

MISSION TRAILS LITTLE LEAGUE

Declaration by the Manager of MISSION TRAILS LITTLE LEAGUE

I have reviewed this League Safety Plan and am aware of its contents and my responsibilities as a manager. I will also:

- 1) Make sure my coaches have reviewed this Safety Plan in order to promote safety awareness.
- 2) Make sure my coaches and I have met league requirements for Player Development and Emergency Management/Safety Clinics as described in this League Safety Plan.
- 3) I understand my coaches and I must sign in at all clinics we attend to ensure credit for clinic attendance on the CA District 33 Clinic Attendance List.
- 4) I am aware that coaches and managers who do not meet clinic attendance requirements as stated in the League Safety Plan are not eligible to participate in any CA District 33 sponsored tournaments during or at the end of the season.
- 5) I will ensure that the League Safety Plan and a First Aid Kit are at every game and practice, even if I am not attending.
- 6) I will ensure that I know where Emergency Medical Services (EMS) will access the playing fields and practice areas and the procedure for meeting and directing them.
- 7) I will verify that I have completed Medical Releases for all players on my team no later than the third practice at the beginning of the season.
- 8) I will review all Medical Releases so that I understand any medical issues and necessary treatments.
- 9) I will ensure that all players who have need for asthma inhalers, Epi-Pens or other necessary medications have **non-expired medications/devices with them and that I know where these are located in the player's equipment bag.**
- 10) I am aware of my responsibility to inform the league of any injuries that occur to players, coaches or myself in the course of Little League activities.
- 11) I am aware of my responsibility to check the fields and practice areas for any hazards before games or practices.
- 12) I have the names and phone numbers of the League President, Vice President, Coach Coordinator and Safety Officer entered into my cell phone.

Team: _____ **Division:** _____

Manager signature

Date

League Copy- Retained for reference. Coaches' copy in Coaches section of this Safety Plan

COACHES' CODE OF ETHICS PLEDGE

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children rather than adults.

Team: _____ Division: _____

Manager _____
Date

Coach _____
Date

Coach _____
Date

Coach _____
Date

Coach _____
Date

League Copy- Retained for reference. Coaches copy in Coaches section of this Safety Plan



MISSION TRAILS LITTLE LEAGUE

0405-33-04

SAFETY PLAN 2019

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SAFETY OFFICER
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(619) 204-0994



MISSION TRAILS LITTLE LEAGUE SAFETY MISSION STATEMENT

The responsibility for safety is that of every adult member of MISSION TRAILS LITTLE LEAGUE. The procedures in this manual are for the safety of every player and adult in this league. Safety will be a priority and never an afterthought. We believe that safe play will always be fun play. Anyone not abiding by these safety procedures will be removed from his or her position.

DISTRIBUTION OF SAFETY PLAN

A copy of the relevant parts of the safety plan will be distributed as follows: Concession Manual reviewed by concession workers; Equipment Policies to facilities crew, First Aid and Coach Information and Responsibilities to managers and coaches. Copies of the Safety Manual will be kept available for reference at Concession Stands, Equipment Sheds and printed copies will be carried by managers/coaches as part of the equipment to all games and practices.

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INJURY/ACCIDENT TRACKING AND REPORTING

All injuries or accidents, whether they require a doctor visit or not, must be reported to League Officials within 48 hours. League Safety Officer or other designated league official is responsible to complete the **Injury Tracking Report** and review at the next league board meeting. For all claims or injuries which could become claims, fill out and mail to LL the **Accident Claim/Notification Form** (appended to this Safety Plan). **Retain copies for league records and for parents** before mailing/faxing to the address or fax number at the top right of the form. Both Injury Tracking and Accident Notification forms are available via <http://www.littleleague.org> (in Forms and Publications/Insurance). CA District 33 Safety Officer and/or Administrator and Little League Safety Officer should be notified if a form is completed:

CA District 33 Safety Officer: Steve Taylor llcad33.safetyofficer.staylor@gmail.com
CA District 33 District Administrator: Clay Berry llcad33@yahoo.com
Mission Trails Little League Safety Officer: Michelle Mosqueda (619) 204-0994
mmosquedamtl@gmail.com

EMERGENCY NUMBERS

- POLICE 9-1-1
- FIRE 9-1-1
- Emergency Medical Services (EMS) 9-1-1
- Sharp Memorial Hospital 858 939-3400 **Rady Children's (858) 576-1700**
- Poison Control System 2-1-1 or (800) 222-1222 www.calpoison.org
- Animal Control Dispatch 619-236-2341 www.sddac.com/

KEY OFFICIALS ON FILE WITH LITTLE LEAGUE

President:	Stephen Seefeldt	(619) 913-0401
Vice President:	Ryan Glenn	(619) 571-3314
Player Agent:	Randy Herold (Upper Div)	(619) 254-2164
Player Agent:	Michelle Mosqueda (Lower Div)	(619) 204-0994
Safety Officer:	Michelle Mosqueda	(619) 204-0994
Umpire in Chief:	Ryan Glenn	(619) 571-3314

CA D-33 Website: <http://www.cadistrict33.org>

CA District 33 District Administrator

Clay Berry, District Administrator
3765 42nd Street, San Diego, CA 92105
Cell 619-787-7593
Home 619-282-7616 (cell phone first)
llcad33@yahoo.com

CA District 33 Safety Officer

Steve Taylor, District Safety Officer (858) 337-8699 llcad33.safetyofficer.staylor@gmail.com

Little League Support Numbers

Western Region Little League
6707 Little League Drive
San Bernardino, California 92407
Phone: 909-887-6444 Fax: 909-887-6135

LL International Office (570) 326-1921
FAX - LL International Office (570) 322-2376 or (570) 326-1074
Mailing address:
P.O. Box 3485
Williamsport, PA 17701

LITTLE LEAGUE DATABASE REQUIREMENTS

League Information Officer shall maintain current data on Little League’s Database: League officials (after September Board meeting), Team Player and Manager/Coach Roster - by February 1st and send updated or all data again if information changes.

VOLUNTEER APPLICATION AND BACKGROUND CHECKS

Each Adult Volunteer for MISSION TRAILS LITTLE LEAGUE will be sent an email link to fill out a **Volunteer Application** online. This includes, but is not limited to, coaches, managers, board members, umpires and members of the auxiliary or anyone who provides regular service to the league and/or has repetitive access to or contact with players or teams. Each applicant must present a government-issued identification card for ID verification in support of the application. **Anyone failing to complete an online Volunteer Application annually will not be able to serve as a volunteer league member or provide ongoing service to MISSION TRAILS LITTLE LEAGUE.**

Little League® International and MISSION TRAILS LITTLE LEAGUE both share a commitment to the safety of its players, families, and volunteers, both on and off the field. To that end, we conduct a search of the Department of Justice National Sex Offender Registry via www.nsopw.gov as well as a national criminal background check for each volunteer with regular service to the league or repetitive access to children. MISSION TRAILS LITTLE LEAGUE will conduct the national criminal and sex offender background check through [J.D. Palatine \(JDP\)](#).

The league board member conducting the background checks will send a link to potential volunteers so they can complete the Little League Volunteer Application online. To do this the league board member enters the volunteer’s information: name and email address on the JDP website under “Quick App.” Upon receipt of the online link, the potential league volunteer will complete his or her own volunteer application, including entering the social security number, which is secure on the website. The online Little League Volunteer Application is linked with the background check, which can be viewed on the league’s JDP Portal by designated board members. MISSION TRAILS LITTLE LEAGUE will verify the volunteer’s application with a government-issued photo ID and retain a record that this ID has been verified for that year. In the event concerns regarding a potential volunteer surface, a committee of three board members will review the information and make a determination as to the appropriateness of the individual volunteering in their role for the league. If the committee determines the individual should not serve, they will inform the board of the committee’s decision while acting with discretion, out of consideration of embarrassment to the individual unless it is

determined that the need for the entire board of directors to know the reason for declining service overrides this concern.

VOLUNTEER CODE OF CONDUCT

Volunteers working on behalf of MISSION TRAILS LITTLE LEAGUE, having submitted to a background check and having been accepted as a volunteer by the league Board of Directors, shall be aware of the following responsibilities:

- 1) To interact with other league volunteers and players in a positive manner, setting an example for all participants in the league;
- 2) To fulfill your role within the league in a way that facilitates cooperation with other volunteers and is supportive of them in fulfilling their role;
- 3) To accept direction from volunteers who are in a leadership role;
- 4) In the event of differences of opinion, to take appropriate steps to address concerns with the intent to reach an amicable resolution;
- 5) When acting as a Scorekeeper, Umpire, or in some other official capacity, to conduct yourself in a manner that is impartial and above reproach so as to not create the appearance of favoritism.

2019 LITTLE LEAGUE VOLUNTEER APPLICATION



Little League® Volunteer Application - 2019

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 _____
First Middle Name or Initial Last

Address _____

City _____ State ____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

- Do you have children in the program? Yes No
If yes, list full name and what level? _____
 - Special Certification (CPR, Medical, etc.)? (ist) Yes No
 - Do you have a valid driver's license? Yes No
Driver's License#: _____ State ____
 - Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No
If yes, describe each in full: _____
 - Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
 - Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)
 - 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 Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

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

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 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
 Records check, as mandated in the current season's
 official regulations

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

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

Last Updated: 10/1/2019

MANAGERS AND COACHES

This Safety Plan is to be kept by all managers in their equipment bag.

Responsibility for implementing safety procedures/practices belongs to all adult members of MISSION TRAILS LITTLE LEAGUE.

MANDATORY CLINICS

League will maintain a record of clinic participation and a list of all managers and coaches (to verify clinic attendance). The CA District 33 Clinic Attendance List may be used for reference - linked to www.cadistrict33.org website.

One manager/coach from each team must attend the two required clinics annually. All other coaches/managers must have attended both required clinics within the last two years - 2017, 2018 or 2019 to be eligible for TOC and other CA District 33 sponsored tournaments.

1) Manager/Coach Fundamentals Clinic - required for all new coaches and every three years for continuing coaches/managers.

At minimum, one Manager or Coach from each team must attend a D-33 sponsored or D-33 approved fundamentals clinic in 2019 and all other Managers and Coaches within the past two years as reflected on CA District 33's Clinic Attendance record on the www.cadistrict33.org website - 2017, 2018 or 2019.

Manager/Coach Clinic dates: 1/27/19, 2/23/19. **Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the www.cadistrict33.org website).

2) Emergency Management/Safety Clinic - District sponsored or district approved.

At minimum, one Manager or Coach from each team must attend an Emergency Management/Safety Clinic in 2019 and all other Managers and Coaches within the past two years as reflected on CA District 33's Clinic Attendance record on the www.cadistrict33.org website – 2017, 2018 or 2019.

Emergency Management/Safety Clinic dates: 1/27/19, 2/23/19. **Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the www.cadistrict33.org website). Safety Clinic Participant Handouts, and Presenter Notes are available on the www.cadistrict33.org website and include California required concussion information. Also see CDC Concussion Youth Sports - In order to participate in All Stars or District-sponsored tournaments, ALL coaches must have completed the online concussion awareness course through Heads Up, Concussion in Youth Sports and have proof of attendance - paper certificate or copy of certificate on a mobile device.

FIRST AID INFORMATION

Typical issues with baseball/softball are:

- Contusions
- Muscle pulls/strains or ligament/tendon strains or separations
- Over-use injuries
- Bone Fractures
- Injuries to small joints
- Injuries to teeth
- Eye injuries
- Facial injuries
- Concussion
- Insect bites and stings
- Heat illness

TRIAGE AND EMERGENCY MANAGEMENT

Managers/coaches are to stop all play to protect the player from further injury, as well as to protect those not being closely monitored due to the focus on the injured player.

1. **Check player's breathing, pulse and alertness** to judge the seriousness of the injury.
2. **If necessary, have someone call 9-1-1 who can give information about the situation and location.**
3. **Send someone to the nearest entry point for EMS** to direct emergency services to your location. At Mission Trails Little League, the points of entry are the parking lot by the Majors field or from the street on Lake Adlon Dr.
4. **Call the player's parent/guardian if not present.** Review the Medical Release form when the player joins your team for any important information/warnings about medical conditions the player may have. Make sure you understand what the condition looks like - diabetes, seizures, allergies to insect stings, food items...
5. **Evaluate the injury:** Can the player be moved off the field without causing further injury?
 - If not, clear the area around the player and begin assessment;
 - If so, move player to sideline/shaded area for assessment;
6. Determine whether the player can return to play or needs first aid or other medical treatment.
7. Give the appropriate first aid for the injury.

If you determine the injury should be medically evaluated, in the absence of a parent, call for EMS.

- **Once professionals arrive**, step back and allow them to assess and provide treatment.
- If parents are not available, an adult league representative (manager, coach, league official) follows player to treatment center; turn over team to authorized coach.
- If emergency medical treatment isn't required and you judge the injury to be moderate or severe, urge player and parents to see a doctor for a proper diagnosis and treatment.
- Record the injury on an **Injury Report Form** located at the Snack Bar and online: www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf

- Follow up with the player until injury is healed and the player can return to play (**requires a doctor's release specifying any limitations**).
- **Parents must provide a medical release to a league official before the league can allow the player to return to participation in practice or games** if medical treatment was provided.

You have emergency medical support available, by cell phone or phone at the field - in case of severe or life-threatening injuries. Regular participation in Safety Clinics help the coaches/managers understand assessments to determine whether an injured player is ready to practice and play again. **If the player was medically treated for an injury, a medical release to return to practice/play is needed, as it may define limitations (for the player's safety).**

The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. Your assessment includes classifying injuries using symptoms and signs, by looking, listening and careful feeling and, if appropriate, the player moving the injured part.

In evaluating an injury that occurred, be mindful of the three types of motion:

- **Active motion** – Player is able to move the part themselves;
- **Active assistive motion** – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move the affected area;
- **Passive motion** – the player's injured area is moved by someone else; be especially cautious with passive motion that you do not make the injury worse through excessive movement. Look for disability (the player can't use injured part); this suggests the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the more immediate and noticeable the swelling, the more serious the injury, because swelling outwardly means bleeding in the muscle tissue. A noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something is wrong. Treat unconsciousness or any eye injury as a serious situation, in the category of a severe injury, until you are assured otherwise by a medical professional.

Use the **PRICES** guide for treating injuries:

P = Protection R = Rest I = Ice C = Compression E = Elevation S = Support

CONCUSSION

Little League International strongly encourages all leagues and teams to not only comply with any applicable state/provincial/municipal laws, but also, to review the information and training materials on concussions that are available free of charge on the Centers For Disease Control website, accessible at <http://www.cdc.gov/ConcussionInYouthSports>.

Concussion awareness: Coaches and League officials are required by AB 2007 to participate in concussion awareness education before league practice and play begins. All parents of athletes and athletes 17 and younger are required yearly to review and sign concussion awareness materials provided by MISSION TRAILS LITTLE LEAGUE before the athlete can participate in practice or games.

While participating in baseball or softball, a concussion could result from a fall while running such

that the head strikes the ground, a collision with another player, or being struck by an object, such as a ball flying through the air as well as other less likely but possible scenarios. The possibility of a concussion cannot be taken lightly - further head injury while in concussion recovery can result in a much more severe concussion. California State Assembly passed AB 2007 in September of 2016, related to youth sports organizations and concussion awareness and treatment.

1. If a medical professional, the game umpire, the player's coach, the player's manager, a league official or the player's parent has determined a player sustained a possible concussion, the player must be removed from the game and/or practice for the remainder of that day. Further, the player must be evaluated by a licensed health care provider who is trained in the diagnosis and treatment of concussion. In the event a concussion is diagnosed, a return to play protocol overseen by a licensed health care provider must be followed. The player cannot return to full participation until written clearance is provided by a licensed health care provider.

Any blow to the head or jarring fall has the potential to cause a concussion, which is a traumatic brain injury (TBI). This concussion/TBI must be medically evaluated to determine the severity and treatment!

Concussion/Traumatic Brain Injury (TBI)

There are some common physical, mental and emotional signs a person may display following a collision, blow or fall. Any of the following could be a sign of traumatic brain injury (concussion):

- **Loss of consciousness (knocked out cold) = Severe concussion!**
- Confusion or feeling dazed
- Concentration difficulties
- Balance problems or dizziness
- **Ring in ears - suggests a more severe concussion**
- Slow speech- indicates difficulty processing information
- Slurred speech
- Sensitivity to light, or one eye more dilated than the other
- Sensitivity to noise
- Memory loss - not able to remember event or retain information
- Blurred vision
- Clumsiness
- Sluggishness
- Headache - persisting or worsening suggests a more severe concussion
- Nausea or vomiting
- Behavior or personality changes - agitation, silliness, extreme irritability

The more signs observed, the more severe the concussion.

Evaluating Concussions/Traumatic Brain Injury (TBI)

While a concussion /TBI can be rated as mild, moderate or severe (Grade 1, 2 or Grade 3) by medical professionals, this is what you need to know:

A concussion, which is a traumatic brain injury, occurs when the brain strikes the inside of the skull.

All neurons within the brain fire at one time as a result of the impact (seeing stars).

The brain needs 20 minutes to reset itself, while glycine, carried by the blood circulatory system, enters the neurons and recharges them.

Reducing stimulation - resting in a dark, quiet area helps the process. The more signs of TBI initially present and still evident after 20 minutes suggest a more severe concussion. Symptoms can continue to develop over the next several hours, even days or weeks, further indicating the severity of the concussion.

In the event of a severe concussion, the brain could be bleeding inside the skull and creating additional brain damage and for this reason it must be medically evaluated. Further injury to the brain from jarring or collision before it has recovered from a concussion can result in a more severe concussion. People can die from concussion, it is not to be taken lightly. The affected individual is not always a reliable reporter, in part due to the injury so it is important parents be informed.

Treating Concussions/TBI

Once cleared to begin a Return to Play protocol, there are five steps -

Baseline: Participating in regular school activities, no symptoms from the injury, permission from health care provider to begin Return to Play.

Step 1: Light aerobic exercise designed to increase heart rate- 5-10 minutes of walking or light jogging. No weightlifting or strenuous activity. No pain or discomfort.

Step 2: Activities to increase heart rate and body/head movement such as moderate jogging, brief running, moderate intensity weight lifting - fewer reps, lower weights than usual. No discomfort.

Step 3: Heavy non-contact physical activity - sprinting, running, regular weightlifting, non-contact sport specific drills using 3 planes of movement.

Step 4: Practice and full activity in a controlled practice setting.

Step 5: Full participation in competition with written permission from Healthcare Provider.

Parents and coach monitor for concussion signs/symptoms at each step in the progression. In the event of symptoms, consult with Health Care Provider- once authorized, resume at previous step.

Heat Illness

There are three categories of heat illness, each more severe than the previous. If a player or other individual is believed to be suffering from heat illness, the first step is to get them into shade.

- 1) **Heat Cramps** treatment: Rest, cooling, shade. Gentle stretching to relieve the cramp. Drink a diluted salt solution or a sports drink (replacing depleted electrolytes).
- 2) **Heat Exhaustion** treatment: Rest, rapid cooling of body (ice, cold water) shade. Diluted salt solution or sports drink (electrolytes). Call 911 or transport to nearest emergency room, as this could quickly **progress to heat stroke**. Body is losing its ability to cool itself. Notify parents.
- 3) **Heat Stroke: This is an extreme medical emergency - call 911.** Rapid cooling - remove clothing, pack in ice, wet and fan in an effort to bring the internal body temperature down. EMS can treat this more effectively during transport to a hospital. This is life threatening.

Prevention: Start pre-hydration with water 24 hours in advance

Drinking water ahead of the activity is better than Gatorade or Powerade, which is better than nothing.

Pre-hydrating (Drinking water in advance and hydrating during the activity) to prevent dehydration is better than attempting to catch up once dehydrated.

Feeling thirsty = dehydration. Feeling thirsty means you have lost 3% of the optimal fluid levels in your body.

INJURY PREVENTION

In conclusion, managers/coaches need to consider how to prevent injuries:

- Review the player's Medical Release Form, which identifies health concerns and medications;
- Proper maintenance of playing site (game and practice facilities);
- Pay attention to playing conditions (heat and humidity as well as stormy weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent use of all protective equipment, including player in catcher's role wearing a catcher's mask;
- Close coach supervision and organization of warm-ups, practices and games;
- Careful compliance with all Little League rules, especially those having to do with safety.

If any league representative is ever concerned about the nature or seriousness of an injury, they should NOT attempt treatment; a health care professional should be consulted immediately - contact EMS or encourage the parents to seek medical evaluation/treatment.

HANDLING EMERGENCIES

Keep Calm: Remaining calm while helping the victim will help the individual remain calm and cooperative. If the victim becomes anxious or excited it could make their condition worse.

Think Clearly: Learn basic Procedures, or have your first aid manual available, so you can care for the victim. Remember your ABC's (Airway: Does your victim have an open airway? Breathing: Is the victim breathing on his or her own? Circulation: Ensure they have a pulse and control any bleeding). Wait for EMS help to arrive- make sure they have been called if you suspect moderate to severe injury. This is your decision in the absence of a parent.

Act Decisively: Send someone for EMS help as soon as possible or go get help once you have done all you can. Quick response of emergency personnel could be the difference between life and death.

IMPORTANT DO'S AND DON'TS

Do

- Reassure and aid children who are injured, frightened or lost.
- Provide or assist in obtaining, medical attention via Emergency Med Services for injured players.
- Know your limitations.
- **Carry your first-aid kit to all games and practices.**
- Assist those who require medical attention – when administering aid, remember to....
 - LOOK for signs of injury (Blood, Redness, discoloration, swelling, deformities...)
 - LISTEN to the injured person describe what happened and what hurts. Before questioning you may have to calm the person.
 - FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.
- **Have your players Medical Release forms with you at all Practices and Games**
- Have a cell phone available when your game or practice is at a site without a public phone.
- A Manager or coach must stay until all players have been picked up from a game or practice.

Important Don'ts

Don't

- Administer any medications including Tylenol or Motrin - these can hide pain in an evaluation.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR. etc.)
- Transport injured individuals except in extreme emergencies, due to the risk of the individual going into shock while en route.
- Leave a child unattended after a practice or a game.
- Hesitate to report any present or potential safety hazards to the League Safety Officer immediately, or another league official if the Safety Officer is not available.

COMMUNICABLE DISEASE PROCEDURES

1. If an athlete is injured and had an opened wound the bleeding must be stopped, the wound must be covered and the uniform changed (if there is blood on it) prior to the athlete continuing to participate.
2. Managers, Coaches, Volunteers, or parents who have sustained an open wound will refrain from all direct contact with others until the wound has been cared for.
3. Medical Gloves provided in the team first aid kits shall be used when dealing with blood and/or any other bodily fluid.
4. Persons coming in contact with blood and/or bodily fluids will immediately wash his or her hands as well as any other body parts that were contaminated.
5. Any surfaces and equipment that was contaminated will be cleaned with a 1/10 solution of bleach and water or alcohol wipes.
6. All contaminated items shall be bagged up and disposed of immediately after the incident has been resolved.

EQUIPMENT/STORAGE SHED SAFETY

The following applies to all equipment/storage sheds used by MISSION TRAILS LITTLE LEAGUE and to anyone who has been issued keys to these sheds.

1. All individuals with keys to the equipment sheds (i.e. Managers, Coaches, etc.) are aware of their responsibilities for the orderly and safe storage of tools such as rakes, shovels, and chalkers.
2. Before the use of any machinery located in the sheds (i.e. lawn mowers, weed whackers, pitching machines, etc.) contact the Equipment Manager or President for proper training in the operation of a machine.
3. Chemicals or organic materials stored in the equipment sheds will be in the original container.
4. All chemicals or organic materials stored in these sheds will be separated from the storage of machinery and gardening equipment, to minimize the potential for puncturing the containers and/or spilling their contents.
5. **No unauthorized hazardous materials will be stored in these sheds.**

6. Minors cannot handle any chemicals (i.e., fertilizer, gas, and/or chalk) stored in these sheds.
7. Any spilled chemicals or organic materials within these sheds should be cleaned up as soon as possible to prevent accidental poisoning. First observer needs to take action or report the problem.

PARENTS: LEAGUE PARTICIPATION

1. Parents will be given a copy of the **District 33 Parent Code of Conduct** to read and sign (see included form).
2. A **member of the league board of directors will be present** at every scheduled game, which will be designated as the **Officer on Duty**.
3. The Officer on Duty will be responsible for enforcing proper parent conduct before, during and after games.
4. Offending parents will be removed from the premises if the improper behavior continues.
5. A report will be filed with the board of directors if a parent is asked to leave the premises so that further action can be considered.

CONCESSION STAND SAFETY

1. No minor under the age of fourteen (14) will be allowed to work in the concession stand.
2. Concession Manager will be trained in safe food handling/prep and provide this training to volunteers working in the concession stand. Training will cover safe use of the variety of cooking equipment and be given to all volunteers prior to serving in the concession stand.
3. Cooking equipment will be inspected annually in the pre-season for proper operation and repaired or replaced if needed and equipment will be cleaned after each day's use. Defective equipment will be taken out of service and reported to the concession stand leader and league president.
4. All propane tanks will be shut off at the tank and the tank disconnected after use.
5. Food not purchased by our league to sell in the concession stands will not be cooked, prepared or sold in the concession stands.
6. Cooking grease will be sealed, stored and labeled in proper containers after each use and prior to securing the concession stand.
7. Carbon Dioxide tanks will be secured with chains in the upright position so they cannot fall over.
8. Cleaning chemicals will be labeled and stored in original containers in a separate cabinet.
9. A **Fire Extinguisher** rated for grease fires must be mounted in plain sight inside the concession stand. Persons working in the concession stands will **know the procedures for using the Fire Extinguisher**.
10. A **stocked First Aid Kit will be maintained in the concession stand**, restocked pre-season.
11. Unsafe conditions are to be reported to a board member or league official, equipment shut down, marked "Out of Service" and unplugged if necessary.
12. **Concession Safety Posters shall be posted in appropriate places in the concession stand.**

UMPIRE DUTIES AND RESPONSIBILITIES

Before the Game

1. **Check the field for unsafe conditions by walking it.**
2. Check the equipment in each dugout.
 - a. Make sure helmets have foam inserts and the helmets meet Little League specifications and bear the NOCSAE Label. Inspect helmets for cracks and damage to padding.
 - b. Check bats for damage (i.e. cracks, dents, flat spots, loose tape, etc.)
 - c. Equipment that does not meet specifications must be removed from the game.
3. Make sure all catchers are wearing at least a catcher's helmet while warming up pitchers.
4. Check players for jewelry.
5. Check for Medical Releases for each team.

During the Game

Govern the game as mandated by Little League Rules.

No spectators are allowed on the field at any time during the game.

Ensure catchers are wearing all the proper equipment (including a cup). Have the player tap the cup.

Monitor the field for safety hazards and/or obstructions.

Ensure that players and spectators keep fingers and body parts out of the fence.

Act as sole judge as to when to sustain or continue play due to weather conditions or visibility conditions (i.e. darkness).

After the Game

Report any unsafe situations to the League Official on Duty and the League Safety Officer by telephone, email or text.

Write up any incidents of player/coach/manager misconduct that would warrant discipline by the League Board of Directors. Send this information to the League President and V.P.

Umpire Guidelines

North Issaquah, Washington, Little League

8 January-February 2004

Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

Copy and provide to umpire for reference.

MANAGER/COACH RESPONSIBILITIES

Safety Plan to be kept by all Managers in Equipment Bag Little League Rules & Regulations will be enforced by this league.

1. Safety is the responsibility of all adult members of MISSION TRAILS LITTLE LEAGUE.
2. Managers and coaches are required to have training in first-aid. First-Aid kits are issued to each Team Manager and an additional First-Aid Kit is located in each Concession Stand. **First-Aid kits must be available at all practices and games. Manager and coaches will carry cell phones.**
3. No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
4. **Fields should be inspected before use for holes, wet spots, damage, stones, glass, and other foreign objects - before practice and before each game. Home Manager responsibility.**
5. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the Umpires as “in play.”
6. Only Players, Managers, Coaches, and Umpires are permitted on the playing field or in the dugout during the games (this is a Little League insurance requirement).
7. **Responsibility for keeping bats and loose equipment off the field belongs to a player assigned for this purpose. The player must be wearing a helmet when leaving the dugout to retrieve a bat.**
8. Procedures should be established for retrieving foul balls batted out of the playing area.
9. During practices and games, all players should be alert and watching the batter on each pitch.
10. During warm-up drills, players should be spaced apart so that no one is endangered by wild throws or missed catches.
11. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger, spectators (i.e. playing catch, pepper, swinging bats...)
12. Equipment should be inspected before each game for good condition as well as proper fit. Damaged equipment is to be removed and turned into the League Equipment Manager for destruction.
13. Batters must wear Little League approved protective helmets during batting practice and games.
14. “Catchers” must wear a Catcher’s helmet/mask with throat protector, chest protector appropriate for the division, shin guards, and protective cup at all times (male) for all practices and games - **no exceptions**. Managers and Coaches should encourage all male players to wear protective cups for practices and games, especially infielders.
15. **Players in the vicinity of an adult with a bat must wear a catcher’s helmet, including practices.**
16. Except when a runner is returning to a base, headfirst slides are not permitted.
17. During sliding practices, bases must be disengage-able.
18. Players cannot wear watches, rings, earrings, pins, or metallic items during games or practices.
19. **Managers or Coaches may not catch/warm up pitchers before or during a game. Rule 3.09.**
20. At no time should “horseplay” be permitted in the dugouts or on the playing field.
21. Parents of Players who wear glasses should be encouraged to provide “Safety Glasses.”

Reduced Impact Balls

“Reduced impact” baseballs for Lower Minor/Caps and T Ball divisions are issued to each manager for use during all practices and games. This provides the opportunity to teach skills with increased safety.

Disengage-able Bases - Bases that detach from their anchor if impacted

Disengage-able bases are used at all fields for games and practice. Disengagement of the base is appropriate to the playing division.

League Safety Officer will inspect all playing equipment pre-season, prior to distribution.

FIELD AND GAME SAFETY CHECKLIST

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

Field Condition	Yes	No	Safety Equipment	Yes	No
Backstop Needs Repair			First-Aid Kit Each Team		
Home Plate Needs Repair			Medical Release Forms		
Bases Secure			Ice for Injuries		
Bases Need Repair			Blanket for Shock		
Pitcher’s Mound			League Safety Manual		
Batter’s Box Level			Injury Report Form		
Batter’s Box Marked			Cell Phone		
Grass Surface (even)			Emergency Management Plan		
Gopher Holes					
Infield Fence Secure			Catchers Equipment	Yes	No
Outfield Fence Secure			Shin Guards OK		
Foul Ball Net Secure			Helmets OK		
Foul Line Marked			Face Mask OK		
Sprinkler Heads Down			Throat Protector Attached		
Warning Track Clean			Catcher Has Cup (Boys)		
Coaches Boxes Level			Chest Protector		
Coaches Box Marked			Catcher’s Mitt (baseball)		
Dirt Needed			Equipment Fits Catcher		
Dugouts	Yes	No	Players Equipment	Yes	No
Fencing Needs Repair			Batting Helmet Inspected		
Bench Needs Repair			Jewelry Removed		
Roof Needs Repair			Bats Inspected		
Bat Racks Secure			Shoes Checked		
Helmet Racks Secure			Uniforms Checked		
Trash Cans Available			Athletic Supporters (Boys)		
Clean Up Needed			Little League Patch		
Gate Secure					
Spectator Areas	Yes	No			
Bleachers Need Repair					
Hand Rails Secure					

No Smoking Signs Posted					
Parking Area Safe					
Protective Screens Secure					
Bleachers Clean					

MANAGER SAFETY DECLARATION

MISSION TRAILS LITTLE LEAGUE

I have reviewed this League Safety Plan and am aware of its contents and my responsibilities as a manager. I am also aware of these concerns:

1. Make sure my coaches have also reviewed this Safety Plan in order to promote safety awareness.
2. Make sure my coaches and I have met our league requirements for Player Development and Emergency Management/Safety Clinics as described in this League Safety Plan.
3. I understand my coaches and I must sign in at all clinics we attend to ensure credit for clinic attendance on the District 33 Clinic Attendance List.
4. I am aware that coaches and managers who do not meet clinic attendance requirements as stated in the League Safety Plan are not eligible to participate in any District 33 sponsored tournaments during or at the end of the season.
5. I will ensure that the League Safety Plan and a First Aid Kit are at every game and practice, even if I am not attending.
6. I will ensure that I know where Emergency Medical Services (EMS) will access the playing fields and practice areas and the procedure for meeting and directing them.
7. I will verify that I have completed Medical Releases for all players on my team by the third practice at the beginning of the season (for all games/practices).
8. I will review all Medical Releases so that I understand any medical issues and necessary treatments.
9. I will ensure that all players who have need for asthma inhalers, Epi-Pens or other necessary medications have **non-expired medications/devices with them and that I know where these are kept in the player's equipment bag.**
10. I am aware of my responsibility to inform the league of any injuries that occur to players, coaches or myself in the course of Little League activities.
11. I am aware of my responsibility to check the fields and practice areas for any hazards before games or practices.
12. I have the names and phone numbers of the League President, Vice President, Coach Coordinator and Safety Officer entered into my cell phone.

Team: _____

Division: _____

Manager signature

Date

This copy to remain in the Safety Manual for Manager/Coach reference.

COACHES' CODE OF ETHICS PLEDGE

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children rather than adults.

Team: _____ **Division:** _____

_____	_____
Manager	Date
_____	_____
Coach	Date
_____	_____
Coach	Date
_____	_____
Coach	Date
_____	_____
Coach	Date

This copy to remain in the Safety Manual for Mgr./Coach reference

D-33 PARENT CODE OF CONDUCT

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature _____

Parent/Guardian Signature _____

CONCUSSION INFORMATION SHEET

MISSION TRAILS LITTLE LEAGUE

CONCUSSION INFORMATION SHEET FOR PARENTS AND PLAYERS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the signs listed below yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion. The individual may report symptoms, you observe signs:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality changes

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon-while the brain is still healing- risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- Tell your child's manager about any recent concussion. Managers should be informed if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell him or her.

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed from activity may not return to play or practice until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!

Adapted from the CDC. For more information you can go to:
<http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____ Date _____

Athlete Name (print) _____

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name (print) _____

Signed, two-sided copy to be retained by the league and a copy provided to the parent upon request.

INCIDENT/INJURY TRACKING REPORT

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:

- | | |
|---|---|
| <p>A.) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p> | <p>B.) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area <input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Parking Area <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i></p> <p>C.) Concussion Area <input type="checkbox"/> Walking</p> <p><input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____</p> |
|---|---|

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: _____

LITTLE LEAGUE MEDICAL RELEASE FORM



Little League Baseball and Softball Medical Release



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Parent or 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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

if parent(s)/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetes, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

For League Use Only:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not discriminate in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.