

- Ensure players have required equipment at all times, even catchers warming up during infield
- Coaches and managers must enforce rules at practices as well as games
- All fields will have bases that disengage from their anchors, as implemented in 2008
- Managers and coaches are reminded that they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice
- Coaches and managers must enforce protective cups for players, catcher's gear and helmet and throat guard rule; no skull caps permitted; (Rule 1.17) during all games, practices and warm-ups. Though not mandatory, encourage the use of face guards for batting helmets.

Pitch Counts

For the 2018 season we will once again be keeping pitch counts on-line. This will allow all coaches to know what is happening with the pitching staffs. It is the manager and coach's responsibility to update pitch counts, along with the final scores at the completion of each game. If there are any discrepancies, please notify your league commissioner. Visit www.crhll.com for AA, AAA, AL and NL Pitch Count and Score information.

Concession Stand & Food Handling Tips

12 Step Safety Outline

Following these simple guidelines will help minimize the risk of food borne illness.

1. **Menu:** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41oF or below (if cold) or 140oF, poultry parts should be cooked to 165oF. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
3. **Reheating:** Rapidly reheat potentially hazardous foods to 165oF. Do not attempt to heat foods in crock pots, steam tables, over Sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
4. **Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41oF as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain at room temperature for too long has been the number ONE cause of food borne illness.
5. **Hand Washing:** Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing. (*See "Clean Hands for Clean Food" Section below for additional details*)
6. **Health and Hygiene:** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
7. **Food Handling:** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. **Dishwashing:** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:
 - a. Washing in hot soapy water;
 - b. Rinsing in clean water;
 - c. Chemical or heat sanitizing; and
 - d. Air drying.
9. **Ice:** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated

with bacteria and viruses and cause food borne illness. (Generally this is not applicable with the exception of special event days run by the league).

10. **Wiping Cloths:** Rinse and store your wiping cloths in a bucket of sanitize (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
11. **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness:** Keep food stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

Clean Hands for Clean Food

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- Use soap and warm water
- Rub your hands vigorously as you wash them
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails
- Rinse your hands well
- Dry hands with a paper towel
- Turn off the water using a paper towel, instead of your bare hands
- Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities
 - After touching bare human body parts other than clean hands and clean, exposed portions of arms
 - After using the restroom
 - After caring for or handling animals
 - After coughing, sneezing, using a handkerchief or disposable tissue
 - After handling soiled surfaces, equipment or utensils
 - After drinking, using tobacco, or eating
 - During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks
 - When switching between working with raw food and working with ready-to-eat food
 - Directly before touching ready-to-eat food or food-contact surfaces
 - After engaging in activities that contaminate hands

Top Six Causes that Lead to Illness

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food borne illness.

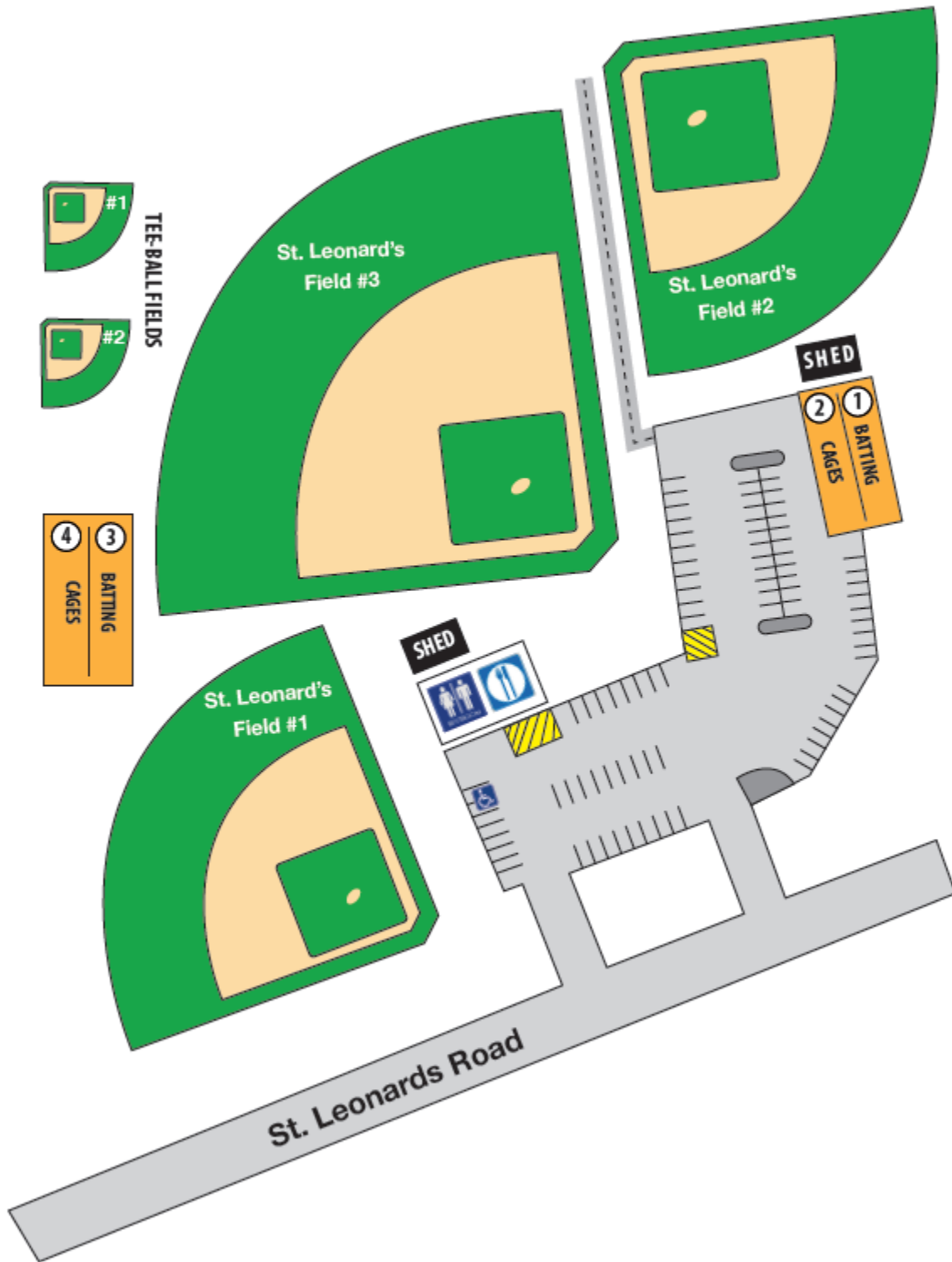
- Inadequate cooling and cold holding
- Preparing food too far in advance for service
- Poor personal hygiene and infected personnel
- Inadequate reheating
- Inadequate hot holding
- Contaminated raw foods and ingredients

League Officials Contact Information:

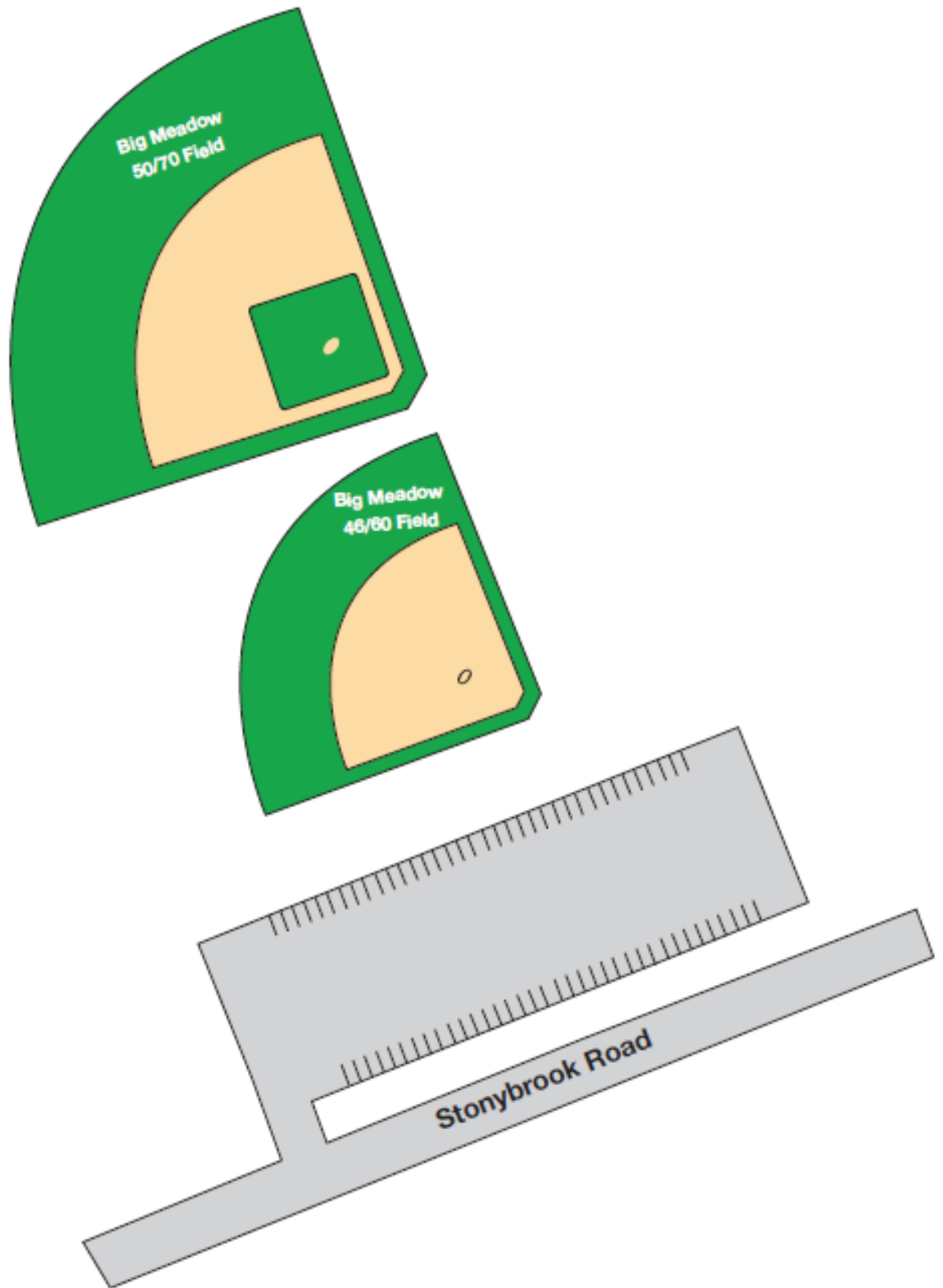
In an emergency, dial 9-1-1

Name	Position	Phone	Email
Altomari, Matthew	Commissioner of T-Ball, Bambino & Rookie	609-851-6249	maltomari@crhll.com
Barrilli, Vince	Director of Facilities	215-651-2070	vbarrilli@crhll.com
Bowlen, Sam	Director of Interleague Play	215-850-5810	sbowlen@crhll.com
Branche, Ben	Player Agent	703-489-7636	bbranche@crhll.com
Bruck, David	VP of Senior Little League	267-716-4096	dbruck@crhll.com
Clark, Jim	Secretary/Director of Communication	718-702-3154	jclark@crhll.com
Dunn, Jason	Director of Tournaments	267-980-0464	jdunn@crhll.com
Lindros, John	VP Little League	215-595-3803	jlindros@crhll.com
Marriott, Brian	Director of Baseball Skills	215-364-5456	bmarriott@crhll.com
Morris, Bob	Treasurer	215-860-1072	bmorris@crhll.com
Newmiller, Coleen	Director of Special Events	215-285-1020	cnewmiller@crhll.com
Reichert, Skip	Umpire in Chief/Director of Field Operations	215-498-2330	sreichert@crhll.com
Riendeau, E. Zephyr	Director of Safety & Equipment	484-844-3109	erienneau@crhll.com
Sailer, Todd	Commissioner of Minor Little League Baseball	267-838-2016	tsailer@crhll.com
Sajeski, Andrew	Immediate Past President	609-915-0727	asajeski@crhll.com
Sajeski, Devon	Director of Apparel & Food Services	215-300-6642	dsajeski@crhll.com
Spera, Pete	President	215-499-0181	pspera@crhll.com
Twier, Max	Commissioner of Major League Baseball	215-498-5481	mtwier@crhll.com
Wiener, Kevin	Director of Travel Baseball	215-962-9094	kwiener@crhll.com

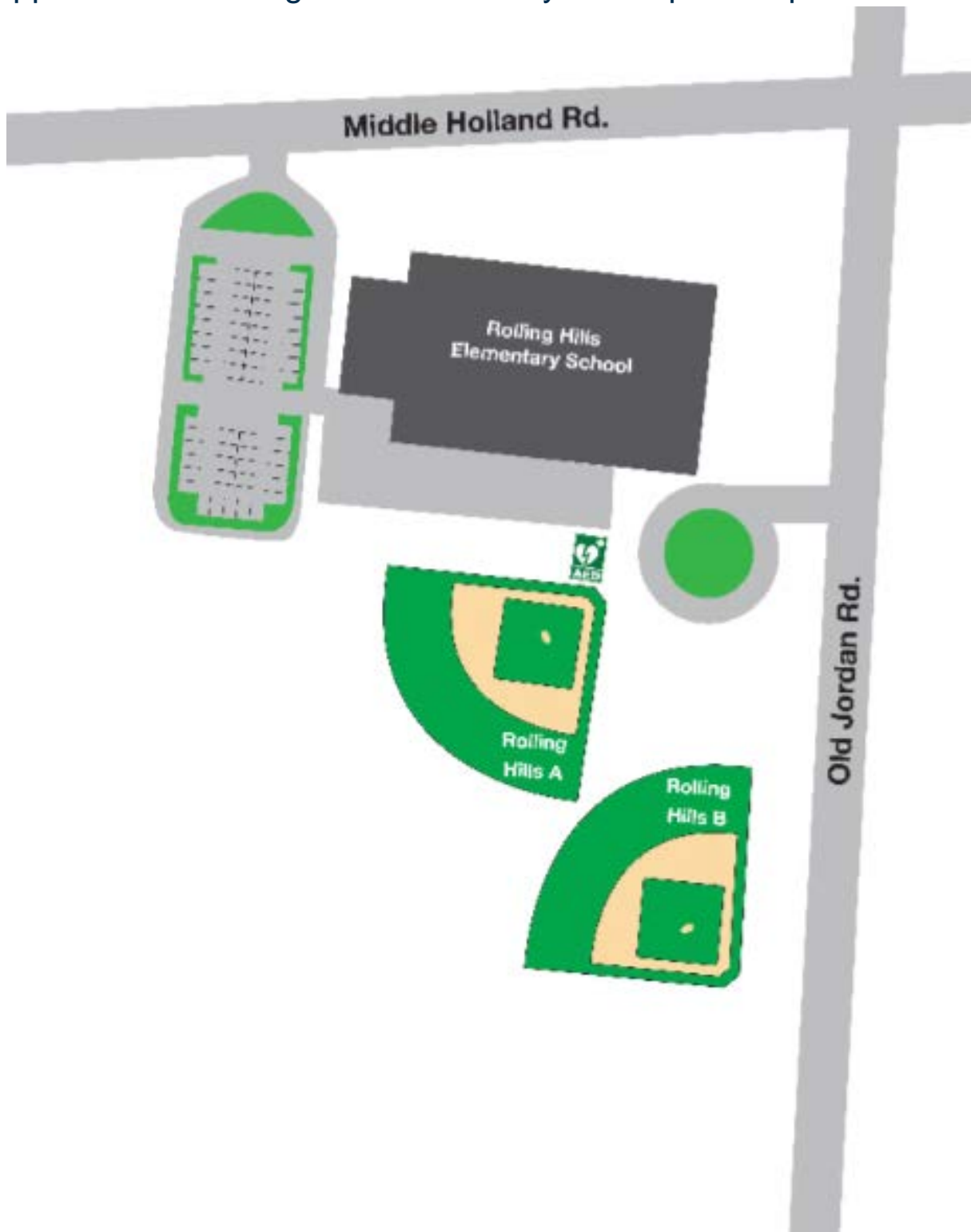
Appendix 1 – St. Leonards Road – Complex Map



Appendix 2 – Big Meadow – Complex Map



Appendix 3 – Rolling Hills Elementary – Complex Map



Appendix 4 – New Volunteer Form

Little League Volunteer Application - 2018

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: First _____ Middle _____ Last _____ Date _____
 Address _____
 City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

Cell Phone _____ Business Phone _____
 Home Phone _____ E-mail Address _____

Date of Birth _____
 Occupation _____
 Employer _____
 Address _____

Special professional training, skills, hobbies: _____
 Community affiliations (Clubs, Service Organizations, etc.): _____

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

1. Do you have children in the program?
 If yes, list full name and what level? Yes No
 2. Special Certification (CPR, Medical, etc.)? (see _____)
 Driver's License#: _____ State _____ Yes No
 3. Do you have a valid driver's license?
 Driver's License#: _____ State _____ Yes No
 4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No
 5. Have you ever been convicted of or plead guilty to any crime(s)
 If yes, describe each in full: _____ Yes No
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
 6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)
 7. Have you ever been refused participation in any other youth programs? 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 SEPARATE BACKGROUND CHECKS BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:
<http://www.littleleague.org/league/forms/chil/childprotection/state-laws-be-checks.htm>

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks on me 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 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 used for background check (minimum of one must be checked):
 Regulation 1.01 Mandates First Advantage or another provider that is comparable

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

* Please be advised that if you see First Advantage and there is a name match in the few states where only First Advantage is used, you may wish to review the criminal records 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.

Appendix 5 – Return Volunteer Form

Little League® “Returning” Volunteer Application - 2018

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

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

- Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?
If yes, describe each in full: _____ Yes No
- Have you ever been convicted of or plead guilty to any crime(s) involving a minor?
If yes, describe each in full: _____ Yes No
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?
If yes, describe each in full: _____ Yes No
(Answering yes to question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth program?
If yes, explain: _____ Yes No
- In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concession Stand
 Coach Manager Other
 Umpire Scorekeeper

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

Applicant Name (please print or type) _____ Date _____
 Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____

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

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

Name: First _____ Middle _____ Last _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail Address: _____
 Driver's License #: _____
 Occupation: _____
 Employer: _____
 Address: _____

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

Name/Phone: _____ / _____
 _____ / _____
 _____ / _____
 Special professional training, skills, hobbies: _____
 Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
(Name(s) used for background check (name(s) of contact (not last only)) - regulation is 100% accurate that league executive/probation check is complete)

*First Advantage Sex Offender Registry Data along with National Criminal Records check of at least 200 million records

*Please be advised that if you are first Advantage and there is a name match in the law states where our system runs a search can be performed on a local level. If you are not first Advantage, you will receive a letter directly from Lexipol 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 conditions of the application.

Appendix 6 – Injury Report 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 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
 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: _____

Appendix 7 – Medical Release Form



Little League. Baseball and Softball M E D I C A L R E L E A S E



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. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____
 Division: _____ Team: _____ Date: _____

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