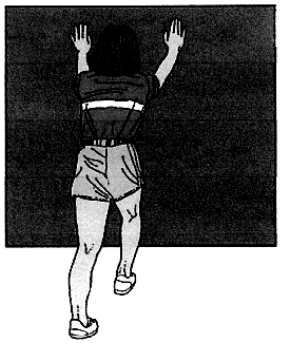
Post Game

- Players cheer your opponent
- Players line up for handshakes or high fives
- Thank the Umpire
- Coaches collect and inspect team equipment
- Coaches, Players, and Parents inspect field/dugout/bleachers for safety hazards and debris
- Coaches ensure the field, dugout, and bleachers are in same or better shape than how they were found
- If any area is found to be unsafe, dirty, or unusable for any reason, findings must be reported to the Safety Officer and Field Coordinator or any other H.B.L.L Board Member.

SECTION 10: Capital Improvement Plan

- The HBLL will continue working closely with the City of Hermosa Beach to make facility/field improvements
- The City of Hermosa Beach has expressed a desire to completely renovate Clark Field. Due to cost, it is considered a long-term capital project and requires budgeting, field design, and approval from appropriate City Officials, and FUNDING.

Suggestions for Warm-up Drills

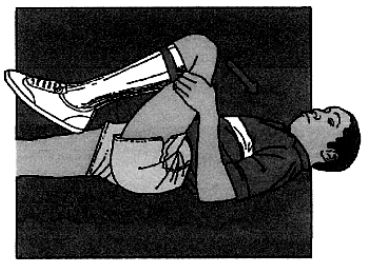


Heel Cord Stretches

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.

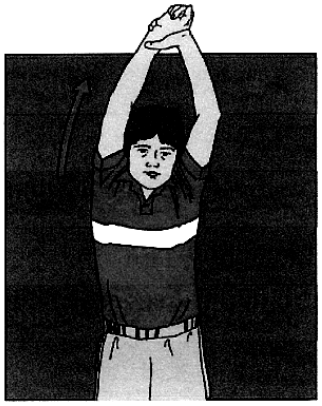
Head and Neck Circles

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

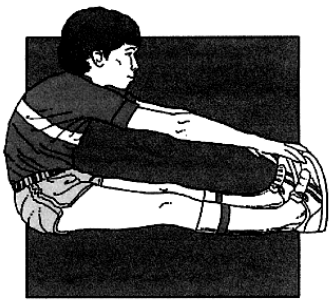
Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.

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.

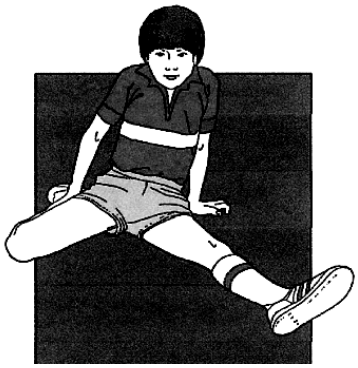


Thigh Stretches #1

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 you 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.



Section 11: Forms

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (http://www.littleleague.org/common/insurance/index.asp?cid=5).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident Reporting Procedures

What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer is:

_____ who can be reached (day) at_____
or (evening) at _____

How to Make the Report

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

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

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:

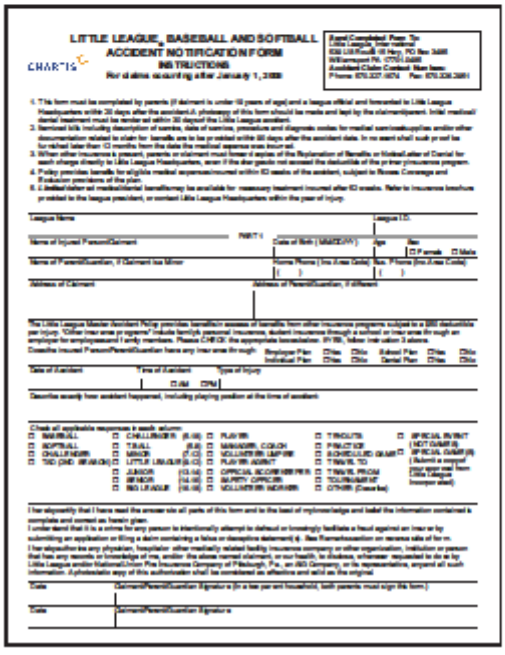
(1) Verify the information received;

(2) Obtain any other information deemed necessary;

(3) Check on the status of the injured party; and

(4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the _____ Little League's insurance coverages and the provisions for submitting any claims.

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

CHARTIS

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

CHARTIS

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

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.

PART 1

Name of Injured Person/Claimant | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ 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 ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

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

☐ BASEBALL	☐ CHALLENGER (5-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)	
☐ SOFTBALL	☐ T-BALL (5-8)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)	
☐ CHALLENGER	☐ MINOR (7-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME		
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO		
	☐ JUNIOR (13-14)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM		
	☐ SENIOR (14-16)	☐ SAFETY OFFICER	☐ TOURNAMENT		
	☐ BIG LEAGUE (16-18)	☐ VOLUNTEER WORKER	☐ OTHER (Describe)		

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

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

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

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

Date | Claimant/Parent/Guardian Signature

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

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

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

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

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

Name of League	Name of Injured Person/Claimant	League I.D. Number

Name of League Official	Position in League

Address of League Official	Telephone Numbers (Inc. Area Codes)
	Residence: ( ) Business: ( ) Fax: ( )

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

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

POSITION WHEN INJURED
- ☐ 01 1ST
- ☐ 02 2ND
- ☐ 03 3RD
- ☐ 04 BATTER
- ☐ 05 BENCH
- ☐ 06 BULLPEN
- ☐ 07 CATCHER
- ☐ 08 COACH
- ☐ 09 COACHING BOX
- ☐ 10 DUGOUT
- ☐ 11 MANAGER
- ☐ 12 ON DECK
- ☐ 13 OUTFIELD
- ☐ 14 PITCHER
- ☐ 15 RUNNER
- ☐ 16 SCOREKEEPER
- ☐ 17 SHORTSTOP
- ☐ 18 TO/FROM GAME
- ☐ 19 UMPIRE
- ☐ 20 OTHER
- ☐ 21 UNKNOWN
- ☐ 22 WARMING UP

INJURY
- ☐ 01 ABRASION
- ☐ 02 BITES
- ☐ 03 CONCUSSION
- ☐ 04 CONTUSION
- ☐ 05 DENTAL
- ☐ 06 DISLOCATION
- ☐ 07 DISMEMBERMENT
- ☐ 08 EPIPHYSES
- ☐ 09 FATALITY
- ☐ 10 FRACTURE
- ☐ 11 HEMATOMA
- ☐ 12 HEMORRHAGE
- ☐ 13 LACERATION
- ☐ 14 PUNCTURE
- ☐ 15 RUPTURE
- ☐ 16 SPRAIN
- ☐ 17 SUNSTROKE
- ☐ 18 OTHER
- ☐ 19 UNKNOWN
- ☐ 20 PARALYSIS/ PARAPLEGIC

PART OF BODY
- ☐ 01 ABDOMEN
- ☐ 02 ANKLE
- ☐ 03 ARM
- ☐ 04 BACK
- ☐ 05 CHEST
- ☐ 06 EAR
- ☐ 07 ELBOW
- ☐ 08 EYE
- ☐ 09 FACE
- ☐ 10 FATALITY
- ☐ 11 FOOT
- ☐ 12 HAND
- ☐ 13 HEAD
- ☐ 14 HIP
- ☐ 15 KNEE
- ☐ 16 LEG
- ☐ 17 LIPS
- ☐ 18 MOUTH
- ☐ 19 NECK
- ☐ 20 NOSE
- ☐ 21 SHOULDER
- ☐ 22 SIDE
- ☐ 23 TEETH
- ☐ 24 TESTICLE
- ☐ 25 WRIST
- ☐ 26 UNKNOWN
- ☐ 27 FINGER

CAUSE OF INJURY
- ☐ 01 BATTED BALL
- ☐ 02 BATTING
- ☐ 03 CATCHING
- ☐ 04 COLLIDING
- ☐ 05 COLLIDING WITH FENCE
- ☐ 06 FALLING
- ☐ 07 HIT BY BAT
- ☐ 08 HORSEPLAY
- ☐ 09 PITCHED BALL
- ☐ 10 RUNNING
- ☐ 11 SHARP OBJECT
- ☐ 12 SLIDING
- ☐ 13 TAGGING
- ☐ 14 THROWING
- ☐ 15 THROWN BALL
- ☐ 16 OTHER
- ☐ 17 UNKNOWN

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 & 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 NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

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 Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been 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. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

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 occurs.

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 Headquarters. 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.

05-013-09 rev. 4/21/2009

General Liability Claim Form

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

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

Insured	Name of League		League I.D. Number (Used as location code)
	Name of League Official (please print)		Position in League
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)
			Phone No. (Bus.)
Time and Place of Accident	Date of Accident	Hour ☐ AM ☐ PM	Accident occured at (Street, City, State, Zip)
	Arising out of Operations conducted at		
	Was Police Report made? If yes, where? ☐ Yes ☐ No		
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)		
	Who owns Premises		Person in charge of Premises
Coverage Data	Limits BI/PD: / Med. Pay: None		Elevator: Yes / Products: Yes / Cont: Yes
	Policy Number		Policy Dates: Begin: / End:
	Is there any other insurance applicable to this risk? ☐ Yes ☐ No		
Property Damage	Name of Owner		Description of Property
	Address (Street, City, State, Zip)		Name of Insurance Co.
			Nature and Extent of Damages and Estimate of Repair
Insured Person and Injuries	Name		Phone No. (Res)
	Address (Street, City, State, Zip)		Occupation / Age / ☐ Married ☐ Single
			Phone No. (Bus)
	Employers Name and Address		
	Did you provide or authorize medical attention? ☐ Yes ☐ No	Attending Doctor's Name and Address	
	Description of Injury		
	Where was the injured taken after accident?		Probable length of Disability
Witnesses:	Name, Address, Phone Number		
	Name, Address, Phone Number		
	Name, Address, Phone Number		
Date of Report:	Signature of League Official:		Position in League

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

CHARTIS

Applicable in Arizona

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

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

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

Applicable in California

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

Applicable in Colorado

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

Applicable in Florida and Idaho

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

* In Florida - Third Degree Felony

Applicable in Hawaii

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

Applicable in Indiana

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

Applicable in Minnesota

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

Applicable in Nevada

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

Applicable in New Hampshire

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

Applicable in Ohio

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

Applicable in Oklahoma

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

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 (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)
☐ Senior (14-16) ☐ Big League (16-18)

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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: (_____) _____

Signature: _____ Date: _____

HERMOSA BEACH LITTLE LEAGUE, INC.
710 PIER AVENUE, HERMOSA BEACH CA 90254
INFORMATION: (310) 372-6916

UNSAFE CONDITION REPORT

Date / Time : _____ Field Name: _____

Field / Weather / Lighting Conditions: _____

Name: _____ Home Phone: _____

Team Division: _____ Work Phone: _____

Team: Practice Game: _____ Other: _____

Description of problem (s) or comments (Please be as specific as possible):

_____

_____

_____

HERMOSA BEACH LITTLE LEAGUE, INC.
710 PIER AVENUE, HERMOSA BEACH CA 90254
INFORMATION: (310) 372-6916

UNSAFE CONDITION REPORT

Date / Time : _____ Field Name: _____

Field / Weather / Lighting Conditions: _____

Name: _____ Home Phone: _____

Team Division: _____ Work Phone: _____

Team: Practice Game: _____ Other: _____

Description of problem (s) or comments (Please be as specific as possible):

_____

_____

_____

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: _____ I.D. Number: _____

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.

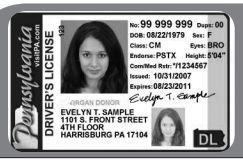
Date of last Tetanus Toxoid Booster: _____

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.

my documents/tournaments/2007/medical release form rev. 2/05.1



Little League® Volunteer Application - 2017

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

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

Name_____ Date _____

Address _____

City _____ State _____Zip _____

Social Security # (mandatory with First Advantage) _____

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):

_____

Do you have children in the program? Yes☐ No☐ If yes, list full name and what level? _____ Special Certification (CPR, Medical, etc.):_____

Do you have a valid driver's license: Yes ☐ No☐

Driver's License#: _____State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes☐ No ☐

If yes, describe each in full:_____

_____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ Yes ☐ No If yes, describe each in full:_____

_____

Have you ever been refused participation in any other youth programs? Yes☐ No☐

If yes, explain: _____

_____

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ 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:

http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm

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):
Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐ Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

Little League® "Returning" Volunteer Application - 2017

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

_____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

_____

Have you ever been refused participation in any other youth program? ☐ Yes ☐ No

If Yes, explain: _____

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

☐ League Official ☐ Manager ☐ Coach ☐ Umpire ☐ Field Maintenance

☐ Score Keeper ☐ Concession Stand ☐ Other: _____

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

Applicant Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

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

Please update ONLY the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone:

_____ / _____

_____ / _____

_____ / _____

Special professional training, skills, hobbies:

_____

Special Certifications (CPR, Medical, etc):

_____

Special Affiliations (Clubs, Service Organizations, etc):

_____

_____

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

_____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____

on _____

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

Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐

Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**Please be advised that if you use First Advantage 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 recieve a letter directly from First Advantage in compliance with the Fair Credit Reporting Act containing informa-tion regarding all the criminal association 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.

Sample Code of Conduct

Coaches Code of Conduct

CODE OF CONDUCT – Coaches are Role Models

"Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them."

George Colby
Easton, Conn., Little League, District 2

Editor's Note: *Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.*

Speed Limit 5 mph in roadways and parking lots while attending any _____ Little League function. Watch for small children around parked cars.

No Alcohol allowed in any parking lot, field, or common areas within the_____ Little League complex.

No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the _____ Little League complex.

No Playing in parking lots at any time.

No Playing on and around lawn/maintenance equipment.

No Profanity allowed in any parking lot, field, or common areas within the _____ Little League complex.

No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.

No throwing balls against dugouts or against backstop.

No throwing rocks and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

No children under age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the _____ Little League field or complex.

Volunteer Code of Conduct

Must Understand and Comply with Code

(The following is an example of a Volunteer Code of Conduct Contract which Little Leagues may emulate.)

The _____ Little League Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and mail to _____ , Safety Officer.

_____Little League Code of Conduct:

No board member, manager, coach, player or spectator shall, **at any time:**

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

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

I have read the _____ Little League Code of Conduct and promise to adhere to its rules and regulations.

_____	_____
Print name of Manager	**Team name and division**
_____	_____
Signature of Manager	**Date**
_____	_____
Coach #1	**Coach #2**

A Parent's Guide to the Little League Child Protection Program

Introduction

The backbone of Little League® is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local board of directors, and serve at the District level. These people, who live in every U.S. state and more than 100 other countries, make Little League the world's largest and most respected youth sports organization.

We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

The Little League Child Protection Program seeks to educate children and volunteers in ways to prevent child abusers from becoming involved in the local league. Part of that education has been to assist local Little League volunteers in finding effective and inexpensive ways to conduct background checks. Little League regulations now say: "No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor." (Reg. I [c] 9.)

Background checks were optional until the 2003 season. Effective in 2007, the local league must conduct a nationwide search that contains the applicable government sex offender registry data. Advances in computer technology – allowing greater access to public records – make it possible for background checks (at a minimum, to see if an individual is a registered sex offender in any given state) to be conducted in every U.S. state. Local Little League programs are now ***required*** to annually conduct a background check of Managers, Coaches, Board of Directors members 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. (Reg. I [b], Reg. I [c] 9.)

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

The United States Department of Justice National Sex Offender Public Registry is free and available at www.nsopr.gov.

What Can Parents Do?

Most children have been warned about the dangers of talking to strangers. But for many children, sexual molestation is committed by someone they know. In fact, 80 to 85 percent of all sexual abuse cases in the U.S. are committed by an individual familiar to the victim, according to statistics compiled by Big Brothers & Big Sisters of America.

The truth is, child sex offenders can come from every background, every occupation, every race, and every level of education. They may be married, and they may have children of their own. It is dangerous to believe that the only threat is the stranger in a long raincoat, lurking behind a tree.

In fact, the promotion of this myth may contribute to the problem. Sometimes, a child who is molested by a known and "trusted" person will feel so guilty about not reacting the "right" way that he or she never reports the problem.

Sadly, we have all seen too many reports in which teachers, police officers, clergy, youth sports volunteers, etc., trusted by all, have violated that trust and molested children in their care. Of course, this must never be tolerated in Little League or anywhere else.

In many of these situations, the young victims are actually seduced, sometimes over a period of months or even years. The child's family is lulled into believing the unusual attention being lavished is a bond of friendship between the adult and the child. In fact, the adult abuser often uses gifts, trips, attention and affection as part of a courtship process. Sometimes, the courtship process extends to the child's parent(s), but the real target is the child.

Often, but not always, the victim of this type of child sex offender is the child of a single parent. In these cases, the single parent sees the child's adult friend as a surrogate parent – a Godsend. The very opposite is true.

Two good rules of thumb for all local Little Leagues and parents

- Generally, a person involved in a local Little League program should not put himself or herself in a one-on-one situation involving a child who is not their own. Of course, some isolated situations may arise where one-on-one situations could take place. However, a one-on-one situation should not be actively *sought out* by the adult, and should not be an ongoing occurrence.

- Generally, a person involved in a local Little League program should not provide unwarranted gifts, trips, attention and affection to individual children who are not their own. The key word is *unwarranted*.

Warning Signs of a Seducer

While it remains important to teach young children about the dangers of accepting items from strangers, or talking to them, we should all beware of the danger posed by the "seducer-type" child sex offender.

Each of the individual signs below means very little. Taken as a group, however, the signs ***MAY*** point to this type of child sex offender, and should be applied to anyone who has repetitive access to, or contact with, children.

- Provides unwarranted gifts, trips, affection and attention to a specific child or small group of children
- Seeks access to children
- Gets along with children better than adults
- "Hangs around" children more than adults
- Has items at home or in vehicle specifically appealing to children of the ages they intend to molest, such as posters, music, videos, toys, and even alcohol or drugs
- Displays excessive interest in children (may include inviting children on camping trips or sleepovers)
- Single, over 25 years old (but could be married, sometimes as a "cover," and could be any age)
- Photographs or videotapes children specifically
- Lives alone, or with parents
- Refers to children as objects ("angel," "pure," "innocent," etc.)
- Manipulates children easily

Again, each of these items, by themselves, is relatively meaningless. Taken together, however, they may indicate a problem.

What to Watch For in Your Child

We've seen the signs that could point to a child sex offender, but what about the signs a child might display when he or she has been sexually abused or exploited? Some of these symptoms may be present in a child who has been or is being sexually abused, when such symptoms are not otherwise explainable: sudden mood swings, excessive crying, withdrawal, nightmares, bed-wetting, rebellious behavior, fear of particular people or places, infantile behavior, aggressive behavior, and physical signs such as pain, itch, bleeding, fluid or rawness in private areas.

Getting More Information

These items are meant solely as a general guide, and should not be used as the only means for rooting out child sex offenders. Parents can access more information on child abuse through the National Center for Missing and Exploited Children (a non-profit organization founded by John Walsh, http://www.missingkids.com/) and the National Clearinghouse on Child Abuse and Neglect Information (part of a service of the Children's Bureau, within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, http://www.calib.com/nccanch/).

How to Report Suspected Child Maltreatment

The National Clearinghouse on Child Abuse and Neglect Information advises this: If you suspect a child is being maltreated, or if you are a child who is being maltreated, call the Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453; TDD [text telephone] 1-800-2-A-CHILD). This hotline is available 24 hours a day, seven days a week. The Hotline can tell you where to file your report and can help you make the report.

Or, for a list of states' toll-free telephone numbers for reporting suspected child abuse, visit the "Resource Listings" section at this site: http://www.calib.com/nccanch/pubs/prevenres/organizations/tollfree.cfm, or call the Clearinghouse at 1-800-FYI-3366.

Talk to Your Kids; Listen to Your Kids

It is important that you as a parent talk frankly to your children. If a child reports sexual abuse, statistics show he or she is probably telling the truth.

Unfortunately, the sexually molested child often sees himself or herself as the one "at fault" for allowing abuse to happen. Your children MUST know that they can come to you with this information, and that you will support them, love them, and *believe* them.

If there is an allegation of sexual abuse of a minor, the crime should be reported immediately. These criminals who steal childhood MUST BE STOPPED.

This brochure was produced by Little League Baseball, Incorporated; P.O. Box 3485; Williamsport, PA 17701

Little League Baseball and Softball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference or religious preference.