

2023

A.S.A.P. SAFETY PLAN

Tri-Valley Little League

League ID #: 4055807



Tri-Valley Little League, PO Box 2555, Yucca Valley, CA 92286

www.trivalleylittleleague.com

ASAP Overview



For what does ASAP stand?

The ASAP stands for “A Safety Awareness Program” and is an initiative by Little League International to ensure the safety of all children as well as all volunteers of Little League.

Purpose of an ASAP

To increase awareness of the opportunities to provide a safer environment for children, volunteers, and all Little League participants

Elements of an ASAP

1. Have a safety officer on file at Little League International
2. Make safety plan accessible to coaches, managers, board members and any other volunteer in the league
3. Post and distribute emergency and league officer phone numbers
4. Require volunteers to complete and submit the Official Little League Volunteer Application
5. Provide fundamentals training
6. Provide first-aid training
7. Require field inspections before games and practices
8. Complete the annual Facility Survey
9. Post and utilize concession stand procedures
10. Regularly inspect and replace equipment as needed
11. Have a procedure for reporting accidents/injuries
12. Require First Aid Kits at all league events
13. Enforce Little League Rules & Regulations
14. Submit League Registration Data for players, coaches, and managers
15. Complete survey question in LL Data Center

Who receives this manual?

Tri-Valley Little League will distribute a paper copy of this Safety Manual to all Managers/Coaches, League Volunteers as well as the District Administrator.

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

A PDF version is available at www.trivalleylittleleague.com

Tri-Valley Little League Safety Officer Paul R. Hoffman is on file with Little League Headquarters. The Safety Officer can be contacted at 760-832-3188 or via email paul_hoffman@roadrunner.com



Emergency Phone List

EMERGENCY

Police/Fire/EMT: 911
 Morongo Basin Ambulance: 911
 Poison Control Center: (800) 222-1222

Non-Emergency Contact Numbers

Sheriff's Dept - Non-Emergency (760) 365-2364
 Fire Dept. - Non-Emergency (909) 356-3805
 Non-Emergency Ambulance (760) 366-8474

UTILITIES - EMERGENCY

SoCal Gas (800) 427-2200
 Southern California Edison (800) 611-1911
 Hi-Desert Water District (760) 365-8333

AREA HOSPITALS

Hi-Desert Medical Center (760) 369-3711
 6601 White Feather Road
 Joshua Tree, CA 92252

Desert Medical Center (760) 323-6511
 1150 N. Indian Canyon
 Palm Springs, CA 92262

OTHER

County Health Department (800) 722-4777
 Yucca Valley Animal Control (760) 365-2364
 Town of Yucca Valley (760) 369-7211
 Town After Hours (760) 821-5993

Tri-Valley Little League Board Members:

President	Jennifer Cusack	760-567-9404
Vice President	Chatel McKettrick	760-819-6017
Secretary	Paul Hoffman	760-832-3188
Treasurer	Debbie Carder	760-218-1221
Facility Manager	Tony Cipolla	760-401-2334
Safety Officer	Paul R Hoffman	760-832-3188
Player Agent-Softball	Arica McGee	760-486-8039
Player Agent -Baseball	Heather Mahaffey	760-799-5299
Director of Baseball/Umpire in Chief-Baseball	Victor Arvizu	760-879-7106
Director of Softball/Umpire in Chief -Softball	Robin Belle	760-217-1426
Equipment Manager	Mary Lou Cox	760-567-0460
Concessions Manager	Shannon Brunk	760-221-7697

Regional Little League

Western Regional Director Kit Golden 6707 Little League Drive San Bernardino CA 92407 (O) 909-887-6444 kgolden@littleleague.org	District 58 - Administrator Natasha Palmer PO Box 653 Banning, CA 92220 909-533-9922 palmerfamily_5@msn.com
Little League Baseball Inc. PO Box 3485 Williamsport, PA 17701 (570) 326-1074 llinternational@littleleague.org	District 58 - Assistant Administrator Yucca Valley, CA Paul R Hoffman (760) 832-3188 paul_hoffman@roadrunner.com

THIS LIST WILL BE POSTED IN THE CONCESSION AREA.

Emergency Contact Procedures

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 9-1-1.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is: _____

Cross-streets are: _____

- **The telephone number from which the call is being made?**
- **The caller's name?**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Site Map

Field Address: 56625 Little League Drive, Yucca Valley, CA



***Location of First Aid Kits & Fire Extinguisher: Snack Bar**

COVID-19 SAFETY PLAN

Tri-Valley Little League will implement and strictly adhere to the following COVID-19 Safety Plan:

COVID Waiver:

All players must have on file with their team Manager a COVID-19 Informed Consent Waiver form signed by both parents or legal guardians as well as a Medical Waiver.

Pre-game/practice self-health check:

All players and adults (coaches, volunteers, parents, etc.) should perform a pre-practice or pre-game self-health check by taking their temperature to make sure it is below 99 degrees. Please stay home if you have or recently have experienced any of the following symptoms: headaches, unusual tiredness, sore throat, cough, or allergy like symptoms, etc. If you have been recently exposed or around someone who has tested positive in the last 10 days, please stay home.

Face Coverings:

Face coverings should be worn when physical distancing is not possible. Players should wear a mask when not actively participating in the game (sitting on the bench, waiting to bat, etc.). Managers, coaches, umpires, volunteers, and audience members should have a mask on the entire time when physical distancing is not possible. Tri-Valley Little League will make available disposable masks for those who forget to bring one.

Physical Distancing (during play).

Players should avoid unnecessary contact and keep a minimum six feet distance when possible.

Hygiene and Sanitation:

Equipment should be cleaned with a disinfectant between uses, bathrooms will be stocked with soap and hand sanitizer will be available in all dugouts, restrooms, snack bars.

Limitations on mixing by participants:

Players should avoid close contact with other teams.

Travel Considerations:

Players should avoid carpooling with people outside their household or team mates to limit exposure risk.

Snack Bar/Concession:

Only pre-packaged food and drinks will be sold at the snack bar.

Drinking Foundation/Water:

Players should bring their own water bottles. Public water foundations will not be operational

due to COVID risk.

Audience:

Members of the audience should try to maintain recommend social distance of six feet or more from those not in your immediate family or household.

Education & Outreach:

Mask signs and COVID safety rules will be posted visibly at the fields. All coaches, volunteers, parents will be given a copy of the League COVID Safety Plan.

Mitigation:

Tri-Valley Little League will follow and enforce the ASAP plan and COVID related safety precautions as directed by the local health department, CDPH and CDC guidelines.

Once a confirmed positive COVID 19 player is reported to Tri-Valley, all games and practices will cease for players and teams that have been in contact with the player on the field, whether opposing or same team until safe to return. All exposed players, coaches, and staff shall obtain a COVID-19 test on day five after exposure or quarantine (10 days) as recommended by the CDC prior to the returning to the park. Proof of testing may be requested for verification of adherence to protocol and safety follow up. No exceptions.

Coaches will send players home in the event of visible or stated illness (running nose, cough, headache, tiredness, etc.)

On-Field Guidance

Healthy Practices:

All players and coaches should practice good general health habits, including maintenance of adequate hydration, consumption of a varied, vitamin-rich diet with sufficient vegetables and fruits, and getting adequate sleep.

No Handshakes/Personal Contact Celebrations:

- Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc. Little League International suggests lining up outside the dugout and tipping caps to the opposing team as a sign of good sportsmanship after a game.
- Players and families should vacate the field/facility as soon as is possible after their game or practice, ideally within 20 minutes.

Drinks and Snacks:

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities. Drinks should be labeled with the person's name.
- Individuals should take their own drink containers home each night for cleaning and sanitation or use single-use bottles.

- There should be no use of shared or team beverages.
- Teams should not share any snacks or food. Players should bring individual, pre-packaged food, if needed.

Personal Protective Equipment (PPE):

- All managers/coaches, volunteers, umpires, etc., should wear PPE whenever applicable and possible, such as cloth face coverings.
- Players should wear cloth face coverings when in close contact areas and in places where recommended social distancing is challenging or not feasible, such as in dugouts.
- Players should not wear protective medical gloves on the field during game play.
- Players, especially at younger divisions, are not required to wear a cloth face covering while on the field during game play.
- Players will be permitted to wear a cloth face covering on the field during game play, if physically able to do so, based on any directive of a medical provider or individual determination of the player/parent/guardian/caretaker.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Dugouts:

- Managers/coaches and players should follow social distancing recommendations the dugout or on the bleachers so that they are at least six feet apart and must be placed behind a fence.
- If social distancing is not possible in the dugout, players and managers/coaches should wear a cloth face covering.

Player Equipment:

- No personal player bat bags/equipment bags should be allowed in the dugout. Player equipment should be spaced accordingly outside the dugout to prevent direct contact.
- Players should have their own individual batter's helmet, glove, bat, and catcher's equipment.
- Measures should be enacted to avoid, or minimize, equipment sharing when feasible.
- Some critical equipment may not be able to be obtained by every individual. When it is necessary to share critical or limited equipment, all surfaces of each piece of shared equipment must be cleaned first and then disinfected with an EPA-approved disinfectant against COVID-19 and allowed sufficient time to dry before used by a new player. Increased attention should be paid to detailed cleaning of all equipment directly contacting the head and face (catcher's mask, helmets).
- Player's equipment (e.g., bags, helmets, bats, gloves, etc.) should be cleaned and disinfected after each use by a parent/ guardian/caretaker, where applicable.
- Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer's directions for use. All disinfectants should be stored properly, in a safe area, out of the reach of children.

- Players should not share towels, clothing, or other items that they may use to wipe their face or hands.

Baseballs and Softballs:

- Baseballs and softballs should be rotated or cleaned on a regular basis, at least every two innings, to limit individual contact.
- Umpires should limit their contact with the ball, and catchers should retrieve foul balls and passed balls where possible.
- Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and umpires. No spectators should retrieve the ball.

Spitting, Sunflower Seeds, Gum, etc.:

- Sunflower seeds, gum, etc., should not be allowed in dugouts or on the playing field.
- All players, coaches and spectators are to refrain from spitting at all times, including in dugout, field, and spectator areas.

Volunteer Requirements

Volunteer Application & Background Check

Tri-Valley Little League performs required background checks on all volunteers including, but not limited to, Managers, Coaches, Board Members, team parents, and adult umpires. A copy of the volunteer application is available at www.trivalleylittleleague.com and shown in the Appendix of this manual. Players, coaches, and managers information will be entered into Sports Connection and uploaded to the Little League Data Center. The President and Secretary will be responsible for maintaining accurate records of all volunteers.

Screening of volunteers is done online through Sports Connect and J.D. Palatine (JDP) integration online, using the JDP QuickApp, in compliance with the Little League Regulation I(c) 8 & 9 and the Child Protection Program at www.littleleague.org/ChildProtectionProgram.

NEW REQUIREMENT CALIFORNIA STATE LAW – LIVESCAN

California passed a new legislative bill, Assembly Bill No.506 that requires a fingerprint-based background check and child abuse and neglect reporting training for individuals who volunteer more than 16 hours a month or 32 hours a year; which, for Little League, includes coaches, managers, board members, umpires, etc.

Volunteers will be required to go through this process for each league and/or other non-profit they volunteer for; therefore, it is prohibited to share the fingerprint background check results with other local Little Leagues or other non-profits.



The volunteer applicant must use the correct ORI code for Tri-Valley Little League.

Select a Live Scan location to conduct the fingerprints.

Complete the included form 8016-Request for Live Scan Services either online or bring the completed form with you to the Live Scan location.

https://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/BCIA_8016.pdf?

The fingerprint background check can cost from \$15 to \$70 depending on the Live Scan location. The volunteer is responsible for their own fingerprint background check cost.

Location	Hours	Rolling fee	Acceptable Forms of Payment
<p>Helbar Inc. dba The UPS Store #6968 57552 Twentynine Palms Highway Yucca Valley, CA 92284 (760) 369-4646 store6968@theupsstore.com</p>	<p>Weekdays Walk-ins 9:30 am to 5:30 pm</p> <p>Saturday Walk-ins 9:00 am to 3:00 pm</p> <p>Sunday Walk-ins 10:00 am to 2:30 pm</p>	\$30.00 	<ul style="list-style-type: none"> • Billing Accounts • Cash • Credit Cards • Debit Cards
<p>Hi Desert Federal Live Scan Inc. 57492 29 Palms Highway Yucca Valley, CA 92284 (760) 388-5383 info@highdesertlivescan.com</p>	<p>Weekdays Walk-ins & Appointments 9:00 am to 5:00 pm</p> <p>Weekdays Appt. only 9:00 am to 5:00 pm</p>	\$30.00 	<ul style="list-style-type: none"> • Billing Accounts • Cash • Cashier's Check • Company Checks • Corporate Accounts • Credit Cards • Debit Cards • Money Order

Volunteer Code of Conduct

Volunteers will be required to sign a volunteer agreement and code of conduct agreement.

Code of Conduct

- Follow all traffic safety laws and best practice while on League related travel.
- No Alcohol allowed in any parking lot, field, or common areas within the park.
- NO SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas the park.
- No profanity allowed in any parking lot, field, or common areas within the park.
- Observe all posted signs.
- After each game, each team must clean up trash in dugout and around stands.
- After players have entered or left the playing field, gates should be closed.
- No children under age of sixteen are to be permitted in the Snack Bars.
- Failure to comply with the above may result in expulsion from the Tri-Valley Little League field or complex.
- Follow all Little League Rules.

Coaching Clinic and Fundamentals Training

League Training Dates and Times

General Volunteers Information Meeting:	12/14/2022	via Zoom	6:00 p.m.
Coaches Meeting and Safety Meeting:	1/18/2023	via Zoom	6:00 p.m.

Managers and coaches should visit <https://www.littleleague.org/coaches/> for skills development and rules update. Managers and coaches familiarize themselves with concussions at <https://www.cdc.gov/headsup/youthsports/training/index.html>.

First-Aid Training

Tri-Valley Little League requires at least one manager or coach from each team to be CPR certified and trained in First Aid. Online CPR classes are available at <https://www.redcross.org/take-a-class/lp/cpr-first-aid-aed-certification-new-hero>. The league cannot reimburse for CPR training at this time.

Manager/Coaches Responsibility

Managers/Coaches must make sure there are adults on the field unless they have been approved by Tri-Valley Little League. NO EXCEPTIONS

Managers/Coaches must follow all safety rules and must have a copy of this safety plan while at all games and practices.

Managers must have the following completed and signed documents for every player at every practice and game.

- Medical Release Form
- COVID-19 Player Informed Consent Waiver
- Parent Code of Conduct

Manager must have a First Aid Kit at all practices and games. First aid kits need to be maintained and refilled, as necessary. If you need an item in your first kit it is your responsibility to ask for it. Call the Safety Officer.

Each Manager will be given a FIRST AID KIT which will include the following items:

- Band-Aids (Various Sizes)
- Bacitracin Ointment (antibiotic cream)
- Antiseptic Wipes
- Non latex disposable gloves
- Gauze pads (assorted sizes)
- Adhesive Tape
- Contents Card

If an accident occurs...

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 league safety officer within 48 hours of the incident. This includes even passive treatments such as the

evaluation and diagnosis of the extent of the injury or periods of rest.

WHEN TO REPORT: All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. Safety Officer Paul Hoffman (760) 832-3188.

Concussions

On October 26, 2016, the Governor of California signed California Assembly Bill 2007 into law. The law, titled “Youth Sports Concussion Protocols,” is effective January 1, 2017, and is found in the California Health Safety Code under the section referencing “Adolescent Health” (Cal Health and Safety Code §124235).

The new law applies to “youth sports organizations” which includes any organization, business, non-profit entity or local government agency that sponsors or conducts amateur sports competitions, training camps, or clubs in which persons seventeen (17) years of age or younger participate: youth sports organizations are required to immediately remove an athlete who is suspected of sustaining a concussion or other head injury in an athletic activity for the remainder of the day. The athlete shall not be permitted to return to the athletic activity until being evaluated by and receiving written clearance to return to athletic activity from, a licensed health care provider. An athlete who has sustained a concussion shall complete a graduated return to play protocol of not less than seven (7) days in duration under the supervision of a licensed health care provider.

If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or a guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

On an annual basis, a youth sports organization shall provide a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is seventeen (17) years of age or younger, shall also be signed by the athlete’s parent or guardian before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not limited to, facsimile or electronic mail.

On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials or both, to each coach and administrator of the youth sports organization. Each coach and administrator shall be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Lower consciousness level (nifty).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP



Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 1/2015

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return to play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADSUP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below. Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Tri-Valley Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Tri-Valley Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:
 - a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches." This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,
 - b) Complete the CDC on-line training course at: <https://www.train.org/cdctrain/course/1089818/>

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:
 - a. Be immediately removed from the game or event; and
 - b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

Tri-Valley Little League Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement

We, the undersigned, acknowledge that we have been provided with a copy of the Tri-Valley Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: _____
Player

Dated: _____
Parent/Legal Guardian
Parent/Legal Guardian

LEAGUE USE: Division: _____ Team: _____

Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>




Completion Certificate

Valarie Walton
has successfully completed

Concussion In Sports

11/23/2020
Date of Completion

Nevada
State of Completion

Dr. Karina L. Nickoff
NFHS Executive Director

586E3395F27E
Completion Code

This certificate documents course completion, not mastery of content. This course is approved for 1(one) Clock Hour by the NFHS.



Certificate of Completion

USA BASEBALL

THIS CERTIFICATE IS AWARDED TO:
Valarie Walton
fwalton@live.com

FOR SUCCESSFULLY COMPLETING
Abuse Awareness for Adults

ABUSE AWARENESS FOR ADULTS

Completion Code: 27b09a1-6d6f-4ee0-909f-188c522! Completion Date: 07/09/2019

Little League Rules & Regulations

All Tri-Valley Little League volunteers, players and parents are responsible for following the Little League Rules & Regulations. Tri-Valley Little League will promote the use of the Rule Books and smart phone app <https://www.littleleague.org/playing-rules/little-league-rulebook-app/>. All Local League Rules will be available at www.trivalleylittleleague.com

Safety Checklist for Managers, Coaches, and Umpires

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents.

Managers, coaches, and umpires must routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential.

Managers, coaches, and umpires must:

1. Be sure all equipment is LL approved.
2. Inspect all bats, helmets, and other equipment on a regular basis.
3. Dispose of unsafe equipment properly.
4. Keep loose equipment stored properly.
5. Have all players remove all personal jewelry.
6. Parents should be encouraged to provide safety glasses for players who wear glasses.
7. Proper attire by the catcher at all times, including in the bull pens and in between innings. Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS.
8. Managers should encourage all male players to wear protective cups and supporters for all practices and games.
9. Repair or replace defective equipment.

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game.
2. Have a first aid kit with you all practices and games.
3. Have access to a telephone in case of emergencies.
4. Know where the closest emergency shelter is in case of severe weather.
5. Ensure warm-up procedures have been completed by all players.

6. Stress the importance of paying attention, no “horse playing allowed”
7. Instruct the players on proper fundamentals of the game to ensure safe participation.
8. Each practice should have at least two (2) coaches in case of an emergency.
9. No climbing fences. If you see a child climbing a fence stop him or her immediately.
- ~~10. Coaches will not warm-up pitchers. (deleted 2023)~~
11. Bases will disengage from their anchors on all fields.
12. Manager and coaches must discuss bat safety with all players to avoid injuries like this



player in the picture below that was hit by a bat in the dugout. The only person who should have a bat in their hands is the batter! No bats anywhere...except at the plate. No practice swings inside or outside the dugout. No on deck batters! (Ages 4-12). On deck batter is permitted in Jr/Sr. Division in on deck circle only.

13. Manager and coaches must monitor the weather and check forecasts before leaving for a game or practice. If inclement weather is in the forecast, watch for signs of an

approaching storm. Postpone outdoor activities if storms are imminent.

Please protect the players!

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.
2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information.
Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles.
Make sure the site you pick is not prone to flooding.
2. If in the trees, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it is standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.

5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer.

Field Inspections and Storage Procedures

BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME: _____

FIELD: _____

DATE: _____ **Time:** _____

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			Dugouts	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coach's boxes Lined					
Free of Foreign Objects			Spectator Area	Yes	No
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Majors)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

**REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.
Turn this form into the concession stand or to your division Rep.**

Hydration

**Managers are required to bring water to each practice and game.
Players are encouraged to bring bottled water or sports drinks.**

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water is the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

How is it treated?

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



Posted Signs at the Field



Make Sure They Are Safe!

REMEMBER:
Catchers must wear helmets during warm-ups and infield/outfield practice.

NOTE:
...All catchers must wear a mask, "fangling" type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.*

*"Fangling"

DANGER
FOUL BALL
AREA



Don't Swing It
...Until You're Up to the Plate!

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

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

RULE 1.18, Note:
1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Major) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Major) Division.



HEY COACH

HAVE YOU:

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

Concession Safety Rules

During the 2023 Season, TVLL will only sell prepackaged foods including bottled or canned drinks, unopened wrapped snacks, and candies. Food preparation will not be permitted.

12 Steps to Safe, Sanitary Food Service

The following information is intended to help develop a healthy and safe work environment for your league's concession stand. Following these simple safety tips will help minimize the risk of foodborne illness and limit the chance of injury.

1. Simple Menu

Keep your menu simple, and keep potentially hazardous foods (meat, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Having complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Food Thermometer

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illness from temporary events can be traced back to lapses in temperature control.

- **Heating Food** – Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat food in crock pots, steam tables, over a warming tray or other holding devices. Slow cooking mechanisms may activate bacteria and never reach killing temperatures.

3. Cooling and Cold Storage

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

4. Hand Washing

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

5. Health and Hygiene

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

6. Food Handling

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

7. Washing Dishware

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

- Washing in hot soapy water
- Rinsing in clean water.
- Chemical or heat sanitizing; and
- Air drying

8. Ice

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

9. Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (example: one gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

10. Insect Control and Waste

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

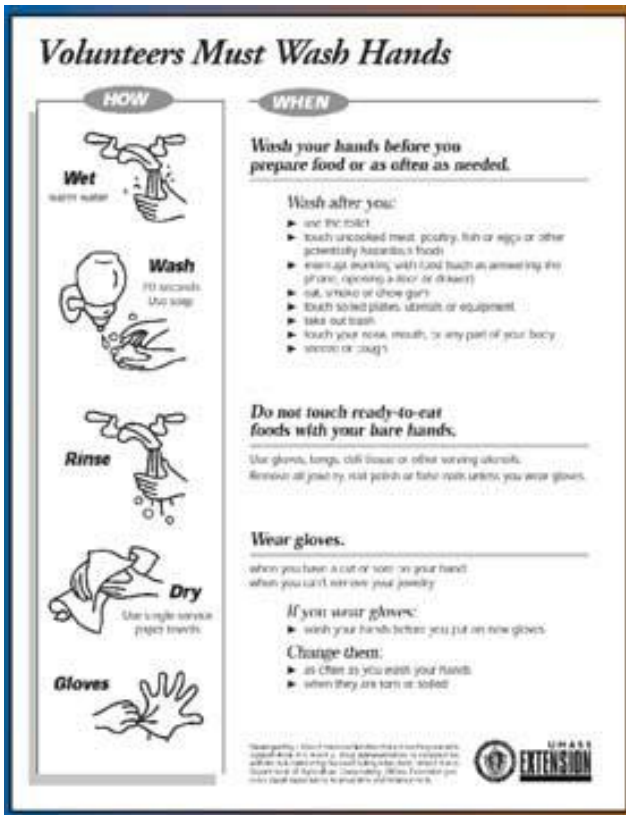
11. Food Storage and Cleanliness

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

12. Set a Minimum Worker Age

Tri-Valley Little League minimum age for snack bar volunteer with adult supervision is 13 years old.

12. The following signs will be posted at the Concession Stand



Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Little League® "Basic" Volunteer Application – 2023

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit LittleLeague.org/localBGcheck for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

- 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 1, the local league must contact the Little League Security Manager.)
- 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 2, does not automatically disqualify you as a volunteer.)
- 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 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
 If yes, explain: _____
 (If volunteer answered yes to Question 4, 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 Field Maintenance Concession Stand
 Coach Manager Other _____
 Umpire Scorekeeper

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

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

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

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

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

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

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 U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)* **OR** _____

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

National Sex Offender Registry

*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: 10/11/2021



Little League® Volunteer Application – 2023



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? Yes No
 If yes, describe each in full: _____
 (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 any youth organization 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/BgStateLaws

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 U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)*

OR

- National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
 National Sex Offender Registry

*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: 10/11/2021



Little League® Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

Accident Notification Form Page 1 (Parent/Guardian Statement)



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

Accident & Health (U.S.)

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"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (8-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (12/13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (13-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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

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

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

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

Accident Notification Form Page 2 (League Use Only)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 EPIMPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
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