

Safety Manual 2022



Rosamond Little League, Inc.

**League ID Number
405-51-16**

**P.O. Box 52 ~ Rosamond, CA 93560 ~ (661) 256-4550
www.rosamondlittleleague.org**

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Rosamond Little League



Dear Managers, Coaches, and Team Parents:

Welcome to the 2022 Season of Rosamond Little League baseball and softball. As I'm sure we are all eager for this season to begin, let's please keep a few things in mind in regards to safety.

Enclosed in your team binder are all of the forms and information you will need for your team. Please remember to have your binder (which contains each player's medical release form and contact information) as well as your first aid kits at **ALL games and practices!** This is very important as we strive, as always, to have a safe season for everyone. Also, if you need anything replaced in your first aid kit, any further safety direction, or additional forms, please let me know. The contact information for all board members is on page 10 of the safety manual and also posted in the snack bar. Also, there is a Safety Officer Mailbox located in the snack bar for communications, as well as safety suggestions.

Secondly, **ANY/ALL accidents need to be reported** no matter how minor the injury may seem. Not only should the forms be filled out and turned into me, but also please call/email me ***immediately*** to report the incident so that I am aware of what has happened. Communication of injuries with the league Safety Officer is key and vitally important when someone is or could be injured in any way. Please always remember **SAFETY FIRST!** Keep your eyes and ears open to your surroundings and players, as most accidents are avoidable. We all want nothing more than to have a fun successful season, but above all ***SAFE!***

In our effort to strive for safety, Rosamond Little League is implementing a new Safety Procedure this season. In addition to your Team Parent this season, we would like you to seek out a team Safety Representative. This person will be in charge of assisting you with accident tracking and claim forms. This is to help ensure that all incidents are tracked and reported in a timely manner.

Finally, I would like to remind you: **ALL volunteers involved with any team must have completed a volunteer application/background check, annually.** The volunteer application must be on file with the league president and a ***badge must be issued and worn at all times to be on the field!*** If your coaches, team moms, or helpers, need to file an application please have them see any board member to fill out the form and provide a copy of their government issued photo ID. Social Security Numbers are *mandatory* on the application.

Please keep a close eye on your inbox this season. Periodically, you will be receiving ASAP Newsletters and Safety reports and reminders from me as well.

I would like to personally take this opportunity to thank you for your time as your volunteering in this community does mean a great deal and is absolutely appreciated. Here's to a safe and wonderful season for you and your team.

Sincerely,

Patrick Radich
Safety Officer
2022 Board of Directors, Rosamond Little League
951.834.4075
Pradich824@gmail.com

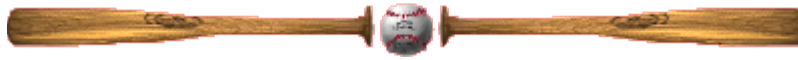
Rosamond Little League's Phone List 2022 Season

Entity	Telephone #
Ambulance Service Non-Emergency	661-256-1234
Fire Department Non-Emergency	661-256-2401
Sheriff Department Non-Emergency	661-256-9700
Kern County Emergency/Fire/Sheriff	911
Animal Care and Control	661-824-1030
Benz Sanitation (Portable toilets & Dumpster)	661-256-6669
Kern County Parks & Rec Department	661-878-7000
Poison Control Center	800-222-1222
RCSD(water)	661-256-3411
Field/Concession Tower	661-256-4550
Southern California Edison	800-611-1911
Southern California Gas Company	800-427-2200

(MUST BE POSTED IN CONCESSION TOWER & IN EACH TEAM BINDER)

Board Members:

Position	Name	Contact #	Email Address
President	Candice Prestidge	661-754-2643	rosamondlittleleague@yahoo.com
Vice President	Eric Catalano	661-361-4631	ecatalano661@yahoo.com
Treasurer	Yvonne Rosso		rlltreasury93560@gmail.com
Secretary	Jamie Anderson	818-322-6015	k9gigi@att.net
Player Agent	Brittany Porter	661-316-9650	rllplayeragent22@gmail.com
Safety Officer	Patrick Radich	951-834-4075	pradich824@yahoo.com
Equipment Mgr.	Todd Fodge	661-341-5865	toddefodge@hotmail.com
Snack Bar Director	Emily Smith	661-316-9650	brittany.porter88@yahoo.com
Coaching Coord.	Paul Shank	661-5477210	pws107@rocketmail.com
Fundraising Coord.	Maggie Covarrubias	626-380-7048	nubiamcovarrubias@gmail.com
Head Scorekeeper	Lisa Kathary	661-754-0643	lisakathary@yahoo.com
Head Team Parent	Tina Delgado	661-471-5130	tina.delgado54@yahoo.com
Information Officer	Kaydon Sjodin	661-754-3679	kaydonkathary@yahoo.com
Field Director	Jon Suchovsky	661-361-4193	jsuchovsky87@gmail.com
Umpire-in-Chief	Jon Suchovsky	661-361-4193	jsuchovsky87@gmail.com
Challenger Director	N/A	N/A	
T-ball Director	Yesenia Uribe	661-221-8627	yeseniaanddiego@gmail.com
Coach Pitch Director	Alyssa Lopez	661-802-8466	pws107@rocketmail.com
Major Director	Crystal Baltazar	661-565-3448	4kidsbal@gmail.com
Softball Director	OPEN		
Community Building Coord.	Maggie Covarrubias/	626-380-7048/	
Other Important Numbers:			
District Safety Officer	Tiffany Ledesma		tclesma1520@msn.com
District Administrator	Jeff Ahrens	661-285-2000	
Western Region HQ	Jim Gerstenslager	909-887-6444	
Little League HQ		570-326-1921	



PO Box 52 • Rosamond, California 93560 • (661) 256-4550
www.rosamondlittleleague.org

Better than any other youth sport activity, baseball and softball have become the thread that has sewn together a patchwork of nations and cultures around the world. Children in diverse nations such as Israel, Jordan, Russia, Germany, Japan, Canada, Australia, Poland, Mexico, China, Venezuela, Namibia, and the U.S. have discovered baseball and softball. Little League Baseball and Softball is a way to bring their people a sport that mirrors life itself.

Baseball and softball embody the discipline of teamwork. They challenge players towards perfection of physical skills and bring into play the exciting contest of tactics and strategy. The very nature of baseball and softball also teach that while every player eventually strikes out, or is on the losing team, there is always another chance in the next at-bat or game.

Millions of youngsters on six continents can attest that baseball, softball and Little League are synonymous – a heritage to be carried forward proudly in the future by ever increasing waves of hundreds of thousands of people who give endless devotion to teaching children how to play and enjoy these great games.

Little League Purpose

Little League is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the atmosphere of wholesome community participation.

The movement is dedicated to helping children become good and decent citizens. It strives to inspire them with a goal and to enrich their lives towards the day when they must take their places in the world. It establishes the values of teamwork, sportsmanship and fair play.

Little League Pledge

**I TRUST IN GOD
I LOVE MY COUNTRY
AND WILL RESPECT ITS LAWS
I WILL PLAY FAIR
AND STRIVE TO WIN
BUT WIN OR LOSE
I WILL ALWAYS
DO MY BEST**

From the ranks of youngsters who stand now
On the morning side of the hill
Will come the leaders, the future strength
And character of the nation

In Little League, it is very important that we work together to create the best possible experience for players, managers and parents. The following checklist outlines many of our responsibilities. We cannot be perfect in our approach, but we can make every effort to meet our own expectations and those of the others directly involved in the Little League Program.

What kind of effort are you making to approach the game the “Little League Way”?

Little League Expectations of Managers

I will make every effort to...

- Create a safe and caring environment for players to learn, practice and play.
 - Become familiar with current coaching and teaching techniques.
 - Be kind and approachable.
 - Provide all players the opportunity to learn and to play.
 - Demonstrate good health habits and physical fitness.
- Make every player feel that they are an important part of the team.
 - Be knowledgeable of the rules of the game.
 - Set clear and reasonable expectations.
 - Set reachable goals.
 - Be courteous and polite.
 - Use good judgment as to when and how to discipline.
 - Teach the fundamentals of the game.
 - Be positive in situations where there seems to be failure.
 - Be fair to all players.
- Share ideas and expertise with other managers in the league.
 - Demonstrate poise, self-control and self-confidence.
 - Ensure that all of the players are instructed in safety.
 - Warm up players before every practice and game.
 - Support the work of the league organizers and volunteers.
- Be honest to your players and don't be afraid to admit to your mistakes.
 - Maintain the dignity of the person you may be in conflict with.
 - Be open-minded.
 - Communicate appropriately with players and parents.
 - Be a good role model.
 - Model a high level of respect for volunteers and umpires.
 - Remember that the game is for the players.
- Follow and abide by District 51's Volunteer Code of Conduct.
 - Be aware of changes & new rules for the 2021 season.

Little League Expectations of Players

I will make every effort to...

Do my best in practices and games.

Be early for practices.

Develop a sharing attitude.

Listen and learn from my manager and my teammates.

Maintain my cool when I make a mistake.

Cheer on and support my teammates.

Hustle on and off the field.

Understand and follow the safety rules of the game.

Lend a helping hand.

Be a good sport at all times.

Show respect for the umpires and volunteers.

Develop self-control.

Respect myself, teammates and opponents.

Wear my uniform with pride.

Understand and follow the rules of the game.

Take responsibility for myself.

Learn from losing as well as from winning.

Get fit and stay fit.

Be dependable.

Always be positive and remember to have fun.

Be a kind and caring person.

Little League Expectations of Parents

I will make every effort to...

Attend my child's game.

Be a supportive parent for the manager and team.

Communicate with the manager in an appropriate way.

Cheer for all players on the team.

Be a positive role model.

Be there when my child is successful or when struggling for success.

Respect and support volunteers and umpires.

Understand that the game is very difficult to learn and play.

Look for opportunities to work with my child on the skills of the game.

Be positive and supportive when the team wins or loses.

Model good sportsmanship.

Rosamond Little League's Code of Conduct

- No bicycles, skateboards, roller blades, or scooters are allowed on walkways throughout the league or common park area. (If a bicycle/skateboard should be that player's form of transportation to the playing area, he/she must walk their form of transportation into the field, and lock it up securely).
- Rosamond Little League is not responsible for lost/stolen or damaged property.
- Please pay attention to your surroundings while driving around our fields and do not drive over 5 mph.
- Please obey all posted signs and follow them as appropriately deemed necessary, and always be alert to **Foul Balls** and **Errant Throws**.
- No running or horseplay throughout the walkways of the league or common park area.
- No playing around in equipment/grounds keeping/shed areas.
- No playing around in concessions/score keeper's tower.
- No throwing or playing with balls in walkway areas.
- No swinging of bats in walkway areas. (Designated playing or practice areas only).
- **Only a player at bat may swing a bat (ages 4-12)**. Junior and Seniors (ages 13 and up) on the field at bat or on provided "on-deck" circles may swing a bat. Be alert of the area around you when swinging a bat while in the "on-deck" position.
- No alcohol allowed in any parking lot, or common areas within Rosamond Little League/Rosamond Community Park.
- No profanity allowed.
- No children under the age of 16 allowed in the snack bar (adult supervision will be provided at all times by the Officer on Duty).
- During the game, players must remain in the dugout area in an orderly fashion.
- All gates to playing field area, dugouts, must be kept closed during game time.
- No climbing on fences or bleacher areas.
- At all times, treat each other with respect and avoid physical or harmful contact with one another.
- Follow and abide by the Little League Rule Books for all games.
- Follow and abide by District 51's Adult Contract

Follow all Little League Rules!!!

**FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN
EXPULSION FROM THE ROSAMOND LITTLE LEAGUE PLAYING FIELDS
OR COMPLEX**

General:

- Board Meetings: 1st & 3rd Thursday of every month, may change into season
- Establish solid & clear communication
- Board Duty responsibility communicated & understood
- Registration/Volunteers for sign up dates/times
- Conduct yearly background checks & distribute badges for all members/volunteers
- Fundraising/Activities
- "Look at where we are this season & where we need to be in the future"

Goals:

- Restocking of first aid supplies (ongoing)
- Reseed grass between the dugouts, the diamond, & behind home plate (yearly)
- Repair & replace field fencing as necessary
- Replace Fence wind/privacy netting where necessary
- Clearly identify foul lines on field
- Fill holes in outfield areas on both fields (continuous activity)
- Replace clay bricks at home base & add brick dust/clay on both fields
- Design & build bull pens (both fields)
- Install any new snack bar equipment
- Clean/organize snack bar & have health inspection done
- Organize existing equipment storage units
- Clean/paint/repair bleachers (yearly)
- Clean/paint/repair dugouts (yearly)
- Purchase and make available newer quality equipment (yearly)

Clinics:

- CPR/First Aid Training: 2022 TBD
- Managers Clinic: 2022 TBD
- Scorekeeper Clinic, 2022 TBD
Team parent Meeting and
Field Clean-up
- Uniform Distribution TBD
- District Umpire Clinic: *Please see attached document for dates on next page*

- Important dates to remember:
 - Opening Ceremonies TBD
 - Longball-a-thon/Picture Day TBD
 - Closing Ceremonies TBD

***Note: You must have a representative (Manager or Coach) from each team attend each of these Clinics listed above.**



DISTRICT 51 **2021 UMPIRE CLINIC SCHEDULE**

SOUTHERN UMPIRE CLINIC (FREE)

TBD

CENTRAL UMPIRE CLINIC (FREE)

TBD

NORTHERN UMPIRE CLINIC (FREE)

TBD



MANDATORY: ALL MANAGERS & COACHES FOR FARM & ABOVE DIVISIONS MUST ATTEND AT LEAST 1 CLINIC



CLASSES WILL BE HELD INDOOR & OUTDOOR, PLEASE BE MINDFUL OF THE WEATHER

Safety Committee:

Members

**Safety Officer
Baseball Directors**

**President
Softball Directors**

SAFETY CODE FOR LITTLE LEAGUE

- **ALL LITTLE LEAGUE VOLUNTEERS/PERSONNEL MUST SUBMIT A LITTLE LEAGUE VOLUNTEER APPLICATION ANNUALLY** for **BACKGROUND SCREENING** through Lexis Nexis. Volunteer applications must be accompanied by a **GOVERNMENT ISSUED PHOTO ID. Social Security Numbers are MANDATORY.**
- Responsibility for safety 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 must have first aid training.
- **First Aid Kits must be available at all games and practices.**
- Manager Binder containing **Safety Manual and Medical Release forms MUST BE at ALL games and practices.**
- **Managers and Umpires MUST inspect all equipment prior to the start of games.**
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is present.
- Play area must be inspected by Managers and Coaches before each game to ensure a safe playing field free of damage, glass, rocks, and other foreign objects. **"A MUST"**
- Dugouts and bat racks should be positioned behind screens.
- Only players, Managers, Coaches, Umpires, and approved photographers 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 an adult/manager/coach assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During warm up drills, players should be spaced evenly apart to ensure that players are not endangered by an errant ball.
- Integrity inspections should be performed regularly for wear and tear and proper fit.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by an adult manager or coach.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with facemask and throat guard), chest protector and shin guards. Male catchers must wear long-model chest protector (divisions below Junior/Senior League), protective supporter and protective cup at all times.
- Protective Cups are required for all male players' major league division and above.

Safety Code Continued:

- Protective face masks are encouraged for all players in all divisions especially Minor A and above while at bat and on the field.
- Except when runner is returning to a base, head first slides are not permitted for Major Divisions and below.
- During sliding practice, bases should not be strapped down.

- At no time should “horseplay” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide ‘Safety Glasses’.
- Players must not wear watches, earrings, rings, pins, jewelry or any other metallic items (with the exception of “Medical Alert” items).
- Catchers must wear catcher’s helmet, face mask and throat guard when warming up pitchers.
- (This applies between innings and in the bullpen practice. Skullcaps are not permitted).
- Batting helmets and catcher’s helmets should not be painted unless provided by the manufacturer.
- Rosamond Little League will use disengage-able bases as per Little League Requirements.
- Rosamond Little League will use reduced impact balls in our T-ball and Coach Pitch Divisions.

***ALWAYS REMEMBER:
SAFETY FIRST!***

Volunteer Forms

At RLL all volunteers who have contact with children or provide regular service to the league are required to fill out a Little League Volunteer Application – 2022 (Attached at the end of document) and submit the following:

- Government issued photo identification card for ID verification
- Valid California Driver's License
- Submit to the statewide sex offender registry
- Background check through the United States Dept. of Justice National Sex Offender Public Registry at www.nsopr.gov
- For a more thorough background check at a nominal cost check can be found on the www.littleleague.org website at <http://littleleague.choicepoint.com>

Refusal to submit to any of the above is ineligible to even be a league member. Records of findings will be kept confidential within the office of the league

Little League® Volunteer Application – 2021

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

All RED fields are required.

Name Date
First Middle Name or Initial Last

Address

City State Zip

Social Security # (mandatory)

Cell Phone Business Phone

Home Phone: E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

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

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

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

2. Special Certification (CPR, Medical, etc.)? If yes, list: Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: State

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
If yes, describe each in full: Yes No
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full:
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full:
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? Yes No
If yes, explain:
(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

League Official
 Umpire
 Manager
 Concession Stand

Coach
 Field Maintenance
 Scorekeeper
 Other

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

Name/Phone

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

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

Applicant Signature Date

If Minor/Parent Signature Date

Applicant Name (please print or type)

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer on

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

Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR

National Criminal Database check SafeSport Centralized Disciplinary Database and/or

National Sex Offender Registry USA Baseball Ineligible List Sex Offender

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

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

Last Updated: 10/28/2020

SAFETY PERSONNEL RESPONSIBILITY

Safety Officer 2022: Patrick Radich is on file with Little League Headquarters.

SAFETY OFFICER. The Safety Officer shall:

- (a) Be responsible to create awareness, through education and information, of the opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
 - (b) Develop and implement a plan for increasing safety of activities, equipment and facilities through education, compliance and reporting.
 - (c) NOTE: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer.
 - (d) Publish and distribute a safety manual to each team's coaching staff and all board members as well as to District 51's DA and Little League Headquarters to include the Qualified Safety Program Registration Form.
- (1) Education – Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.
 - (2) Compliance – Should promote safety compliance leadership by increasing awareness to the to the safety opportunities that arise from these responsibilities.
 - (3) Reporting – Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow up information on medical and other data is forwarded as available.

The following duties shall be carried out by the Safety Officer:

- a) Conduct mandatory First Aid training for all managers, coaches, umpires and league officials.
- b) Ensure that all playing and safety equipment is in good working order.
- c) Ensure that the field is periodically inspected for safety hazards and report such hazards to the Field Maintenance Officer for correction.
- d) Fill out and File the Little League Facility Survey annually, online.
- e) Ensure that the following safety playing rules are adhered to:
 - Batters wear approved batting helmets
 - Athletic supporters with cups are to be worn by all baseball catchers
 - Enforce the rule that all catchers wear a facemask and a protective cup while warming up pitchers
 - Enforce the rule that no steel cleats are permitted except for Jr./Sr, Baseball
 - Encourage players that wear eyeglasses to wear safety glasses
 - Enforce the rule that players shall not wear jewelry while playing or practicing
 - Ensure that all the required liability and other insurance policies are current
 - Maintain a First Aid kit at the league office (field tower) and replenish supplies as necessary
 - Inspect all insurance forms to ensure that they are properly filled out prior to sending a copy to Little League Headquarters in Williamsport, VA.

FIELD MAINTENANCE OFFICER:

The Field Maintenance Officer is responsible to maintain all playing fields in good condition. Additionally, the Field Maintenance Office shall be responsible for maintaining all equipment on the

fields and in the league office in good working order i.e., lighting, scoreboards, heating, air conditioning, etc.....

Bat Regulations

Without exceptions, all participants are expected to adhere to bat regulations set forth by Little League® International has assembled an online resource page dedicated to baseball bat information, that includes the latest bat information, current Little League Baseball rules and regulations governing bats, and a series of frequently asked questions.

Please note that as of January 1, 2018, the [USA Baseball Bat Standard](#) will be implemented. For more information on the USA Bat standard and a complete list of bats approved through the USA Bat Standard, [visit usabat.com](#).

FIRST-AID/SAFETY REMINDERS

- Be alert to your player's injury and always check them out thoroughly.
- Check first if they are conscious and breathing.
- The play of the game must be stopped and that player checked where he/she is found on the field.
- Do not move player until complete check has been done and it is safe to do so.
- Look for signs of injury (blood, black and blue, bruising, swelling, deformity of joint, etc.)
- Listen to the injured as he/she describes what happened. Reassure them and try to keep them calm.
- Get the proper assistance that is needed and follow the First Aid manual and treat as indicated.
- Check over the field or place of injury to insure the safety of all others, and report any signs of potential danger to the O.D. of the day.
- Be sure to keep all players Medical Clearance Forms with you at all games and practices.
- Always do warm up drills before playing the game or practicing.
- Have your players dress appropriately for the weather.
- Do not administer medication.
- Do not leave unattended children at practice or games.
- Report injuries as soon as you can with all the needed information.

- Be aware of players that have ASTHMA and be certain that they have the proper treatment (inhalers) with them and talk to their parent/guardian to insure they are adequately filled and the child knows to use them correctly. SAFETY.

“WEATHER” TO PLAY OR NOT:

NEITHER WIND, RAIN NOR DARK OF NIGHT SHOULD THREATEN PLAYER’S SAFETY!

The National Lighting Safety Institute says: “Evacuate at the first flash of lightning or sound of thunder:

DO: Evacuate to a car with windows up, an enclosed building, or if necessary, low ground.

DON’T: Never stay near outdoor metal objects like flag poles, fences, light poles and metal bleachers. Avoid trees, water, open fields, and using the telephone.

RAIN/HAIL: Wet playing fields can be of a safety hazard as so can wet equipment.

DO: Have a designated place for all to get out of the hailstorm.

DON’T: Play on soaked fields or use wet equipment.

WIND/HEAT: Extreme heat can create serious injury as can wind.

DO: Have players dress appropriately for the weather.

DO: Have plenty of water/sports drinks available at games and practices.

DO: Take frequent breaks if needed and have players find cool/shady shelter.

DO: Watch for signs of heat related illness or in extreme wind blow, encourage no excessive kicking up of dirt/sand and watch for dirt in the eyes, treat appropriately.

DON’T: Give a player anything to drink if he/she is unable to drink on his/her own.

DON’T: Put you or your players at risk.

REMEMBER: UMPIRES HAVE THE FINAL SAY ON THE SAFETY OF ALL PLAYING CONDITIONS.

COMMUNICABLE DISEASE PROCEDURES

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires.

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling blood dressings, mouth guards and other articles containing blood fluids.

Other Policies and Reminders

CONCESSION STAND POLICY:

1. Each team is required to participate in their scheduled day to work in the snack bar.
2. Minimum age for concession stand workers is 14 years of age (with 1 adult).
3. When handling food, all workers must wear appropriate gloves.
4. Prepared food must be kept at appropriate temperatures set by the Health Department.
5. Refrigeration must be kept at appropriate temperatures set by the Health Department.
6. RLL will maintain at least one person Certified in food safety and handling.
7. Old grease must be kept in appropriate containers kept in designated areas.
8. First-Aid kit must be kept complete with a First Aid instruction manual.
9. Fire extinguisher must be inspected regularly and be knowledgeable to workers on proper use.
10. All cleaning products must be kept away from food in designated areas.
11. Any wet spills must be cleaned up immediately and made visible with "caution" sign(s).
12. All full "CO2" tanks must be secured (chained) to a wall.
13. All food handlers must use proper hand washing techniques.
14. Water temperatures must be kept at appropriate recommendations as set by the Health Department.
15. Ziploc bags must be available and used for "ice packs".
16. Children are not allowed in the snack bar without adult supervision.
17. All knives and other sharp objects must be stored appropriately.
18. All electrical appliances must be kept away from water and used properly.

STORAGE SHED POLICY:

1. Must be locked at all times.
2. No children allowed in shed.
3. All hazardous materials must be labeled and kept in designated areas.
4. All materials used must have visible warning labels and be properly marked.
5. Machinery must only be operated by knowledgeable adults.
6. Equipment sheds for field preparation must be kept locked when not in use. Rakes, shovels, hoses, chalk liner, templates and bases must be kept in an orderly fashion.

On the Road:

The following section contains safety measures that should be taken when the players from Rosamond Little league are playing away from their home field.

- Managers must have in their possession, Medical release forms, First Aid kits and a copy of the safety plan.
- There should be a working cell phone in the possession of a coach or manager in case you need to call for help
- The dugout and field should be inspected by the coach or manager to make sure there are no unsafe conditions. If you have any concerns, bring it to the attention of the umpire and home team manager. If the problem cannot be fixed, the game should not be played.
- All equipment should be inspected.
- All players need to maintain orderly conduct in the dugout.
- If there is an injury, immediately tend to the needs of the injured player including calling 911 if needed. Make sure the home team fills out an injury report. The manager of the injured player should also write a report about the injury and submit it to the safety officer and their league president.

Hydration:

- Good nutrition is important for children. Sometimes the most important nutrient children need is water – especially when they are physically active. When children are physically active, their muscles generate heat thereby increasing body temperature. As their body temperature rises, their cooling mechanism – sweat - kicks in.
- Here in the Antelope Valley we experience very drastic changes in outdoor temperatures. During those times of extreme heat, typically during our baseball season we need to monitor our children more frequently. Children get hotter than adults during physical activity and their body's cooling system is not as efficient as adults.
- We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. It does not matter if it's January or August; thirst is not an indicator of fluid needs.
- Children must be encouraged to drink fluids even when they don't feel thirsty.
- Managers and Coaches should monitor drink breaks every 15-20 minutes during games and practices on hot days. During any activity water is an excellent fluid to keep the body well hydrated.
- A good rule of thumb would be to drink water in between every inning on extremely hot days.

REMINDERS:

1. Score booths are to be kept locked at all times when not in use and no "horse-playing" in or on steps.
2. Clubhouses must have a well-equipped First Aid kit and must have easy accessibility and manual must be available.
3. Telephone system must be available for EMERGENCY use.
4. Do not allow children to climb on fences.
5. Field Inspection/Injury/Incident reports must be filled out and returned to the Safety Officer's box.
6. Practice at designated fields only and be sure the groundskeeper is aware of your presence, as he/she is your help in case of an EMERGENCY.

League Player Registration Data

Player Agent Reminders:

League Player Registration Data/Rosters and Manager/Coach Data- Shall be submitted to Little League Headquarters via the Little League Data center each season by June 1st.

**PLEASE REMEMBER THAT WE ARE HERE FOR THE CHILDREN.
HIS OR HER SAFETY, AS WELL AS
YOURS, IS OF VALUE TO
EVERYONE!
FOLLOW THE SAFETY CODE,
BE RESPONSIBLE, REMAIN
ALERT, AND ACT FAST!**

Filing a Claim

What, When, How, and Who

WHO: At the beginning of each season, the manager of each team shall seek out an individual/representative to handle and report Accidents and Claim reporting. The Safety officer should be advised of the team's Safety Representative. This person shall assist the team and its players in handling accident claims.

What to report: An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as an evaluation and diagnosis of the extent of the injury or periods of rest.

When to report: All incidents as described above must be reported to the Safety Officer within 48 hours. (Sooner is desired: please call contact info. is readily available.) The Director of Safety/Safety Officer for the 2022 season is Patrick Radich and can be reached by phone (listed in safety manual page 10, posted in snack bar, or ask any Board Member on duty).

How to make a report: The appropriate forms to be filled out are in the file box in the tower (and safety manual page 19), and should be returned to the Safety Officer's box in the tower. If needed, you may make a report over the phone to the Safety Officer. The minimum required info is:

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

Safety Officer's responsibilities: Within 48 hours of receiving the incident report, the safety officer will contact the injured party or the parents and:

- Verify the information received.
- Obtain any other info deemed necessary.
- Check on the status of the injured party.
- In the event that the injured party required any medical attention (i.e. Emergency Room, Doctor Visit), will advise the parents/guardians of Rosamond Little League's insurance coverage and the provisions for submitting any claims.

If the extents of the injuries are more than minor in nature, the Safety Officer shall contact the parents/guardians to:

- Check on the status of any injury and treatment.
- Check if any other assistance is necessary in areas such as submission of any forms, etc. until such time has expired any claim and is considered **CLOSED** (i.e. no further claims are expected and/or the individual is participating in the league again.)

*Please note: There will be a safety suggestion box in the tower, feel free to suggest anything you think would be helpful to the safety of Rosamond Little League in any way.

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-18) Big League (16-18)
- C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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



Little League Baseball®

Medical Release



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

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

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: _____

Hospital Preference: _____

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Rosamond Little League, Incorporated

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Little League 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 of insurance provided by parent's employer. If there is no primary coverage, Little League Insurance will provide benefits for eligible charges, up to Usual and Customary allowances for you area, after a \$50.00 deductible per claim, 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 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 with 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 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 after the 52 week time limit when:
 - 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.
 - 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 lessor of 1. A Maximum of \$1500 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 dental 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 a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

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 NUFI 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's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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.

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.

CHARTIS

**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	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 (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"/> SCHEDULED GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> TRAVEL TO	(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 FROM	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER		
	<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
------	---------------------------

HEY COACH



HAVE YOU:

- ✓ Walked the field for debris/foreign objects?
- ✓ Inspected helmets, bats, catcher's gear?
- ✓ Made sure a First Aid is available?
- ✓ Checked Conditions of fences, backstops, bases, and warning track?
- ✓ Made sure a working telephone is available?
- ✓ Held warm up drills?

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



HEALTH AND MEDICAL

What is First-Aid?

First-Aid means exactly what the term implies -- it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics).

At no time should anyone administering First-Aid *go beyond* his or her capabilities. ***Know your limits!***

The average response time on *9-1-1* calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken.

You cannot do this, therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other RLL event where children's safety is at risk.

To *replenish materials* in the First Aid Kit, the Manager or Coach must contact the RLL Safety Officer.

First Aid Kits and Manager Books must be turned in at the end of the Season.

An Additional First-Aid Kit will be available at the Little League field concession stand.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation.

The "**Good Samaritan Laws**" give *legal protection* to people who provide emergency care to ill or injured persons.

When citizens respond to an emergency and act as a *reasonable* and *prudent* person would, under the same conditions, Good Samaritan immunity generally prevails.

This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury.

For example, a reasonable and prudent person would --

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling *9-1-1*.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations.

They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care.

If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at the Site –

Do . . .

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

Don't . . .

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

When to call -

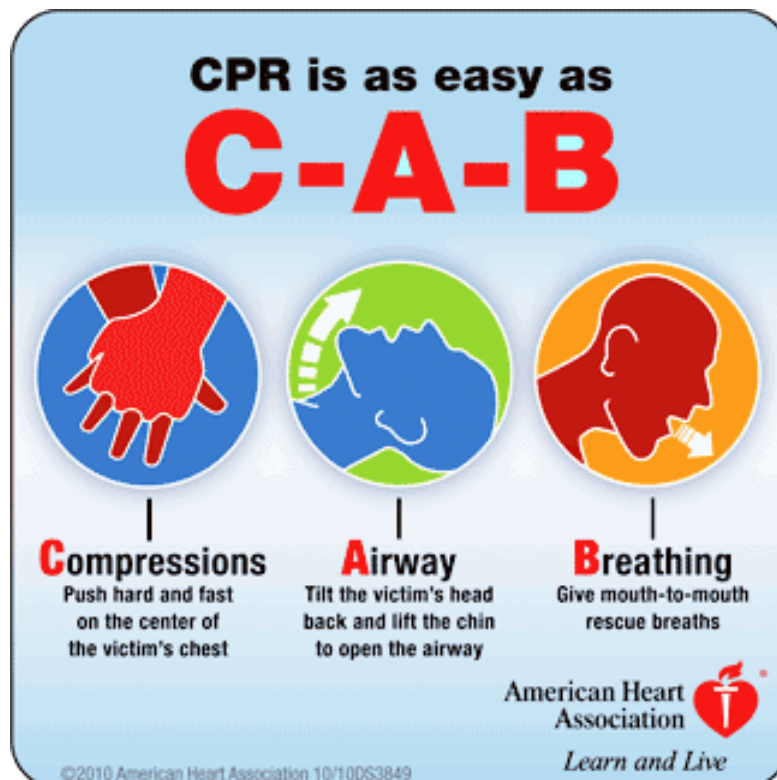
If the injured person is unconscious, call **9-1-1** immediately.

Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.

Call **9-1-1** anyway.

SUMMARY STEPS OF CPR FOR ADULTS AND CHILDREN

CPR	Adult and Older Children (puberty and older)	Child (1 year old to puberty)
Establish that the victim does not respond Activate your emergency response system.	Activate your emergency response system as soon as the victim is found.	If child is observed going down – activate the emergency response system immediately – otherwise give 5 cycles of CPR first.
Open the airway Use head tilt-chin lift	Head tilt-chin lift (suspected trauma: jaw thrust)	same
Check breathing If the victim is not breathing.	Open the airway, look, listen, and feel. Take at least 5 seconds and no more than 10 seconds.	same
Start CPR		
Compression location	Lower half of the breastbone between nipples	same
Compression method	At least 2 inches	Approximately 2 inches (5cm)
Compression rate	At least 100 per minute	At least 100 per minute
Compression-ventilation ratio	30:2 (1 or 2 rescuers doing CRP)	30:2 for 1 rescuer doing CPR 15:2 for 2 rescuers doing CPR



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!

Falls

Falls are common in young children who are walking, running, and climbing for the first time. Although most result in mild bumps and bruises, some falls can cause serious injuries that require immediate medical attention.

What to Do:

Do not move the child and call for emergency help (911) if the child:

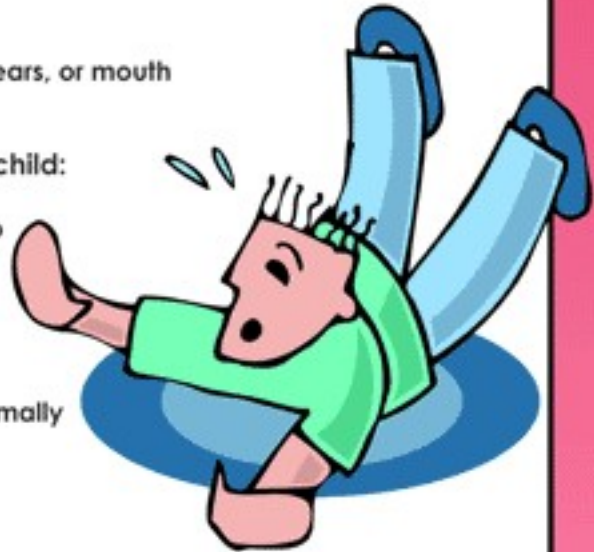
- may have seriously injured the head, neck, back, hipbones, or thighs
- is unconscious, or was briefly unconscious
- is having difficulty breathing
- isn't breathing (start CPR)
- has a seizure
- has clear fluid or blood coming from the nose, ears, or mouth

Call a doctor or seek medical attention if the child:

- won't stop crying
- becomes very sleepy and is difficult to wake up
- becomes irritable and difficult to console
- vomits
- complains of neck or back pain
- complains of increasing pain
- isn't walking normally
- doesn't seem to be focusing his or her eyes normally
- has any behavior or symptoms that worry you

If you think it's safe to move the child:

1. Hold the child and comfort him or her until crying stops.
2. Place a cold compress or ice pack on any bumps or bruises.
3. Give acetaminophen for pain.
4. Let the child rest, as needed, for the next few hours.
5. Watch the child closely for the next 24 hours for any unusual symptoms or behavior.



Think Prevention!

Never leave young children on any bed or other furniture unsupervised. Childproof against falls and avoid using walkers. Always strap children into high chairs, changing tables, shopping carts, and strollers. Always buckle kids into age-appropriate safety seats when riding in motor vehicles, and make sure they always wear helmets when biking or skating, or when using skateboards or scooters.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

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Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

Broken Bones

Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Heat Exhaustion and Heatstroke



Signs and Symptoms:

Heat Exhaustion:

- severe thirst
- muscle weakness
- nausea, sometimes vomiting
- fast, shallow breathing
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 104 degrees Fahrenheit (40 degrees Celsius)

Heatstroke:

- severe, throbbing headache
- weakness, dizziness, or confusion
- difficulty breathing
- decreased responsiveness or loss of consciousness
- may not be sweating
- flushed, hot, dry skin
- elevation of body temperature to 104 degrees Fahrenheit (40 degrees Celsius) or higher



During hot, humid weather, the body's internal temperature can rise and can result in heat exhaustion and heatstroke. If not quickly treated, heat exhaustion can progress to heatstroke, which requires immediate emergency medical care and can be fatal.



What to Do:

If the child has a temperature of 104 degrees Fahrenheit (40 degrees Celsius) or more, or shows any symptoms of heatstroke, seek emergency medical care immediately. In cases of heat exhaustion and while awaiting help for a child with possible heatstroke:

1. Bring the child indoors or into the shade immediately.
2. Undress the child.
3. Have the child lie down; elevate feet slightly.
4. If the child is alert, place in cool (not cold) bath water, or sponge bathe the child repeatedly. If outside, spray the child with mist from a garden hose.
5. If the child is alert, give frequent sips of cool, clear fluids (clear juices or sports drinks are best).
6. If the child is vomiting, turn his or her body to the side to prevent choking.
7. Monitor the child's temperature.

Think Prevention!

Teach children to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren't thirsty. Make sure kids wear light-colored loose clothing and only participate in heavy activity outdoors before noon or after 6 PM. Teach children to come indoors immediately whenever they feel overheated.

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Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life-threatening and can require immediate medical attention.

Signs and Symptoms:

Mild Reaction

- itchiness
- mild skin redness
- mild swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) that occur anywhere



Severe Reaction

- swelling of the face or mouth
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal pain, nausea, vomiting, or diarrhea
- dizziness or fainting

What to Do:



1. Contact a doctor if a child has an allergic reaction that is more than mild or the reaction concerns you.
2. If the child has symptoms of a mild reaction, give an oral antihistamine such as diphenhydramine.
3. If the child has symptoms of a severe allergic reaction and you have injectable epinephrine, immediately use it as directed and call for emergency medical help.

Seek emergency medical care if the child:

- has any symptoms of a severe allergic reaction
- was exposed to a food or substance that has triggered a severe reaction in the past
- was given injectable epinephrine

Think Prevention!

Avoid substances that are known to trigger an allergic reaction in the child. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure that doctor-prescribed injectable epinephrine is kept with or near the child at all times, and that you, caretakers, and the child (if old enough) know how to use it.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

Rest: Rest the injured part until it's less painful.

Ice: Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.

Compression: Support the injury with an elastic compression bandage for at least 2 days.

Elevation: Raise the injured part above heart level to decrease swelling.

3. Give the child ibuprofen (such as Motrin) for pain and to reduce swelling.
4. The doctor will prescribe an exercise program to prevent stiffness.

Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007

Cuts

Many cuts can be safely treated at home. Large and deeper cuts – or any wounds that won't stop bleeding – need emergency medical treatment.

Vein or Artery?



Bleeding from an artery flows quickly and in spurts, and the blood is bright red. Bleeding from a vein flows evenly, and the blood is dark red.



What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Rinse the wound with water and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
2. If blood soaks through, place another bandage over the first and continue applying pressure.
3. Raise the injured body part to slow bleeding, but don't apply a tourniquet. When bleeding stops, cover the wound with a new, clean bandage.

For cuts that are not severe, contact a doctor if the cut:

- seems deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continues to ooze and bleed even after applying pressure
- is from a bite (animal or human)

Seek emergency medical care: call 911 if the child:

- has a body part that is partially or fully amputated
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

Think Prevention!

Childproof so that infants and toddlers are less likely to become injured on table corners, windows, or doors that may slam shut. Take precautions to prevent falls and supervise teens when they are cutting with sharp knives.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007

Insect Stings



Signs of a Severe Allergic Reaction:

- swelling of the face or mouth
- difficulty swallowing or speaking
- chest tightness, wheezing, or difficulty breathing
- dizziness or fainting
- abdominal pain, nausea, or vomiting

Although insect stings can be irritating, symptoms usually don't require treatment by a doctor. However, kids who are highly allergic to insect stings may have life-threatening symptoms and may require emergency treatment.



What to Do:

If there are signs of a severe reaction, call for emergency medical care, and give diphenhydramine while waiting for the ambulance. If your child has been previously prescribed injectable epinephrine, it should be given if signs of a severe reaction are present.

If there are not signs of a severe reaction:

1. Remove the child from the area where he or she was stung.
2. If the child was stung by a honeybee, wasp, hornet, or yellow jacket, and the stinger is visible, remove it by gently scraping the skin horizontally with the edge of a credit card or your fingernail.
3. Wash the area with soap and water.
4. Apply ice or a cool wet cloth to the area to relieve pain and swelling.
5. If the area is itchy, apply a paste of baking soda and water, or calamine lotion (do not apply calamine to the child's face or genitals).

Seek emergency medical care if:

- the child shows symptoms of a severe allergic reaction
- the sting is anywhere in the mouth
- the child has a known severe allergy to a stinging insect
- injectable epinephrine (EpiPen) was used

Think Prevention!

Try to have the child avoid: walking barefoot while on grass; using scented soaps, perfumes, or hair spray; dressing in bright colors or flowery prints; areas where insects nest or congregate; and drinking from soda cans. Also make sure that: outside garbage cans have tight-fitting lids; there are no stagnant pools of water (in rain gutters, flower pots, birdbaths, etc.); and food is covered when eating outside.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

CONCUSSION FACT SHEET FOR COACHES



WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just “don’t feel right,” after a bump, blow, or jolt to the head or body, may have a concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

FACTS

Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. Emphasize to athletes and parents that playing with a concussion is dangerous.



WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY.

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for sign or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

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WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



DID YOU KNOW?

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:

Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:

Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:

Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.



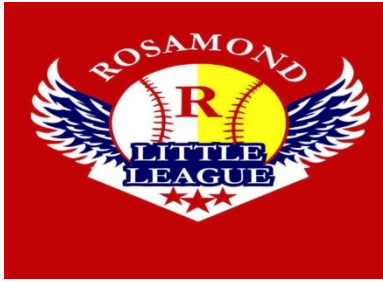
▶ **“WHEN IN DOUBT,
SIT THEM OUT!”**



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



ROSAMOND LITTLE LEAGUE

I _____ do agree by the following,

Print name

Each individual participating must sign this form prior to participation. Participants under 18 years of age must also include the signature of a parent or legal guardian.

By signing below, I agree to the following: I am aware that my involvement in **Rosamond Little League BASEBALL/SOFTBALL organized** activity presents certain risks to me, including but not limited to bodily injury, illness, death, loss or damage to my personal property, and/or other safety-related dangers.

I certify that I am voluntarily participating in this organized activity and I voluntarily assume all risks, consequences, and potential liability for this participation. I hereby **WAIVE, DISCHARGE AND RELEASE FROM LIABILITY**, Rosamond Little League's Program Partners and their respective employees, Board of Directors, members, instructors, volunteers, and their representatives and assigns, from **any, and all liability**, claims, and causes of action, debts, and demands that may arise from my participation. In the case of my injury, accident, illness, or inability to complete this activity, I understand that I will bear the full cost of any additional transportation or evacuation procedures performed by Rosamond Little League.

I understand and intend that this assumption of risk and release is binding on my heirs, executors, administrators and assigns.

Unless I opt out below, I hereby consent to and authorize the use and reproduction, in print or electronic format, by Rosamond Little League of any and all photographs of me, or my child, which have been taken during this activity for any publicity purpose, without compensation. All images – electronic, negatives and positives, together with the prints – are owned by Rosamond Little League.

I am aware that my involvement in this activity though minimum contact, can pose a possible risk to the contraction of the COVID-19 Virus and I agree to the risk and will not hold the Rosamond Little League, Southern Kern Unified School district or Kern County Parks accountable should I contract the virus. I also agree to stay home and self-isolate should I feel ill. If I have any symptoms, I agree to contact all involved with my team to assure they are aware.

I am aware that in this time of the COVID-19 Pandemic that situations and outcomes can change. In the case that Kern County Health disallows Rosamond Little League to continue or complete the season after the season has started, I am not entitled to a refund.

Emergency Contact Name _____

Emergency Contact Number_____

Participant Phone Number_____

Participant Signature_____



Rosamond Little League COVID-19 Safety Protocol

During this unprecedented time we have set in place safety protocols to protect our players, volunteers and members over our community in attempt to decrease any spread of the virus which will be as followed:

- Players must wash their hands or use hand sanitizer before entering practice premises or dugout before and after each practice or game.
- Every player must have their own equipment i.e. glove, bat and helmet. After each use of bat and helmet they must be wiped down.
- No sharing drink bottles, food or personal items.
- Balls or other objects or equipment can be touched by multiple players during practice and play if hand hygiene (washing with soap and water or use of alcohol based hand sanitizer) practices are followed.
- After each game please avoid any large groups if unavoidable maintain social distancing.
- Sanitizing wipes, facial masks and hand sanitizer will be in each dugout and accessible.
- Face coverings/masks must be worn by any volunteer, coach and spectator at all times in compliance with CDPH Guidance for the Use of Face Coverings. Players must wear facial covering/mask while engaged in physical activity as tolerated and at all times while in the dugout or premises.
- During any game plate meetings must maintain social distancing of 6 feet distance and no exchanging handshakes, alternate option tipping hat.
- No team snacks to be handed out.
- Snackbar will be closed.
- Limit indoor activities to comply with capacity limits indicted in CDPH Gym & Fitness Center Guidance Capacity
- Associated indoor activities for the team (e.g. dinners, film study) are prohibited if engaged in competition
- Teams must not participate in out-of-state games and tournaments.
- If a player, volunteer, family member or spectator has had contact with someone that believes they have contracted the virus, has been tested or has symptoms associated with COVID-19 such as; fever, chills, shortness of breath, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea, vomiting or diarrhea please stay home, isolate, quarantine and seek advice from a medical professional.
- “Sports participants, including coaches and support staff, are strongly encouraged to be vaccinated once eligible as vaccines will protect residents and reduce the likelihood of transmission from infected persons to others. For testing of sport participants 13 years of age or younger, children do not seem to be major sources of transmission—either to each other or to adults. *If more than 50% of a team's

participants are less than the age of 13 (and are not required to test per the above), then the entire team is exempted from the testing requirement.”

- All symptomatic players and volunteers must remain in isolation until test results are available, and repeat testing should be considered if initial testing is negative and symptoms continue and are consistent with COVID-19 symptoms.
- All players and volunteers who test positive or are clinically diagnosed with COVID-19 must isolate: For 10 days after symptoms first appeared (or 10 days after specimen collection for their first positive test), AND At least 24 hours have passed with no fever (without use of fever-reducing medications), AND other symptoms have improved.
- Informed Consent Form required (Attachment on page 49-50)

Limitations on Observers

- Spectators will be reserved for player’s immediate household and must maintain 6 feet social distancing for anyone that is not in non-household members.
- Stands will be blocked off to adhere to social distancing guidelines and will be limited and on first come basis, we recommend bringing your own chairs and sitting in the grass area around fields, please be alert and cautious of any fly balls.
- Video streaming will be each team responsibility and every player must have approved media release by parent or legal guardian.
- We recommend that household families travel separate from those that are non-household members to help prevent the spread of COVID-19.

Inter-League/Inter-team Competition and Tournaments

- Permitted to occur only if (a) both teams are located in the same county or (b) teams are located in immediately bordering counties
- Teams adhere to current CDPH Travel Advisory recommendations when determining travel for competition in neighboring counties
- No tournaments or events involving more than two teams
- One competition per team per day
- Travel by private car limited to only those within the immediate household