



**2012
Safety
Manual**

I. Introduction

Providing a safe atmosphere for kids to enjoy themselves is the top priority for GVSLL. This Safety Manual is designed to provide basic information with respect to safety practices and emergency response procedures. It is to be used as a supplement to the Manager's Handbook. In the event of any conflicts between this Safety Manual and official Little League policies, the latter shall control.

II. GVSLL Contact Information

GOLETA VALLEY SOUTH LITTLE LEAGUE 2012 BOARD OF DIRECTORS

<u>NAME</u>	<u>POSITION</u>	<u>PHONE</u>	<u>E-MAIL</u>
Gary Furukawa	President	845-8440	gary@FreestoneCapital.com
Steve Boelter	League VP	698-6199	Sboelter@gmail.com
Kevin Halleck	Secretary	637-9337	kevin.halleck@ksimaging
Tony Winterbauer	Treasurer	453-6550	twinterbauer@gmail.com
Becky Villarreal	Player Agent	452-3390	bvillarreal08@yahoo.com
Melissa Frank	Info/P.R. Officer	689-9406	melissa.frank@gmail.com
Brad Thomas	Junior V.P.	717-9354	bradthomas2@cox.net
Dan Feldhaus	Major V.P.	705-8409	dfledhaus@dphs.org
Drew Hawn	Minor V.P.	252-4743	drew@hawn.org
Jack Haskell	Mini V.P.	680-1301	jacksonhaskell@yahoo.com
Tony Sandoval	T-Ball V.P.	252-3288	tonysandoval@cox.net
Randy Roberts	Scorekeeper/Scheduler	705-4133	robertsfamily7@cox.net
Ray Kennedy	Umpire-In-Chief	680-7046	raydefiance@aol.com
Peter Stathopoulos	Safety Officer	455-4216	coachpetes@aol.com
Scott Street	Equipment Manager	451-7990	ssstreet@me.com
Maria Gamberdella	Special Events Coordinator	570-3407	marlag@cox.net
Paula Peterson	Sponsorship & Grants	722-5452	paulkirstenp@verizon.net

III. GVSSL SAFETY

A. GOALS

There are 13 minimum requirements to be met in order to have a qualified Little League Safety Program in place. GVSSL is committed to meeting these requirements at the earliest possible time, as follows:

Requirements



13 Requirements for Safety

- 1. Have an active Safety Officer**
 - 2. Publish, distribute safety manual**
 - 3. Post, distribute emergency #'s**
 - 4. Check volunteers on national SOR**
 - 5. Provide fundamentals training**
 - 6. Provide first-aid training**
 - 7. Require field inspections before use**
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- **8. Complete annual Facility Survey**
 - **9. Use concession stand procedures**
 - **10. Regularly inspect, replace equipment as needed**
 - **11. Have prompt accident reporting**
 - **12. Require first-aid kits at events**
 - **13. Enforce all LLB rules**
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B. General Safety

Each manager and coach in the League is charged with the duty and responsibility of insuring that safety concerns are primary and that they come first during practices and games. All managers, coaches, umpires and league officials shall comply with the following Little League Safety Code.

SAFETY CODE FOR LITTLE LEAGUE

- Responsibility for procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first aid. First Aid Kit should be available at the field.
- No games or practices should be when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play 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.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- 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.
- Equipment should be inspected regularly. Make sure it fits properly.
- Batters must wear approved protective helmets during batting practice, as well as during games.
- Catcher must wear catcher's helmet, mask, throat protector, long model chest protector, shin guards and male catchers must wear a protective supporter at all times.
- Except when runner is returning to a base, head first slides should be avoided.
- During slide practice bases should not be strapped down and should be located away from the base anchoring system.
- 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."
- Players should not wear watches, rings, pins or other metallic items.
- Catchers must wear catcher's helmet and mask with a throat protector in warming up pitchers. This applies between innings and in the bull-pen.

Additionally, the Board of Directors of Goleta Valley South Little League has mandated the following ***GVSSL Safety Guidelines***, which supplement the foregoing as well as information contained in the GVSSL Manager's Handbook. The following safety guidelines are to be followed and adhered to by all managers, coaches, players, and league officials.

- Responsibility for safety procedures belong to every player and adult member of Goleta Valley South Little League.
- All managers and coaches are required to participate in fundamentals training, at times to be designated by the GVSSL.
- All managers and coaches are required to participate in First Aid training, at times to be designated by the GVSSL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to run practices and teams.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at the concession stand.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.

- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, 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.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted.
- Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted (exception Junior league). Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
- Only bats that meet Little League specifications and standards may be used.
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 15 are permitted in the Concession Stands.
- Never hesitate to report any present or potential safety hazard to the GVSLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No playing in the parking lots at any time.
- No smoking allowed on the premises.

- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

C. MANAGERS AND COACHES ARE ASSISTANT SAFETY OFFICERS

Each manager and coach from each team is to act as an Assistant Safety Officer.

The duties of Assistant Safety Officers are as follows:

1. If necessary, call for emergency medical services.
2. Each team has been issued a sport medicine related first aid kit. These kits are to remain in the equipment bag and be taken to each practice and game. If replacement supplies are needed, request them promptly from the Equipment Manager.
3. No games or practices should be held when weather conditions are not good, particularly when lighting is inadequate.
4. Field area should be inspected frequently for holes, damage, stones, glass and other foreign objects (every game and practice).
5. Dugouts, bats and helmets should all be behind screens. No on-deck batter!
6. Only players, managers, coaches and umpires should be permitted on the playing field during scheduled games and practice sessions.
7. Keep loose equipment off the field of play.
8. Inspect playing equipment often for being unsafe, such as dented bats. Inspect bats for correct diameter, length, etc. Inspect helmets chest protectors, shin guards, bases, etc. Make sure equipment fits players properly.
9. Batters must wear approved protective helmets during batting practice as well as during games.
10. Catchers must wear a protective cup of the metallic, fiber or plastic type, during both practice and games.
11. At no time should "horse play" be permitted at practices or games.
12. Parents of players who wear glasses shall be instructed to provide safety glasses and an elastic retaining strap to keep the glasses from falling off.
13. Players shall not wear watches, rings, pins, or other items of personal adornment.
14. Catchers must wear full gear (mask, helmet, chest protector, and protective cup and shin guards) in warming up pitchers during practice, scheduled games, and bullpen or between innings. The chest protector or mask shall have a throat guard.
15. No metal cleats shall be worn.
16. Follow up on all accidents in order to discover the cause and to take corrective action, if possible.
17. Complete the accident/injury investigation forms, and turns them in to the League Safety Officer no later than 24 hours after any accident/injury.
18. Be sure a doctor's release has been turned into the GVSLL Safety Officer before allowing a player to return to practice or game post injury.
19. Have signed Medical Release forms for every player at every team activity.

20. In addition to teaching fundamentals and skills, instruct players on safety issues throughout the season.
21. The Home Team Assistant Safety Officer will act as League Safety Officer during absence of League Safety Officer at a regular scheduled game.
22. Properly warm players up to minimize the risk of injury.

IV.

Pre-Game Safety Preparation

Each manager shall enlist the assistance of team parents, as needed, to perform the following pre-game field maintenance activities.

Pre-Game Field Preparation

- Drag the infield and water lightly, avoiding mud puddles.
- Place the bases on metal base posts.
- Remove the rubber protective mats over the pitching mound and batter's box. Store the mats in the bullpen area. They will be replaced after the game.
- Pack and prepare pitcher's mound and batter's box.
- Spray the batter's box and pitcher's mound lightly with water.
- Rake and spray the areas again so they will moisten.
- Inspect the infield and outfield for rocks, glass, trash and other debris.
- Fill and pack any holes in the outfield (ground squirrels or gophers).
- Assure that the foul line and batter box chalk are clearly marked at the beginning of the game.

Pre-Game Team Preparation

- Hold a warm-up drill.
- Inspect helmets, bats, catcher's gear and other equipment as needed.
- Make sure a working telephone is available.
- Make sure a First-Aid kit is available.
- Be sure players are not wearing any jewelry.
- Be sure that players are in proper uniform, including cups, as required.
- Be sure that catchers are wearing the proper safety equipment.

Suggestions for Warm-up Drills



Heel Cord Stretches

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



Head and Neck Circles

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



Low Back Stretches

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



Shoulder Stretches #1

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



Shoulder Stretches #2

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



Shoulder Stretches #3

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



Thigh Stretches #1

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

Thigh Stretches #2

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



V.
EMERGENCY PROCEDURES

A.
Emergency Phone List for Goleta Valley South Little League

Emergency Contact Numbers

Santa Barbara Police/Fire/EMT911

Non Emergency Contact Numbers

SB County Sheriff – non-emergency 681-4260

SB County Fire - non-emergency 681-5500

Utilities – Emergency Numbers

The Gas Company..... 800-427-2200

Southern California Edison..... 963-3671

Goleta Water District 964-6761

Area Hospitals & Med Centers

Goleta Valley Cottage Hospital

351 S. Patterson 967-3411

Little League Contact Numbers

Goleta Valley South Little League

4540 Hollister Avenue 967-1467

President

Gary Furukawa..... 845-8440

Safety Officer

Peter Stathopoulos..... 455-4216

Little League Western Region Headquarters

6707 Little League Drive

San Bernardino, CA 92407909-887-6444

Little League International Baseball and Softball

539 US Route 15 Hwy

P.O. Box 3485

Williamsport, PA 17701-0485570-326-1921

B.
Emergency Utility Procedures

Gas/Propane:

In the event of smelling gas or noticing a leak immediately evacuate any persons in an organized manner as far as possible from the incident. Turn off any open flame or other items that could cause an explosion. Turn the main gas line off. Call the Gas Company or 911.

Electric:

In the event of electric fire immediately evacuate any persons in an organized manner. Turn main electric power breaker off. Call the Electric Company or 911. If the problem is in the concession stand call a licensed local electrician for repairs.

Water:

In the event of water line leak, turn off that line if possible. Turn off the main line if necessary. Call the Goleta Water District if it is a main water line for repairs. If the line is in the concession stand call a licensed local plumber for repairs.

C. Emergency Contact Procedures



Police



Fire



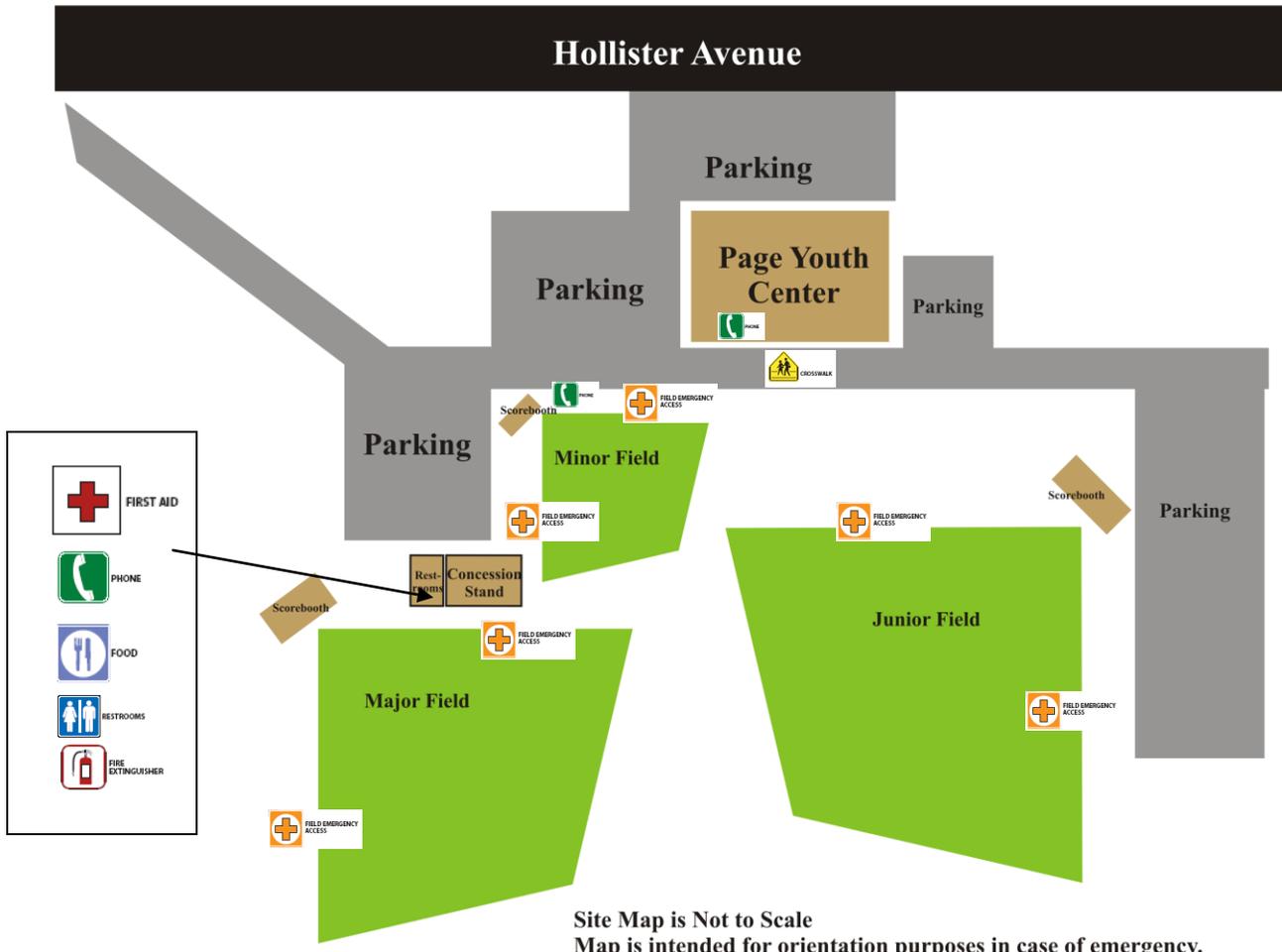
Rescue



Sheriff

- 1. First Dial 9-1-1**
- 2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:**
The exact location or address of the emergency – include nearby intersections, landmarks, etc., as well as the location of the fields
Our address is: 4540 Hollister Avenue
Cross-Streets are: San Antonio Rd, Auhay Rd
Landmarks: Behind Page Youth Center
Concession Phone: 967-1467
- 3. Other information the dispatcher may need:**
 - The telephone number from which the call is being made.
 - The caller's name
 - What happened: i.e. baseball-related accident, car accident, fire, etc.
 - How many people are involved
 - The condition of the injured person: i.e. unconscious, chest pains, bleeding, etc.
 - What help is being given: i.e. first aid, CPR, etc.
- 4. Do not hang up until the dispatcher hangs up.**
The dispatcher may be able to tell you how to best care for the victim.
- 5. Continue to care for the victim until professional help arrives.**
- 6. Appoint someone to go to the street and look for the ambulance – flag them down if necessary.**
This saves valuable time. Remember every minute counts.

Goleta Valley South Little League Site Map



VI. Post-Accident Procedures

A. Investigation

After arranging for medical care, the following procedure is to be employed and followed by the designated Assistant Safety Officer in case of an injury or accident which results in an injury or to any manager, coach, player or any other person involved in a Little League activity.

1. Obtain full names, addresses and telephone numbers of persons sustaining injury or damage, as well as from all witnesses.
2. Express no opinion as to who was at fault or the cause of the occurrence or accident.
3. If an accident results in serious personal injury, call a doctor or ambulance immediately.
4. Complete an Accident Investigation Report and submit to the League Safety Officer.
5. Your interests will be best served if you are courteous and engage in no controversy concerning the occurrence or accident. Leave the entire handling of the claim to the League.

Accidents shall be initially reported using the following form:

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 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: _____

B. Insurance Summary

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.

C. 2012 Insurance Claims Forms

The following pages contain the 2012 accident and general liability claims forms. All claims should be completed with the assistance of the GVSLL Safety Officer.

LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS



Send Completed Form To:
 Little League, International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674 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.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
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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. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

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

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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	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at		<input type="checkbox"/> PM	
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> 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		Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes	Yes
	Policy Number		Policy Dates:		
		Begin:	End:		
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Married
					<input type="checkbox"/> Single
Employers Name and Address					

Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address				
Description of Injury					

Where was the injured taken after accident?	Probable length of Disability
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Witnesses:

Name, Address, Phone Number

Name, Address, Phone Number

Name, Address, Phone Number

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



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.

VII. Background Checks & Volunteer Forms

GVSLL is committed to making sure parents know they can trust the people who are involved in training their children. Little League has mandated Regulation I (b) which mandates, “as a condition of service to the league, background checks for all 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.”

Any background check that reveals a conviction of any crime involving or against a minor must result in immediate termination from the league. Additionally, volunteers who refuse to submit a fully completed Little League Volunteer Application must be immediately terminated or eliminated from consideration for any position. This includes individuals with many years of service to the league.

The following Volunteer Application Form shall be utilized:



Little League Volunteer Application -2011

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 _____
 Cell Phone _____ Business Phone _____
 E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Social Security # (mandatory upon request or with LexisNexis) _____
 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): 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
_____	_____
_____	_____
_____	_____

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 _____

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):

Sex Offender Registry Criminal History Records *LexisNexis

*Please be advised that if you use LexisNexis 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.

VIII.

Concession Stand Safety

The following information is intended to help league volunteers run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

Menu

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

Cooking

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

Reheating

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

Cooling and Cold Storage

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

Hand Washing

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

Health and Hygiene

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

Food Handling

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

Dishwashing

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process: 1. Wash in hot soapy water; 2. Rinse in clean water; 3. Chemically or heat sanitize; and 4. Air dry.

Ice

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

Insect Control and Waste

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

Food Storage and Cleanliness

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

Minimum Worker Age

GVSSL has set a minimum age of 18 for workers in the concession stand due to potential hazards with various equipment.

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash

20 seconds
Use soap



Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

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



**UMASS
EXTENSION**



Thermy™ says:
"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA



Think **PASS!**

1. **P**ull Ring
2. **A**im at Base of Fire
3. **S**queeze Lever
4. **S**weep Side to Side



IX. Conclusion

As a GVSLL volunteer, your input is invaluable in maintaining a safe and secure environment for our players. If at any time you have comments, suggestions, or safety concerns of any type, please notify the GVSLL President or Safety Officer at the earliest possible time.

Thank you from the 2012 GVSLL Board of Directors!