

Rancho De Oro Little League 2019 Safety Program



**Play Hard Play Safe
League I.D. 0405-41-08**

**RANCHO DE ORO
LITTLE LEAGUE**

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 Minor Major Intermediate (50/70)
 Junior Senior Big League
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:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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 Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____
 Signature: _____ Date: _____

RDO Little League 10400 Russell
Road La Mesa, CA 91941

www.rdoll.org

Little League International
www.littleleague.org

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RANCHO DE ORO
LITTLE LEAGUE

ACTIVE SAFETY
OFFICER FOR YEAR 2019

Nicole Hogue

10400 Russell Rd
La Mesa, CA 91941

Email:

safety@RDOLL.org

Phone # 619 933-7883

LEAGUE SAFETY OFFICER

Authority

By unanimous action of the 1965 Little League International Congress and subsequent ratification of the Board of Directors, it was resolved that every chartered Little League shall appoint a Safety Officer.

Selection

The league president should take great care in selecting a League Safety Officer. It would be well to interview a number of people who may be qualified as outlined below. It is better to delay the selection of a League Safety Officer than to make the wrong person fit the job. Remember — the selected individual will be your personal representative on this important part of your responsibilities.

Qualifications

The League Safety Officer should be someone having the following qualifications, at least to a reasonable degree:

1. Sufficient knowledge of baseball and softball to evaluate and suggest corrective measures for hazards without conflicting with Little League Rules.
2. It would be an asset if that person had first hand experience with a safety program, or at least an understanding of the importance of safety. Examples of people with indirect knowledge of safety would be doctors, insurance agents, and fire or police officers.
3. Such an officer should be a person who can adapt a point of view to that of other volunteers. In other words, the officer should be able to sell a safety package on its own merits.
4. The officer should have the interest and the time to coordinate the safety efforts of other adults in the organization.

League Safety Officer's Authority

The League Safety Officer's authority is mainly advisory with as much force behind advice as the league president has delegated that officer. It must be remembered that managers, player agents and umpires must carry out their own duties and responsibilities. Any differences of opinion on safety policy should be referred to the League President rather than argued. Further questions may be taken up with the District Safety Officer. The latter may refer such problems to Little League Headquarters.

Responsibilities

The main responsibility of a League Safety Officer is to develop and implement the league's safety program. The following may help in carrying out the assigned duties.

1. Spot checks should be made at practices and games to be sure reasonable precautions are taken and assist wherever possible with advice and encouragement.



2. At the playing field, the League Safety Officer's first duty is to insure first aid facilities are available and emergency arrangements have been made for an ambulance or doctor.
3. The League Safety Officer's next obligation is to advise and follow up on the control of unsafe conditions. These will be brought to light by the adults in charge making a preliminary inspection of the field and being continually on the lookout for situations that might cause accidents. Since it would not only be impossible, but an invitation to "buck passing," for a League Safety Officer to keep a degree of control over accident exposures alone, such efforts will be effective only when that officer and league president have convinced fellow volunteer workers that safety should be a primary consideration in whatever they are doing.
4. In addition to the League Safety Officer's advising on the control of unsafe conditions throughout the season, it is a specific responsibility to follow up on procedures and methods of instruction that will help control the human elements that may be the cause of accidents. Here again the work must be done through existing lines of authority in the organization to make accident-prevention a matter of league policy rather than an afterthought applied on a hit-or-miss basis.
5. It would be suitable if the League President delegates the handling of insurance claims to a League Safety Officer because:
 - (a) A League Safety Officer will be familiar with accidental injury cases that require an insurance claim.
 - (b) The personal knowledge of the people in the league will be helpful in following up on such cases.
 - (c) The League Safety Officer will recognize the pain and hardship which result from such injuries, and will

Dissemination of Safety Plan

Emergency Phone #'s

Nicole Hogue- Safety 619-933-7883

Josh Bailey- President 619-438-4017

In the event you can not reach one of us- call 911 immediately.

RANCHO DE ORO
LITTLE LEAGUE

ACTIVE SAFETY
OFFICER FOR YEAR 2019

Nicole Hogue

Email: safety@RDOLL.org

Phone # 619-933-7883

For all emergencies dial 911 immediately

Background Checks And Volunteer Applicant Instructions

BACKGROUND CHECKS

The RANCHO De Oro (RDO) Little League uses the revised little league volunteer application for 2019 which is on the next page. All managers, coaches, league officers, board members, and volunteers who have repetitive access with the players must complete this form and submit it to RDO league officials along with a government issued photo identification card for I.D. verification.

Under the direction of RDO President Josh Bailey, the volunteer application forms are processed by Pam Hermosillo, RDO Board Secretary. A criminal records check for each applicant is run using either the free site of the U.S. Department of Justice at www.nospr.gov and/or the California Sex Offender Registry.

Additional Volunteer Application Forms can located at www.rdoll.org

For questions contact the RDO Safety Officer, Nicole Hogue at 619-933-7883 or Player Agent, Bree Holmes at 619-300-5683.

Little League® "Returning" Volunteer Application - 2019

Do not use forms from past years. This form is available on the website: <http://cajondeoroll.website.siplay.com/>

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 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 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, martial 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-bg-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):

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 First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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 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 _____

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:

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

Coaches Fundamentals and Training Requirements

Coaches Fundamentals Training Requirement

In preparation for the 2019 spring season, managers and coaches in the RANCHO De Oro Little League will attend a coaches clinic focused on coaching techniques for baseball fundamentals for young players to include hitting, catching, throwing, and pitching. At least one manager or coach from each team will attend a clinic.

As an additional resource, all coaches training aids and materials can be found on RANCHO De Oro's website under "coaches corner"

RANCHO De Oro Little Leagues website is www.rdoll.org

Coaches First Aid (Safety) Training Requirements

Coaches First Aid Training Requirement

*** At least one coach or manager from each team must attend***

Managers and coaches in the RANCHO De Oro Little League are scheduled for a first aid training session on January 27, 2019. The subjects covered will range from treating simple cuts to more serious injuries such as a broken arm. He will also cover trauma to the head, heat related illness, and recognition of the need for medical intervention.

RDO Little League considers this training mandatory. A sign-up sheet will be kept by the League Safety Officer.

Little League Baseball Medical Release forms are collected for each player. Copies are retained by the Player Agent and the manager of each team.



I. WHAT DO I DO WHEN MY ATHLETE IS INJURED?

1. RECOGNIZE SEVERITY OF INJURY

- Do not do anything that may cause additional injury. Move the injured person only if you must to prevent further injury, or to initiate CPR, or after you have determined it is safe to do so.
- Recognize emergencies or other serious injuries that need the immediate attention of paramedics or an ambulance.
- Recognize injuries that need immediate care by professional medical personnel, but are not life-threatening in nature.
- Recognize injuries that exclude the athlete from continued participation.

2. EVALUATE THE INJURY

- Is he/she breathing?
- Is he/she unconscious, conscious, or semi-conscious?
- Is the athlete's head, neck, trunk, or limb in an unusual position that may indicate fracture, dislocation, or other injuries?
- Look for profuse bleeding or swelling.
- Ask the injured athlete the following questions:
 - 1) Exactly where are you injured?
 - 2) How did it happen?
(Ex: Athlete fell on outstretched arm/turned ankle when running)
 - 3) Did you hear any sound such as a tear, rip, snap, or pop?
 - 4) Where is your pain and exactly what type of pain are you experiencing?
(sharp, dull, aching, throbbing)
 - 5) Are you experiencing any tingling or numbness anywhere in your body?

While asking these questions observe the following:

- 1) Is he/she able to communicate easily or is he/she anxious and difficult to calm down?
- 2) Look for deformities or abnormal body positions.
- 3) Is the injured area swelling up immediately? Is there bleeding?

3. WHEN TO CALL AN AMBULANCE

- When you suspect a neck or spine injury. The athlete may have a loss of sensation or is unable to move body parts.)
- When an athlete is not breathing. The athlete's chest is not rising, he or she is turning bluish in color and there is no air exchange.
- You suspect a severe or serious head injury.
- When you suspect heatstroke. The athlete may become disoriented or confused, there is an absence of sweating, and the skin is flushed and warm.
- Spleen injury. The signs of a spleen injury are severe abdominal pains

which could become worse; the athlete may have pain in the shoulder region, usually on the left side. Earlier signs: athlete is pale and has a rapid pulse.

- Severe bleeding. Bleeding that cannot be controlled through direct pressure.
- Cardiac arrest. Athlete could go into cardiac arrest from a severe blow to the heart, for example, from a hockey puck or respiratory arrest.
- Abnormal position of extremity or if you suspect a fracture that you are unable to immobilize to transport to hospital. Examples include a dislocated ankle or displaced leg fracture.

4. WHEN TO SEND ATHLETE TO A DOCTOR/HOSPITAL

Send the injured athlete immediately to the hospital or doctor when:

- The injury results in immediate or obvious inflammation or swelling.
- It involves a wound or external bleeding from a laceration or incision that requires stitches.
- There is a suspicion of possible concussion. The athlete experiences loss of consciousness, visual disturbance, inability to walk correctly, disorientation, and memory loss.
- You are unsure of the extent of the injury. Always protect your athlete and yourself. **PLAY IT SAFE!**

5. TREATMENT FOR COMMON MINOR INJURIES

- Injuries such as muscle strains, minor cuts and abrasions, and bruises can be treated on the field. Minor injuries usually won't keep the athlete from competing, but should be dealt with before returning to activity. If an athlete has suffered a minor injury but appears to be reluctant to return to the activity, do not force the athlete back into the game or practice. If an athlete's attention is more focused on the injury than the activity, he/she runs a higher risk of further injury.
- Clean all open wounds with an antiseptic and bandage to protect from further injury and infection.

- Treat injuries to muscle regions with ice and a compression wrap. Return to activity should be based on whether the athlete is able to run, cut and compete normally. If he or she limps when running or cutting, or level of play appears to be altered, the athlete should be removed from the contest or practice for some rest.
- Minor ligament sprains and muscle strains should be treated using ice, then bandaged with an elastic wrap and elevated.

II. OTHER THINGS YOU SHOULD KNOW

A. CONTENTS OF YOUR FIRST AID KIT

- Band-Aids (Sizes $\frac{3}{4}$ " x 3", XL 2" x 4-1/2")
- Sterile gauze pads 4" x 4"
- Antiseptic cleansing agent
- Bandage scissors
- Nail clipper
- Tweezers
- Cold packs/ice
- Mirror
- Contact case/solution
- Latex gloves
- Cotton swabs
- 1-1/2 athletic tape and underwrap

B. FIRST AID TREATMENT OF INJURIES

1. R.I.C.E.

Rest • Ice • Compression • Evaluation

Ice is generally the first line of defense for treating injuries. Ice is appropriate for acute injuries (sudden onset of injury). Ice should be applied in intervals between 10 and no more than 20 minutes and if possible, secured with an elastic wrap. Elevate the injured area after you have secured the ice in place. Continue to ice until the inflammation is gone. APPLYING HEAT TO AN INFLAMED

AREA CAN MAKE THE INJURY WORSE!

2. **WOUNDS:** Clean all open wounds like cuts, scrapes, or lacerations with an antiseptic cleaning agent and a gauze pad (never cotton balls). Cover with bandage and secure. Cleaning wounds thoroughly and as soon as possible is important for the prevention of infection.

3. **WRAPS:** Elastic wraps are very helpful in controlling inflammation, securing ice with compression, and securing bandages, especially when an athlete is returning to activity. Begin application below the injury site, working the wrap over the injury and finishing above the site of injury. If toes or fingers become numb or tingle, the wrap is too tight and should be reapplied. Please note that elastic wraps are excellent for applying compressive forces to an injury but do not provide enough support to protect or prevent injuries.

C. HOT WEATHER ILLNESS

1. DESCRIPTION

- a) **HEAT CRAMPS:** Painful cramps and spasms of active muscles – most common in the calf muscles, caused by intense prolonged exercise in the heat and depletion of water and salt due to sweating.
- b) **HEAT FATIGUE:** Feeling of weakness and tiredness caused by depletion of water and salt due to exercise in heat.
- c) **HEAT EXHAUSTION:** Characterized by extreme weakness, exhaustion, headache, dizziness, profuse sweating and sometimes unconsciousness caused by an extreme loss of water and salt. The key difference between heat exhaustion and heat stroke is sweating.
- d) **HEAT STROKE:** THIS IS A MEDICAL EMERGENCY! Signs and symptoms are a lack of sweating, disorientation, seizures, and possible unconsciousness. It can occur suddenly without signs and symptoms. Athlete may become unconscious with hot, dry skin. **SUMMON AN AMBULANCE IMMEDIATELY!**

2. PRECAUTIONS AND PREVENTIONS:

- a) Know your athlete's past medical history concerning heat illness. Has he or she ever suffered from heat illness or are there any other medical conditions that may predispose the athlete to a heat illness? With younger athletes, obtain this information from parents.
- b) Be aware that poorly-conditioned athletes are more susceptible to heat illness.
- c) Other athletes who are susceptible are those that are overweight, who sweat profusely, and athletes who constantly compete at full capacity.
- d) General signs of heat illness are nausea, incoherence, fatigue, weakness, vomiting, cramps, weak/rapid pulse, visual disturbance and unsteadiness.
- e) Allow athlete to drink as much water as he/she would like. Keep ice cold water available because cold water is absorbed by the body quicker than warm water.
- f) Keep cool, moist towels available that may be used to cool athlete.

D. WARM-UPS AND STRETCHING

1. A general warm-up and stretching program prior to practice or games should take place for a minimum of (15) fifteen minutes.
2. Stretching should be done slowly without bouncing. Here's how to do it: Stretch until you feel a slight, easy stretch and hold this for 10 to 30 seconds. As you are stretching, the feeling of tension will ease up. After holding the easy stretch, move a little bit further until you feel the mild tension again. Hold this stretch for 10 to 30 seconds. Repeat this procedure a third time. Remain relaxed but concentrate on the area being stretched. This will help to prepare muscles for activity as well as improve flexibility. Repeating the above in cool-down is important in reducing post-exercise soreness.



E. SAFE EQUIPMENT

1. It is the coach's responsibility to make sure playing surfaces and areas are safe for games and practices.
2. Make sure that all equipment not being used during play or practice is a safe distance away from playing areas.
3. On outdoor, grassy playing surfaces, the field should be checked for holes that could cause injury.
4. All unmoving surfaces with which an athlete could come in contact should be properly padded in case of collision.

*ANY STRENGTHENING EXERCISE DONE BY ATHLETE FOLLOWING AN INJURY AS A PART OF REHABILITATION SHOULD BE DONE IN A PAIN FREE RANGE.

PLEASE CONSULT AN ON STAFF SPORTS MEDICINE PHYSICIAN PRIOR TO INCLUDING THE REMAINING CONTENT. YOU MAY ALSO OMIT THIS INFORMATION.

III. COMMON ATHLETIC INJURIES

ANKLE SPRAINS

- Symptoms - Sharp pain in the ankle region, usually the outside. Usually occurs from turning or twisting the ankle on an uneven surface or by stepping on another individual's foot. Swelling and discoloration to the ankle region is common.
- First Aid - Ice should be applied to ankle region and secured with an elastic wrap. Ice should remain on for 15-20 minutes while ankle is elevated. Icing should be done 3-5 times per day until inflammation and pain subside.
- Prevention - Ankle braces such as canvas lace-up braces, air casts, or gel casts are beneficial in prevention of further injury. Proper warm up including ankle rotation and calf stretching is helpful and may prevent further injury.

ARCH & HEEL PAIN

- Symptoms - Pain along the bottom of the foot extending from the heel to the area just behind the toes. Symptoms vary from sharp pains to a constant ache. Pain may occur with the first couple steps or with prolonged activity. People with flat feet are susceptible to arch and heel pain.
- First Aid - Ice. Rest. If symptoms do not subside with above treatment, seek help from a medical doctor. Avoid doing activities that aggravate symptoms.
- Prevention - Proper footwear. Stretch out calf muscles well before beginning activity. Insoles or arch supports may be beneficial.

BACK PAIN & INJURIES

- Symptoms - Back injuries that occur during practice or game competition should be evaluated for numbness and tingling that radiates into the buttocks or lower leg. If symptoms are present, treat as a serious injury and call an ambulance. Other symptoms that occur in potentially serious back injuries are extreme pain, inability to move body parts such as legs or feet, or a loss of consciousness. Muscle strains or spasm can also occur but are usually not serious.
- First Aid - Call ambulance for a potentially serious back injury. For muscle strains, spasms, or bruises, treat with ice. Avoid sitting if possible. Ask the athlete to lie down in the position most comfortable.
- Prevention - Proper warm-up by doing low back stretching and hamstring stretching. Wear protective padding or clothing in contact sports. In the weight room, maintain proper lifting techniques and wear a weight lifting belt. Maintaining good posture and doing low back strengthening exercises are helpful.

BLEEDING CUTS & SCRAPES

- Symptoms - Bleeding, inflammation, pain.
- First Aid - Gloves and gauze pads. Always apply gloves when dealing with any injury involving blood. For severe or significant bleeding apply direct pressure. Use a sterile dressing if one is available; if not, use a cloth or even use your hand over the wound site to control bleeding. If the bandage

soaks through with blood just place another bandage over the top of the existing bandage. Never remove bandage once it is in place when attempting to control bleeding. For severe bleeding seek emergency care. For minor cuts, scrapes and bleeding clean area with antiseptic and bandage.

- Prevention - Protective padding or clothing.

BLISTERS

- Symptoms - Hot, red spots or raised area of skin filled with clear or bloody fluid. Often very painful. Usually occur on the hands and feet.
- First Aid - Ice area of blister to control pain. Do not open or “pop” blisters. You run the risk of infection by attempting to do this. If blister is open or torn, clean the wound with an antiseptic and apply an antibiotic cream and bandage.
- Prevention - When participating in sports/activities, wear two pairs of socks. Properly-fitting shoes will help to eliminate blisters. Vaseline and a bandage will help to reduce friction. A felt donut pad will help to protect existing blisters. Sports-specific gloves will help reduce blisters on hands.

CALLUSES

- Symptoms - Generally found on the ball and heel of the foot and are a thickening of the skin caused by friction. Blisters usually are not painful but if they develop underneath a callus that would be painful. They’re common on the hands in golf, softball, and baseball from gripping the bat or club too tight.
- First Aid - Can be removed with pumice stone or callus emery file. This should be done following a shower. A skin softening lotion should be applied after filing the callus.
- Prevention - Same as for blisters.

CONCUSSION

- Symptoms - The athlete is disoriented, complains of a headache, dizziness, nausea, vomiting, impaired vision, memory loss, unconsciousness (momentary or prolonged), or ringing in ears. Athlete may have one or more of the above symptoms. The more symptoms occurring, the more

serious the concussion. Be aware that an athlete can sustain a concussion without loss of consciousness.

- First Aid - Do not allow athlete with suspected concussion to return to action. If athlete has several symptoms or symptoms persist, insist that athlete seek medical attention. Even if athlete appears to return to a normal state quickly, continue to monitor athlete for symptoms that may occur later.
- Prevention - Wear properly-fitting protective head gear when appropriate.

FINGER DISLOCATION

- Symptoms - Obvious visible, painful deformity of finger. Athlete will be unable to move finger.
- First Aid - Apply ice. Transport to medical facility for appropriate treatment. Do not attempt to reduce the dislocation yourself because there is a risk of making the injury more serious.
- Prevention - When returning to activity following a dislocated finger, the injured finger should be buddy-taped to an adjacent finger.

HAMSTRING PULL

- Symptoms - Pain in the back of the thigh, ranging from mild to severe. In severe hamstring strains, athlete may be unable to bend or extend knee, and within a couple days of injury bruising may become apparent on the back of the leg.
- First Aid - Immediately following injury, ice with compression using a cold, wet elastic wrap. Encourage gentle stretching to help prevent loss of flexibility.
- Prevention - Proper stretching before and after activity. Do not make abrupt stops when running or sprinting. Avoid overstriding. Maintaining good flexibility is important.

JAMMED OR SPRAINED FINGER

- Symptoms - Tenderness at finger joint with swelling that occurs rapidly. The athlete will be unable to bend or straighten finger.

- First Aid - Ice. Tape finger to adjacent finger to protect from further injury.
- Prevention - When athlete returns to activity after spraining a finger, it should be protected by buddy taping it to adjacent finger

JUMPER'S KNEE/PATELLAR TENDINITIS

- Symptoms - Occurs in athletic activities that involve repetitive jumping. Pain is usually at the bottom of the knees. There may be a feeling of catching or giving way. There could be some swelling over the site of pain. This injury can occur in stages. Stage I: Symptoms only after activity. Stage II: Symptoms during and after activity. Stage III: Symptoms present all the time.
- First Aid - Ice after activity as well as through the day. Ice or heat before activity depending on athlete preference. A Neoprene knee support may be beneficial. If symptoms are present all the time, seek medical attention.
- Prevention - Advocate proper warm-up and cool-down. Good hip, knee, ankle flexibility goes a long way. Work on hamstring, thigh, and calf stretching.

LIGAMENT (JOINT) SPRAINS

- Symptoms - Ligament sprains are classified into three groups. First Degree: A mild sprain with pain, mild disability, mild tenderness to the touch, little or no swelling. Second Degree: A moderate sprain with pain, moderate disability, joint tenderness, some loss of function, swelling, and bruising. Third Degree: A severe sprain, pain, severe disability, loss of function, possible deformity, severe swelling, and bruising.
- First Aid - Ice, compression with elastic wrap, and elevation. Rest until normal function returns. For second and third degree sprains, ice with compression using an elastic wrap. Elevate and seek medical attention for further evaluation.
- Prevention - For previous injury, preventative bracing may be helpful. Strengthening and flexibility exercises are helpful in prevention and rehabilitation.

OSGOOD SCHLATTERS DISEASE

- Symptoms - This is a knee injury that usually occurs in kids between 9-13 (rapid growth period) and is more common in boys than girls. Swelling and pain just below the knee are the most common symptoms. A lump may begin to form just below the knee. Young athletes usually have to discontinue activity due to pain. Symptoms can last several months.
- First Aid - Ice to control pain. Seek medical attention. Doctor should set guidelines for safe activity. Rest usually resolves symptoms.
- Prevention - This condition is a result of a rapid growth spurt. There is little to prevent its occurrence. Athlete may want to wear a knee pad following return to activity to protect area from contact, especially if a lump formed below the knee.

SHIN PAIN/SHIN SPLINTS

- Symptoms - Pain that runs along the front of the lower leg, especially in the bottom half. Pain is usually worse while athlete runs and will let up with time, but returns toward the end of activity. Swelling in lower legs may occur. This condition is common in people with flat feet or high arches.
- First Aid - Ice or cold whirlpool. Compression wrap.
- Prevention - Ensure proper stretching before and after activity and proper footwear. For runners, increase mileage gradually and avoid running hills or crowned surfaces. Cut back on mileage or weight bearing activities until symptoms subside.

SHOULDER DISLOCATION

- Symptoms - Athlete is usually aware that shoulder is dislocated and will be extremely anxious and experience severe pain. A deformity of the shoulder will be present with a flattened upper arm and prominent shoulder bone. Numbness and tingling may be present down arm and hand.
- First Aid - Seek medical attention as quickly as possible. Allow athlete to put arm in most comfortable position. DO NOT attempt to reduce the dislocations as you can very possibly cause nerve damage or other complications.

- Prevention - Because this is an injury that most often occurs in football when the athlete attempts to make an arm tackle you should emphasize proper tackling techniques.

SHOULDER SEPARATIONS

(ACROMIOCLAVICULAR JOINT INJURY)

- Symptoms - Severe pain and drooping of injured shoulder. Collar bone on injured side may be protruding or riding higher when compared to uninjured side.
- First Aid - Seek medical attention as quickly as possible. Let athlete put arm in most comfortable position. DO NOT attempt to move the athlete's arm or shoulder. If the athlete is in severe pain or distraught, call an ambulance.
- Prevention - Wear appropriate protective equipment.

SHOULDER BRACHIAL PLEXUS LESION

(also known as STINGER, BURNER, NERVE PINCH)

- Symptoms - Occurs primarily in football or hockey when the player's head is forced to one side and the shoulder is pushed down opposite the head. Characterized by a burning, stinging, or numbness sensation from the shoulder to hand. Pain and weakness in the injured shoulder/arm may last from a few minutes (minor) to months (severe).
- First Aid - For a minor injury ice and rest until symptoms completely subside. For a more severe injury (when pain, numbness, and weakness do not subside) follow up with medical attention. The athlete may be placed in a sling.
- Prevention - In football, a neck collar that attaches to the shoulder pads helps reduce this injury.

STRESS FRACTURES

- Symptoms - Pain which occurs during activity but subsides when rested. If athlete continues to participate in athletics the pain will continue longer after activity and possibly become worse at night. Swelling may occur,

usually after activity. Tapping the bone at the site of the fracture is often very painful.

- First Aid - Rest and ice will help control pain. Seek medical attention, especially for guidelines on return to activity. When returning to activity, resumption of training should be gradual.
- Prevention - Decrease repetitiveness of movement that is causing pain. For runners, proper running shoes are necessary. Avoid surfaces that are crowned, hard, or uneven. Stress fractures at different sites may require different treatment.

SWIMMER'S EAR

- Symptoms - When water becomes trapped in the external auditory canal an infection can develop that causes itching or an intensely painful ear.
- First Aid - Seek medical attention. If left untreated the infection can spread to the middle ear causing a loss of hearing and/or balance disturbances.
- Prevention - Take care in making sure the ear is dried out after swimming. This can be done by using a hair dryer or shaking the ear to the side. DO NOT stick cotton tipped applicators in the external ear canal. Ear drops containing boric acid or ethyl alcohol applied several times a week may also be helpful.

TENDINITIS

- Symptoms - Generally a result of overuse. Tendons attach muscle to bones. Tendinitis occurs where the tendon attaches to the bone. It is caused by friction between bone and tendon which leads to inflammation. Initially the pain begins after activity and resolves with rest but if left untreated it will progress to continuous pain during and after activity.
- First Aid - Ice. Rest. Gradual resumption of activities. If pain has reached a continuous stage, seek medical attention.
- Prevention - Practice proper warm up before and after activity. Do strengthening and flexibility exercises within a pain-free range.

TENNIS ELBOW

- Symptoms - Pain over the bone on the outside of the elbow. Pain may radiate down the forearm. Pain is worse when the wrist is bent back.
- First Aid - Rest, ice, and a tennis elbow strap. Seek medical attention if treatment doesn't help.
- Prevention - Make sure your athlete uses proper techniques. Proper warm up, cool-down and strengthening exercises will help prevent this injury.

TOOTH DISLOCATION

- Symptoms - Tooth has been knocked out.
- First Aid - If possible replace tooth in its socket or under tongue if athlete is alert and cooperative. If tooth cannot be replaced, it should be placed in a container filled with milk or saline solution. Take the athlete and the tooth as quickly as possible to a dentist.
- Prevention - Wear a mouth guard. In any sport that has a high incidence of contact it is appropriate to wear a mouth guard. Mouth guards are also beneficial to reducing the incidence of concussion.

TURF TOE (GREAT TOE SPRAIN)

- Symptoms - Pain at the base of the great toe. This may be accompanied by swelling and bruising. Walking will be very painful. This injury usually occurs when athlete's big toe is bent too far.
- First Aid - Ice. Using crutches will also help relieve pain.
- Prevention - Wear shoes with a firm sole and good fit.

WIND KNOCKED OUT

- Symptoms - Following a blow to the mid-section an athlete is unable to inhale because the diaphragm is momentarily paralyzed. Athlete is usually very apprehensive.
- First Aid - Help the athlete overcome apprehension by speaking confidently to him/her. Loosen the athlete's belt or clothing around waist. Encourage relaxation by having athlete take short inspirations and long expirations. If symptoms don't subside within a few minutes, seek medical help.

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 Minor Major Intermediate (50/70)
- Junior Senior Big League
- 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 **B.) Adjacent to Playing Field** **D.) Off Ball Field**
- Base Path: Running *or* Sliding Seating Area Travel:
- Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
- Collision with: Player *or* Structure **C.) Concession Area** Walking
- Grounds Defect Volunteer Worker League Activity
- Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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 Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

Concussion Protocols

RANCHO DE
ORO LITTLE
LEAGUE

Heads Up: Preventing Concussion

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works.

Most people will only experience symptoms from a concussion for a short period of time. But sometimes concussion can lead to long-lasting problems. The best way to protect yourself and your family from concussions is to prevent them from happening.

How to Prevent a Concussion

There are many ways to reduce the chances that you or your family members will have a concussion or more serious brain injury:

- Wear a seat belt every time you drive or ride in a motor vehicle.
- Buckle your child in the car using a child safety seat, booster seat, or seat belt (according to the child's height, weight, and age).
 - Children should start using a booster seat when they outgrow their child safety seats (usually when they weigh about 40 pounds). They should continue to ride in a booster seat until the lap/shoulder belts in the car fit properly, typically when they are approximately 4'9" tall.
- Never drive while under the influence of alcohol or drugs.
- Wear a helmet and make sure your children wear helmets that are fitted and maintained properly when:
 - Riding a bike, motorcycle, snowmobile, scooter, or all-terrain vehicle;
 - Playing a contact sport, such as football, ice hockey, lacrosse, or boxing;
 - Using in-line skates or riding a skateboard;
 - Batting and running bases in baseball or softball;
 - Riding a horse; or
 - Skiing, sledding, or snowboarding.
- Ensure that during athletic games and practices, you and/or your children:
 - Use the right protective equipment (should be fitted and maintained properly in order to provide the expected protection);
 - Follow the safety rules and the rules of the sport;
 - Practice good sportsmanship; and
 - Do not return to play with a known or suspected concussion until you have been evaluated and given permission by an appropriate health care professional.
- Make living areas safer for seniors by:
 - Removing tripping hazards such as throw rugs and clutter in walkways;
 - Using nonslip mats in the bathtub and on shower floors;
 - Installing grab bars next to the toilet and in the tub or shower;
 - Installing handrails on both sides of stairways;
 - Improving lighting throughout the home; and
 - Maintaining a regular exercise program to improve lower body strength and balance, if your health care professional agrees.
- Make living areas safer for children by:
 - Installing window guards to keep young children from falling out of open windows;
 - Using safety gates at the top and bottom of stairs when young children are around;
 - Keeping stairs clear of clutter;
 - Securing rugs and using rubber mats in bathtubs; and
 - Not allowing children to play on fire escapes or on other unsafe platforms.
- Make sure the surface on your child's playground is made of shock-absorbing material, such as hardwood mulch or sand, and is maintained to an appropriate depth.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

When to Call the Doctor: Signs and Symptoms of Concussion

Heads Up: Preventing Concussion

Here is a list of common signs and symptoms of a concussion.

If you or a family member has an injury to the head and you notice any of the symptoms on the list, call your doctor right away. Describe the injury and symptoms and ask if you should make an appointment to see your doctor or another specialist.

Signs and Symptoms of Concussion

<ul style="list-style-type: none"> • Difficulty thinking clearly • Feeling slowed down • Difficulty concentrating • Difficulty remembering • Difficulty following conversation or directions • Answers questions more slowly or repeatedly • Dazed or stunned 	<ul style="list-style-type: none"> • Headache • Nausea or vomiting • Clumsiness or balance problems • Dizziness • Fuzzy or blurry vision • Feeling tired all of the time, having no energy • Sensitivity to light • Sensitivity to noise • Numbness/tingling 	<ul style="list-style-type: none"> • Irritability • Sadness • More emotional • Nervousness or anxiety 	<ul style="list-style-type: none"> • Sleeping more than usual • Sleeping less than usual • Trouble falling asleep • Drowsiness
--	---	---	--

When you visit your doctor, here are some important questions to ask:

- What can I do to help my recovery from this injury?
- When is it safe to get back to my daily routine, such as school, work, or playing sports and doing other physical activities?
- What can I do to keep from injuring myself again?

For more information, contact...

Centers for Disease Control and Prevention (CDC)

CDC's National Center for Injury Prevention and Control works to reduce disability, deaths, and costs associated with injuries. CDC has a wide variety of resources and materials about concussion and other types of injuries. Call CDC toll-free at 1-800-CDC-INFO (1-800-232-4636) or visit CDC's Injury Center on the Web at www.cdc.gov/injury.

Defense and Veterans Brain Injury Center

The Defense and Veterans Brain Injury Center (DVBIC) identifies active duty military and veterans with brain injury and provides resources to ensure they receive the best evaluation, treatment, and follow-up. Call DVBIC toll-free at 1-800-870-9244 or visit DVBIC on the Web at www.dvbic.org.

Brain Injury Association of America

The Brain Injury Association of America (BIAA) focuses on prevention, research, education, and advocacy. BIAA has a national network of more than 40 state affiliates across the country and hundreds of local chapters and support groups. Call BIAA toll-free at 1-800-444-6443 or visit BIAA on the Web at www.biausa.org.



Concussion Signs and Symptoms Checklist

**Heads Up to Schools:
KNOW YOUR
CONCUSSION
ABCs**

Assess the situation | Be alert for signs and symptoms | Contact a health care professional

Participant Name: _____ Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor participants who demonstrate a head injury. Participants should be monitored for a minimum of 30 minutes. Check for signs or symptoms upon initial reporting, fifteen minutes later, and at the end of 30 minutes.

Participants who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the Participant to a health care professional, observe them for any worsening symptoms right before they leave.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a Participant appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the Participant's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- __ Student returned to class
- __ Student sent home
- __ Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF VOLUNTEER COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Common First Aid Injuries

RANCHO DE
ORO LITTLE
LEAGUE

First Aid for Common Sports Injuries

While on-field medical emergencies don't happen every day, it's good to be prepared when they do, regardless of the season. That's why sports medicine experts from Minnesota Sports Medicine created the *First Aid Guide for Athletes: A consumer guide to treating common sports injuries*. From muscle strains and asthma to shock and fractures, the guide offers user-friendly information to help care for athletes when qualified medical professionals are unable to assist in a medical emergency. The following recommendations are excerpted from the guide.

Abrasions and Lacerations

Basic skin wounds are among the most common athletic injuries. Ranging from mild to severe, one factor remains: treat immediately. Abrasions, sometimes called *strawberries*, occur when the top layer of skin is scraped away and the blood capillaries exposed. Lacerations are usually deeper and more severe. They are of particular concern when they occur in the mouth or on the scalp. First aid treatment includes careful wound cleaning, beginning in the middle and wiping toward the outside edges. Use a sterile, non-stick pad to dress the wound, changing it daily to keep it clean. Avoid using hydrogen peroxide because it may hinder healing.

Dizziness

Dizziness is not an ailment or injury; rather, it is usually a symptom of another problem. Minor or severe, dizziness should be addressed immediately. Possible conditions related to dizziness include hunger, dehydration, sleep deprivation, infection, hyperventilation, illness, shock, heat or illness. The best treatment starts with identifying the problem by asking the athlete about it: Have you eaten today? What did you eat? Are you too warm, too cold? Do you feel okay? Are you hurt? Did you get hit too hard? How you handle the condition depends on the answer.

Nosebleeds

Nosebleeds are typically the result of a forceful blow to the nose and/or face and are easily treated in most cases. Place the athlete in an upright position and ask him or her to lean forward to prevent blood from draining down the throat. Apply ice and pressure to the soft part of the nose for five minutes, and apply gauze or a nose plug. Avoid blowing the nose for two hours or more to avoid loosening the blood clot. If a nosebleed continues to occur without trauma, or if it cannot be stopped, it should be evaluated by a physician.

Skin Bruises

Sudden, blunt forces to the skin cause bruises, or contusions. The skin isn't broken but the tissue below (muscle, blood vessels) is damaged. A minor contusion usually causes broken blood vessels and discoloration to the skin. A greater force will usually do more damage, causing more pain and discomfort. Symptoms include redness, pain or discomfort, swelling, tenderness and discoloration. Whether mild or severe, treat the bruise the same: place on ice bag or pack over the area. Initially, avoid heat. Elevate the bruised area above heart level and compress it with an elastic bandage or wrap. Rest the affected area.

continued

Basic Medical Kit Content

Stocked medical kits stored on the sidelines come in handy in a medical emergency. Here are some recommendations for a basic medical kit:

- Athletic tape, 1.5 inches wide
- Pre-wrap or tape under-wrap
- Adhesive bandages
- Gauze pads
- Antibiotic ointment
- Non-latex gloves; and Ice bags
- Other items may include a CPR shield, tongue depressor/popsicle stick, biohazard bag, scissors and sterile saline.

The recommendations for managing common sports injuries and conditions are excerpted from the **Guide**, written by primary care sports medicine physician Grant Morrison, M.D., and certified athletic trainers Brent Millikin, ATC, and Jim Rakow, ATC. This information is intended to inform and educate and is not a substitute for medical evaluation, advice, diagnosis or treatment by a qualified health care professional.

For more information about treating common sports injuries, see the *First Aid Guide for Athletes: a consumer guide to treating common sports injuries*. For more information or to order a booklet or kit, call 612-273-4800. Minnesota Sports Medicine provides sports medicine services and resources to Minnesota's athletic community. Visit www.mnsportsmed.org.

Field Safety Checklists

RANCHO DE
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LEAGUE

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2019



League Name: RANCHO De Oro LL

District #: 41

ID #: _____

(if needed) ID #: _____

(if needed) ID #: _____

City: _____ State: _____

President: _____ Safety Officer: _____

Address: _____ Address: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ ZIP: _____ State: _____ ZIP: _____

Phone (work): _____ Phone (work): _____

Phone (home): _____ Phone (home): _____

Phone (cell): _____ Phone (cell): _____

Email: _____ Email: _____

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

SPECIFIC BALLFIELD QUESTIONS

- Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2016 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your league identification and password.</p> 		Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Please answer the following questions for each field:		(For the following questions, if the answer is "No" please leave the space blank.)																				
GENERAL INVENTORY																						
1. How many cars can park in designated parking areas?	None																					
	1-50																					
	51-100																					
	101 or more																					
2. How many people can your bleachers seat?	None/NA																					
	1-100																					
	101-300																					
	301-500																					
3. What material is used for bleachers?	501 or more																					
	Wood																					
	Metal																					
4. Metal bleachers: Ground wire attached to ground rod?	Other																					
	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent																					
	Cellular																					
9. Is a public address system available?	Permanent																					
	Portable																					
10. Is there a pressbox?	Yes																					
11. Is there a scoreboard?	Yes																					
12. Adequate bathroom facilities available?	Yes																					
13. Permanent concession stands?	Yes																					
14. Mobile concession stands?	Yes																					

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes																				
16. What type of fencing material is used?	Chainlink																				
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix																				
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime																				
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes																				
20. Does field have conventional dirt pitching mound?	Yes																				
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes																				
23. Backstop behind home plate?	Yes																				
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes																				
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes																				
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes																				
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes																				
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes																				
41. Who owns the field?																					
	Municipal																				
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League																				
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
	50 - 70																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes																				

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:						
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:			
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole	
1												
2												
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Return completed survey with safety program registration and supporting materials by April 1, 2016 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

Field Check Requirements

Field Check

All Coaches and Umpires are required to walk the playing field before every game to look for hazards and remove them prior to any practice or game play.

Report any major hazards immediately to the RDO Safety Officer.



HAVE YOU:

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

serve as an additional incentive to see that everyone is kept on their toes to prevent the occurrence of other accidents.

Organized Plan

The first duty of a new League Safety Officer is to sit down with the League President and prepare a safety program for the league. It should have the essential objectives of assuring that:

1. Practice and playing field conditions are made as safe as possible.
2. Players protective equipment and other facilities are available and in good condition.
3. Arrangements have been made for first aid treatment and more severe emergencies.
4. All managers, player agents, coaches and umpires have been instructed in the inclusion of suitable safety precautions as an integral part of their regular duties.
5. Other volunteers, such as grounds keepers and auxiliary members are carrying out their jobs safely.
6. A definite plan is in effect for traffic safety including players travel to and from the field.
7. Arrangements are made for the prompt investigation and reporting of accidents and near-misses with a definite

follow up for the prevention of further accidents of a similar nature.

8. Procedures are in place for prompt and timely reporting of accidents requiring medical treatment to Little League Headquarters.

The best way to institute such a plan is to call a meeting of key personnel, particularly the managers and umpires. If the safety plan or program is to be effective, they must not only agree that safety is essential to the operation of their Little League, but that they will do their part to make it succeed. They should also express a willingness to accept the help and advice of the League Safety Officer.

Incentives for Safety Officers

To people who are not familiar with the safety profession, the incentive and rewards for handling what seems to be a “thankless job” may appear to fall short of the inducements for taking other assignments in Little League Baseball. A dedicated Safety Officer gets a great deal of satisfaction from other people that they owe it to their families and themselves to be alert to prevent pain, suffering and general misfortune connected with the more severe accidents — the majority of which could be prevented. The Safety Officer’s enthusiasm for making accident-prevention work will rub off on other people in the Little League program. It is similar to the maxim that “courtesy is contagious.”

CONTROLS ARE ESSENTIAL

Having set the stage for your Little League safety program, let’s look at the control of unsafe conditions. It is a logical step, because accident causes can be controlled more readily than those involving human element.

Responsibility

The League President has the primary responsibility for safe conditions. However, it is not possible to cover all details personally, so it is necessary to delegate most of this responsibility to others. The following assignments are suggested:

1. Safe maintenance of fixed ball field property, including structures, to the head groundskeeper.
2. Procurement and upkeep of practice and playing equipment, particularly personal protective equipment, to the equipment manager.
3. Each manager should see that the use of field and playing equipment by players does not create hazards.
4. The umpire should take the initiative to insure unsafe conditions are corrected on the playing field and in foul territory during games.
5. The responsibility for maintaining safe conditions for the entire league falls on the shoulders of the president. Some important safety jobs can be delegated to whomever is most suited to handle them, as follows:

- (a) The safety of players and adults going to and from fields is very important as shown by the severity of traffic accidents. See chapter on Traffic Safety.
- (b) The first aid kit must be kept properly equipped and arrangements for emergencies up to date. See chapter on First Aid.
- (c) Taking measures to counteract the hazards that may be connected with special events such as picnics, fund-raising projects, etc. See chapter on Insurance Coverage.
- (d) The safety of spectators, including parking facilities.
- (e) The safe handling of food and drinks at the concession stand.
- (f) If the league operates under artificial lights, the president has the very important responsibility for making sure the lights meet minimum requirements. Check with the District Administrator for Little League Lighting Standards. This is a must for safe playing conditions. The only alternative to adequate lighting is to schedule practice and games during daylight hours. Light meter checks should be made at regular intervals to find out when it is necessary to clean reflectors and replace partly worn light bulbs which have lost their original rating.

Play It Safe

Physical Checkups

The physical well-being of players who are accepted in the Little League program is essential to avoid the hazard of unsafe personal conditions. It would be well to enlist the help of a local physician to advise the league on medical matters not covered by individuals' family physicians.

It is strongly suggested that all candidates for the Little League program pass a basic physical examination before they are accepted.

Another important way that physical checkups can prevent accidents is obtaining a medical release to play ball after a player has recovered from an accident. If this final medical checkup is for evaluation of the player's recovery from an injury covered by "accident insurance," the cost can be charged against the original claim.

Safety Inspection

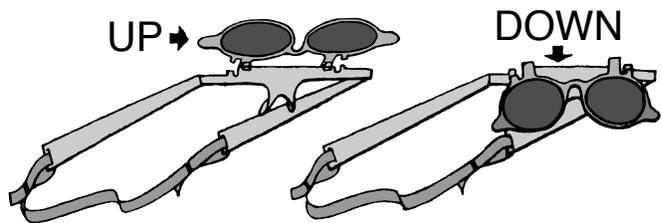
Regular safety inspection of the field, permanent and temporary structures, ball playing equipment and personal protective equipment is the best way to determine which unsafe conditions require correction. The managers and grounds keepers should work together to insure serious accident exposures are corrected promptly! It is good experience and safety training to have the youngsters take part in the procedure.

The following list will be of assistance in determining conditions that cause accidents. Prompt action must be taken on all serious hazards. Some examples are:

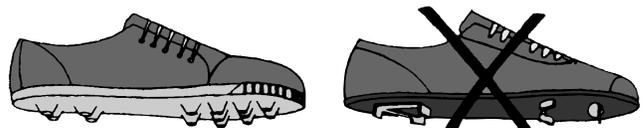
1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas and long grass.
2. Foreign objects like stones, broken glass, old boards, pop bottles, rakes, etc.
3. Incomplete or defective screen, including holes, sharp edges and loose edges.
4. Wire or link fencing should be checked regularly for similar defects which could injure a participant.
5. Board fences should be free of protruding nails, loose boards, and splintered wood.
6. Forty (40) feet in the center section of the outfield fence should be painted a dark color and kept free of signs to provide a contrast with balls thrown toward home.
7. The warning track should be well defined and not less than 10 feet wide.
8. Bat rack and on-deck* circle should be behind the screen.
9. The backstop should be padded and painted green for the safety of the catcher.
10. The dugout should be clean and free of debris.
11. Dugouts and bleachers should be free of protruding nails and wood splinters.

* On-deck areas have been eliminated for ages 12 and below.

12. Home plate, batter's box, bases and the area around the pitcher's rubber should be checked periodically for tripping and stumbling hazards.
13. Material used to mark the field should be a non-irritating white pigment (not lime). White plastic marking tape has proved better and less expensive than other methods of marking.
14. Loose equipment such as bats, gloves, masks, balls, helmets, etc., must be kept off the ground.
15. Constant attention must be given by managers, coaches and umpires to the possible lack or poor fit of personal protective equipment. This would include helmets, masks, catcher's pads and safe shoes. Plastic cup supporters are required for regular and reserve male catchers and are recommended for all male players in addition to regular supporters.
16. Personal jewelry, badges, pencils, etc., can be a hazard to the wearer and should not be permitted.



17. Corrective glasses should be of the sports type and equipped with "industrial" safety lenses. Shatterproof, flip-type sun glasses are good protection against losing a fly ball in the sun.
18. Bats should be inspected for orderly storage, secure grips and freedom from cracks. Cracked or broken bats should never be used.
19. Safety should be the major factor when making a decision on canceling a practice or game because of bad weather or darkness.
20. The greatest, although the least frequent, hazard in connection with weather conditions is exposure to lightning. Chances of surviving being struck by lightning are so slight that managers and umpires must not take any chances on continuing a practice or game when an electrical storm is approaching. At the first indication of such a storm, everyone should leave the playing field.
21. The correct fitting and spruce appearance of uniforms has the indirect benefit of contributing to pride and morale, which stimulates our main safety objective of greater skill for fewer accidents.



Congestion

Congestion is one of the unsafe conditions that must be dealt with by constant supervision. The umpire will keep unauthorized people out of the way during games. The manager and coaches must control this hazard during practice sessions. Since the development of this hazardous condition results from unsafe acts it is covered more fully in the next chapter on that subject.

Conditioning

This important phase of Little League training has a direct bearing on developing a safe personal condition. Extensive

studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

1. The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
2. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

These warm-up skills are most effective when the motions are patterned after natural baseball movements such as reaching for a ball, running and similar footwork. This is a good place also to “drive home” the basic safeguard of keeping the eye on the ball.

EXPOSURE TO UNSAFE PRACTICES

Unsafe acts are far more difficult to control than hazardous conditions. Also, they are the most challenging because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Assuming that every effort has been made to provide safe conditions and equipment for a player, we should look at the exposure to a player’s own or someone else’s unsafe acts. Finding the causes is not enough—definite steps must be taken to counteract them.

Existing Safeguards

Before looking at these accident exposures and some suggestions for their control let’s look at some of the built-in safety factors that are in our favor.

1. It is obvious that non-contact sports such as baseball and track produce far fewer accidental injuries than contact sports like football and hockey.
2. Little League has proven the value of its playing rules and equipment requirements by the fact that each season less than 2 out of 100 players have accidents resulting in injuries requiring outside medical treatment. This is far better than the average accident frequency of 6 accidents per 100 participants for school baseball players in this same age group.
3. Furthermore, 9 and 10-year-old Little League children have fewer accidents than the 11 and 12-year-olds. There are probably a number of factors that account for this difference, such as:
 - (a) The ball is neither batted nor thrown as hard by younger players as by older ones.
 - (b) Nine and ten-year-olds do not put in as much time actually playing ball as the older players.
 - (c) Younger players are less easily disabled by bumps and falls than their older teammates.

With proper instruction and drill work, it is expected that most younger players will develop protective skills that will see them through the more competitive age levels of the

game. It must be kept in mind too that some 9 and 10-year-old youngsters will develop faster and are better able to handle themselves than some 11 and 12-year-olds.

Attitude

1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for the administration of your safety program should be carried down to all players to spark them in the development of better skills
2. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so as not to be cheapened by too much repetition. After all, a really good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Again, it is emphasized that good training is most effective weapon against accidents caused by unsafe acts.

Tryouts

To reduce the chances of accidents to inexperienced beginners, tryouts should be guided by the following:

1. Players should be scheduled to report for tryouts by age groups. This will not only give the younger applicants more confidence but will reduce their exposure to the harder play of older participants.
2. Since a youngster’s lack of ability to handle a ball is the most likely way for the players to get hurt, a test should be made first with some short underhand throws to

Play It Safe

check skill in catching a ball before the player is exposed to normal throws or batted balls.

3. Running form and speed should be observed by checking time and form on a dash from home plate to first base. Group racing does not exhibit true potential as a runner and could result in a pile up.
4. It is better to single out a particularly awkward and inept candidate for extra attention and safe placement than to ignore flaws hoping the applicant will quit. What may be an unsafe situation is often made worse by not acknowledging it.
5. The same principle of taking precautions to protect untried beginners dictates the use of great care in delivering a pitched ball to a potential batter. It may be that player's first experience.

Warm-Up Drills

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up.

Use of the term "warming-up drills," in connection with unsafe acts, refers to ball handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adults and youngsters so continuously that it becomes a reflex action.
3. Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter's helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
4. The danger of being struck by a ball can be further minimized by the following plan:
 - (a) Throwing and catching drills should be set up with players in two lines facing one another.
 - (b) Random throwing should be permitted only to designated players.

Safe Ball Handling

1. Misjudging the flight of a batted ball may be corrected by drilling with flies which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the

glove positioned and the body relaxed for a last split-second move.

3. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
4. It is safer for the player to knock a ball down and rehandle it then to let the ball determine the play.

Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors of judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these zones and patterns become familiar to the players. The responsible player should call out the intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls which are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls reachable which are hit between second and the catcher.
3. The shortstop should call all balls reachable which are hit behind third base.
4. The fielder at second base should catch all balls reachable which are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand it is easier for the shortstop than the fielder at second to catch fly balls over second base.
6. The centerfielder has the right of way in the outfield and should catch all balls which are reachable. Another player should take the ball if it is seen that it is not reachable by the centerfielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their base player to field all ground balls they can reach, cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls which can be reached except when there is a force play or squeeze play at home plate.

Warning Track

In addition to collisions between players, occasionally a player chasing a fly ball will crash into the fence. These accidents also can be controlled by suitable drill work. In this case it is simply a matter of giving the outfielders an

opportunity to practice getting the feel of the warning track under their feet.

They must learn to judge their distance from the fence and the probable point where the ball will come down. It would be worse than futile to not only miss catching the ball by a wide margin but also be injured by a collision with the fence.



Retrieving Balls

Balls that go out of the park should be retrieved by persons who have been specifically assigned to that duty. Such persons should be youngsters who can be relied on not to endanger themselves by climbing fences or getting into a scramble for possession of a ball.

Keep Grounds Clear

Another duty that should be given in turn to alert substitute players is the picking up of bats and proper placement in the rack. The clearing up of other loose playing equipment should be included in this assignment.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as that player "hits the dirt." It goes without saying that steel spikes are not being worn. The following can make the learning period safer:



1. Long grass has been found to be better than a sand or sawdust pit to teach sliding.
2. The base must not be anchored down.
3. Sliding pads are recommended.
4. The player should make approaches at half speed and

keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.

5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.
7. It should be kept in mind that head-first sliding* is not recommended except when returning to a base.

Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Regular than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.

1. A well-fitted, NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.
4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.
5. When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.

Safe Handling of Bats

A review of the batter's potential for causing injuries to others points up the following:

1. The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected

* Head-first sliding has been eliminated for ages 12 and below, except for when returning to base.

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through individual instruction to drop the bat safely by:

- (a) Having the player hand the bat to the coach will serve as a reminder before each ball is pitched.
 - (b) Having the player drop the bat in a marked-off circle near where running starts.
 - (c) Counting the player “out” in practice whenever the player fails to drop the bat correctly.
 - (d) Providing bats with grips that are not slippery.
2. Coaches and umpires should be on the alert to correct batters that have a tendency to step into the catcher as they swing.

A Dangerous Weapon

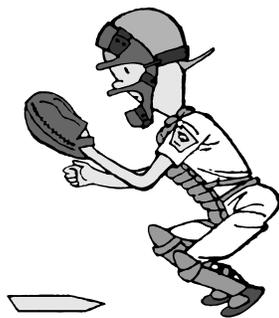
We use this heading to note the seriousness of an accident exposure that may sound impossible but one which has caused several very serious accidents on several occasions. The preceding precautions apply to the actions of individuals who should have control over the bat they are using.

A more serious injury is waiting for the absent-minded youngster who unconsciously walks into the swing of the coach’s bat when the coach is hitting flies, or the equally unwary player who walks into the swing of a player in the on-deck circle*. These situations demonstrate the need for everyone to become safety-minded, not only for their own good but also for the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catching balls for the coach hitting flies should be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around the on-deck circle* whether it is in use or not. The ingrained safety habit of keeping clear may save someone a painful injury.

Catcher Safety

1. The catcher, as might be expected from the amount of action involved has more accidents than any other player. Statistics show that the severity of injuries is less in Regular than in Minor League play. Again, this bears out the fact that the more proficient the player, the less chance of injury. Assuming that the catcher is wearing the required protection the greatest exposure is to the ungloved hand. The catcher must learn to:



* On-deck areas have been eliminated for ages 12 and below.

- (a) Keep it relaxed.
 - (b) Always have the back of the throwing hand toward the pitcher when in position to catch.
 - (c) Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
2. The catcher should also be taught to throw the mask and catcher’s helmet in the direction opposite the approach in going for a high fly.
 3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
 4. To repeat, the best protection is keeping the eye on the ball.

General Inattention

Going one step back to the “whys” of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

1. Otherwise idle fielders should be encouraged to “talk it up.” Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
5. Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding.

Control of Horseplay

No discussion of measures to control the human element in accident-prevention would be complete without going into the problem of horseplay. This includes any type of youthful highjinks that could even remotely be the cause of an accident. Even a mild form of such childish behavior could distract any player about to catch a ball or possibly when at bat, and result in an accident. After all—team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players.

If show-offs and smart-alecks cannot find sufficient outlet for their high spirits in the game, quick and impartial disciplinary action must be taken.

HAZARDS IN TRAVEL TO AND FROM FIELD

Little League is also concerned for the safety of players and team officials on the way directly to and from the field. Since these adults are mature people with a good sense of responsibility, it is not surprising they have had very few mishaps while going to and from their volunteer baseball jobs. Youngsters however, are likely to take a more light-hearted view of these accident exposures.

Upon examination, it is obvious that this hazard is no worse than the everyday exposure of going to and from school, the playground or elsewhere. However, this does not relieve us in the least from looking out for their safety while on Little League "business."

Accident Exposures

A quick examination of our problem leads us to separate these exposures into two broad classifications; namely, traffic safety and the various temptations resulting from youthful curiosity and a desire for adventure. In the field of insurance law, the latter type are known as "attractive nuisances." They range anywhere from an easy-to-climb tree to a boat that has been left without being chained and padlocked.

Travel Hazards

Although Little League traffic accidents involve only one or two cases for every hundred injuries from all accidents, the average severity of these accidents far exceeds those from other causes.

The alarming country-wide increase in all traffic accident deaths has made the publicity on these losses a natural crusade. This staggering annual increase indicates the public conscience has become hardened, not only to these needless fatalities but also to the tragic probability that millions will be seriously injured as the result of traffic accidents in the years to come. Too often we assume that it cannot happen to us or our loved ones until it is too late to prevent a crippling or fatal injury. In Little League we have not only an opportunity but an obligation to take organized action for the protection of our own interests. Let's do something about it.

General Accident Prevention

First, let's look at what can be done to implant the basic principles of traffic safety in the thinking of our adults and particularly our players.

1. In any meeting or gathering where adults are brought together, they should be reminded repeatedly of their responsibility to:

- (a) See that all passengers use seat belts. Do not carry passengers in cargo areas of vans and pick-ups.
- (b) See that their vehicles are in safe operating condition.
- (c) Observe traffic regulations.
- (d) Drive defensively.

2. Youngsters who are walking to or from the field should be reminded by their parents, managers and coaches to:
 - (a) Not hitch rides.
 - (b) Use street or highway crossings protected by lights as much as possible.
 - (c) Always walk in single file off the roadway, and on the side against the flow of traffic where there are no sidewalks.
 - (d) Wear light-colored clothing and carry a flashlight when walking along a road after dark.
 - (e) Be just as alert to the dangers of moving traffic when in a group as when alone. Do not depend on others.
 - (f) Observe bicycle safety rules such as those listed in the next section.

Bicycle Safety

In spite of the nationwide increase in the popularity of bicycling, the number of accidents to riders has not increased as rapidly as is the case with other types of traffic accidents, thanks to the emphasis that has been placed on bike safety. It is estimated there are over 57 million bike riders in America. Still, our country is faced with hundreds of fatalities and thousands of disabling injuries each year from bicycle mishaps. We should be concerned that 4 out of 5 of these accidents are to young people in the 5 to 15 year age bracket.

Since bike riding is generally the most popular way for Little Leaguers to travel to and from the playing field, place more emphasis on bicycle traffic safety.

Bicycle Accident Prevention

As in the case of discovering and correcting the causes of player accidents, let's examine the major causes of bike accidents and what can be done to offset them.

1. According to the National Safety Council, 15% of all fatal bike accidents nationwide did not involve motor vehicles. In general, they were "spills" caused by:
 - (a) Slippery or rough riding surfaces.
 - (b) Defective bicycles.
 - (c) Collisions with pedestrians or fixed objects.

A significant number of bicycle accidents that resulted in injuries could have been prevented by keeping the bikes in good mechanical condition, better rider skills and the observance of bike safety rules.

2. The remaining 85% of fatal accidents involving collisions between motor vehicles and bicycles were analyzed by the National Safety Council as follows:
 - (a) One-half occurred at intersections.
 - (b) Seven out of ten were during daylight hours.
 - (c) Four-fifths of the cyclists killed or injured were violating a traffic law.

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They were:

- (1) Failing to yield the right of way.
 - (2) Riding in center of street.
 - (3) Speed too fast for conditions.
 - (4) Disregard for traffic control devices.
 - (5) Riding against traffic.
 - (6) Improper turning.
- (d) Additional responsibility by the car drivers is indicated by the fact that many accidents involve violations by the auto vehicle drivers.
- (e) In one of five cases, the bicycle had a mechanical defect that could have caused the accident.

Since we can do very little to control violations by motor vehicle drivers it is doubly important to have some assurance that: (1) the bikes will be in good condition, including suitable lights and reflectors; (2) the riders will be safety-minded; and (3) they will ride defensively.

3. Having decided on these four objectives, what can be done to implement our bicycle safety program without over-burdening our volunteers? First, it should be noted that the best results have been obtained by safety promotion projects in which the youngsters take an active part. This can be done by getting a local bike shop or a civic-minded organization to sponsor a package program such as the ones offered without charge by the Bicycle Institute of America. It is located at 122 E. 42nd Street, New York, NY 10017. They will provide not only well-tested procedures but such incentives as colorful decals for the bikes and Safety League membership rule cards. Part of the card is shown below.

- 1. Observe all Traffic Regulations** — red and green lights, one-way streets, stop signs.
- 2. Keep to the Right** — ride in a straight line. Always ride in single file.
- 3. Have White Light on Front** — danger signal on rear for night riding.
- 4. Have Satisfactory Signaling Device** to warn of approach.
- 5. Give Pedestrians the Right-Of-Way.** Avoid sidewalks — otherwise use extra care.
- 6. Look Out for Cars Pulling Out Into Traffic.** Keep sharp lookout for sudden opening of auto doors.
- 7. Never Hitch on Other Vehicles** — do not “stunt” or race in traffic.
- 8. Never Carry Other Riders** — carry no packages that obstruct vision or prevent proper control of cycle.
- 9. Be Sure Your Brakes Are Operating Efficiently** — keep your bicycle in good running condition.
- 10. Slow Down At All Street Intersections** — look to right and left before crossing.
- 11. Always Use Proper Hand Signals** — turning and stopping.

- 12. Don't Weave In Or Out of Traffic** — Do not swerve from side to side.

Suggested bike safety programs are:

- (a) Safety inspection of all bikes by a qualified service mechanic.
 - (b) Testing of individual youngsters for: balance, changes in direction, traffic control, pedaling and braking, maneuvering, mounting, obstacles, emergency stops, turning, signaling and proper care of bike.
 - (c) Rodeo, which is similar to the testing program except that the participants are scored on their knowledge of bike safety and execution of various maneuvers while competing for prizes. This could be made more exciting by having the various teams in each league compete against each other.
4. Another effective way to impress youngsters with the importance of observing traffic safety rules is to have a safety representative from your local law enforcement agency talk briefly to each Little League group, following a practice or game. Youngsters may be impressed by the importance of traffic safety rules which are explained by an officer, such as a state trooper, in uniform.

Prevention of Other Going-and-Coming Accidents

As mentioned at the beginning of this chapter, our Little Leaguers are exposed to other accidents while traveling to and from the ball field.

These accidents, which can be very serious, are a difficult type to prevent. The youngsters are usually out of touch with adult guidance when they get an impulse to climb a tree, throw a stone, watch a construction job, try out someone's motor bike, play in the water or otherwise express their natural curiosity and spirit of adventure. Unfortunately, some of their impulsive actions have led to disastrous results.

Possible Preventative Measures

1. The most positive approach, and probably the most effective, is appealing to their loyalty to the Little League uniform or cap. Parents, managers and coaches should impress upon them that their behavior along the way will give other people a good or bad impression of Little League, depending on how they act.
2. Youngsters should also feel the restraining effect of orders to go directly to the field and report to their manager or coach. The same order should apply to going straight home and checking-in with their parents.
3. As an indirect precaution, parents should be encouraged to have their youngsters learn how to swim. This is particularly important if there are any bodies of water within striking distance of their route. This knowledge

may save their lives when temptation is stronger than the voice of authority.

4. A surprising number of accidents also occur when youngsters reach the vicinity of the field but it is not yet time for practice or a game. In this situation it is the direct responsibility of any adults who are nearby to stop

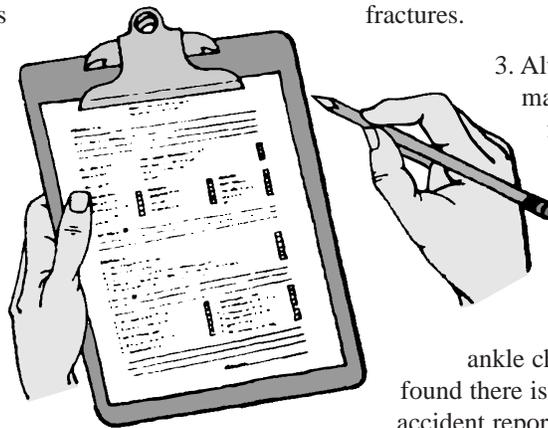
such activities as climbing trees, chasing each other, running up and down the grandstands, etc.

5. Volunteers should make local authorities aware of potential risks in the area, ie. unfenced excavation or quarries and lakes with unsecured boats.

MAKING USE OF ACCIDENT REPORTING

In the effort to prevent accidents to Little Leaguers one must deal with the unpredictable actions of many small athletes. One of the most widely accepted ways to counteract the unsafe acts, which are so often a part of such uncertain behavior, is to inquire into the reasons behind such acts and take suitable counter measures.

Since we cannot eliminate all of these disturbing and sometimes tragic mishaps, one must use them as tools to help control similar or related accidents. Also, alert operation makes it possible to get at the causes of "near misses" so that something can be done to prevent the occurrence of injury-producing accidents.



correction of this type of accident may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.

3. Although it may be embarrassing to a manager, should a relief catcher have front teeth knocked out because of neglect to always wear a mask and catcher's helmet when warming up a pitcher, the report on such a violation should be passed along as a warning to others.

4. Let's assume a player turns an ankle chasing a fly ball. Upon checking, it is found there is a hole in the outfield. A copy of the accident report passed on to the grounds keeper would reduce the chances of that person forgetting to correct the hazard.

Which Accidents to Analyze

Good judgment must be used in deciding which accidents to analyze. The severity of an injury should not be the only basis of deciding to determine reasons for an accident and what can be done to reduce the chances of its reoccurrence. The possibility of a similar and more severe accident occurring should be our main reason for getting at the causes and taking suitable corrective action.

Examples of cases that probably would not require detailed checking would be a "strawberry" from sliding or minor strains and bruises, not associated with serious unsafe acts or conditions.

Examples of accidents requiring thorough study are:

1. A collision when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning players may reveal they had forgotten ball priority assignments in the excitement of trying to make the catch. The corrective measure might be to hold additional ball priority drills. A completed accident cause report passed on to the Safety Officer will serve as a warning to managers of other teams.
2. If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and

Other Uses for Accident Reports

1. The need for corrective measures, of course, is most evident when an injury is severe enough to require professional services. In addition to the need for immediate preventative action, it is very important to have accurate information to complete the insurance claim report. This may be done by the Safety Officer.
2. As in any organized endeavor, communications among teams in a league and leagues in a district is important. The safety program can be effective for everyone if each adult, with some safety responsibility, is given a brief report on serious or unusual hazards and the corrective action that has been taken to counteract them. In order to accomplish this, the League Safety Officers and the District Safety Officer must be kept informed about all significant accident cases.

Further Follow-Up on Accident

Even after corrective measures have been put into effect, responsible adults should continue to check back to make sure that unsafe habits have not been resumed and conditions are not allowed to slip. We advise youngsters to keep their eye on the ball. Let's do the same with safety precautions.

FIRST AID

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

Definition

First aid is the immediate, necessary, temporary, emergency care given for injuries.

Selection and Qualifications of First Aiders

It is recognized as impractical to have a completely trained and experienced first aider on duty at all times. However, every effort should be made to have several alternate first aiders, preferably adults whose duties keep them at the field, trained in the basic requirements of first aid treatment.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have them trained briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.



First Aid Equipment

Since this chapter of "Play It Safe" is not intended as a First Aid Manual, we have omitted information on treatment. Both this and the proper equipping of the first aid kit should be left to the advice of local medical authorities. It is sug-

gested, however, that in addition to the stock of bandages and medication, the following be available:

1. A supply of clean water, soap and towels
2. A blanket
3. Arm and leg splints
4. Easily accessible phone with emergency phone numbers, such as doctor, hospital and ambulance service. If a public phone is to be used, small coins should also be readily available.

Notification of Family

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment their family be notified in as tactful a manner as possible.

Follow-Up on First Aid Cases

Care of an ill or injured individual must always be the first consideration. In concern for their welfare, however, do not neglect the following:

1. A thorough investigation should be made to find the cause(s) of an accident and action started to prevent reoccurrence.
2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
3. Any player under the care of a doctor should be required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.

PUBLIC LIABILITY

The responsibility of all organizations and their individual members for the safety of the general public has become an increasingly important factor in present-day society.

Little League's Obligation

As a non-profit organization supported by public funds and operated by volunteers we should have a deep interest in the safety of the general public as well as the protection of our Little League volunteers from lawsuits.

Even though we cannot fully protect the public from all situations arising out of the operation of a league, we can safeguard them from our own unintentional negligence.

Consequences of Being Sued

No matter how unjustified a liability suit may be, we should be concerned about the effects of such legal action on Little League and particularly on the men and women who make the league possible.

1. The worst result of such a suit, if there is no liability insurance coverage, is the possibility of wrecking the financial position of the individual against whom the suit is directed. In cases where a large judgment is obtained against an individual, the Court may take over all of a person's assets and even attach future earnings for years to come.

2. Another ill effect is unfavorable publicity from news releases, which are sometimes of a sensational nature. They can damage the public good will which has taken years to build.

Protective Measures

1. Obviously our best protection against the relentless attacks of a few claim-minded individuals is to have adequate liability insurance coverage from a reputable company. This will protect local league officials but not the good name of the league and its members.
2. Some legal protection can be obtained by incorporating a league under the laws of the state in which it operates. This is not to be confused with Little League Baseball, Incorporated, which cannot pass the advantages of its incorporation on to individual Little Leagues. They must be incorporated under the laws of the state in which they operate.

This relatively inexpensive protection will safeguard the league as a whole and its members, to a degree, from unlimited financial responsibility for a judgment against the league. However, it will not relieve anyone from the legal expenses required to defend against a suit, nor will it limit the legal responsibility of persons who may be sued as individuals. A league desiring to use the words "Little League" in its corporate title must first obtain consent from Little League Headquarters.

3. As in the case of player accidents, we can go a long way toward safeguarding the good name of Little League and the best interests of all individuals by taking a few common-sense precautions.

Avoid Negligence

The taking of precautions should be based on this main objective of avoiding any implication of negligence on the part of Little League people. In most successful public liability suits, the claimant must prove that some organization or individuals have been negligent in their obligation to safeguard the general public. Some examples of what can be considered as negligence are:

1. The use of grandstands or bleachers that are unsafe due to faulty design, the use of substandard building materials or material which has deteriorated to a point where they are not safe for a capacity crowd.
2. Spectator screen with holes which have become loose or torn.
3. The serving of food at a Little League concession stand that may have become spoiled or contaminated and the careless use of bottled gas. The following safety rules should be observed if bottled gas is used for cooking:
 - (a) Gas cylinders and regulators should be installed out of doors, at least three (3) feet from any building and, if not separated by a solid wall, at least six (6) feet

from the gas burners. Cylinders should always be in an upright position.

- (b) Solid pipe, metal tubing or standard braided metal hose should be used to connect the cylinders. Pipe should have flexible couplings or a tubing loop to provide for jarring or vibration.
 - (c) Cylinders should be installed and maintained by the supplier. By having a reserve cylinder piped up and ready for use, there will be no need for Auxiliary personnel to do more than turn a valve.
 - (d) Gas cylinders should be protected from physical damage and tampering but never in a solid enclosure, to avoid the possibility of an explosion.
 - (e) When not in use they should always be turned off at the cylinder and the key or valve handle removed.
 - (f) A hand fire extinguisher suitable for grease fires should be available and kept fully charged. The minimum requirement is a 5 lb. carbon dioxide type or a 2 3/4 lb. dry chemical extinguisher.
 - (g) If leaking gas ignites, always shut off the valve at the cylinder. If gas is burning at the top of a cylinder, DO NOT TRY TO EXTINGUISH IT. Call the Fire Department.
 - (h) Have your installation inspected and approved by your local Fire Protection Authorities.
4. Permitting members of the general public, particularly small children on the playing field where they may be exposed to thrown or batted balls and swinging bats.
 5. Allowing a pitcher and catcher to warm up in an unsafe location such as too near the stands, where a wild pitch could injure someone.
 6. Ignoring an obvious and frequent exposure to non-spectators using a public street or similar area and preventing their being struck by hard hit balls hit out of the playing field.

Conclusion

In brief, we can discharge our obligations for the safety of the general public and the welfare of the league and its members by:

1. Providing a reasonably safe place for spectators and maintaining it in good condition. Any adult spectator in attendance assumes the normal risks of watching baseball. Grandstand and bleachers should be inspected annually and be in conformity with National Fire Protection Association Standard for Places of Outdoor Assembly, No. 102. A pamphlet on Code No. 102 may be purchased from the NFPA, 470 Atlantic Avenue, Boston, MA. 02100. In some states, inspection service is provided and compliance with this Code is a legal requirement.

Play It Safe

2. Keeping an alert eye out for dangers to the general public and nonspectators in the vicinity of the field. This applies particularly to small children.
3. Carrying adequate public liability insurance with a reputable company. Extensions of this coverage are needed

for the use of additional fields which are under other ownership.

4. Have the league incorporated under the laws of the state in which it operates.

ACCIDENT INSURANCE COVERAGE

A complete safety program must be backed up by adequate accident insurance coverage. Responsible organizations providing athletic programs assume a moral obligation to assure each injured player adequate medical attention and to help parents or families of injured players by easing the burden of medical expenses. In addition, adults who volunteer to assist in the operation of the league are entitled to protection from possible costs of accidental injuries.

Accident Insurance

This coverage is a requirement for chartering a league and is not to be confused with public liability insurance described in the foregoing chapter. Liability insurance protects a Little League against suits arising out of accidents to the general public.

Adequate accident insurance provides reimbursement for actual eligible medical costs arising out of accidental injuries to eligible individuals in the Little League organization directing or assisting with the games, tournament, practices and when traveling directly to and from the field. See your League President for pamphlets that provide a detailed description of these insurance coverages.

Insurance for Service-Connected Leagues

Adequate insurance for leagues operating at military installations sometimes is overlooked because of the free medical services available at these locations. Individuals in these leagues are not usually covered for:

1. The cost of dental care for dependents, if stationed in the United States.
2. The full expense of hospital care outside of military installation.
3. Injury expenses to civilian employees and their dependents.
4. Most accident expenses incurred in connection with baseball trips away from the military installation.

It is strongly recommended that these leagues review their insurance position and consider obtaining coverage through Little League Headquarters for:

1. A special death and dismemberment policy for each team.

2. Full coverage for approved tournaments if their activities will take them away from government property.

3. Regular Little League insurance, if the lack of medical benefits indicate a need for this protection. This coverage would make separate death and dismemberment and tournament insurance unnecessary.



Little League Insurance Obligations

The payment of premiums for insurance coverage, even the required accident insurance, does not completely fulfill a league's requirement to its members. Misuse of an insurance contract may seem to provide extra benefits for the few individuals who have no scruples in this regard. In actual fact, they are only working to their own disadvantage

and that of other leagues in their rating area. Unjustified overloading of claim costs can result in increased premium charges. In time it could price your league out of business, as well as other leagues having limited finances. These abuses may be unintentional or possibly based on the fallacy that "any insurance company is fair game." Some examples are:

1. Submitting claims for injuries or illnesses that are not directly related to Little League activities.
2. Concealing other insurance coverage which has a prior responsibility for the payment of a claim or permitting duplication of benefits.
3. Permitting medical services to overcharge just because insurance coverage is available.
4. The submission of unjustified claims by a league official who has not taken the trouble to have the essential details of an accident checked by a responsible person to make sure that it has resulted directly from a Little League activity covered by insurance.

Little League Headquarters Assistance

Little League Headquarters, with its data processing equipment and research analysis department, is in an excellent position to take corrective action based on a review of claim cases. These safety improvements may take the form of:

1. Adjusting playing conditions.
2. Developing and improving protective equipment.
3. Advising on training procedures.

4. Changing playing rules or Safety Code.
5. Assisting leagues in areas where accidents are found to be excessive.

As a result of their detailed knowledge and their favorable bargaining position with large reputable insurance companies, Little League Headquarters is in the best position to adminis-

ter adequate and economical group insurance coverage for all Little Leagues. This service includes the ability to give credit through reduced premium costs in areas which have shown a consistently good experience.

Little League officers are urged to take advantage of both the insurance and accident-prevention services that are available through Little League Headquarters.

SAFETY CODE FOR LITTLE LEAGUE

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

Warm Up Protocols

RANCHO DE
ORO LITTLE
LEAGUE



Boys of Summer Baseball Pre-game/practice Warm Up Routine



***The purpose of this pre-game/practice routine is to get a player both physically and mentally ready for the upcoming game or practice. It is based on human physiological characteristics and is tailored specifically toward preparing a baseball player for all of the demands and sport specific movements within their sport. It takes about 30 minutes to complete, so plan accordingly. DO NOT JUST SHOW UP AND IMMEDIATELY BEGIN TO THROW/PLAY CATCH, YOU MUST GET YOUR BODY READY AND WARMED UP FIRST BEFORE YOU BEGIN TO THROW!!**

- Jog (lightly) for 10 minutes: General Body Warm-up.**
- Dynamic Warm-Up and Stretches: This is your stretching part of the workout (see below)**
Dynamic Warm-up/Stretches (done for 20 yards, each is down and back)
 - Skips with arm circles
 - High Knees
 - Butt Kicks
 - Carioca w/ high knee crossover
 - Side Shuffle with arm crossover
 - Forward Lunges
 - Build Up Sprints 6 x 20 yards (up to 90% max speed)Static Stretches (Ground based or standing stretches)
 - Sitting Hurdler hamstring stretch (2 x 20 seconds each leg)
 - Butterfly stretch (2 x 20 seconds)
 - Lying on side quad stretch (2 x 20s each leg)
 - Kneeling hip flexor stretch (2 x 20s each leg)
 - Iron crosses (toe to opposite hand w/ leg str8) (2 x 20 reps)
 - Scorpions (lay on stomach, bring foot up to opposite hand) (2 x 20 reps)
 - Sitting back twist stretch (sitting up, bend one leg and cross over other, use leg for leverage and twist back in the other direction to stretch your side and back)
 - Standing shoulder stretch (bring arm across body and stretch side/back of shoulder) (2 x 20s)
 - Overhead triceps stretch (bend elbow and bring arm overhead and back (as if you were trying to scratch your back going over your shoulder) (2 x 20s)
- Shoulder can workout (use a 1 or 2 pound weight, or just use your glove w/ a ball in it)**
***This shoulder workout is only to be done with your throwing arm**
 - Arm circles: 30s down, 30s out to sides, 30s above head
 - Raises: 30s front, 30s side, 30s back (full range of motion)
 - Internal rotation: elbow bent at side rotate inward 30s, and arm straight out rotate in and stretch 30s
 - Horizontal internal rotation: Arm up in throwing position with elbow bent, rotate 30s
 - Shoulder Press: press straight up above head 30s
 - Tricep extension: hold above head with elbow bent, extend arm 30s
 - Diagonal Shoulder Raise (thumb faces down toward your leg) raise up diagonally all the way (this is a raise that is between frontal and side)
- Grab a partner and begin to throw. Start about 30 feet apart and as you get loose, spread out as far as what is comfortable for you to throw (should get out to at least 100 feet minimum).**

Review

- Jog**
- Dynamic Warm-up and stretch**
- Shoulder Can workout**
- Begin to throw/play catch.**

Common Sense Rules

**Not following these
procedures will
eliminate your
coverage under little
league's insurance
policies!**

RANCHO DE
ORO LITTLE
LEAGUE

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

© 1996 Little League Baseball® and Musco Lighting, Inc.

Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, clumsiness, delirium

Heat Exhaustion and Heat Stroke

Heat exhaustion is caused when the body loses too much water and salt due to lengthy exposure to extreme heat. If the body temperature does not cool down, it may also lead to **Heat Stroke**, which is life threatening. Heat stroke occurs when the body cannot cool itself any longer. Sweating stops and the internal temperature of the body becomes too high. (**Dehydration** is caused by the excessive loss of water and salts from the body due to illness or from prolonged exposure to heat. Severe dehydration can easily become a life-threatening condition for infants and the elderly.)



For More Information on Health Topics that are important to you and your family, contact us at:
1-800-660-5853 or 613-345-5685
 or www.healthunit.org

How to Prevent Heat Exhaustion and Heat Stroke

<p>Look First</p>	<ul style="list-style-type: none"> • Check the temperature and humidity - As the temperature and humidity increase, the chances of developing Heat Exhaustion or Heat Stroke also increases. • Watch for signs and symptoms in yourself and others. Pay special attention to small children and older adults as they are at higher risk of developing heat exhaustion and heat stroke. <p>What to Look for to Identify Heat Exhaustion and Heat Stroke:</p> <table border="1"> <thead> <tr> <th>Heat Exhaustion</th> <th>Heat Stroke</th> </tr> </thead> <tbody> <tr> <td>Headache</td> <td>Headache</td> </tr> <tr> <td>Blurred vision</td> <td>Dizziness</td> </tr> <tr> <td>Nausea or upset stomach</td> <td>Disorientation, agitation, confusion</td> </tr> <tr> <td>Vomiting</td> <td>Sluggishness or fatigue</td> </tr> <tr> <td>Sluggishness or fatigue</td> <td>Increased body (inside) temperature</td> </tr> <tr> <td>Thirst</td> <td>Loss of consciousness</td> </tr> <tr> <td>Extreme sweating</td> <td>Rapid heart beat</td> </tr> <tr> <td>Skin is cool, pale and moist</td> <td>Skin is hot, red and dry</td> </tr> <tr> <td>Slight increase in body temperature</td> <td>Hallucinations</td> </tr> </tbody> </table>	Heat Exhaustion	Heat Stroke	Headache	Headache	Blurred vision	Dizziness	Nausea or upset stomach	Disorientation, agitation, confusion	Vomiting	Sluggishness or fatigue	Sluggishness or fatigue	Increased body (inside) temperature	Thirst	Loss of consciousness	Extreme sweating	Rapid heart beat	Skin is cool, pale and moist	Skin is hot, red and dry	Slight increase in body temperature	Hallucinations
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<p>Get Trained</p>	<ul style="list-style-type: none"> • Keep cool – take breaks often when working or playing outdoors in extreme heat. • Drink every 20 – 30 minutes throughout the day such as water, juice or sports drinks. • Avoid caffeinated drinks or alcoholic beverages – they can speed up the effects of heat stroke. • Avoid strenuous work or sport activities during the intense sunlight hours from 11 am to 4 pm. <p>How to Treat Heat Exhaustion and Heat Stroke:</p> <table border="1"> <thead> <tr> <th>Heat Exhaustion</th> <th>Heat Stroke</th> </tr> </thead> <tbody> <tr> <td>Move the person to a cool and dry place</td> <td>Call 9-1-1 immediately – heat stroke is deadly</td> </tr> <tr> <td>Have the person lie down and rest</td> <td>Do CPR if the person is not breathing and has no pulse until EMS help arrives</td> </tr> <tr> <td>Apply cool water to skin and reapply often</td> <td>Move the person to a cool and dry place Place the feet higher than the head</td> </tr> <tr> <td>Fan the wet skin</td> <td>Apply cool water to skin and reapply often</td> </tr> <tr> <td>Have person drink fluids such as water, juice or sports drinks</td> <td>Fan the wet skin</td> </tr> <tr> <td>Apply ice to head, neck, armpits and groin areas</td> <td>Apply ice to head, neck, armpits and groin areas</td> </tr> <tr> <td>If the person is showing signs of heat stroke call, 9-1-1 immediately</td> <td>If possible, put the person in cool water if they are unconscious but still have vital signs (pulse, breathing)</td> </tr> </tbody> </table>	Heat Exhaustion	Heat Stroke	Move the person to a cool and dry place	Call 9-1-1 immediately – heat stroke is deadly	Have the person lie down and rest	Do CPR if the person is not breathing and has no pulse until EMS help arrives	Apply cool water to skin and reapply often	Move the person to a cool and dry place Place the feet higher than the head	Fan the wet skin	Apply cool water to skin and reapply often	Have person drink fluids such as water, juice or sports drinks	Fan the wet skin	Apply ice to head, neck, armpits and groin areas	Apply ice to head, neck, armpits and groin areas	If the person is showing signs of heat stroke call, 9-1-1 immediately	If possible, put the person in cool water if they are unconscious but still have vital signs (pulse, breathing)				
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Fan the wet skin	Apply cool water to skin and reapply often																				
Have person drink fluids such as water, juice or sports drinks	Fan the wet skin																				
Apply ice to head, neck, armpits and groin areas	Apply ice to head, neck, armpits and groin areas																				
If the person is showing signs of heat stroke call, 9-1-1 immediately	If possible, put the person in cool water if they are unconscious but still have vital signs (pulse, breathing)																				
<p>Wear the Gear.</p>	<p>When outdoors:</p> <ul style="list-style-type: none"> • Wear light-coloured clothes and wide brimmed hat to reflect the heat from the sun • Make arrangements to have fluids with you • Remember to practice sun safety <p>When at home:</p> <ul style="list-style-type: none"> • Have a cool bath or shower to lower your body temperature • Use fans to move the air around in your home • Go to the mall or other air conditioned building if your home is too hot 																				
<p>Stay Sober</p>	<ul style="list-style-type: none"> • Avoid alcoholic beverages. Alcohol interferes with the body’s ability to regulate body temperature. Dehydration occurs more rapidly when consuming alcohol and will decrease your ability to monitor signs and symptoms! • Be alert to your body’s condition – keep watch for signs of Heat Exhaustion and Heat Stroke! 																				

Tobacco Use at RDO Facilities

No Tobacco can be used at any RDO facility. This includes smokeless tobacco or "vape" products



SMOKELESS TOBACCO AND KIDS

Since 1970, smokeless, or spit, tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. This trend has occurred as smokeless tobacco promotions have increased dramatically and a new generation of smokeless tobacco products has hit the market. Far from being a “safe” alternative to cigarette smoking, smokeless tobacco use increases the risk of developing many health problems. Furthermore, evidence shows that adolescent boys who use smokeless tobacco products have a higher risk of becoming cigarette smokers within four years.¹

In 1970, men 65 and older were almost six times as likely as those aged 18 to 24 to use spit tobacco regularly (12.7% vs. 2.2%). By 1991, however, young men were 50 percent more likely than the oldest men to be regular users (8.4% vs. 5.6%).² This pattern holds especially true for moist snuff, the most popular type of smokeless tobacco. From 1970 to 1991, the regular use of moist snuff by 18 to 24 year old men increased almost ten-fold, from less than one percent to 6.2 percent. Conversely, use among men 65 and older decreased by almost half, from four percent to 2.2 percent.³ Among all high school seniors who had ever used spit tobacco, almost three-fourths began by the ninth grade.⁴

Despite the decline in youth spit tobacco use from 1997 to 2003, 12.8 percent of U.S. high school boys were current smokeless tobacco users in 2011—a 16 percent increase from 2003. In some states, smokeless tobacco use among high school boys in 2011 was higher than the national rate, including Arkansas (20.3%), Kentucky (28.1%), Montana (21.2%), North Dakota (22.2%), Oklahoma (23.8%), South Dakota (22.0%), Tennessee (21.8%), West Virginia (25.5%) and Wyoming (22.1%).⁵ The 2012 Monitoring the Future survey found a 17.9 percent increase in twelfth graders using smokeless tobacco from 2004 (6.7%) to 2012 (7.9%). Among tenth graders, there was a 30.6 percent increase in smokeless tobacco use from 200 to 2010 (4.9% to 6.4%).⁶

The U.S. Smokeless Tobacco Company (UST), now a subsidiary of Altria, the parent company of Philip Morris USA, is the biggest smokeless tobacco company in the U.S. and controls more than half (55.5%) of the moist snuff tobacco market (with leading premium brands Skoal and Copenhagen).⁷ Reynolds American, Inc. owns the second largest smokeless tobacco company in the U.S., American Snuff Company (formerly Conwood Tobacco Company), the makers of Grizzly and Kodiak, which has nearly one-third share of the moist snuff market.⁸ Other cigarette companies have also test-marketed their own smokeless tobacco products.

Marketing Smokeless Tobacco to Kids

Internal company documents show that UST developed a strategy for hooking new spit-tobacco users (meaning kids) some time ago. As one document states:

New users of smokeless tobacco -- attracted to the product for a variety of reasons -- are most likely to begin with products that are milder tasting, more flavored, and/or easier to control in the mouth. After a period of time, there is a natural progression of product switching to brands that are more full-bodied, less flavored, have more concentrated 'tobacco taste' than the entry brand.⁹

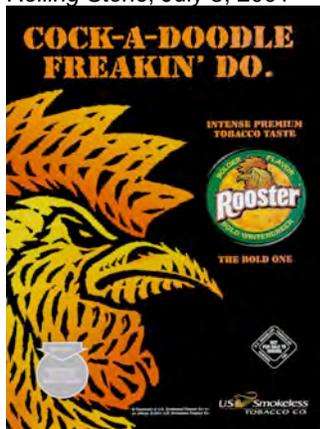
Following this strategy, between 1983 and 1984, UST introduced Skoal Bandits and Skoal Long Cut, designed to “graduate” new users from beginner strength to stronger, more potent products. A 1985 internal UST newsletter indicates the company’s desire to appeal to youth: “Skoal Bandits is the introductory product, and then we look towards establishing a normal graduation process.”¹⁰ In 1993, cherry flavoring was added to UST’s Skoal Long Cut, another starter product. A former UST sales representative revealed that “Cherry Skoal is for somebody who likes the taste of candy, if you know what I’m saying.”¹¹ According to UST’s 2005 Annual Report, flavored products (that now include flavors such as apple, peach, vanilla, berry blend, and citrus blend) account for more than 11 percent of all moist snuff sales.¹² UST launched “new and improved” Skoal Bandits in August 2006.¹³ Between 2000 and 2006, UST increased the number of its sub-brands by 140 percent, creating a larger variety of products with which to “cast a wide net” and appeal to as many potential users as possible.¹⁴

Smokeless tobacco products have been marketed to youth through a number of channels, including sporting events like auto racing and rodeos that are widely attended by kids. Although the state tobacco settlement agreements have limited UST's ability to continue to do brand-name sponsorships of events and teams, UST continues to be a promotional sponsor of both professional motorsports and rodeo and bull riding.¹⁵ As the general manager of the College Finals said, "U.S. Tobacco is the oldest and best friend college rodeo ever had."¹⁶ Some cities, including Boulder and Greeley, CO, have prohibited free tobacco product giveaways, making it more difficult for UST to lure new users at these events.

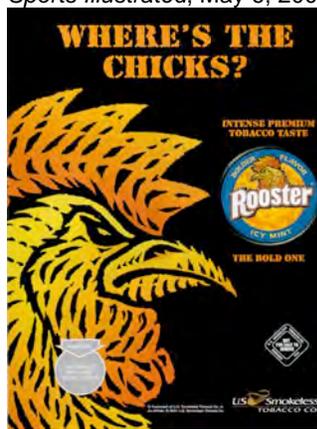
Back in 1999, UST ran a full-color advertising insert for its Rooster brand smokeless tobacco in San Diego State University's college paper, the *Daily Aztec*. The ad offered a sweepstakes for an all expenses paid trip to the Playboy mansion and, in direct violation of California law, included a \$1.00 coupon. State enforcement efforts related to the ad forced UST to pay a fine of \$150,000 and pay for a parallel ad insert opposing smokeless tobacco use.

Continuing its efforts to lure and maintain young users, in 2001, UST ran a magazine ad for its Rooster brand in *Rolling Stone* with the phrase, "Cock-A-Doodle Freakin' Do." After UST received criticism for the ad's blatant appeal to youth, it promised not to use those ads anymore. But less than a year later, ads for Rooster appeared in *Sports Illustrated*, bearing the same image as before, but with the phrases, "Where's The Chicks?," and "Birds of a Feather Party Together."

Rolling Stone, July 3, 2001



Sports Illustrated, May 6, 2002



Sports Illustrated, April 4, 2002



From 1998 to 2010 (the most recent year for which data are available), the total advertising and marketing expenditures of the top-five smokeless tobacco companies in the U.S. (Altria Group, Inc.; North Atlantic Trading Company, Inc.; Reynolds American, Inc.; Swedish Match North America, Inc.; and Swisher International Group, Inc.) increased by 205.4 percent. In 2010, these smokeless tobacco companies spent \$444.2 million to advertise and market their products—an increase of more than 77 percent from 2005 expenditures (\$250.8 million).¹⁷ Some of these funds pay for smokeless tobacco ads in magazines with high youth readership, such as *Sports Illustrated* and *Rolling Stone*.¹⁸ In fact, despite the restrictions placed on youth advertising by the Smokeless Tobacco Master Settlement Agreement, UST has continued to advertise in youth-oriented magazines. From 1997 to 2001, UST's expenditures in youth magazines increased 161 percent, from \$3.6 million to \$9.4 million.¹⁹

Given the track record of UST and its marketing behavior aimed at kids and adolescents, of equal or greater concern is the recent entry of Reynolds-American—labeled as a "serial violator" of the Master Settlement Agreement by the U.S. Department of Justice—into the smokeless tobacco market with its purchase of Conwood. For instance, in 2006, the California Supreme Court ruled that R.J. Reynolds had violated state's ban on free distribution of cigarettes at events attended by minors on six separate occasions.²⁰

For years, tobacco companies have marketed smokeless tobacco products as a way to use tobacco in places or situations when smoking is not allowed or is not socially acceptable, and that practice continues today. Seeing the downward trend in smoking rates and the increasing popularity of smokeless tobacco products, cigarette companies have released their own smokeless tobacco products that draw on the brand names of their popular cigarettes to attract new users. R.J. Reynolds's Camel Snus and Philip Morris USA's Marlboro Snus are now sold nationally, and Liggett Group's Grand Prix Snus and Lorillard's Triumph Snus were test-marketed in 2008. Snus are small, teabag-like pouches containing tobacco and other flavorings

that users place between their upper gum and lip. Because these products do not require spitting, their use can be easily concealed. One high school student admitted using Camel Snus during class, saying, "It's easy, it's super-discreet...and none of the teachers will ever know what I'm doing."²¹

In addition to Star Scientific's Ariva tobacco lozenges and Stonewall Hard Snuff, both forms of dissolvable tobacco pellets, R.J. Reynolds began test-marketing its own new line of dissolvable tobacco products, again under the Camel brand name, in three cities in January 2009 and in two different test cities beginning March 2011.²² Camel Orbs are pellets of ground tobacco resembling tic tacs, Camel Strips are flat sheets of ground tobacco that work like dissolvable breath strips, and Camel Sticks are toothpick-like sticks of ground tobacco. The Indiana Poison Center issued a warning that the products' resemblance to non-tobacco products put children at risk for accidental poisoning. Currently, under the Family Smoking Prevention and Tobacco Control Act of 2009, the U.S. Federal Drug Administration is studying these and other dissolvable tobacco products for their potential appeal to children.²³

Altria, Inc., the parent company of Marlboro-maker PM USA and Skoal-maker UST, has been test-marketing flavored Marlboro Sticks and Skoal Sticks, both toothpick-type sticks coated in tobacco, since March 2011 in various places in Kansas. In response, the Kansas Department of Health and Environment (KDHE) issued a warning about the products, stating, "As the state's health agency, KDHE is particularly concerned about the potential appeal of these new tobacco sticks to youth. The packages are so small that they could easily be concealed in a shirt or pants pocket and youth could use tobacco sticks in front of parents or teachers while appearing to have a simple toothpick in their mouth. We are also concerned about the risk of young children accidentally ingesting these products."²⁴ By placing the new brand extensions both with cigarettes (Marlboro Sticks) and with smokeless tobacco products (Skoal Sticks), the company seems to be testing which market is more viable for their product.²⁵

These new products concern public health organizations for numerous reasons: they may lure even more kids into smokeless tobacco use and addiction; because of their novelty; because of the misconception that they are a harmless form of tobacco use; and because they can be consumed much less conspicuously than either cigarettes or existing spit tobacco products at home, in school and in other locations. Furthermore, cigarette smokers who might ultimately quit because of the social stigma associated with smoking, the inconvenience caused by smoking restrictions at work and elsewhere, or a desire to protect their family and friends from secondhand smoke may instead switch to smokeless tobacco products and end up perpetuating and increasing their nicotine addiction.*

Harms from Smokeless Tobacco Use

Smokeless tobacco use can lead to oral cancer, gum disease, and nicotine addiction.²⁶ More specifically:

- Smokeless tobacco causes leukoplakia, a disease of the mouth characterized by white patches and oral lesions on the cheeks, gums, and/or tongue. Leukoplakia, which can lead to oral cancer, occurs in more than half of all users in the first three years of use. Studies have found that 60 to 78 percent of spit tobacco users have oral lesions.²⁷
- Constant exposure to tobacco juice causes cancer of the esophagus, pharynx, larynx, stomach and pancreas. Smokeless tobacco users are at heightened risk for oral cancer compared to non-users and these cancers can form within five years of regular use.²⁸
- A 2008 study from the WHO International Agency for Research on Cancer concluded that smokeless tobacco users have an 80 percent higher risk of developing oral cancer and a 60 percent higher risk of developing pancreatic and esophageal cancer.²⁹
- Smokeless tobacco contains nitrosamines—proven and potent carcinogens.³⁰ A study by the American Health Foundation for the Commonwealth of Massachusetts found that the level of cancer causing tobacco specific nitrosamines (TSNAs) in U.S. oral moist snuff brands were significantly higher than comparable Swedish Match brands. These data suggest that it is possible for smokeless tobacco companies to produce oral snuff with significantly lower TSNA levels.³¹

* Under the Family Smoking Prevention and Tobacco Control Act, tobacco companies must prove the validity of any health claims to the U.S. Food and Drug Administration before using them in promotional materials. Additionally, any new smokeless tobacco products must go through independent testing regarding either their inherent harmfulness or their likely impact on overall tobacco use levels or public health before entering the market.

- A 2009 study found that moist snuff tobacco contained a considerable number of carcinogenic polycyclic aromatic hydrocarbons (PAHs) in varying amounts, depending on the product and brand. Because of this variation, the researchers concluded that tobacco companies could minimize the levels of PAHs in their products.³²
- Chewing tobacco has been linked to dental caries. A study by the National Institutes of Health and the Centers for Disease Control and Prevention found chewing tobacco users were four times more likely than non-users to have decayed dental root surfaces. Spit tobacco also causes gum disease (gingivitis), which can lead to bone and tooth loss.³³
- A study in the *American Journal of Preventive Medicine* found that “snuff use may be a gateway form of nicotine dosing among males in the United States that may lead to subsequent cigarette smoking.” Further, the study found that “the prevalence of smoking was substantially higher among men who had quit using snuff than among those who had never used snuff, suggesting that more than 40 percent of men who had been snuff users continued or initiated smoking.”³⁴
- A 2008 study showed how smokeless tobacco manufacturers intentionally changed free nicotine levels—and thus the addictiveness of products—by manipulating pH levels in smokeless tobacco products over time. For instance, between 2000 and 2006, Conwood Smokeless Tobacco Company (now American Snuff Company, a Reynolds American subsidiary) increased the free nicotine level by 31.1 percent across all its brands. This nicotine manipulation supports manufacturers’ graduation strategy of starting new users at low nicotine levels and then building brand loyalty with fully addicted users with high nicotine levels. Researchers found that established, addicted, long-term smokeless tobacco users preferred products with the highest levels of free nicotine, whereas those who used smokeless tobacco with lower free nicotine content tended to be fairly new users.³⁵

Despite all the evidence of the harms of smokeless tobacco, in April 1999, a spokesperson for UST, quoted in the *Providence Journal*, claimed that it has not been “scientifically established” that smokeless tobacco is “a cause of oral cancer.” The Rhode Island Attorney General subsequently filed a legal action against UST for violating the multi-state settlement agreement’s provisions prohibiting false statements about the health effects of tobacco products. As a result, UST was required to formally acknowledge that the Surgeon General and other public health authorities have concluded that smokeless tobacco is addictive and can cause oral cancer and to pay \$15,000 to the Attorney General’s office for efforts to prevent Rhode Island youths from using tobacco.

Spit Tobacco and Other Drugs

High school students who use spit tobacco 20 to 30 days per month are nearly four times more likely to currently use marijuana than nonusers, almost three times more likely to ever use cocaine, and nearly three times more likely to ever use inhalants to get high. In addition, heavy users of smokeless or spit tobacco are almost 16 times more likely than nonusers are to currently consume alcohol, as well.³⁶

Campaign for Tobacco-Free Kids, January 15, 2013 / Ann Boonn

Types of Spit Tobacco

- *Oral (moist) snuff* is a finely cut, processed tobacco, which the user places between the cheek and gum that releases nicotine which, in turn, is absorbed by the membranes of the mouth.
- *Snus (or pouches)* is a tea-bag like packet of moist snuff tobacco and flavorings, placed between the upper gum and lip. The product design does not require the user to spit, unlike traditional moist snuff.
- *Dissolvable tobacco products* are made of ground tobacco and flavorings, shaped into pellets, strips, or other forms, that the user ingests orally. These products do not require spitting.
- *Looseleaf* chewing tobacco is stripped and processed cigar-type tobacco leaves, loosely packed to form small strips. It is often sold in a foil-lined pouch and usually treated with sugar or licorice.
- *Plug* chewing tobacco consists of small, oblong blocks of semi-soft chewing tobacco that often contain sweeteners and other flavoring agents.
- *Nasal snuff* is a fine tobacco powder that is sniffed into the nostrils. Flavorings may be added during fermentation, and perfumes may be added after grinding.

More information on smokeless tobacco is available at
http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/products/smokeless/.

Asthma

RANCHO DE
ORO LITTLE
LEAGUE

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

EXERCISE INDUCED ASTHMA

GENERAL INFORMATION

- Asthma is one of the most common chronic health problems among children. Exercise-induced asthma (EIA) is a condition in which the airways constrict during, or following, vigorous exercise. A variety of factors may trigger an EIA attack. These factors include, but are not limited to:
 - Respiratory infections, colds
 - Allergies to pollen, mold, or dust
 - Excitement, stress
 - Exposure to cold air or sudden temperature changes
 - Air pollution, fumes, or strong odors
 - Vigorous, aerobic exercise

HOW ASTHMA AFFECTS THE LUNGS

- Breathing difficulty is caused by three types of reactions in the air passages of the lungs:
 - Inside walls of the airways swell up
 - Muscles in the walls of the airways tighten and constrict
 - Swollen walls produce excess mucus which clogs the airways
- The child struggles to breathe because there is difficulty getting air in and out of the lungs.

ASTHMA AND EXERCISE

- Consult your physician before beginning an exercise program.
- Take all asthma medications as prescribed by your physicians.
- Starting about 30-60 minutes before vigorous exercise, perform a 10-15 minute warm up. Past experience, may warrant a longer warm up period.
- Begin working out slowly for the first 5-10 minutes, keeping the heart rate at about 50%-60% of the target heart rate.
- Perform a graduated 10-30 minute cool down after vigorous exercise. This allows the temperature changes in the airways to occur gradually and reduces the risk of EIA.
- When trying new activities, increase duration and intensity slowly.
- During cold winter months. limit outdoor exercise, or try breathing through a foam nylon mask. (Cold air greatly increases the risk of an EIA attack.
- Exercising in a warm, humid environment, such as a swimming pool, usually reduces the risk of an EIA attack.

SYMPTOMS

Signs & Symptoms of Asthma

- A distinct change in breathing
 - wheezing and shortness of breath
 - fast, noisy breathing or panting
 - flared nostrils
 - the notch of the Adam's apple may sink in
- Chest tightness and/or coughing

Signs & Symptoms of a Serious EIA Attack

- Breathlessness may cause the athlete to talk in one-to-two word phrases, or not talk at all.
- The neck muscles may tighten with each breath.
- The athlete may have an increased breathing rate while resting.
- The lips and nail beds may have a grayish or bluish color.
- The athlete may exhibit chest retractions (chest skin sucked in).

THESE SIGNS & SYMPTOMS REQUIRE IMMEDIATE MEDICAL ATTENTION!

FIRST AID IN CASE OF BREATHING DIFFICULTY

- Ask the student if they are having an asthma episode.
- STAY CALM, reassure the student by your tone of voice and your attitude of being able to manage the situation.
- Help the student to assume a comfortable position with shoulders relaxed. Leaning forward with elbows on knees may be helpful.
- Encourage the student to use pursed-lip breathing.
- If you can find out what triggered the asthma episode, remove it - or the student - from the area.
- Encourage the student to take appropriate medication if his or her doctor has prescribed medicine for a time of breathing difficulty. (Check with the school nurse for proper school procedure.)
- Drinking liquids that are neither too hot or too cold may be helpful.
- If there is no improvement, notify the school nurse, parent or guardian. Follow established emergency procedures.

For more information contact:

American Lung Association of Iowa
1025 Ashworth Rd, Ste 410 • West Des Moines, IA 50265-6600
1-877-92-LUNGS

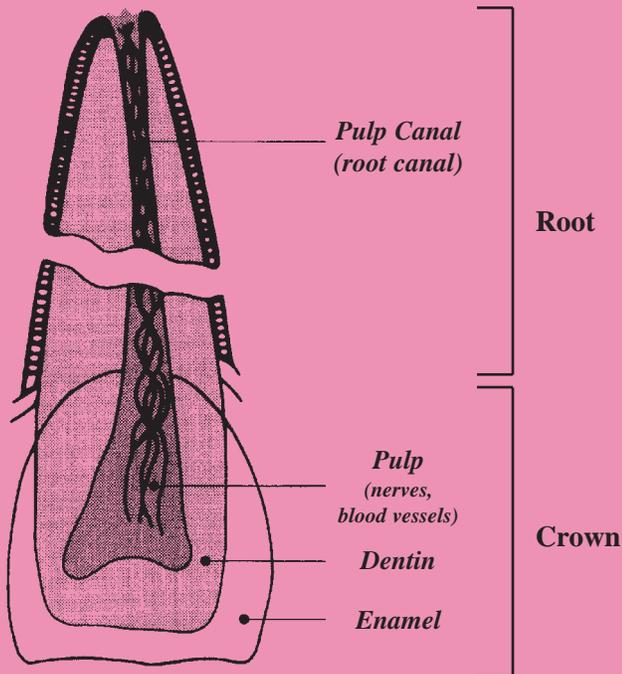
Dental Injuries

RDO League Dentist Dr Adam Raschke can be reached for any emergency dental question

Dr Raschke can be reached at
adam@protours360.com 6192511632

RANCHO DE
ORO LITTLE
LEAGUE

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 - Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
 - 3rd best - Wrap tooth in saline-soaked gauze.
 - 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
 - 5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT



Lawn Mower Safety Tips

Keep Your Lawn Mower in Good Working Condition

- Make sure that the blade is sharp and secure
- Ensure that the shields and other guards are in place and working properly

Wear Protective Equipment

- Earplugs
- Eye protection
- Closed toe footwear with good traction
- Tight-fitting clothing (long pants, long-sleeve shirt)

Watch for Obstacles

- Keep people away from the work area – mowers can throw objects in any direction
- Clear the work area of rocks, bottles, and debris that might be thrown by the blades
- Proceed slowly into tall, heavy grass to avoid choking the mower or stalling the engine
- Use caution around low hanging branches and shrubs
- Set the mower on the highest cutting level when operating on rough ground
- Do not leave blades rotating when crossing graveled areas

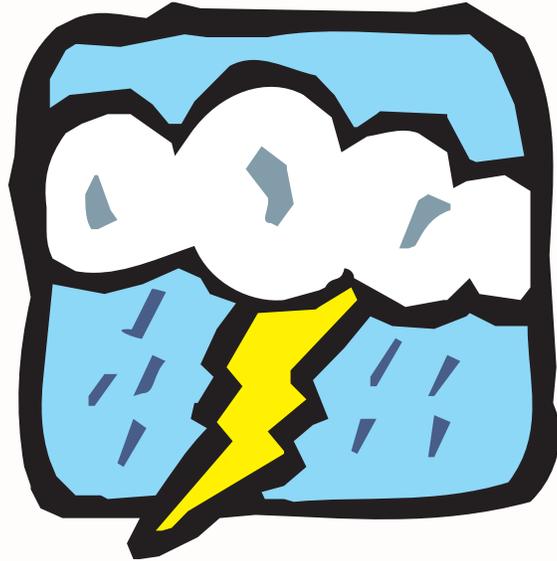
Use Common Sense!

- Keep hands away from the blades at all times
- Expose the underside of a mower for maintenance ONLY after shutting it off
- Disconnect the spark plug or unplug an electric mower before sharpening or cleaning
- Move away from the cord when using an electric lawn mower
- Do not touch hot motor area
- Never reach under the machine
- Do not spray cold water on a hot engine
- Do not make wheel height adjustments while the motor is running
- Do not refuel the mower while the engine is running
- Mow across slopes so that your feet are less likely to slide under the mower
- Do not mow surfaces that are slippery
- Know the controls and how to stop the mower quickly and NEVER leave a mower unattended

Lightning Procedures

Download Little League
Weather App
"weatherbug"

If You See It, Flee It; If You Hear It, Clear It



REMEMBER:

- **Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings**
- **Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up**
- **Clear fields immediately after thunder has been heard or lightning seen!**

PLEASE WAIT!

- **Wait 30 minutes before returning to play after last sign of lightning activity in your area**
- **Cars shouldn't leave until the game is called, so all players can be accounted for**

Guidelines from the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service



Lightning Safety: Large Venues

During the Event

The weather watcher will use weather monitoring and lightning detection tools along with local observations² to help determine the proximity of lightning and which safety actions to implement. The direction and speed of an approaching thunderstorm should be accounted for along with locally developing storms that may form nearby or overhead. If lightning is in the vicinity, the following procedures are recommended *(please note that lightning radii will vary based on venue size and capacity, distances can be modified as local emergency management deems appropriate):*

When lightning is detected within (15) miles of the venue:

- Weather watcher notifies management of elevated lightning monitoring. Management notifies the event officials.
- Venue management notifies all staff members of the potential for a delay. Designated staff members are stationed to direct patrons to the proper shelters.
- An evacuation of the facility will begin if it appears the thunderstorm is moving toward the venue. If a more organized thunderstorm or cluster of thunderstorms (supercells, squall lines, bow echoes) are headed for the venue, a 30 minute lead-time or more should be considered for an evacuation. These are the major impacting events with high lightning counts where an advanced delay or postponement of the event is justified. (see PA system evacuation announcements). In these cases, the weather watcher or lightning detection system operator should estimate the speed and direction of the storm movement to determine when they will enter an (8) mile radius of the venue.

When lightning is detected within (12) miles of the venue:

- Weather watcher notifies venue management of impending lightning threat. Management notifies the event officials.
- Venue management informs all event staff of an impending delay. Staff members are stationed to direct the crowd to the proper shelters.

² Observations- The best course of action is to practice, "When Thunder Roars, Go Indoors!" The Flash/Bang method can also be utilized. To use this, the observer begins counting at the sight of the lightning flash. Counting is stopped at the sound of related thunder. The count is then divided by 5 to determine the distance (miles) that the lightning strike is from the venue. Large venues with long evacuation times should consider a longer count.



Lightning Safety: Large Venues

- An evacuation of the facility begins or continues. If more organized thunderstorms (supercells, squall lines, and bow echoes) are headed for the venue, an evacuation will be necessary. (see PA system evacuation announcements)

When lightning is detected within (8) miles of the venue:

- Weather watcher notifies venue management of nearby lightning threat and an event delay is implemented. Management notifies the event officials. Event officials suspend activities.
- Venue management informs all event staff that the event has been suspended due to lightning in the area. Staff members are positioned to direct the crowd to the proper shelters.
- An evacuation of the venue begins (see PA system evacuation announcements).
- All patrons are directed to the nearest lightning-safe shelter (see designated shelters).
- All event performers and officials will be evacuated to pre-designated safe shelter areas.

If a severe thunderstorm or tornado *watch* is in effect:

A watch indicates that conditions are favorable for severe weather to develop. The weather watcher will communicate this information to the venue management, indicating that elevated thunderstorm monitoring is occurring. Vital information to be shared will include the threats with the watch and the time that it is in effect until.

If a severe thunderstorm or tornado *warning* is in effect:

A warning means that severe weather has been detected and may be imminent in the locale. The weather watcher will communicate this information to the venue management, indicating that the thunderstorm may be imminent. Vital information to be shared will include the threats with the storms and the time that the warning is in effect until. If the threat is imminent, an evacuation of the venue will take place.

If the weather watcher has questions about a storm, they can contact a weather service provider at (*insert provider phone number*). The NWS is especially concerned that you are prepared for hazardous weather, and will want to talk with your service provider from America's Weather Industry well before the event. Your service provider can contact the local NWS office at (*insert office phone number*).



Lightning Safety: Large Venues

Public Address System Evacuation Announcements

In a case where thunderstorms are in the forecast and an evacuation is possible during the event, radio, public address system announcements, and visual display boards will state: (grayed out areas can be edited for the locale)

“Inclement weather, including lightning is forecast today and may lead to the suspension of play. Those of you who wish to leave the venue for safe shelter will be permitted to re-enter the (insert venue name) with your ticket stub.”

In the case of an evacuation, radio, public address system announcements, and visual display boards will state:

“Inclement weather, including lightning, is in the vicinity of (insert venue name). The (insert event type) has been suspended until the weather no longer poses a danger to this area. Please begin to evacuate the (insert venue name) in a calm and orderly fashion for everyone’s safety. (Insert title of personnel) are available to assist you. Once the storm clears, we will notify patrons of the resumption of the event. At that point, you will be permitted to re-enter with your ticket stub and return to your seats.

Resuming the Event

The weather watcher will continue to monitor the proximity of thunderstorms and utilize local observations to make an informed decision, determining the appropriate time to resume the event. Officials may then allow for activities to resume after 30 minutes of no detected lightning strikes within a (≥ 6) mile radius of the venue. Event patrons will then be notified via (insert communication methods) that the lightning threat has ended and the time of the restart of the event.

After the Event

The weather watcher will remain on duty until post-event operations come to an end. A review of the weather’s impact on event operations and the effectiveness of the safety plan will occur between the weather watcher and venue management.

Facility Survey Requirements and Light Audit

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2019



League Name: RANCHO De Oro LL

District #: 41

ID #: 04054108

(if needed) ID #: _____

(if needed) ID #: _____

City: _____ State: _____

President: Josh Bailey

Safety Officer: Nicole Hogue

Address: 10400 Russell Rd

Address: 10400 Russell Rd

Address: _____

Address: _____

City: La Mesa

City: La Mesa

State: CA ZIP: 91941

State: CA ZIP: 91941

Phone (work): _____

Phone (work): _____

Phone (home): _____

Phone (home): _____

Phone (cell): 6194384017

Phone (cell): _____

Email: president@RDOLL.org

Email: safety@RDOLL.org

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields	1		
b. Basepath/infield	3		
c. Bases	2		
d. Scoreboards	1		
e. Pressbox	1		
f. Concession stand	2		
g. Restrooms	1		
h. Field lighting			
i. Warning track			
j. Bleachers	1		
k. Fencing	1		
l. Bull pens	1		
m. Dugouts			
n. Other (specify):			

SPECIFIC BALLFIELD QUESTIONS

- Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2016 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your league identification and password.</p> 	Forehand Field	Russell Rd	Russell T Ball	Fuerte Caps	Fuerte T Ball	RSD Majors Field	RSD Minor A Field	RSD Minor B field	RSD Tball field												
	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field:	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
--	----------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

GENERAL INVENTORY	(For the following questions, if the answer is "No" please leave the space blank.)																				
1. How many cars can park in designated parking areas?	None																				
	1-50	X	X	X	X	X					X										
	51-100						X	X	X												
	101 or more																				
2. How many people can your bleachers seat?	None/NA																				
	1-100	X	X	X	X	X	X	X	X	X											
	101-300																				
	301-500																				
	501 or more																				
3. What material is used for bleachers?	Wood	X																			
	Metal						X	X	X												
	Other: Al/plastic		X	X	X	X				X											
4. Metal bleachers: Ground wire attached to ground rod?	Yes																				
5. Wood bleachers: Are inspected annually for safety?	Yes																				
6. Is a safety railing at the top/back of bleachers?	Yes	X																			
7. Is a handrail up the sides of bleachers?	Yes	X																			
8. Is telephone service available?	Permanent																				
	Cellular	all fields based on mobile service																			
9. Is a public address system available?	Permanent		X																		
	Portable	X																			
10. Is there a pressbox?	Yes																				
11. Is there a scoreboard?	Yes	X	X																		
12. Adequate bathroom facilities available?	Yes	yes at all																			
13. Permanent concession stands?	Yes	yes at all																			
14. Mobile concession stands?	Yes																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes	X	X	X			X	X	X												
16. What type of fencing material is used?	Chainlink	X	X	X			X	X	X												
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X	X	X	X	X	X	X												
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X	X	X	X	X	X												
	Spray paint	X																			
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes		X																		
20. Does field have conventional dirt pitching mound?	Yes	yes to all																			
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X	X	X			X	X	X											
23. Backstop behind home plate?	Yes	yes at all																			
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes		X																		
24.a. If yes, what width is warning track? Please specify:	(Width in feet)		12																		
25. Batter's eye (screen/covering) at center field?	Yes	X	X																		
26. Pitcher's eye (screen/covering) behind home plate?	Yes	X	X																		
27. Are there protective fences in front of the dugouts?	Yes	yes at all																			
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes	X	X																		
30. Is a first aid kit provided per field?	Yes	yes at all																			
31. Do bleachers have spectator foul ball protection?	Overhead screens	Yes at all																			
	Fencing behind	yes at all																			
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	yes at all																			
33. Is the field lighted?	Yes	X																			
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	X																			
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel	X																			
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes	X																			
37. Ground wires connected to ground rods on each pole?	Yes	X																			
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System	X																			
	Light Levels	X	2-16																		
39. Fields tested/inspected by qualified technician?	Electrical System	X																			
	Light Levels	X																			

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes			Yes at all, 1 hour 45 minutes																	
b. Number of teams or games?	Yes			yes to all																	
c. Scheduling and/or timing?	Yes			Yes to all																	
41. Who owns the field?																					
	Municipal																				
	School	X			X	X	X	X	X	X											
	League		X	X																	
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X											
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X											
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League	X	X	X	X	X	X	X	X	X											
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor	X	X	X	X	X	X	X	X	X											
	Major	X																			
	Jr., Sr. & Big	X																			
	Challenger																				
	50 - 70																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor			NONE																	
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	X	X																		

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4	205	205	205	20	25	25	in line	25	25	in line
2	8	168	187	187	20	15	15	in line	15	15	in line
3	4	100	100	100	15	15	15	in line	15	15	in line
4	n/a										
5	n/a										
6	4	175	200	175	20	20	20	inline			inline
7	4	168	185	185	20	15	15	inline			inline
8	4	120	110	110	16	15	15	inline			inline
9	n/a										
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2016 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitiesurvey.musco.com> should include it with safety plan submission.



Little League®

Lighting Safety Audit

Little League requirements call for regular inspections of your lighting system. The following safety audit will:

1. Identify components that may need repair or replacement.
2. Help you determine whether the performance of the system meets Little League minimum standards as outlined in the Standards of Artificial Lighting section of the Little League Operating Manual.

A copy of this completed form must be sent to your District Administrator and the original should be retained in league records.

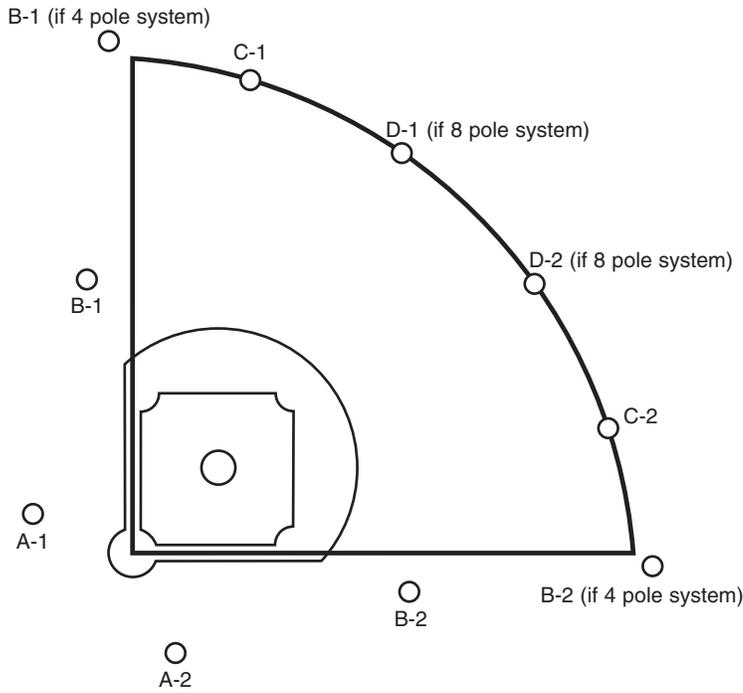
Important - Inspection, testing and repair must be done by qualified person prior to season play each year.

Plans for new lighting must be approved by local District Administrator as being within minimum standards.

For additional information contact your District Administrator or Little League Headquarters.

League Name	RANCHO De Oro Little League		
Charter No.	04	-	05 - 4108
Town	La Mesa	State	CA
Number teams in league	16		
Name of field	Forehand Field		
Number leagues using field	2		
We share the field with	_____		
Total # of fields	1	# lighted	1
Date of Inspection	11/21/2018		
Inspected by	Mark Robinson		
Testing & Repairs by	Robinson Electric		

Equipment Listing



Fill in the number of fixtures on each pole and mounting heights:

	Pole	Number of Fixtures
4 Pole System	A-1	<u>4</u>
	A-2	<u>4</u>
	B-1	<u>8</u>
	B-2	<u>8</u>
6 Pole System	C-1	<u> </u>
	C-2	<u> </u>
8 Pole System	D-1	<u> </u>
	D-2	<u> </u>
Total		<u> </u>

Type of poles: steel concrete

Fixture height above field: 60'

Base path length: 60' 70' 90'

Distance from home plate to foul pole:

175' 200' 225' 275'

300' other

Lamp Type:



High Pressure Sodium



Quartz Incandescent



Incandescent



Metal Halide

Grounding System Test

THREE POINT GROUND ROD RESISTANCE TEST* - This test measures the resistance of the ground rod to earth. This method also measures the effect of a variety of conditions such as soil composition, drought conditions, etc. A direct-reading instrument called a Groundohmer or Groundometer is used for the following testing procedure:

- Two additional temporary grounds, consisting of short rods 2–3 feet long, must be driven in the ground at least 20 feet away from the ground being tested.
- The instrument is connected to all three grounds by means of insulated leads. A magneto or a battery in the instrument furnishes the necessary power for the test.
- The instrument reads the ground resistance directly in ohms.

NOTE: The National Electrical Safety Code (NEC) implies that the ground resistance should be measured at the time of installing the ground and that the ground resistance must not exceed 25 ohms for artificial (buried or driven) grounds.

* American Electricians Handbook procedure

It is recommended that testing procedures for grounding be in accordance with local, state, or national code.

System Operation

OK Needs Repair

Notes:

WARNING!! Turn off electricity at power source and at safety disconnect on the pole.

Service Entrance & Pole Distribution Boxes		OK	Needs Repair	Notes:
Check service panel for proper markings.		X		
<ul style="list-style-type: none"> Emergency information should be visible. 				
<ul style="list-style-type: none"> Warning stickers, wiring diagrams, circuit labels and other servicing information signs should be posted and clearly legible. 		X		
Test reset action on all service breakers.				
<ul style="list-style-type: none"> Snap all breakers on and off several times to ensure firm contact. 		X		
<ul style="list-style-type: none"> If fuses are used at main service, check continuity.* 				
Check the wiring.				
<ul style="list-style-type: none"> Insulation around wiring should show no signs of deterioration. 		X		
<ul style="list-style-type: none"> Wiring should show no heat discoloration. 				
Check all taped connections.				
<ul style="list-style-type: none"> Signs of wear should be replaced. 		X		
Make sure no live parts are exposed.				
<ul style="list-style-type: none"> Bare wires and exposed connections should be wrapped with insulated covering.* 		X		
Padlocks for service entrance & distribution boxes should be in place and operational.		X		
Poles - Annual Testing		OK	Needs Repair	Notes:
Check to see that poles aren't leaning.		X		
Check wood poles for decay or twisting. Twisted pole may require re-aiming of fixtures.		n/a		
<ul style="list-style-type: none"> Effective Sept. 1, 1994 wood poles are no longer approved on new installations. 				
Check base-plate of steel poles for signs of deterioration.				
<ul style="list-style-type: none"> Check anchor bolt for signs of corrosion. 		X		
<ul style="list-style-type: none"> Check grouting under pole to make sure proper drainage exists. 		X		
Check bolts and fittings for tightness.				
<ul style="list-style-type: none"> Check all metal parts for signs of corrosion. 		X		
Check to see that wiring covers are in place.		X		
Check all cables and conduits.				
<ul style="list-style-type: none"> Pull on conduit to check for looseness. 		X		
<ul style="list-style-type: none"> Check for loose fittings and damaged conduit. 		X		
<ul style="list-style-type: none"> All cables should be straight and properly strapped.* 		X		
<ul style="list-style-type: none"> If cables are exposed to the elements, make sure the insulation has the proper rating.* 				
Check overhead wiring.				
<ul style="list-style-type: none"> Wiring should be properly secured 		n/a		
<ul style="list-style-type: none"> Check that new growth on tree branches and limbs won't obstruct or interfere with overhead wiring. 				
Luminaires		OK	Needs Repair	Notes:
Check fixture housings.				
<ul style="list-style-type: none"> Housings should show no sign of cracking and/or water leakage. 		X		
Check lenses.				
<ul style="list-style-type: none"> Clean lenses. 		X		
<ul style="list-style-type: none"> Replace broken lenses. 				
Replace burned-out lamps.		X		
Check luminaire fuses.				
<ul style="list-style-type: none"> Replace burned-out fuses. 		X		
<ul style="list-style-type: none"> Fuses should be the correct size. 		X		
<ul style="list-style-type: none"> All fuses should be operational. 		X		
Insulation covering on wiring should show no signs of wear or cracking.		X		
Ground wire connections must be secure.		X		
Check around ballasts for signs of blackening.		X		
Check that capacitors aren't bulging.		X		
Check aiming alignment of all fixtures.				
<ul style="list-style-type: none"> On wooden poles, see if crossarms are still aligned with the field and horizontal. 		X		
Ground - Annual Testing		OK	Needs Repair	Notes:
Check grounding connections.*		X		
Check nearby metal objects.				
<ul style="list-style-type: none"> Make sure metal bleachers and other metal objects are located at least 6' from the electrical components. 		X		
<ul style="list-style-type: none"> Metal objects, such as bleachers, must have their own individual grounding system. 		X		

* These tests and/or repairs require the services of a qualified electrician.

Safety For Concession Stands



Eat Safe! Play Safe!

Promoting Safe and Thriving Communities

This document provides permitting information based on the California Retail Food Code (CRFC) for food sales and service at sporting events.

FOOD SERVICE OPTIONS WITHOUT A HEALTH PERMIT

Option 1 - Private Gathering

A private cooperative food gathering limited to the persons participating in the Little League operation including players, coaches, parents, family members, and guests. It may not include members of the general public.

Requirements: All food and food-related equipment (e.g., crock pots, BBQs, utensils, etc.) must be brought on-site for the duration of the gathering and removed from the premises when the gathering ends. Permanent facilities or structures may not be used to store food or equipment for these private gatherings. Contact your local Park Authority to inquire about any additional requirements for private gatherings.



Option 2 - Prepackaged Food

This option allows for food sales of up to 25 sq. ft of pre-packaged, non-perishable foods (bottled water, soda, candy, chips, etc). This 25 sq. ft limitation includes the food storage area as well as the display area.

HEALTH PERMIT OPTIONS FOR FOOD SERVICE

Option 1 - Temporary Event

You may obtain a health permit from DEH-FHD to operate a temporary event, limited to 25 days in a 90 day period. The event must be approved by the local City jurisdiction as a Community/ Civic Event.

A Temporary Food Facility (TFF) permit does require that you store food and related equipment as a permitted commissary kitchen, such as a local restaurant. You may prepare foods at the event within an approved enclosure such as a pop-up canopy with mesh screening. This permit allows you to sell/serve food to the general public at your event. A more limited Non-Profit TFF option is also available.



NOTE: A TFF must operate within 200 feet of restroom facilities (portable toilet facilities may be allowed). For events lasting longer than four hours, a 3-compartment sink will be required for utensil washing.

Option 2 - Mobile Food Facility

Obtain approval for a mobile food facility (MFF), such as a hot-dog cart, to prepare and sell food to the general public. The mobile food facility will require local zoning approval, a plan check submittal, and a health permit prior to operating.

NOTE: A MFF that idles for more than one hour must operate within 200 feet of restroom facilities.

Option 3 - Permanent Food Facility

Submit construction plans to DEH-FHD and obtain a health permit for a permanent food facility. For complete submittal requirements, please contact the Plan Check Unit at (858) 505-6660.



EAT SAFE!



PLAY SAFE!

FIVE SIMPLE STEPS TO FOOD SAFETY

Clean Hands Frequently

Be sure the food handling areas are equipped with adequate hand-washing facilities. If using gloves during food prep, be sure to change gloves when switching between tasks (handling money, raw food, personal items, etc) and properly wash hands prior to donning a new pair of gloves.



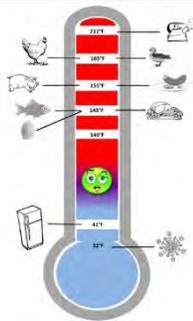
Clean Utensils Properly

Bring plenty of clean utensils (tongs, knives, serving spoons, etc), for eating and for preparing and serving. Provide separate utensils for handling raw food and cooked food. When cleaning utensils, make sure they are properly washed, rinsed and sanitized.



Monitor Holding Temps

Keep food out of the "danger zone". Cold food items should be held at 41°F or below until they are served/used. Hot food items should be held at 135°F or above until they are served.



Verify Cooking Temps

Ensure that each specific type of meat reaches its required final cooking temperature for 15 seconds.

- Chicken/Poultry - 165°F
- Ground Beef/Hamburgers - 155°F
- Pork Sausages - 155°F
- Hot Dogs - 135°F



Protection from Contamination

All food should be stored to protect it from cross contamination. Store raw meats separate from vegetables and other precooked/ready to eat foods.

GEAR TO PACK

Handwashing Station

Provide at least 5 gallons of warm water (100°F-108°F) in a container with a continuous flow spigot, soap, paper towels and a catch bucket for wastewater.



Food Thermometer

Pack a thermometer to be sure cold foods stay cold, hot foods stay hot and meats are cooked thoroughly to prevent harmful bacteria growth.



Ice Chests/Ice

Bring an insulated cooler packed with several inches of ice, frozen gel packs, or containers of frozen water to keep food cold. When packing the cooler, make sure raw meat and poultry are wrapped securely and stored below ready-to-eat foods to prevent their juices from cross-contaminating other items.



Chaffing Dishes, BBQs, Crock Pots

Keep hot food hot. Bring the proper equipment to allow for adequate hot holding of foods throughout the day. Be sure to turn on all units so they are heated up before food goes into them for hot holding.



Potable (SAFE TO DRINK) Water

Does your playing field have drinkable water? Find out ahead of time if potable water will be available.

DO NOT USE RECLAIMED WATER.

Purple pipes carry treated sewage water that is not safe to drink and is meant for irrigation. If potable water is not available, be sure to have adequate water on hand to allow for food preparation, continued hand washing, and utensil washing throughout the day.

Concession Stand Tips

SAFETY FIRST

Requirement 9

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

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 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

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

5. Hand Washing.

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

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. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. 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 foodborne illness.

10. Wiping Cloths.

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

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

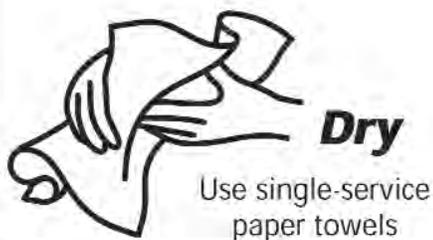
13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW



WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



**UMASS
EXTENSION**

Equipment Check Requirements

EQUIPMENT CHECK REQUIREMENTS

For 2019 the RANCHO De Oro (RDO) Little League Equipment Manager is Andy Enright. Mr. Enright ensures each team is issued the proper equipment and that it is in a safe, working condition. All unsafe equipment is to be replaced with new, good working equipment.

During the season managers and coaches are responsible for checking their team's equipment to be used. Do not use any unsafe equipment. Report any discrepancies to the Equipment Manager immediately so it can be replaced.

Andy Enright:
phone: (619 670-9376
email: aenright300@cox.net



RANCHO De Oro

Little League

2019 Coaches Checklist

Manager Name _____

Division _____

Asst Coach _____

Keys Padlock _____ Deadbolt _____

Equipment _____

1st Aid Kit _____

Catching Gear _____ Catchers Glove _____

Helmets _____ # _____

Equipment Bag _____

Ball Bucket _____

Balls (24) _____ Whiffle Balls(24) _____

Bow Net _____

Bats (2) _____

Signature _____ Date _____



Accident Reporting

Accident Reporting

- All RDO Little League accidents are to be reported within 48 hours to the Safety Officer using the form on the following page.
- Additional forms can be found at <http://www.rdoll.org>

Nicole Hogue
619-933-7883

safety@RDOLL.org

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 Minor Major Intermediate (50/70)
- Junior Senior Big League
- 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 B.) Adjacent to Playing Field D.) Off Ball Field
- Base Path: Running *or* Sliding Seating Area Travel:
- Hit by Ball: Pitched *or* Thrown *or* Batted Parking Area Car *or* Bike *or*
- Collision with: Player *or* Structure C.) Concession Area Walking
- Grounds Defect Volunteer Worker League Activity
- Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential 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 Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



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.

League Name		League I.D.	
Name of Injured Person/Claimant		PART 1	
Date of Birth (MM/DD/YY)	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code) () ()	Bus. Phone (Inc. Area Code) () ()
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 (5-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (5-8) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (7-12) | <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"/> JUNIOR (13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> SENIOR (14-16) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> BIG LEAGUE (16-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

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

Does your league use breakaway bases on: ALL SOME NONE of your fields?
Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

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

Date	League Official Signature
------	---------------------------

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

Insured	Name of League		League I.D. Number (Used as location code)	
	Name of League Official (please print)		Position in League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
			Phone No. (Bus.)	
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at		<input type="checkbox"/> PM	
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)			
	Who owns Premises		Person in charge of Premises	
Coverage Data	Limits	Elevator:	Products:	Cont:
	BI/PD:	Med. Pay: None	Yes	Yes
	Policy Number	Policy Dates:		Yes
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Begin:	End:
Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res)	
	Address (Street, City, State, Zip)		Occupation	Age
			<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Employers Name and Address			
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address		
	Description of Injury			
	Where was the injured taken after accident?		Probable length of Disability	
Witnesses:	Name, Address, Phone Number			
	Name, Address, Phone Number			
	Name, Address, Phone Number			
Date of Report:	Signature of League Official:		Position in League	

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

First Aid Kit Requirements

First Aid Kits

- Each RDO Little League team is issued a first aid kit.
- All managers and coaches are responsible for having their first aid kits with them at every practice and game.
- First aid kits are also located at each field.
- Kits can be replaced or replenished by contacting their Division Commissioner or the Equipment Manager.

Coaches Coordinator

Domenic Lupo

coaches@rdoll.org

Equipment Director

Andy Enright

equipment@RDOLL.org 619-670-9376 (home)

Rules

League rules to be posted
on website at
www.rdoll.org

Registration Forms

Registration now done online at:

www.rdoll.org

RANCHO De Oro Little League

Application to play Little League Baseball / Softball (circle one)

Registration Date (Today's Date)

Last Name _____ First Name _____

Male Female

League Use Only
League Age: _____

Date of Birth: _____
 Month Day Year

Street Address _____

Team Played on Last Year: _____
 Team Division

City State Zip Code

Home Phone# _____

Number of Years Experience: _____

Preferred Tee Shirt Size: _____

School: _____

Parents/Guardian Information	Manager		Coach		Umpire		Field Maintenance		
	Yes		Yes		Yes		Yes		
Father/Guardian: _____ First Name Last Name									
Street Address	Score Keeper		Team Parent		Snack Bar				
	Yes		Yes		Yes				
City State Zip Code	Employer _____				Work Phone _____				
E-mail Address: _____		Cell Phone: _____							

Parents/Guardian Information	Manager		Coach		Umpire		Field Maintenance		
	Yes		Yes		Yes		Yes		
Mother/Guardian: _____ First Name Last Name									
Street Address	Score Keeper		Team Parent		Snack Bar				
	Yes		Yes		Yes				
City State Zip Code	Employer _____				Work Phone _____				
E-mail Address: _____		Cell Phone: _____							

I/We, the parent(s) of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, participants and persons transporting my/our child arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to League officials.

Parent/Guardian Signature(s): _____

MEDICAL INFORMATION

Emergency Contact Name	_____	Phone Number	_____
Relationship to Player	_____		_____
Insurance Carrier	_____	Policy Number	_____

Please provide information about allergies or medical conditions that the league should have in case of emergency: _____

League Use Only

Membership: \$ _____
 Birth Certificate Verification: _____
 Registration: \$ _____
 Address Verification: _____
 Sponsorship: \$ _____
 Cash: _____
 Fund Raiser: \$ _____
 Check #: _____
Total Amount Due: \$ _____



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.

RANCHO De Oro Little League

Emergency Consent / Release of Liability Waiver / Inherent Risk and Participation Agreement

PLEASE READ THOROUGHLY!

In consideration of being allowed to participate in the RANCHO De Oro Little League (RDOLL) After School Program, I have read and acknowledge that:

RDOLL participants will play baseball, that could involve forceful contact with the ground or another player. The sport is also often played during hot, humid sessions. Because of these conditions inherent to the sports, participating in some of these sports exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints and tendons; heatstroke; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological and social abilities, including the ability to earn a living.

In an effort to make the sports as safe as it can be, the coaching staff will instruct players concerning the rules of the sport and the correct mechanics of all skills. It is vital that all athletes follow the coaches instructions, training rules and policies to decrease the possibility of serious injury.

- 1) RDOLL does not maintain health insurance for the participants involved in this program.
- 2) I knowingly and freely assume all such risk for myself and/or child.
- 3) I release and hold harmless and promise to waive future legal action against the RDOLL, the City of San Diego, partnering agencies, or any of their respective officers, agents or employees with respect to any and all injury, paralysis, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- 4) I agree to inform my child that he/she must follow the code of ethics for participants, all safety rules, as well as any others given at the clinics and camps. If the clinics are taking place at a location near a street with automobile traffic, I will inform my child/children never to go onto the street for any reason without permission to do so.
- 5) I hereby authorize and give consent for medical care to be given in an emergency situation to my child while he/she is participating in the GSA and SDSA clinics.
- 6) This agreement is binding on my spouse, heirs, next of kin and personal representatives.

School: _____ **For School Year 20** _____ **/ 20** _____

Name: _____ **Teacher:** _____ **Grade:** _____

Parent's Name: _____ **Phone #:** (____) _____

E-Mail Address: _____

Parents Signature: _____ **Date** _____

After the sports program ends, child will be (circle one): **picked up** or **taken to After-School Care Program**

Emergency Contact Name _____ **Phone** _____



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)
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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League Player Registration Data

Player Registration Data

The RANCHO De Oro (RDO) Little League uses the little league player registration for 2019 which is through the website. All players must submit proper documents and verifications to Bree Holmes, RDO Player Agent for verification.

Under the direction of RDO President Josh Bailey, the registration data is processed by Pam Hermosillo, RDO Board Secretary and Player Agent Bree Holmes.

For questions contact the RDO Safety Officer Nicole Hogue @ 619-933-7883.