

Harry Swaun Clinton
Little League
Baseball/Softball 2016
Safety Policy Manual

Mission Statement:

The Harry Swaun Clinton Little League Board members and all its volunteers are committed to the continued teaching, fun and safety of all its participants, be it players, coaches, umpires or spectators. Through a continued review of all aspects of the game and any suggestions that are received by the participants and spectators alike, the ultimate goal is to provide the safest playing conditions and atmosphere possible. In doing this, everyone should be able to enjoy the game of baseball without the fear of injury due to a preventable or adverse playing condition.

SAETY CODE and RULES:

The Board of Directors of HSC Little League has mandated the following *Safety Code*. All managers and coaches will read the *Safety Code* and then read it to the players on their team prior to their first practice. This information packet is to be kept with the team at all times for reference.

- Responsibility for safety procedures belong to every Volunteer of HSC Little League. Specifically, each manager is responsible for his or her team.
- Each player, manager, designated coach, umpire, officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- At least one league approved manager and/or coach must be present during practices and games.
- At least one Manager or designated coach from each team is required to attend mandatory Coaches Clinic and First Aid training. The time and place March 13, 2016 at Eliot Field at 1:00_____.
- At least one Manager or designated coach from each team is required to attend 1 mandatory Coaches Clinics to learn the Fundamentals. There will be 3 clinics on 3/19, 3/26, 4/2 at Eliot Field at 1:00 Pm.
- All Coaches and Managers are required to at least once every three years
- First-aid kits are issued to each team manager during the pre-season and additional kits and supplies are available upon request. Full or complete kits are to be kept with the team at all times (games and practices).
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play areas will be inspected before games and practices for holes, damage, stones, glass and other foreign objects by both managers.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e.. playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit by the team Manager.
- Batters must wear Little League approved protective helmets distributed by the Equipment Manager during batting practice and games.
- Except when a runner is returning to a base, head first, slides are not permitted.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by HSCLL.
- Once a ball has become discolored, it will be discarded.
- All male players will wear athletic supporters or cups during games and practices. Managers should check to see that this is adhered to.
- Male catchers must wear the metal, fiber or plastic type cup and a long model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask “dangling” type throat protector and catchers helmet during practice, pitcher warm-up, and games.
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hands.
- Catchers may not catch whether warming up a pitcher, in practices or games without wearing full catcher’s gear and an athletic cup.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the HSCLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child’s parent. This includes aspirin and Tylenol.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.

- No climbing fences.
- Players and spectators should be alert at all times for foul balls and errant throws and foul balls.
- The Joel School and any private property adjacent to the fields are off limits at all times.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.
- Players are encouraged to use mouth guards.
- Managers and coaches are not allowed to catch/warm up the pitchers during practice or games. All pitchers must be warmed up by a player/catcher with the appropriate catchers gear on.

EQUIPMENT:

The Equipment Manager is an elected HSCLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested prior to when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The HSCLL Equipment Manager will promptly replace damaged and ill-fitting equipment upon notice by any team Manager. Furthermore, if players wish to use their own gear, it must meet the requirements as outlined in this Safety Manual and Official Little League Rule Book.

At the end of the season, all equipment and First-Aid Kits and This Manual must be returned to the HSCLLL Equipment Manager.

- Each team, at all times in the dugout, shall have six (6) protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by HSCLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit. Replace questionable equipment immediately by notifying the HSCLL Equipment Manager.
- Make sure that players respect the equipment that is issued.

FORMS:

2016 Volunteer Application Form

- All volunteers are required to fill out this form prior to being selected to manage/coach any players. This is to be checked for sex abuse. The checking of this form is the responsibility and will remain in the confidentiality of the league president. See form at the back.

Medical Release Form

- This is to be filled out by the player's parents and submitted along with the registration form during the registration period. This form is to be kept with the team at all times for emergency reference. See form at the back.

ASAP Incident/Injury Tracking Report

- This is to be filled out when any injury has occurred during a practice or game. See form at the back.

EMERGENCY PROCEDURES:

Handling Injuries:

Do....

- ✓ Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ✓ Know your limitations.
- ✓ Call 9-1-1 immediately if person is unconscious or seriously injured.
- ✓ Contact Parent right away to advise them of the situation.
- ✓ Look for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- ✓ Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ✓ Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- ✓ Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They should know and understand why the injury occurred.

Don't....

- ✓ Administer any medications.
- ✓ Provide any food or beverages (other than water).
- ✓ Hesitate in giving aid when needed.
- ✓ Be afraid to ask for help if you are not sure of the proper Procedure, (i.e., CPR etc.)
- ✓ Transport injured individual except in extreme emergencies.

ACCIDENT REPORTING PROCEDURE

What to report-

An incident that causes any player manager, coach, umpires or volunteers to receive medical treatment and/or first aid must be reported to the HSCLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report-

All such incidents described above must be reported to the HSCLL Safety Officer within 24 to 48 hours of the incident. The HSCLL Safety Officer, Chris Passante, can be reached at the following:

Cell: 860.308.4536

Home Phone: 860.664.1743

E-mail: Christopher.passante@prudential.com

Address: 57 Olde Orchard Rd, Clinton, CT 06413

How to make a report-

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. You are asked to fill out the accident report form located at the back of this information packet. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Key Emergency & League Phone Numbers:

Emergency Phone Numbers

Emergency: (Medical/Police/Fire).....	9-1-1
Police – Clinton (local number).....	(860) 669-0451
Middlesex Hospital Shoreline Medical Center.....	(860) 358-3700
Yale New Haven Shoreline Medical Center.....	(203) 453-7123
Yale New Haven Children’s Hospital (ER).....	(203) 688-3333
St. Raphael’s Hospital (Main #):	(203) 789-3000
Williamsport Insurance Claim Office:.....	(570) 327-1674

Board of Directors:

President.....	Steve Wexell.....	(860) 552-9426
Vice President – Administration.....	Chris Williams.....	(860) 304-9896
Vice President – Field Operations.....	Ed O’Sullivan.....	(860) 304-1466
Vice President – Softball.....	Liz Robison	(203) 988-2492
Treasurer	Chris Aniscovich.....	(203) 996-7282
Safety Officer.....	Chris Passante....	(860) 308-4536
Secretary.....	Liz Robison.....	(860) 988-2492
Equipment Manager.....	Robert Smith.....	(203) 668-6122
Chief Umpire	Michael Hromadka	(860) 227-0955
Player Agent.....	Robert Smith.....	(203) 668-6122
Juniors Baseball Commisioner	Spiros Clados.....	(203) 812-0355
Soft Ball Commissioner.....	John Herbst.....	(203) 605-8400
Majors Baseball Commissioner	Willie Fritz	(860) 308-4536
AAA Baseball Commissioner.....	George Luke.....	(860) 304-5306
A/AA Baseball Commissioner.....	Creighton Johnson.....	(860) 304-8306
Pee Wee Baseball Commissioner	Jim Scott.....	(860) 669-2380

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LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address of Claimant		Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	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	(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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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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 LEGAL GUARDIAN AUTHORIZATION: Email: _____

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)/legal 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.



Little League Volunteer Application - 2016

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 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): _____

Do you have children in the program? Yes No If yes, list full name and what level? _____

Special Certification (CPR, Medical, etc.): _____

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

Driver's License#: _____ State _____

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

If yes, describe each in full: _____

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

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

If yes, explain: _____

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

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

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

Name/Phone

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

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

Sex Offender Registry Criminal History Records *First Advantage

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

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