



2017 Safety Plan

New Canaan Softball
New Canaan, CT

Contacts



1. League Safety Officer : **Stephanie Mashia** is on file with Little League HQ.
2. New Canaan Softball LL will distribute a copy of this Safety Manual to all managers, coaches, league volunteers and, the District Administrator.

3. Emergency Phone Numbers:

Emergency: 911

NCPD: 203-594-3500

NCFD: 203-594-3140

League President:	Rob Moore	203-249-4410
League Vice President:	Robin Biasotti	203-981-3996
Information Officer:	Danielle Sibilia	203-326-1324
Treasurer:	Tim Dann	203-536-1361
Player Agent:	Tom Sanseverino	203-943-4084
Coach Coordinator:	Janie Rashad	914-262-1196
Community Relations:	Jessica Connolly	860-978-7497
Sponsorships:	Jeff Fortmann	203-536-1916
Safety Officer:	Stephanie Mashia	203-451-7988
Equipment Officer:	Mike Hibbert	203-554-8316

✓ This list will also be posted in the dugout area of each field.

SAFETY PLAN



4. New Canaan Softball will use the official Little League Volunteer Application for to screen all of our volunteers.
5. Fundamental Training: March 29, 2017
At least one manager/coach from each team must attend this training at least once every three years. Training will be held at Lapham Community Center in New Canaan.
6. First Aid Training: March 29, 2017
New Canaan Softball will require at least one manager/coach from each team to attend this training at least once every three years. Training will be held at Lapham Community Center, in conjunction with the Fundamental Coaches Training .
7. Coaches will be required to walk/inspect the fields prior to practices and games. Umpires are also required to walk the field for hazards before each game.

SAFETY PLAN



8. New Canaan Softball has completed and updated our 2017 Facility Survey on-line.
9. Concession Stand Safety: New Canaan Softball does not have concessions at their fields.
10. The League Safety Officer and Equipment Officer will inspect all equipment in the pre-season.
 - Managers /Coaches are required to inspect equipment prior to each game.
 - Umpires are required to inspect equipment prior to each game.
11. Implement prompt accident reporting.
 - The league will use the provided incident tracking form from the LL website and will provide completed accident forms to the Safety Officer within 24-48 hours of the incident. Please see copy of accident reporting form.

SAFETY PLAN



12. Each team will be issued an updated First Aid Kit and is required to have it at all games. Additionally, there will be one located in each field box.
13. New Canaan Softball will require all teams to enforce ALL Little League Rules, including:
 - Proper equipment for catchers.
 - No on-deck batters.
 - Coaches will not warm-up pitchers.
 - Bases will disengage on all fields.
14. League player registration data and/or player roster data, as well as, coach/manager data will be submitted via the Little League Data Center at www.littleleague.org.
15. Completed Safety Plan Registration Plan is attached.

SAFETY PLAN



Appendix

- Facility Survey (submitted online separately)
- Accident Reporting Form
- Volunteer Application
- Safety Plan Registration Form

SAFETY PLAN



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS



Send Completed Form To:
Little League® International
639 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1874 Fax: 570-326-9280

Accident & Health (U.S.)

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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	PART 1	
		Date of Birth (MM/DD/YY)	Age Sex
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	<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 Yes No School Plan Yes No
Individual Plan Yes No Dental Plan Yes No

Date of Accident	Time of Accident	Type of injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in each column:

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | <input type="checkbox"/> (Submit a copy of your approval from Little League incorporated) |
| <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"/> INTERMEDIATE (50/70)/(11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |
| | <input type="checkbox"/> BIG (14-18) | | | |

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

SAFETY PLAN



Little League Volunteer Application - 2017

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



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

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Social Security # (mandatory with First Advantage) _____
 Cell Phone _____ Business Phone _____
 Home Phone _____ E-mail Address: _____
 Date of Birth _____
 Occupation _____
 Employer _____
 Address _____
 Special professional training, skills, hobbies: _____
 Community affiliations (Clubs, Service Organizations, etc.): _____
 Previous volunteer experience (including baseball/softball and year): _____

Do you have children in the program? Yes No If yes, list full name and what level? _____ Special _____
 Certification (CPR, Medical, etc.): _____
 Do you have a valid driver's license? Yes No
 Driver's License #: _____ State _____
 Have you ever been convicted of or pled guilty to any crime(s) involving or against a minor? Yes No
 If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: _____
 Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)
 League Official Coach Umpire Field Maintenance
 Manager Scorekeeper Concession Stand Other

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

Name/Phone _____

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

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

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

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
 System(s) used for background check (minimum of one must be checked):
 Regulation (c)(9) Mandates First Advantage or another provider that is comparable
 *First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records
*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from 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 convictions of this application.

Little League® "Returning" Volunteer Application - 2017

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

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

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

Have you ever been convicted or pled guilty to any crime(s) involving or against a minor?
 Yes No
 If yes, describe each in full: _____

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

Have you ever been refused participation in any other youth program? Yes No
 If yes, explain: _____

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

League Official Manager Coach Umpire Field Maintenance
 Score Keeper Concession Stand Other: _____

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

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

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

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

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-Mail Address: _____
 Driver's License #: _____ State: _____
 Occupation: _____
 Employer: _____
 Address: _____

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

Name/Phone _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

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

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

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____ on _____
 System(s) used for background check (minimum of one must be checked):
 Regulation (c)(9) Mandates First Advantage or another provider that is comparable
 *First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records
*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from 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 convictions of this application.

SAFETY PLAN



2017 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2017 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms with your complete safety plan — including all 15 minimum requirements clearly detailed — online or with a **postmark** no later than **March 31, 2017**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted starting **Jan. 1, 2017**.

Safety plans approved prior to the posted deadline will win your league a cash award based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2017 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be received and approved by Little League International by March 10. This is different than the league deadline and requirement. Districts with **87%** or better of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a **\$350** credit. Districts with 70%-86% of their leagues that LLI received an approved and qualified safety plan by March 10 will earn a **\$150** credit.

This Registration Form MUST Accompany Safety Plan Submission

League Name New Canaan Softball LL	League I.D. # 207-01-292415
City New Canaan State CT	League I.D. # _____
(if board operates more than one charter, please list all: League I.D. # _____)	

League Safety Officer Stephanie Mashia	League President Rob Moore
Address 17A Raymond Street	Address 79 Rilling Ridge
City New Canaan	City New Canaan
State CT Zip Code 06840	State CT Zip Code 06840

Work Telephone 203-429-0231	Work Telephone 203-229-2100
Home Telephone 203-594-1343	Home Telephone 203-595-0033
Cell/Pager Number 203-451-7988	Cell/Pager Number 203-249-4410
Email smashia@yahoo.com	Email presidentsb@newcanaanBBSB.com

Items included with this application form:

of pages of league's safety program outline: **12**

of non-returnable photographs: _____

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone (____) _____

Signature _____ Date _____

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2017 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program	or	Shipping Address: ASAP Award Program
Little League International		Little League International
P.O. Box 3485		539 U.S. Route 15 Hwy.
Williamsport, PA 17701		So. Williamsport, PA 17702

Returned & Approved by March 10 for DA incentive or no later than March 31 for basic approval

Over →

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

These two pages contain the 15 minimum requirements for your safety plan to qualify for the cash award if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. *This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey, as well as any other supporting pieces illustrating your safety program. Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.).* Judging: All judging will be conducted based on the material submitted. *Non-original safety plans will not be considered for the awards.*

• Please list dates when training was/will be held; and where each requirement can be found in your plan.

- 1. Have active safety officer on file with Little League International**

1. Page: **2**

2. Page: **2**

Do you have a website? YES NO

Is your Safety Plan posted on your website? YES NO
- 2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to safety manual to volunteers**
 - The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
 - While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
 - Samples can be found in the example safety manuals on the LL web site.
 - Include all relevant material for coaches, including these minimum standards.
 - Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

3. Page: **2**
- 3. Post and distribute emergency and key officials' phone numbers**
 - Include emergency procedures for handling injuries and who to contact to track/report them.
 - Include emergency phone numbers for ambulance, police, fire department, etc.
 - Include league president and safety officer, consider head umpire, board members.

4. Page: **3**
- 4. Use 2017 Volunteer Application Form**
 - Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy.
 - Must conduct a search of the Department of Justice's nationwide sex offender registry, using 2017 Volunteer Application Forms, on all applicable volunteers.
 - Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
 - May conduct a supplemental criminal background check using resources such as First Advantage.
 - Anyone refusing to fill out Volunteer Application is ineligible to be a league member.
 - League president must retain these confidential forms for the year of service.
 - Do not send in volunteers' forms; blank copy of league's application form from current year should be sent.
 - When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

5. Page: **3**
- 5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)**
 - It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.
 - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; minimum of one participant per team.
 - Training qualifies volunteer for 3 years; but one team representative still required each year.
 - High school, college or experienced league coaches can be great resources.
 - Districts can assist by providing training sessions on a district-wide basis.
 - Training should be modified annually to meet the local needs of players and their facilities.

5. Date Was/Will Be Held: **3/22**

5. Date Was/Will Be Held: **3/22**

SAFETY PLAN



Qualified Safety Plan Requirements

Making It "Safer For The Kids"



- | | |
|--|--|
| <p>6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending</p> <ul style="list-style-type: none"> • It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement. • Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training. • Other individuals who attend various outside first aid training and courses are not exempt. • Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; minimum of one participant per team. • Training qualifies volunteer for 3 years, but one team representative still needed each year. | <p>6. Page: 3</p> <p>6. Date Was/
Will Be Held: 2/23</p> <p>6. Date Was/
Will Be Held: 2/23</p> |
| <p>7. Require coaches/umpires to walk fields for hazards before use</p> <ul style="list-style-type: none"> • Recommend leagues use form to track and document any facility issues needing to be fixed. • Common sense activity — look for rocks, glass, holes, etc. • Specify who is responsible for doing this — home coach, visitors, umpire, or all? | <p>7. Page: 3</p> |
| <p>8. Complete the 2017 ANNUAL Little League Facility Survey</p> <ul style="list-style-type: none"> • A requirement each year, can help leagues find and correct facility concerns. • Provided in the ASAP section on the Little League web site — facilitysurvey.musco.com or email asap@musco.com • DO NOT simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2017 form. • Keep a copy on file for future needs; Little League does not maintain copies of surveys. | <p>8. Page: 4</p> |
| <p>9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures</p> <ul style="list-style-type: none"> • Local restaurant operators are good resources for training assistance. • Training should also cover safe use, care and inspection of equipment. • See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website. | <p>9. Page: 4</p> |
| <p>10. Require regular inspection and replacement of equipment</p> <ul style="list-style-type: none"> • Inspect equipment before each use by coaches and umpires. • Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste. • Recommend use form to remind coaches and to track equipment needs. | <p>10. Page: 4</p> |
| <p>11. Implement prompt accident reporting, tracking procedure</p> <ul style="list-style-type: none"> • Accident forms to safety officer within 24-48 hours of incident is common. • Forms are available through Little League website. • Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries. • Share information on accidents and "near-misses" with District staff. | <p>11. Page: 4</p> |
| <p>12. Require a first-aid kit at each game and practice</p> <ul style="list-style-type: none"> • Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games. • Local hospitals and medical supply companies are good sources. • If necessary, fund through special drive. | <p>12. Page: 5</p> |
| <p>13. Enforce Little League rules including proper equipment</p> <ul style="list-style-type: none"> • Most Little League rules have some basis in safety — follow them. • Ensure players have required equipment at all times, even catchers warming up during infield. • Make sure coaches and managers enforce rules at practices as well as games. • Make sure all fields have all bases that disengage from their anchors, as required starting in 2008. • Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice. | <p>13. Page: 5</p> |
| <p>14. Submit league player registration data or player Roster data and coach and manager data</p> <ul style="list-style-type: none"> • League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan. | <p>14. Page: 5</p> |
| <p>15. Submit a qualified safety plan registration form with your ASAP plan.</p> | <p>15. Page: 5</p> |