



**Orland
Little League
ASAP Plan**



League: 405-47-14

2024 Safety Officer
Colby Snyder
530-865-7530
orlandllbaseball@gmail.com

Emergency Phone Numbers

Orland Police, Fire, Ambulance	9-1-1
Orland Police, Non-Emergency	865-1616
Orland Fire Dept., Non-Emergency	865-1625

Orland Little League, Board of Directors

Title	Name	Number
President	Russell Pierce	916-214-8484
Vice President - Baseball	Dustin Coughlin	530-570-7576
Vice President - Softball	Ruby Neumann	408-705-5454
Secretary	Marci Fonseca	530-440-5463
Treasurer	Thomas Passot	530 966 2619
Safety Officer	Chase Bettencourt	530 864 2413
Player Agent	Ruby Neumann Megan Tanner & Spencer Teerlink	530 592 6773 & 208 870 6600
Field/Equipment Manager	Pete Rosales & Frank Booth	530-965-2045 530 864 8961
Coaching Coordinator	Ruby Neumann	408-705-5454
Information Officer	Ruby Neumann & Yesenia Rangel	530 517 2348
Chief Umpire	Thomas Passot	530-966-2619

In Case of an Accident or Injury

- 1. Treat the injury and notify the parents of the injured player immediately. Do not hesitate to call 9-1-1 if needed.**
- 2. Contact the League President, Safety Officer, or any other Board Member regarding the incident immediately. This must be done the same day of the incident.**
- 3. For more serious injuries, document the incident using an injury tracking report from the Little League International website. The form can be found at <https://www.littleleague.org/downloads/incident-injury-tracking-form/>**

A sample form can be found on the following page

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
- Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

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

Signature: _____ Date: _____

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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 _____

Glenn County Youth Sports Physical Distancing and Safety Plan

PROGRAM NAME: District 47 – Orland Little League

ADDRESS: Glenn County, California

The following plan has been established to resume Little League Baseball activities while protecting and supporting our Board Members, Volunteers, and Players health. We will practice social distancing, and limit large gatherings to minimize risks of COVID-19. This guidance has been approved by the local league's Board of directors. Little League practices are the only activity approved by the State as of now. We are still waiting for permission to play games. When games become approved, the following will apply to games also.

All measures of Glenn County's Social Distancing and Sanitation Protocol must be in place.

- A copy of this plan will be provided to all staff, volunteers, parents and guardians, and youth participants. A copy of this plan must be posted at each facility entrance.
- All parents, guardians, and youth participants will be required to sign a commitment to abide by the plan requirements prior to being allowed to participate or enter a facility. This form will also outline the common symptoms of COVID-19 which can be found in the following link: [COVID-19 Guidance and Reopening Information | County of Glenn](#)
- We will acknowledge and support decisions of youth, parents, and adult leaders to not participate if they are uncomfortable participating for any reason.
- We will divide participants into smaller "stable sports groups" limiting group participation to 12 (not including coaches). These groups should be consistent and rostered as such.

HEALTH PROTOCOLS FOR LEAGUE OFFICIALS AND VOLUNTEERS

- We will train all league officials and volunteers on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette per CDC guidelines as found in the following link: [Considerations for Youth Sports | CDC](#)
- We will screen league officials and volunteers before entering any facility or field and send home any league official or volunteer who has any of the following new or worsening symptoms of possible COVID-19 infection: Cough - Shortness of breath or difficulty breathing - Chills - Repeated shaking with chills - Muscle pain - Headache - Sore throat - Loss of taste or smell - Diarrhea - Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit - Known close contact with a person who is lab confirmed to have COVID-19.
- Designated league officials will be required to take the temperature of players, manager, coaches, and volunteers upon arrival. If a thermometer is not available, an assessment using the CDC recommended questions will be asked.
- Managers will send any player or volunteer home immediately if they show ANY signs of illness. Required: Drop off guardian to wait for 15 minutes upon dropping off in case their player must be sent home.
- Repeat violators or blatant violations of the rules contained in this document by players, volunteers, or spectators could result in suspension from the season/league.

- We will not allow league officials or volunteers with new or worsening symptoms (listed above) to return until:
 - In the case of an individual who was diagnosed with COVID-19, all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery (resolution without the use of fever-reducing medications); and the individual has improvement in symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared;
 - In the case of an league official or volunteer who has symptoms that could be COVID-19 and has not been evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return until they have completed the same three-step criteria listed above; or if the individual has symptoms that could be COVID-19 and wants to return before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.

HEALTH PROTOCOLS FOR FACILITIES

- We will frequently clean and disinfect any regularly touched surfaces, such as equipment, doorknobs, tables, chairs, and restrooms per CDC guidelines.
- Each league will use disinfectant wipes to clean equipment and high-touch surfaces including but not limited to benches, bleachers, gates, and equipment.
- Hand washing or use of hand sanitizer will be required before practice/game, during breaks, and after practice/game is completed by all players, manager, coaches, and safety parent/team volunteer.
- We will frequently disinfect any items that come into contact with participants per CDC guidelines.
- We will make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available
- We will place readily visible signage to remind everyone of best hygiene practices.
- Restrooms: When available the league will post hand washing flyers from CDC on doors and in bathrooms that include symptoms of COVID-19.
- We will limit the number of participants from teams in the restrooms to allow for users to easily maintain at least six feet of distance from one another at all times.
- Snack-bar and vending machines will be closed.
- Self-serve water dispensers will be temporarily closed.
- Trash cans will have no lids and will be easily accessible to dispose of your own trash.

DROP OFF AND PICK UP

- All field, practice, and game scheduling will have sufficient time between practices and games to comply with social distancing guidelines.
- Parents should drop off players and pick them up from practice. Only players and manager/coaches will be allowed to attend the practices. It is mandatory that two adults be at all practices, preferably the manager and coach.
- Parents/families/spectators shall stay in designated spectator areas and practice the 6 feet social distancing rules.
- Parents should drop off players for games no earlier than 40 minutes before game time.
- There will be specific directions for entering and exiting the fields.
- Players will handle and care for their own equipment.
- All equipment will be sanitized before and after each team activity by player's families.
- All equipment will be stored under the seat of the designated players stations, bench or bleacher.

- Only the minimum equipment necessary will be used for practices and games.
- Social distancing will be enforced by the league and team administrators.
- All volunteers must wear masks for the entirety of all team events. This includes off the field of play, and during arrival and departure of players.
- Masks are optional for players at team events and may be worn while playing a defensive position or while hitting and baserunning. This is the discretion of each player's guardian and managers will defer to players guardians regarding mask wearing.
- All players will be spaced at least 6 feet apart during all little league activities when appropriate.
- All items that were touched during the practice and left for the next team must be sanitized by the team ending their practice or game. This includes but is not limited to: Entry gates, pitching machines, storage bins, bases.
- Players shall depart the field area within 10 minutes of practice and/or games ending.

SPREAD OUT SCHEDULING OF GAMES (Once approved for games.)

- All scheduling will have sufficient time between games to comply with social distancing guidelines.
- Players are instructed not to show up to fields more than 40 minutes before game time.** Parents/families/spectators shall stay in designated spectator areas and practice the 6 feet social distancing rules.
- If there is a game or practice prior to your event, families and spectators are encouraged to stay in their vehicles or at recommended social distances.
- On-field warm-up should be limited as much as is reasonably possible and no more than 30 minutes.

ON-FIELD GUIDANCE

No Handshakes / Personal Contact Celebrations

- There will be no pre/post-game gatherings or between inning huddles. This means no, no handshakes, no fist pumps, no chest bumps, no high-fives, etc. This will be eliminated completely.
- The Little League Pledge and Pledge of Allegiance will continue to be recited. Players will stand at their designated dugout locations. One player and one volunteer from each team will stand on the foul line (6 feet apart) to lead both Pledges. No between inning huddles allowed.

Drinks

- Players, managers/coaches, and umpires will bring their own personal drinks to all practices and games. Drinks should be labeled with the person's name and there will be no sharing.

Personal Protective Equipment (PPE)

- All volunteers must wear masks for the entirety of all team events. This includes outside the playing field during player arrival and departures.

Dugouts

- Dugouts may not be sufficient to house 12 players, a manager, & coaches at social distance. We will use the bleachers in order to keep all players 6 feet apart and behind the fence. Each player will be assigned their designated spots and will maintain that space the entirety of the practice or game.
- Players are to stay at their assigned spots when on the bench or bleacher or while waiting their turn to bat.

Player Equipment

- All equipment bags and equipment needed for practice or the game shall be placed under each individual player's spot. Bleacher seats may use space in the bleachers to place equipment bag.

- There will be no sharing of equipment.
- Local leagues will provide each team with at least one set of catcher's gear to be designated before practice or game as to which player will use this equipment on that day. At the end of practice/game the league catcher's gear shall be disinfected.
- Players should have their own individual batter's helmet, glove, bat, and catcher's equipment and must be marked appropriately.
- Divisions below minors will not have a designated catcher.
- Player's equipment (e.g. bags, helmets, bats, gloves, etc.) should be cleaned and disinfected after each game/practice by a parent, guardian, or caretaker at home.

Baseballs

- "Game baseballs" will be disinfected before being put back in use; every inning to limit individual contact.
- Each team on defense will use their own "game baseballs" helping to minimize contact use.
- "Warm-up baseballs" should be separated from game balls and disinfected after use.
- Any foul balls landing outside the field of play should be retrieved by players, coaches, or umpires. No spectators should retrieve foul balls.
- In the event that a spectator does touch a baseball, it shall be disinfected before being used.
- The catcher should be retrieving foul and passed balls as much as possible.

No Spitting, Sunflower Seeds, or Gum will be permitted on site.

GAME OPERATIONS AND UMPIRE GUIDANCE

Pregame Plate Meetings

- All plate meetings shall be held with at least six feet of distance between individuals, and face masks are required. Including any umpire meetings required during the game.
- Plate meetings should only consist of one manager or coach from each team, and game umpires.

Limit League / Game Volunteers

- For each game, there should be one (1) league administrator (i.e. Safety Officer, player agent, etc.) at the site to help facilitate operations.
- Designated safety parent shall be positioned directly outside the dugouts to assist with any issues that should arise during the game.
- Practices should be limited to the managers/coaches and players.
- There will be no score books. Scorekeeping will be done by team coaches or team parent/guardian via GameChanger or a printed scorekeeping page.
- The person scorekeeping shall bring the printed sheet and may sit near the infield, maintaining social distance protocols from the field of play.
- If the scorekeeper is unable to practice 6 feet of social distancing during game, a mask is required.
- It will be the responsibility of the managers/coaches to forward the stats, scores, and results of the game to league officials and division managers.
- Only 1 individual will be allowed in the Press box to run the scoreboard, unless the space is large enough to accommodate social distancing.

Field Preparation and Maintenance

- Fields should be mowed, raked, and lined prior to teams and spectators arriving at the complex and after they depart. This will be done by league administrators only.

Umpire Placement

- Properly masked umpires will need to be placed behind the catcher at no less than 6 feet. If social distancing is not possible behind the catcher then they are instructed to use their best judgement from behind the pitcher at appropriate social distance.

SPECTATOR VIEWING AND FIELDS

- Each league should establish guidelines for their particular fields' viewing areas. Spectators will be encouraged to view from their vehicles. Those guidelines should be provided to league's parents, as well as to visiting managers prior to their arrival on site.

HEALTH PROTOCOLS FOR FACILITIES:

You may contact the following person with any questions or comments about this protocol:

Name:

Phone Number:

Date of Form Completed:



Safety Code

Dedicated to Injury Prevention

Responsibility for Safety procedures should be that of all adult members/volunteers of the Orland Little League.

Arrangements should be made in advance of all games and practices for emergency medical services. All coaches, managers, and volunteers will receive a copy of the ASAP plan after approved. ASAP plan also available via the Internet @ <https://www.orlandlittleleague.org/>

Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager.

No games or practices should be held when weather or field conditions are bad, particularly with lightning.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

During practice and games, all players should be alert and watching the batter on each pitch.

During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)

Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.

Batters must wear Little League approved protective helmets during batting practice and games.

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.** Managers should encourage all male players to wear protective cups and supporters for practices and games.

Except when runner is returning to a base, head-first slides are **not** permitted.

During sliding practice, bases should not be strapped down or anchored.

At no time should “horse play” be permitted on the playing field.

Parents of players who wear glasses should be encouraged to provide “safety glasses.”

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

Managers and Coaches may **NOT** warm up pitchers before or during a game.

On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).

All managers are required to attend Orland Little League-sponsored managers clinic and all coaches are invited as well.

Our Orland Little League runs background checks on all of the managers, coaches and other applicable volunteer applicants.

Coaches Code of Conduct

CODE OF CONDUCT – Coaches are Role Models

Volunteer Pledge

- I will teach all children to play fair and do their best.**
- I will positively support all managers, coaches and players.**
- I will respect the decisions of the umpires.**
- I will praise a good effort despite the outcome of the game.**

Speed Limit 5 mph in roadways and parking lots while attending any Orland Little League function. Watch for small children around parked cars.

No Alcohol allowed in any parking lot, field, or common areas located within the Orland Little League event.

No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the Orland Little League playing area.

No Playing in parking lots at any time.

No Playing on and around lawn/maintenance equipment.

No Profanity allowed in any parking lot, field, or common areas within the Orland Little League playing area.

No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.

No throwing balls against dugouts or against the backstop.

No throwing rocks or climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

No children under age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the Orland Little League.



ORLAND LITTLE LEAGUE FIELD AND GAME SAFETY CHECKLIST

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

Field Condition	Repairs Needed		Catchers Equipment	Repairs Needed	
	Yes	No		Yes	No
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases secure			Face masks OK		
Bases repair			Throat protector OK		
Pitchers mound			Catchers cup (boys)		
Batters box level			Chest protector		
Batters box marked			Catchers mitt (boys)		
Grass surface (even)					
Gopher holes			Safety Equipment		
Infield fence repairs			First-aid kit		
Outfield fence repair			Medical release forms		
Foul lines marked			Ice for injuries		
Sprinkler condition			Blanket for shock <i>(if applicable)</i>		
Dirt needed			Orland Little League ASAP Plan		
Dugouts			Players Equipment		
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair <i>(where applicable)</i>			Bats inspected		
Bat racks <i>(where applicable)</i>			Shoes checked		
Helmet racks <i>(where applicable)</i>			Uniforms checked		
Trash cans			Athletic cups (boys)		
Clean up needed					
Spectator Areas					
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					



First Aid Kit

Orland Little League

Basic issues with baseball/softball would be:



- Contusions
- Muscle pulls and strains
- Over-use injuries
- Sprains
- Fractures
- Injuries to small joints
- Facial injuries
- Injuries to teeth
- Eye injuries
- Insect bites and stings
- Heat illness
- Triage and Emergency Management

Help design an emergency plan for your league when severe injuries occur, and tell the managers/coaches what their role is in that plan:

- Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
 - If necessary, send someone to call 9-1-1 or get an ambulance or EMS.
 - Call the player's parents
 - Send someone to nearest intersection to direct emergency services to your location
 - Review the Medical Release form for any important information/warnings about medical conditions the player may have
- Evaluate the injury:
 - Can player be moved off field?
 - If not, clear area around player and begin examination;
 - If so, move player to sideline for closer examination;
 - Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team

to authorized coach.

- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

You should have medical professionals available either on-site or at most a phone call away — as well as a method to reach them, by cell phone or phone at the field — for severe or life-threatening injuries.

And finally, help the coaches/managers to understand specific techniques to determine whether an injured player is ready to practice and play again; in some cases this may require a doctor's release. The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. The evaluation includes classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate, moving of the injured part.


In evaluating fresh injuries, remember the three types of motion:

- Active motion – Player is able to move the part themselves,
- Active assistive motion – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move), and
- Passive motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the




Medical Release Form



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.
 my documents/league supplies/medical release form

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

Orland Little League - First Aid Kits Continued

more immediate and large the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness or any eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Use the PRICES guide for treating injuries:

- P** – Protection
- R** – Rest
- I** – Ice
- C** – Compression
- E** – Elevation
- S** – Support

In conclusion, ask for managers/coaches to consider how to prevent injuries:

- Pre-participation health screenings (at least through a health questionnaire/medical release form asking for health concerns and medications);
- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and

organization of warm-ups, practices and games;

- Careful compliance with all Little League rules, especially those having to do with safety.

This summarizes 62 pages into just a few hundred words, so you're going to want to elaborate on all the proper techniques in dealing with the different injury types and how to treat them effectively, as well as what NOT to do in any given circumstances. And remember, if anyone is ever in doubt to the nature or seriousness of an injury, they should NOT attempt treatment; a health care professional should be consulted immediately.

Finally, remind all managers and coaches to carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.

First Aid Kits: What goes in them?

Orland Little League

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

NOTE: Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

First Aid Kits Must be Carried to All Practices and Games!

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

ALSO: Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

Here are three good examples of a well-stocked first aid kit:

LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
 - Plastic bags of crushed ice
- Elastic bandages
 - 3, 4 and 6 inch widths
- Sterile dressings
 - 3 by 3 inch individual gauze
 - 2 to 3, 5 by 9 inch pads
 - Telfa or non-stick dressings
 - Eye patches
- Adhesive bandages
 - 3/4, 1 and 2 inch widths
- Bandages
 - Triangular shape and in rolls
- Adhesive tape
 - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
 - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to www.fyrstusa.com to order.

- 1 Reusable ice bag: 9 inches
 - 4 Instant cold packs: 6 by 10 inches
 - 1 Blister Kit
 - 20 Bandages: 1- by 3-inches
 - 6 Large bandages: 2 by 4 1/2 inches
 - 1 Elastic wrap
 - 1 Scissors
 - 20 Antimicrobial skin wipes
 - 10 Blood-off cloth towelettes
 - 20 Latex gloves
 - 1 Antiseptic hand cleaner: 4 ounces
 - 2 Rolls of athletic tape
 - 1 Roll of pre-wrap
 - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

Little League First Aid Kit

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog.

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves

A sample medical release form can be found on the next page



Little League® Baseball and Softball M E D I C A L R E L E A S E



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

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

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

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

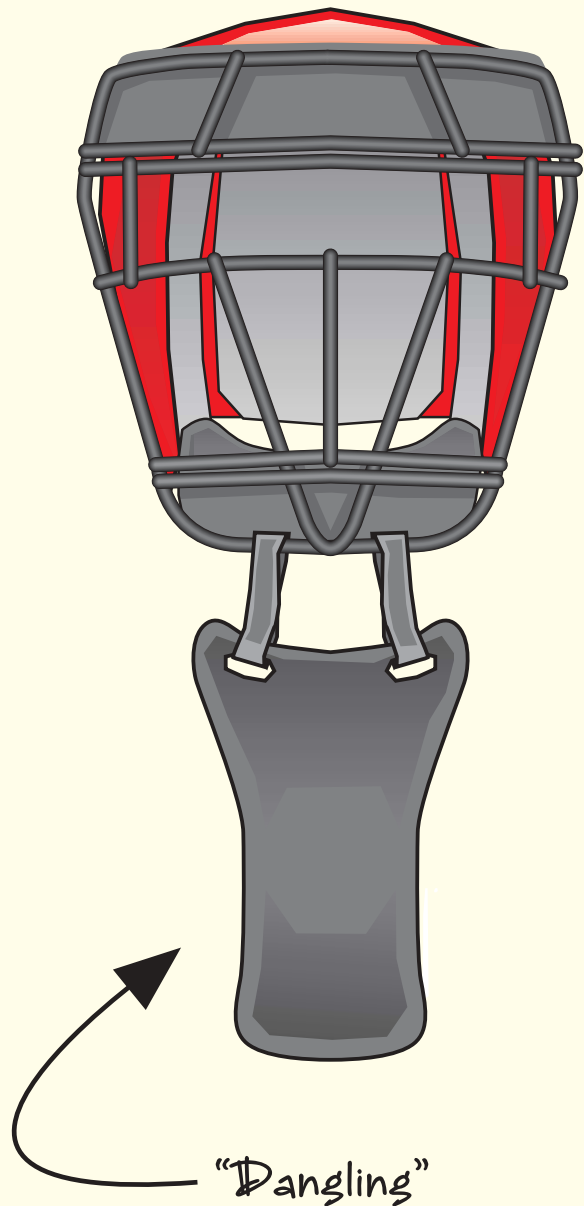


COMMUNICABLE DISEASE PROCEDURES

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 born 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 contaminated surfaces and equipment with an 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, mouthpieces, 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 the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouthguards and other articles containing body fluids.

Additional information is available from your state high school association and from the National Federation TARGET program.



**Make
Sure
They
Are
Safe!**

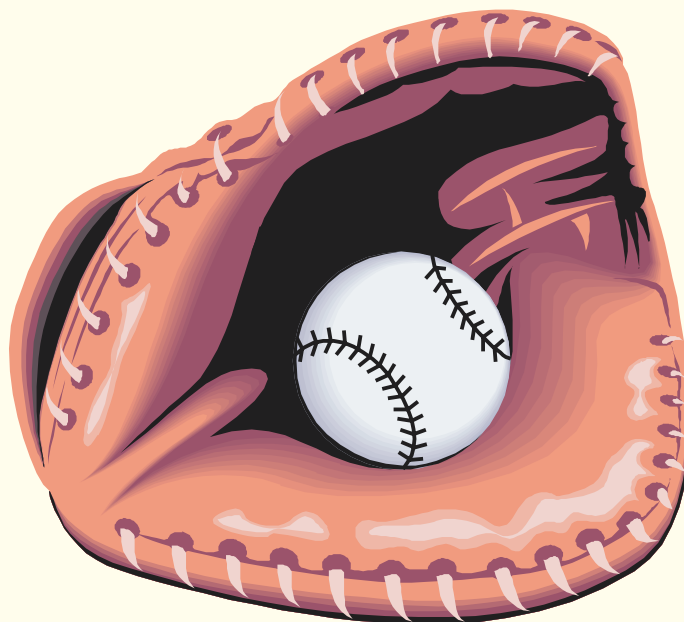
REMEMBER:

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

RULE 1.17

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

Coach, Please Let Players Catch!



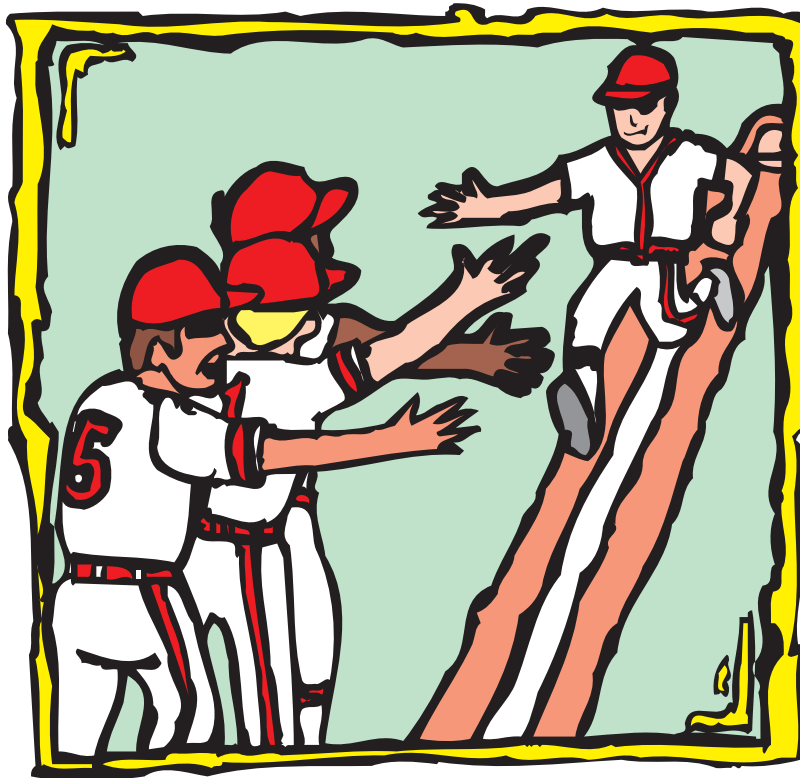
REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”

Keep It Clean!



REMEMBER:

Use good sportsmanship on the field, even to your language.

Regulation XIV – Field Decorum

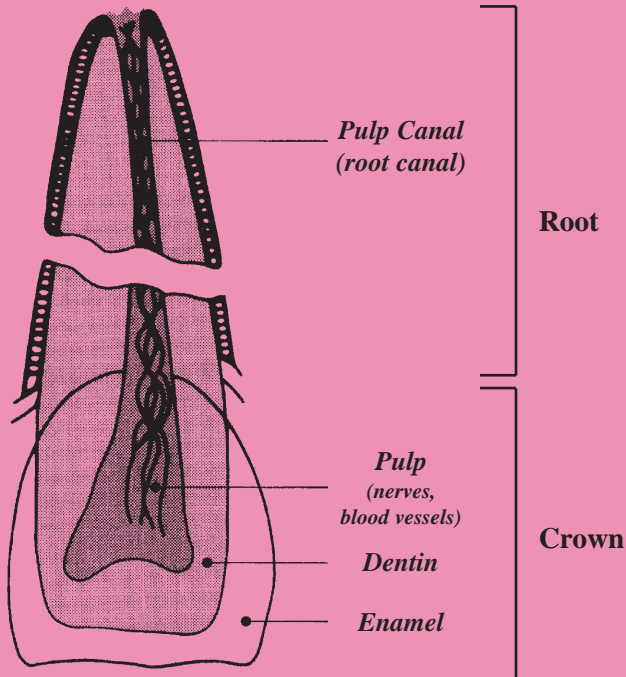
- a) “The actions of players, managers, coaches, umpires and league officials must be above reproach . . .”
- b) “The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts.”



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**

Emergency Treatment of Athletic Dental Injuries



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

AVULSION (Entire Tooth Knocked Out)

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

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

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

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

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

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

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

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

FRACTURE (Broken Tooth)

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

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

1800-273-1788
1800-ASD-1788

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

DAMN GFER

FOULL BALL

AREEA

Fight the Bite!

Help fight the bite by doing these items:

- ▶ Avoid dusk and dawn when mosquitoes are most active
- ▶ Wear an EPA-registered repellent to decrease bites (e.g. DEET, permethrin, picaridin, IR3535, oil of lemon eucalyptus)
- ▶ Wear long sleeved shirts and pants
- ▶ Eliminate mosquito breeding sites on your property by:
 - ▶ Eliminating areas with standing water such as tires
 - ▶ Turn over items that may collect water such as buckets or toys
 - ▶ Change water in bird baths or pet water bowls at least once per week
 - ▶ Check gutters to make sure debris is clear and water can drain
- ▶ Repair items that may leak outside such as faucets, hoses, or air conditioners
- ▶ Make sure doors and windows have tight fitting screens
- ▶ Travelers to areas with endemic Dengue, Zika, Chikungunya, and Malaria transmission should also avoid mosquito bites by:
 - ▶ Wearing an EPA-registered repellent
 - ▶ Wearing long sleeved shirts and pants
 - ▶ Staying in places with air conditioning or tight fitting screens or doors or using bed nets if such accommodations are unavailable
 - ▶ Pregnant women should avoid travel to these areas during pregnancy if possible
 - ▶ Upon return travelers should avoid mosquito bites for three weeks



“Wear an EPA-registered repellent to decrease bites (e.g. DEET, permethrin, picaridin, IR3535, oil of lemon eucalyptus).”



FOR MORE INFORMATION

Centers for Disease Control
<http://www.cdc.gov/ncezid/dvbd/>



301 Centennial Mall South
Lincoln, NE 68509
(402) 471-2937

Fight the Bite

What you should know



West Nile Virus

West Nile virus is carried by Culex mosquitoes (primarily Culex tarsalis in Nebraska) and can cause serious disease and death in people and certain animals (e.g. birds and horses).

Signs and Symptoms: Most people infected with West Nile virus experience no symptoms or a mild flu-like illness with fever, headache, and body aches.

Rarely, particularly in those over 50, West Nile virus can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord).

Where is it Found: West Nile virus was first introduced in the U.S. in 1999 and has since spread across the continental U.S. It was first identified in Nebraska in 2002 with human cases now reported annually from Nebraska.



Dengue

Dengue is a disease caused by four closely related viruses that are carried by infected Aedes aegypti and Aedes albopictus mosquitoes.

Signs and Symptoms: Infection with one of the viruses does not provide protection against the others and may in fact put people at greater risk of developing dengue hemorrhagic fever.

Symptoms of dengue fever: high fever, severe headache, pain behind the eyes, joint pain, muscle and body pain, rash, and mild bleeding (e.g. nose, gums, easy bruising).

Dengue hemorrhagic fever is a more severe form of dengue fever and can be fatal if not treated properly in a timely fashion.

Where is it Found: Dengue is not found in Nebraska. Most dengue cases reported in the U.S. are acquired elsewhere from travelers or immigrants.



St. Louis Encephalitis

St. Louis encephalitis virus (SLE) is carried by Culex mosquitoes (primarily by Culex tarsalis) and can cause serious illness and death in people who are bitten by an infected mosquito.

Signs and Symptoms: Most people infected with SLE experience no symptoms. People that do become ill can have symptoms of fever, headache, tiredness, nausea, and vomiting.

Severe disease (often encephalitis) can occur on rare occasions. This is most common in older adults and can result in long-term disability or even death.

Where is it Found: The majority of cases have historically been reported from areas in the eastern and central U.S. It is rarely reported in Nebraska but surveillance in Nebraska has showed that it is still circulating in mosquitoes in some areas of the state.



Chikungunya

Chikungunya is a virus that is spread to people by the bite of an infected Aedes aegypti or Aedes albopictus mosquito. Mosquitoes are infected when they bite and feed on a person who is already infected with the virus.

Signs and Symptoms: Symptoms usually begin three to seven days after being bitten by an infected mosquito vector.

Common symptoms include fever and severe joint pain (often in the feet and hands), headache, rash, muscle pain, joint swelling.

Where is it Found: Outbreaks have been seen in Southern Europe, Africa, Southeast Asia, and on islands in the Pacific and Indian Oceans. Chikungunya is not found in Nebraska but can be acquired elsewhere by travelers and immigrants.



Zika

Zika is a virus that is spread mostly to people by the bite of an infected Aedes aegypti or Aedes albopictus mosquito. Mosquitoes are infected when they bite and feed on a person who is already infected with the virus. Transmission can also occur from mother to her unborn child during pregnancy and through sexual contact.

Signs and Symptoms: Most people infected with Zika virus experience no symptoms or a mild illness.

Common symptoms include fever, rash, joint pain, and conjunctivitis (red eyes). Zika virus has also been linked to cases of Guillain-Barré Syndrome of infected people as well as birth defects in children born to mothers who were infected during pregnancy.

Where is it Found: Zika virus is not found in Nebraska but has been found in Africa, Southeast Asia, Western Pacific Islands, and recently in Central and South America, Mexico, and areas in the Caribbean. Small, sporadic outbreaks are expected to occur within certain areas of the southeastern United States much like what has been seen in the past with dengue and Chikungunya viruses.



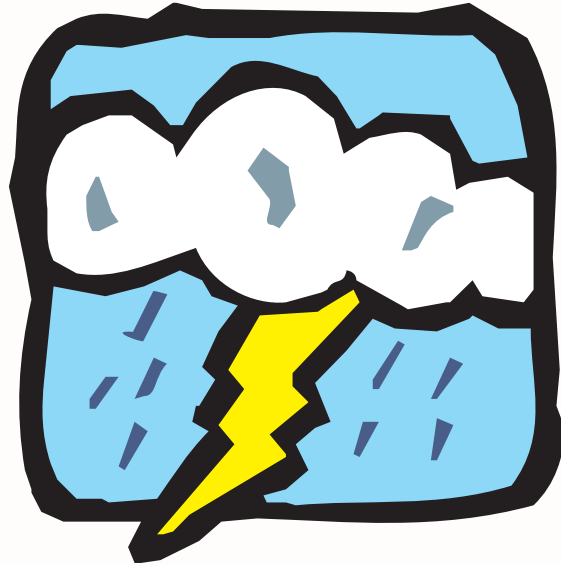
Malaria

Malaria is an illness caused by a parasite that can be carried by Anopheles mosquitoes that can be serious and sometimes fatal. It is spread to people by the bite of an infected Anopheles mosquito that must first be infected from a previous blood meal taken from an infected person.

Signs and Symptoms: Symptoms commonly reported including fever, shaking chills, headache, muscle aches, and tiredness. Nausea, vomiting, and diarrhea have also been reported. Severe complications and death can occur if not treated properly.

Where is it Found: Malaria was eliminated from the U.S. in the 1950's. Cases that occur in the U.S. are from travelers and immigrants returning from areas of the world with endemic malaria transmission.

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



REMEMBER:

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

PLEASE WAIT!

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

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

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at:

**National Weather Service
P.O. Box 1208
Gray, Maine 04039**

GYX 0301 (August 2003) - Revised

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

***LIGHTNING...
the underrated killer!***

A SAFETY GUIDE

**U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION**

**NATIONAL WEATHER
SERVICE**

Gray, Maine



This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

LIGHTNING KILLS

Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



NOAA

Umpire Guidelines

Before the Game — Meet at home plate

Introduce plate and base umpires, managers/coaches

Receive official lineup cards from each team

Discuss any local playing rules (time limit, playing boundaries, etc.)

Discuss the strike zone

Discuss unsportsmanlike conduct by the players

Discuss the innings pitched by a pitcher rule

Clarify calling the game due to weather or darkness

Inspect playing field for unsafe conditions

Discuss legal pitching motions or balks, if needed

Discuss no head-first slides, no on-deck circle rules

Get two game balls from home team

Be sure players are not wearing any jewelry

Be sure players are in uniform (shirts in, hats on)

Inspect equipment for damage and to meet regulations

Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

Detect, prevent heat injuries

Know how to recognize & treat heat injuries to keep your players safe

May, 1999 Safety Newsletter

“With the heat approaching in some areas and already there in other areas, here is something to be alert for. Not only should you keep an eye on the players, during a game, but also the umpires. Hopefully we will not have any problems as long as we follow the advice below.”

**Lee Joyce, Safety Officer
Deer Park Little League
Virginia District 7**

✓ **Heat Stress:**

What is heat stress? Basically take a hot job, add a hot day, and add high humidity and it all can add up to **heat stress!**

This condition occurs when the body is unable to regulate its temperature. This is the body’s way of saying, “I can’t take the heat anymore.” There are three kinds of heat-related problems you may experience: heatstroke, heat exhaustion, and heat cramps. They can occur separately or in combination.

Mild Disorders:

Fainting: Lets you know that your body is having difficulty coping with the heat. As you know when you faint, you fall and when you are on the field and fall you can get hurt or hurt others.

Heat Cramps: Tend to attack the muscles that do the hardest work, especially when it is hot. A good rule is to drink half a glass of water every 15 minutes for an hour if you experience heat cramps.

Prickly Heat: Is a rash caused when sweat doesn’t evaporate. Sweat ducts become clogged and sweat glands became inflamed.

Lee Joyce is the Virginia District 7 safety officer. Here is one of the e-mail newsletters Joyce prepared as District Safety Officer. To join the e-mail list, contact: vastatell_safety@dp11.org

✓ **Heat Exhaustion:**

This is a more serious disorder that develops when the body loses more fluid through sweating than it is taking in.

Symptoms:

- Sweating profusely
- Near normal body temperature
- Clammy skin
- Pale or flushed complexion
- Weakness
- Dizziness
- Nausea

First Aid:

- Move the person to shade or a cool place.
- Have patient lie on their back with feet elevated.
- If conscious, give half a glass of water every 15 minutes.
- Get medical help.

✓ **Heat Stroke:**

Heat stroke is a **medical emergency!** Heatstroke occurs when the body’s heat regulating system breaks down under stress and sweating stops. Unless the victim receives quick treatment, death can occur.

Symptoms:

- No sweating (or victim may be sweating profusely)
- High body temperature (105° or more)
- Hot, dry, flushed skin
- Confused, delirious behavior
- Loss of consciousness or coma

First Aid:

- Call immediately for medical help, and then start first aid
- Move the victim to a cool place
- Cool the victim quickly by giving a cool bath (sponging with cool water) and by fanning
- Treat for shock
- Offer a conscious person half a glass of water every 15 minutes

✓ **Hot Weather Tips**

Safety Concerns:

There are other problems with heat that you may not realize until it is too late. Heat stress can alter your coordination, lessen your concentration, reduce strength and alertness, and make you irritable.

Ways to Avoid Heat Stress:

Acclimatize: This means allow your body to adjust to the heat naturally. The best way to do this is to gradually increase the time you spend in the heat until you reach the total amount of time desired.

Drink Water! One of the most important things to do is drink plenty of water during hot weather. The body can lose as much as three gallons of fluid a day while working in hot, humid weather. Drink some cool water every 15-20 minutes.

Use Salt: Add salt to your food but don’t over-do it, such as taking salt tablets. If you have high blood pressure, heart problems or circulatory ailments, consult your physician.

Eat Lightly: Light, nutritious meals, preferably cold are better for you due to the fact that they are easier to digest. Fatty foods are hard to digest, and hot weather makes them that much harder to digest.

Asthma Emergency Signs

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

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

Asthma is different for every person.

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

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

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

Michigan Asthma Steering Committee of the Michigan Department of Community Health



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

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

Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

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

Dehydration signs: Fatigue, flushed skin, light-headed

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

Severe signs: Muscle spasms, clumsiness, delirium

Too Busy for Warm-ups and Exercises? Don't Be.

Proper warm-ups and conditioning activities can help to protect your players from injury.

Research has shown that players who are less physically fit – whether in aerobic fitness, flexibility or core strength areas – are at a much greater risk of being injured doing the same things as their peers who are in better condition.

Fitness Shows Injury Potential

A study of US Army recruits going through basic training found less-fit recruits were injured at twice the rate of their more fit companions, and 2.5 times as likely to be so seriously injured that they missed training. The less-fit recruits were more often women, but when the initial fitness levels were used to classify all the recruits by ability, rather than gender, the injury rates became consistent for both males and females, based on their fitness.

In ball playing, the injuries may be slight, a simple muscle strain or joint sprain, such as a pulled thigh muscle or sprained ankle, or they could be acute, from a fall due to poor motor control or weak muscles unable to stabilize the athlete during a fielding attempt. In either situation, stronger muscles are at lower risk of injury.

The good news is that during the study, for all recruits, the less-fit saw bigger gains than their more-fit peers, as a percentage of gain. So the gap in physical fitness can be closed to make all the athletes safer.

Warm Up Before Playing

Numerous experts and studies continue to assert the benefit of pre-event warm-ups and post-event cool-down exercises. In addition, players and coaches can't expect playing the sport will do enough to prepare the less-fit players for play. Conditioning is just that, and players need to do conditioning exercises to prepare their bodies for the stops, starts, quick turns and full runs ball playing requires.

The benefit of warm-up exercises is not just for the increased muscle flexibility and tone that protects muscles from strains and ligaments from sprains but the increase in oxygen flow to the body, preparing it for the demands of the game.

Make the exercises match the demands of the sport: sprints should be worked on above distance running. Provide shoulder stretches and arm limbering as well as core and lower body warm-ups. Speed, quickness and coordination count for more than endurance; balance drills promoting foot and hand speed and coordination with more traditional exercises.

Start early with conditioning and build gradually to increased conditioning demands. Players' bodies need time to adjust to the

physical stresses and build muscle mass and tone to be able to handle the loads of throwing long strikes from center field or sliding into home plate. The muscles that move the body also support and protect it, so the stronger those muscles, the less likely a serious injury will occur from a "normal" baseball or softball play.

Finally, Keep it Fun

Find ways to keep your practices fun like making sprints be base-stealing attempts. Alternate trips around the bases for warm-ups with "the home run trot," and for speed or endurance with "you're going for an inside the park home run!" Have throwing races between different groups of players for short distances, to work on muscle tone, accuracy and technique.

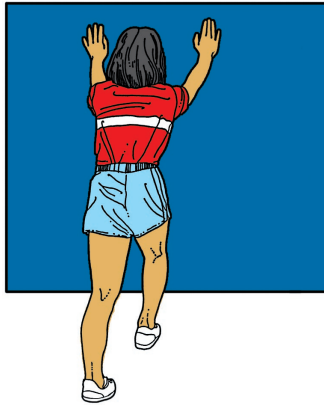
The players will enjoy it more with just a little time spent working on making the *why* they need to do it a fun activity, instead of saying "it's good for you" or "because I told you to!"

Because a fit player is less likely to be injured, it's worth the extra time and effort to improve everyone's physical fitness.

All Managers and coaches must attend fundamental training !

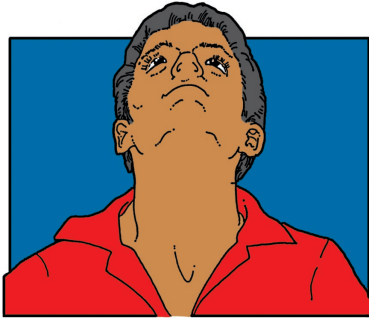


Suggestions for Warm-up Drills



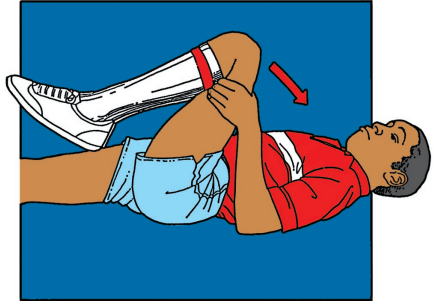
Heel Cord Stretches

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.



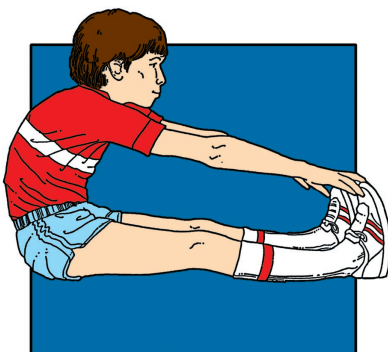
Shoulder Stretches #2

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.

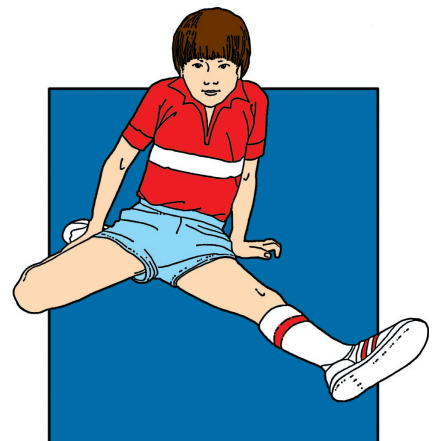


Thigh Stretches #1

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.



Volunteers Must Wash Hands

HOW



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



**UMASS
EXTENSION**



Little League® Volunteer Application – 2025



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. 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 Little League International.)

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 Little League International.)

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 _____

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

- JDP Background Check Completed (Includes review of the US. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

***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.

- Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AR734 _____ Volunteer/VCA _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

League Volunteer _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

CA District 47 Little League _____ 26374 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

211 Delaney Dr _____ Rick Krepelka _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

Chico _____ CA 95928 _____ (530) 321-6177 _____
 City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
 Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
 (Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
 (Other Identification Number)

Home Address _____ Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



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Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)