



# 2018 ASAP Safety Plan



## League Safety Officer Manual

League Name

Sayreville Little League

League #

2301011



# 2018 ASAP Safety Plan



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**Welcome Sayreville Little League parents and players, coaches, and umpires!**

The 2018 season is just around the corner and a lot of exciting changes to the League are underway as you read this. The Board has been hard at work doing a lot of revamping of operations to ensure that this season and every season hereafter will be a success and will continue to improve on itself year after year.

My name is Kenny Laffey, and I am the Sayreville Little League (SLL) Safety Officer. I, along with the help of other dedicated SLL volunteers have constructed the 2018 SLL Safety Guide you have before you. The Guide should serve as a refresher for some aspects of the League and an update on such things as rule changes or safety enhancements mandated by the Little League International.

In addition to reviewing the Rule Book, the Little League International (LLI) website: <http://www.littleleague.org/LittleLeagueOnline.htm> contains a wealth of information, downloads, videos, and other resources available to help with safety, rules applications, and general questions you may have. Of course, you may always utilize the phone list and contact one of the many SLL Board members if you need additional guidance.



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## Some items to note:

**Background checks:** National background checks are an annual requirement of LLI for everyone that comes in contact with our children, from parent volunteers to Board members. Safety is paramount at SLL and any deviation from the LLI requirement will not be tolerated. Bottom line: Anyone refusing to fill out a Volunteer Application will be deemed ineligible to assist with operations of SLL in any capacity.

**First Aid Certification:** At least one member from every team must be first aid trained and certified through the course of the season. If the only certified member leaves the team, another must be trained in their place. CPR is not required, but recommended by SLL. SLL must have a copy of current certificate as the season commences.

**First Aid Kits:** First Aid kits will be stocked with a compliment of supplies to meet the needs to care for the injured player to render first aid until the EMS department arrives. If you notice an inventory issue or any other type of safety concern, please do not hesitate to contact **Ken Laffey at (riverdogsbb8@gmail.com or 732-425-1477)** or the League President **Joanna DeMild (SayrevilleLittleLeague@gmail.com or 732-763-6435)**.

Player Injury Report Forms are located in clubhouse lobby.

Please notify a board member on duty immediately if someone is injured.

In the case of any injury occurring to anyone affiliated with your team, completed injury forms should be forwarded to me and the League President as soon as possible.

## In addition, it is important to remember to:

- Perform a safety inspection of the field before every practice/game.
- Have a cell phone or quick access to such in the event of an emergency.
- Have the players practice proper fitness conditioning with regular hydration breaks.
- Ensure that every player is wearing the proper safety gear and equipment with relation to the position being assigned.
- Ensure team control at all times to minimize injury opportunity.
- Managers and Coaches are not allowed to "catch/warm up" pitchers.
- Become familiar with use of and inventory amounts of the first aid equipment.

Thank you for the time, have fun, and if you have any questions/suggestions, please let



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us know.

Kenny Laffey-Sayreville Little League Safety Officer

## **2017 Qualified Safety Plan** **(Requirements 1-15)**

### **1. Safety Officer**

Ken Laffey is on file as Safety Officer with Little League International (LLI).

### **2. A SLL Safety Manual will be distributed to all appropriate and applicable volunteers.**

Sayreville Little League will distribute a copy of this Safety Manual to all managers and coaches, Board members, and the League President. It will also be made available online [www.sayrevillelittleleague.com](http://www.sayrevillelittleleague.com)

### **3. Emergency numbers and key officials' phone numbers.**

This list will be posted on the League's website: <http://www.SayrevilleLittleLeague.com>

### **4. Little League Official Volunteer Application Form and Background Checks.**

The Sayreville Little League will use the official 2018 Little League Volunteer or Returning Volunteer Application form to screen all our volunteers. The League President and Safety Officer will conduct all background checks. Completed and approved applications MUST be submitted for all Managers, coaches, Board members, volunteers, and hired workers who provide regular service to the league and/or have repetitive access to or contact with players or teams. Refusing or failure to submit a completed application with proper background checks will be deemed ineligible.

### **5. Coaches Fundamentals training will be required and provided for at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.).**

Sayreville Little League will ensure that a manager/coach from every team has attended the training with each manager/coach attending at least every two (2) years. A manager or coach from each team is required to attend a



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mandatory coaches' clinic at Sayreville Senior Center on April 3, 2018 @ 7:00pm. The training will include: Conditioning, stretching, exercises, pitching/catching rules and counts, weather, and field inspections.

## **6. Safety/First-Aid training is required for coaches and managers, with at least one coach or manager from each team attending.**

Sayreville Emergency Squad teaches CPR/First Aid classes to the public for a fee. Please visit [www.sayrevilleems.com](http://www.sayrevilleems.com) for more information.

Sayreville Little League will require at least one manager/coach from each team to attend, with each manager/coach attending at least every three (3) years.

## **7. Coaches and umpires must walk fields for hazards before use.**

The Sayreville Little League recognizes the benefit of coaches and umpires performing a safety walk-thru of the fields prior to games and practices. Injury prevention and field maintenance can be positively affected if diligent steps are taken.

## **8. Annual Little League Facility Survey.**

Sayreville Little League has completed and updated the 2018 Facility Survey on-line and a hard copy has been submitted to (LLI).

## **9. Safety procedures for concession stand.**

There are several fully stocked First Aid Kits available in the concession stand. All workers should know where they are located for easy retrieval in the event an injury occurs in the complex and the kits are required.

Various members of the ladies' auxiliary are trained in safe food preparation and the safe use of the equipment. People working in the concession stand will be trained by the on duty auxiliary member in safe food preparation. The training will also cover the use of equipment.

Frequent and thorough hand washing is necessary. Workers should avoid direct contact with raw, ready to eat foods and then food contact surfaces.

Utensils will be used to serve food. Touching the food with bare hands will be avoided when possible. When a worker comes in contact with such items, he/she must wash their hands with antibacterial soap that is in the concession stand and bathrooms.

Foods that require refrigeration are cooled to 41 degrees Fahrenheit as fast as possible and then held at that temperature until they are served or cooked.



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Only healthy workers with no visible open wounds are permitted to work in the concession stand.

The concession stand shall have annual building and fire inspection.

The chemical fire prevention unit will be recharged annually.

Several fire extinguishers-(minimum 2) will be available in the concession stand at all times.

Due to the nature of the concession stand (HOT GRILL and HOT OIL, etc.), NO PERSON under the age of 16 shall be allowed in the concession stand during operation.

Cooking grease will be stored safely in containers away from open flames.

Cleaning chemicals are stored in their original containers.

Concession Stand Safety Tips will be posted in the concession stand and must be read by all workers during their training.

## **10. Regular inspection and replacement of equipment is required.**

The League Equipment Manager and Safety Officer will be responsible for inspecting all equipment during the off-season. During the season, Managers, Coaches, and Umpires will be required to inspect all equipment prior to each game.

## **11. Accident reporting and tracking procedures.**

Sayreville Little League will utilize the (LLI) Accident/Tracking Form when an injury occurs to a SLL player. It will be required for the manager/coach to provide the Safety Officer and League President a completed Accident/Tracking Form within 48 hours of injury occurrence. Copies of this form are included with this manual.

## **12. First-Aid kits.**

Each manager will be provided with a First Aid Kit with a standard inventory of medical supplies. The kits will be required to be "ready and available" for use at every game and practice.

## **13. Enforce Little League and Equipment rules will be enforced.**

Sayreville Little League will require ALL teams to adhere to the Little League Rules and Regulations. Focus will be towards:

1. Proper equipment for catchers and applicable assigned positions.
2. No "on-deck" batters.
3. Coaches will not warm-up pitchers.
4. Bases will be able to disengage from their anchors.

## **14. Provide Registration Data.**

Your Safety Plan will not be shown as received without this form.

## **15. An Idea That Was Implemented to promote and Improve our Safety Plan**

Sayreville Little League is starting concussion protocol.



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<b>TITLE:</b>	<b>NAME:</b>	<b>PHONE:</b>	<b>EMAIL:</b>
<b>President:</b>	Joanna DeMild	732-763-6435	<a href="mailto:sayrevillelittleleague@gmail.com">sayrevillelittleleague@gmail.com</a>
<b>Executive VP:</b>	Jeff Bertrand	732-406-9575	<a href="mailto:JBertrand@townshipofwall.com">JBertrand@townshipofwall.com</a>
<b>Major VP:</b>	Dan Moran	732-727-4496	<a href="mailto:5Moran@optonline.net">5Moran@optonline.net</a>
<b>Minor VP:</b>	Brian Zapoticzny	732-727-4496	<a href="mailto:BZap13@aol.com">BZap13@aol.com</a>
<b>Secretary:</b>	Bob Corby	732-727-4496	<a href="mailto:Robert.Corby@usfoods.com">Robert.Corby@usfoods.com</a>
<b>Treasurer:</b>	Nick Mellos	732-727-4496	<a href="mailto:Nick@gaserv.com">Nick@gaserv.com</a>
<b>Information Officer:</b>	Michael Romanello	732-252-7199	<a href="mailto:Mromosrd@gmail.com">Mromosrd@gmail.com</a>
<b>Safety Officer:</b>	Kenny Laffey	732-425-1477	<a href="mailto:Riverdogsbb8@gmail.com">Riverdogsbb8@gmail.com</a>
<b>Auxiliary President:</b>	Robin Mellos	732-727-4496	<a href="mailto:Nrmellos@optonline.net">Nrmellos@optonline.net</a>
<b>Training Coordinator:</b>	Mike Novak	732-727-4496	<a href="mailto:Michael.Novak@sayrevillek12.net">Michael.Novak@sayrevillek12.net</a>
<b>Emergency:</b>		911	
<b>Sayreville Police:</b>		732-727-4444	





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## Little League® Volunteer Application - 2018

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # (mandatory with First Advantage or upon request) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

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

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

1. Do you have children in the program? Yes ☐ No ☐

If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (ix) Yes ☐ No ☐

3. Do you have a valid driver's license? Yes ☐ No ☐

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

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? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

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:

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

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
Regulation 1(c)(9) Mandates First Advantage or another provider that is comparable

\* First Advantage ☐ Sex Offender Registry Data along with National ☐  
Criminal Records check of at least 281 million records

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

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

Leaf Updated: 10/09/18



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## Little League® "Returning" Volunteer Application - 2018

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?

If yes, describe each in full: \_\_\_\_\_ Yes No

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

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

If yes, explain: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Manager           | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Umpire          | <input type="checkbox"/> Scorekeeper       |   |

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

Applicant Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Last Updated: 1/9/2018

Please update ONLY the information in this section which has changed since last year.

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name/Phone \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_

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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:  
<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked): Regulatory (S)(B) First Advantage or another provider that is compatible

\*First Advantage ☐ Sex Offender Registry Data along with National Criminal ☐

Records check of at least 281 million records

\*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteer that they will receive a letter directly from Lexipol 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.



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**Sayreville Little League Coaches Clinic**

**By**

**Sayreville War Memorial High School Coaching Staff**

**April 3, 2018 @7:00 PM**

**Sayreville Senior Center-423 Main Street, Sayreville, NJ 08872**

**Fundamentals such as hitting, sliding, fielding, pitching, etc. will be covered.**



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## Sayreville Little League

### Safety and First Aid Training for Managers and Coaches

April 3, 2018 @7:00 PM

Class includes safety and first aid training and how to manage illness and injuries in the first few minutes until professional help arrives.

#### **Topics Covered:**

Little League Safety Rules

Injury Prevention and Treatment

Basic First Aid

First Aid Kit Content Review

Kenny Laffey and Sayreville EMS will hold Safety/First Aid Class.

Sayreville Emergency Squad teaches CPR/First Aid classes to the public.

Class are taught for a fee. Register online at [www.sayrevilleems.com](http://www.sayrevilleems.com).



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## Parent Orientation Program

Sayreville (SLL) understands the importance of keeping parents abreast of league operating procedures. Sayreville Little League also wants parents to know that proper fan behavior (Family and friends) is a crucial part of keeping games and events enjoyable for players, volunteers and other fans. That's why Sayreville Little League hands out the orientation package to the team parent before the season begins.

### Role of Parents:

The parents of millions of Little Leaguers combined with their children, league officials, umpires, managers, coaches, and countless volunteer agencies including sponsors, represent an imposing cross section of our world. Parents must take the initiative to make the local program successful. Little League is not a club in which membership implies baby-sitting benefits and entertainment privileges. Practically speaking, Little League is an adult, volunteer work project constructed, supervised, and assisted by parents who want to extend the benefit to their (and your) children. The parent that shirks this responsibility cannot, in turn, expect other to assume the burden. Little League recently developed The Parent Connection ([LittleLeague.org/Parents](http://LittleLeague.org/Parents)), which is a monthly e-newsletter designed to inform and engage Little League parents and families. Topics include the latest rules, registration information, fitness and safety tips, and equipment advice.

**You, the parent and/or guardian, are equally important to your child's positive experience as the coach of the team is. In order for your child to get the most out of playing, it is important that the following is adhered to:**

-Be supportive of your child by giving encouragement and showing an interest in his or her team. Positive reinforcement encourages learning and fun. Try to maintain a ratio of 5 positive statements (compliments, positive recognition) for each negative statement (criticisms, corrections) in your comments to your player.

-Attend games and practices whenever possible. If you cannot attend, ask about your child's experience, not whether the team won or lost.

-Be a positive role model by displaying good sportsmanship at all times with coaches, officials, opponents, and your child's teammates. "Honoring the Game" is an important part of what Little League represents. Help us by honoring the game in your behavior as spectators.

-Let your player set their own goals and play the game for themselves. Be your child's "home court advantage" by giving your unconditional support regardless of how well they perform.

-Let the coaches coach. Refrain from giving your child advice when he or she is playing. Use positive reinforcement with your child's coach. Let the coach know when they are doing a good job.

-Respect the decisions of the umpire. This is an important part of honoring the game. Your child will pay more attention to how you act than to what you say.

-Read the rulebook. A better understanding of the rules will help you enjoy the game and educate others. Get to know who is in charge. Meet with the leadership of the program to discuss topics such as costs, practice and game scheduling, insurance coverage, emergency procedures, etc.

-Get involved! A great way to support your child's Little League experience is by becoming a volunteer for the program. Some of the ways you can get involved: keep the scorebook, line the fields, become a team manager, etc. Ask your child's coach how you can help.

-Sit back and enjoy the game. Remember, Little League is played to enhance skills and have FUN.

### Little League Parent/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.

**For more information/resources check out Little League Parent Connection**

<http://www.littleleague.org/parents.htm>

[http://www.littleleague.org/assets/forms\\_pubs/asap/parent\\_code-of-conduct.pdf](http://www.littleleague.org/assets/forms_pubs/asap/parent_code-of-conduct.pdf)



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## 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			<b>Safety Equipment</b>		
Infield fence repairs			First-aid kit		
Outfield fence repair			Medical release forms		
Foul lines marked			Ice for injuries		
Sprinkler condition			Blanket for shock ( <i>check snack shack</i> )		
Dirt needed			ORLL Safety Manual		
<b>Dugouts</b>			<b>Players Equipment</b>		
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					
<b>Spectator Areas</b>					
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					



### 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**





# 2018 ASAP Safety Plan



## Good Procedures to Implement

### Checklist for Managers, Coaches, and Umpires

*Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.*

#### A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

#### B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

#### C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

#### D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

#### Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

#### If caught outdoors & no shelter exists

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

#### What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.



## Using Facility Surveys

What exactly is the National Facility Survey, and how does it help? Many people think filling it out one time will "cover their bases" for years to come.

The truth is, you won't know what has changed at your facility if you don't look. Use the survey to look for concerns and ways to improve, even if facilities haven't deteriorated. If an area has gotten worse, this is the perfect reminder to work on it now. The worst situation your league can face is fixing a hole in a field or a broken seat in your bleachers only after a child or parent is injured.

Some questions suggest changes to avoid injuries that have not and need not happen. Here are a few to consider:

If your concession stand is by homeplate and no one has been hit by a foul ball, count yourself lucky and consider overhead netting. People standing with their backs to the field don't respond quickly. The same is true for fields that share a common foul line and spectator area.

Dark screening at backstop and center field is a major league upgrade at minor league prices. An inexpensive pitcher's eye, the wood or fabric dark screening behind the catcher on the backstop, helps pitchers more quickly pick up a ball off the bat, and react. The batter's eye, behind the pitcher in center field,

allows the batter to see the ball right out of the pitcher's hand and react faster to avoid injuries from wild pitches.

Have you considered breakaway or quick-release bases? Studies continue to show leg, ankle and foot injuries – the majority of base runners' injuries – can largely be avoided with these safety devices.



*Safety takes effort: (above) Adding protective tubing to fence tops reduces risk of players being injured reaching for home-run balls; (top right) bleachers are more safe with handrails and back guards; (below) ball returns help get balls into play safely; (bottom) and safety bases reduce sliding injuries.*



- Do you test light levels annually before each season?
- Do you have an electrician check lights' electrical system for safety annually?
- Do you clearly separate parking areas from spectator areas?
- Do you have telephone access at all fields?
- Do you provide first aid kits to all teams?

These are all part of the Facility Survey. Taking a fresh look each year at your fields can help your league avoid accidents and injuries that you didn't even know could happen. If you adopt these changes, you need *never* know.

### Quick Hitters:

- Do you use double first bases?
- Do you ground metal bleachers?
- Do you inspect wooden bleachers annually?
- Do bleachers have hand and back guard rails if required (see local codes)?
- Do you install warning tracks for all fields?
- Do you have fenced, limited access bull pens?
- Do you provide fence caps to protect fielders from injury on wire fence edges?





# 2018 ASAP Safety Plan



## Sayreville Little League Field List

### **Little League Field**

80 Margaret St  
Parlin, NJ 08859

### **Midget Field**

80 Margaret St  
Parlin, NJ 08859

### **Nine-Ten Field**

80 Margaret St  
Parlin, NJ 08859

### **Junior Field**

176 MacArthur Ave  
Sayreville, NJ 08872

### **Senior Field**

167 Main St  
Sayreville, NJ 08872



# 2018 ASAP Safety Plan



## Concession Stand Tips SAFETY FIRST

### Requirement 9

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

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

#### 12. Food Storage and Cleanliness.

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

#### 13. Set a Minimum Worker Age.

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

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



## Volunteers Must Wash Hands

### HOW



### WHEN

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

**Wash after you:**

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

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

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

**Wear gloves.**

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

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

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





# 2018 ASAP Safety Plan



## 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			<b>Safety Equipment</b>		
Infield fence repairs			First-aid kit		
Outfield fence repair			Medical release forms		
Foul lines marked			Ice for injuries		
Sprinkler condition			Blanket for shock ( <i>check snack shack</i> )		
Dirt needed			ORLL Safety Manual		
<b>Dugouts</b>			<b>Players Equipment</b>		
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					
<b>Spectator Areas</b>					
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					



# 2018 ASAP Safety Plan

## 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.



# 2018 ASAP Safety Plan



## 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.



# 2018 ASAP Safety Plan



## 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 Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
		( )	( )
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

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

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

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

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

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

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





# 2018 ASAP Safety Plan



## 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 \_\_\_\_\_



# 2018 ASAP Safety Plan



## For Local League Use Only

### Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Parents' Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_

#### Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD  
B.) ☐ Challenger ☐ T-Ball ☐ 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 being allowed in a game or practice.)

#### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_  
\_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for 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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2018 ASAP Safety Plan



## Little League Baseball and Softball MEDICAL RELEASE



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:**

Email: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Player \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Player \_\_\_\_\_

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

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

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

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



# 2018 ASAP Safety Plan



## First Aid/Injury Do's and Do Not's

### Do's-

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations. - Carry your first-aid kit to all games and practices.
- Become familiar with the inventory and uses of the equipment in the first aid kit.
- Assist those that require medical attention and when administering aid, remember to:

**LOOK** for signs of injury: Blood, Black and blue deformity of joint, etc

**LISTEN** to what the injured person is telling you. What happened and what hurts. Try to calm/reassure an injured player. It can help an excited child calm down.

**FEEL** gently and carefully the injured area for signs of swelling or broken bone.

- Have your players' Medical Clearance Forms with you at all games and practices.
- Ensure that you have a cell phone on hand to use during practices or games.

### DO NOT-

- Administer any medications to any player.
- Provide any food or beverages other than water, unless parents authorize it.
- Hesitate to administer aid when needed.
- Be afraid to ask for help, if you're not sure of the proper procedures (i.e. CPR, etc).
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game. Always be the last to leave.
- Hesitate to report present or potential safety hazards to Safety Officer or League Pres.



# 2018 ASAP Safety Plan



## First Aid Related/Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered/bandaged, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves (found in First-Aid kit) to prevent mucous membrane exposure when contact with blood or other bloody fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards, and other articles containing body fluids.

## Dental Injuries:

Tooth injuries need to be dealt with immediately. Do not wait until after game or practice to transport an injured player to the dentist or ER. Treatment within 30-minutes of injury will help ensure success.

- \* If debris is present, gently rinse with water.
- \* If player is conscious, attempt to re-implant tooth and stabilize by biting down gently on gauze or towel.
- \* If unable to re-implant tooth, place cold milk in whole milk or wrap tooth in saline soaked gauze and place in a baggie.

## Steps to Follow for Injuries

- \* Give First Aid and call 9-1-1 if an ambulance is necessary
- \* If you suspect a head, neck, or back injury, DO NOT move the injured player!
- \* If the player is NOT breathing, begin CPR immediately.
- \* Notify parents immediately if they are not present a game or practice.
- \* Notify Safety Officer and League President.



# 2018 ASAP Safety Plan



## First Aid Kit Contents

1. 1x3 Adhesive bandages
2. 2x4 Elbow and Knee bandages
3. Knuckle/Butterfly bandages
4. 3x5 Elastic (ACE) bandage
5. Triangular bandage (Sling)
6. Conforming gauze Rolls
7. 5x9 Trauma/Abdominal bandages
8. 3x3 Gauze Dressing pads
9. 4x4 Gauze Dressing pads.
10. Eye Pads
11. Alcohol Cleansing pads
12. Antiseptic wipes
13. Insect Sting Relief pads
14. Triple Antibiotic Ointment packs
15. Hydrogen Peroxide pouches
16. Glucose 15 tubes
17. Eye Wash
18. First Aid Tape roll
19. Tweezers
20. Scissors
21. Gloves - Medical/Latex grade
22. Personal Safety Mouth guards
23. First Aid guide
24. Tooth Preservation kit
25. Pen light
26. Emergency blanket
27. Instant Cold packs
28. Hand Sanitizer

The above should serve as a minimum inventory for First Aid kits used by SLL. If you notice an inventory shortage during the pre-game check or after a medical incident involving a player, notify Ken Laffey, SLL Safety Officer, at [riverdogsbb8@gmail.com](mailto:riverdogsbb8@gmail.com) or 732-425-1477. - Player Injury Forms are located in the lobby or online. - Completed forms should be forwarded to the Safety Officer and the League President ASAP. - **When in doubt, call 911.**

**Delaying a call to 911 is a delay in care.**





# 2018 ASAP Safety Plan



## Sayreville Little League Safety Code and Injury Prevention

Sayreville Little League is dedicated to a complete baseball experience, which includes instruction of the games principles, safe practices and procedures, good sportsmanship, courteous behavior and citizenship.

Exposure to a player's unsafe acts can be minimized with the following strategies:

### **Attitude:**

An attitude of awareness, hustle, and enthusiasm are recommended as fundamentals for the game itself and for the safety of each player. A good attitude should be carried down to all players to spark them in the development of better skills.

Good sportsmanship and courteousness are necessary for a healthy and safe environment. These are skills which can best be taught through good examples set by adults on and off the field.

The most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of praise and recognition. This must be given when deserved so as not to be cheapened by too much repetition. A "good try" reward by a word of encouragement may be a good play on the next attempt.

Guidance on the most constructive attitude or point of view for both adults and kids can be summarized by recommending a positive approach to all training techniques. Again, it is emphasized that good training is the most effective weapon against accidents caused by unsafe acts.

### **Requirements:**

- \* Managers and coaches are required to attend annual First Aid safety training.
- \* Coaches are required to bring or ensure that a First Aid kit is available to use at all practices and games. Medical forms must also be on hand at all times.
- \* Managers and coaches are required to notify Safety Officer or League president within 48 hours of all injury accidents

### **Equipment:**

- \* All equipment must be Little League approved, be inspected regularly for the condition, and ensured for proper fit. \* No dented or dinged bats shall be used.
- \* Use of batter's helmets is a must. A well fitted approved helmet is the first requirement. A face mask may be used to increase safety.
- \* No helmet shall be painted unless approved by the manufacturer.
- \* Catchers must wear catcher's helmet (including face mask and throat guard), chest protector, shin guards, supporter, and cup at all times.
- \* Players must not wear watches, rings, pins, jewelry, or other metallic items.



# 2018 ASAP Safety Plan



## **Collisions:**

Baseball is meant to be a no contact sport, where collisions should be avoided at all costs.

- \* Sliding - It should be kept in mind that head first sliding is not allowed, except when returning to a base.
- \* All base runners must slide into bases, especially if there is a possibility of a defensive play.
- \* Fielders must allow an open slide path to base.
- \* **Fly Balls** - The responsible player should call out the intentions in a loud voice to warn others away until the ball is caught.

## **Field Decorum:**

Regular inspections of the field should be completed prior to all practices and games.

- \* Inspect field for holes, debris, glass, and other foreign objects.
- \* A substitution player should be given the duty of picking up bats and other loose playing equipment.
- \* No game or practices shall be permitted if weather conditions make the field unsafe.
- \* Only Players, Managers, Coaches, and Umpires are permitted on the field during a game.
- \* Balls that go out of the park should be retrieved by persons (preferably adults) who have been specifically assigned to that duty.
- \* Inspect the backstops, dugouts, and fences for loose, sharp objects.
- \* Ensure that someone has a cell phone to use.

## **Batting Safety:**

- \* No on-deck batter's circle. Sayreville Little League does not allow it.
- \* Swinging of the bat is only allowed in the batter's box.
- \* Pitching machines must be inspected regularly and used only by an adult.
- \* The player, usually a catcher, assigned to catching balls for the coach hitting fly balls, should be responsible of warning anyone who comes too close.
- \* A batter must clear out of the way of any play at home base during pass balls and stolen bases.
- \* No on-deck batter should enter the field of play until umpire calls for a batter up.





# 2018 ASAP Safety Plan



\* After a batted ball, the catcher or umpire should remove the bat from field of play, as soon as safely possible.

## **All Little League rules must be enforced at practices and games to ensure a safe playing atmosphere.**

Coaches are ultimately responsible for player safety. Control of horseplay is a must and should be eliminated. Keeping kids organized and busy will help eliminate the possibility of horseplay.

## **Lightning/Thunder Storms:**

- \* Immediately stop the game or practice.
- \* Stay away from metal towers or fencing.
- \* If conditions are general down pour conditions, team coaches can determine whether to continue with game or practice

## **Concussion Protocol:**

We will be requiring that all players, coaches, and parents read and sign a concussion form that states that if any player is suspected of having a concussion, there will be a new protocol.

1. The player will be immediately pulled from practice or game
2. The player must be evaluated and released by a doctor before returning to the team.

As a community of volunteers, we are extremely proud of the commitment that each of the families has made to help create a positive and safe environment for our kids to be active and play ball.

These opportunities and experiences that are presented each day are in essence the foundation of memories that will encourage our present-day players to be future leaders to carry on this great tradition of Little League



# 2018 ASAP Safety Plan



## 2018 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	<b>4</b>
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	<b>5</b>
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	<b>6</b>
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	<b>7</b>
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	<b>8</b>
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	<b>9</b>
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	<b>10</b>
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	<b>11</b>
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	<b>12</b>
				2005	2005	2005	2005					<b>12</b>
2005	2005	2005	2005					2004	2004	2004	2004	<b>13</b>
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	<b>14</b>
2003	2003	2003	2003	2003	2003	2003	2003	2002	2002	2002	2002	<b>15</b>
2002	2002	2002	2002	2002	2002	2002	2002	2001	2001	2001	2001	<b>16</b>

**NOTE:** This age chart is for **BASEBALL DIVISIONS ONLY**, and only for 2018.



# 2018 ASAP Safety Plan



## Regular Season Pitching Rules – Baseball

### VI – PITCHERS

(a) Any player on a regular season team may pitch. (**NOTE:** There is no limit to the number of pitchers a team may use in a game.)

(b) A pitcher once removed from the mound cannot return as a pitcher. **Junior and Senior League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age:

**13-16** – 95 pitches per day

**11-12** – 85 pitches per day

**9-10** – 75 pitches per day

**7-8** – 50 pitches per day

**Exception:** If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. **Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day. Note 2: Any player who has played the position of catcher in four or more innings in a game is not eligible to pitch on that calendar day.**

(d) Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51-65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36-50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21-35 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

**Exception:** If a pitcher reaches a day(s) of rest threshold while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at-bat, provided that pitcher is removed, or the game is completed before delivering a pitch to another batter.”

(d) Pitchers league age 15-16 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61-75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46-60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31-45 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.



# 2018 ASAP Safety Plan



**Exception:** If a pitcher reaches a day(s) of rest threshold while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at-bat, provided that pitcher is removed, or the game is completed before delivering a pitch to another batter.

**(e)** Each league must designate the scorekeeper or another game official as the official pitch count recorder.

**(f)** The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

**(g)** The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c). The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

**(h)** Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

**(j)** A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

**(k)** A player may not pitch in more than one game in a day.

## NOTES:

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.
2. Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility.
3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

**Example 1:** A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

**Example 2:** A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

**Example 3:** A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

**Note:** The use of this regulation negates the concept of the "calendar week" with regard to pitching eligibility



# 2018 ASAP Safety Plan



## Bat Rules

Updated as of February 15, 2018

### Rule 1.10 – Baseball

The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat).

Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed  $2\frac{5}{8}$  inches for these divisions of play. Bats meeting the Batted Ball Coefficient of Restitution (BBCOR) standard may also be used in the Intermediate (50-70) Division and Junior League divisions. Additional information is available at [LittleLeague.org/batinfo](http://LittleLeague.org/batinfo).

### Tee Ball:

Under the USABat standard, certified Tee Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All Tee Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the implementation of the new standard can be certified using an Approved Tee Ball Sticker via the USA Baseball Tee Ball Sticker Program ([USABaseballShop.com](http://USABaseballShop.com)) beginning September 1, 2017.

**NOTE:** Approved Tee Ball bats may also be used for Coach Pitch/Machine Pitch Minor Divisions only with the use of approved Tee Balls.

### Minor/Major Divisions:

It shall not be more than 33 inches in length; nor more than  $2\frac{5}{8}$  inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed sixteen (16) inches from the small end.

**NOTE 1:** Solid one-piece wood barrel bats do not require a USA Baseball logo.

**NOTE 2:** Approved Tee Ball bats may also be used for Coach Pitch/Machine Pitch Minor Divisions only with the use of approved Tee Balls.

### Intermediate (50-70) Division and Junior League:

It shall not be more than 34" inches in length; nor more than  $2\frac{5}{8}$  inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed eighteen (18) inches from the small end.

**NOTE 1:** Solid one-piece wood barrel bats do not require a USA Baseball logo.

**NOTE 2:** Also, permitted for the Intermediate (50-70) Division and Junior League Division are bats meeting the BBCOR performance standard, and so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color. Aluminum/alloy and composite bats shall be marked as to their material makeup being aluminum/alloy or composite. This marking shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side, and located on the barrel of the bat in any contrasting color.



# 2018 ASAP Safety Plan



## Senior League:

It shall not be more than 36 inches in length, nor more than  $2\frac{3}{8}$  inches in diameter, and if wood, not less than fifteen-sixteenths ( $15/16$ ) inches in diameter ( $7/8$  inch for bats less than 30") at its smallest part.

Wood bats taped or fitted with a sleeve may not exceed eighteen (18) inches from the small end. The bat shall not weigh, numerically, more than three ounces less than the length of the bat (e.g., a 33-inch-long bat cannot weigh less than 30 ounces). All bats not made of a single piece of wood shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color.

Aluminum/alloy and composite bats shall be marked as to their material makeup being aluminum/alloy or composite. This marking shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side, and located on the barrel of the bat in any contrasting color.



# 2018 ASAP Safety Plan



Dear Friends of Sayreville Little League,

Thank you for your interest and support of Sayreville Little league. As an organization we are excited about this new season and all the possibilities that come with it.

As a highly visible community organization we are committed to providing the best possible experience for the kids in our service area. A significant aspect of our commitment is to communicate who we are as an organization.

Part of that is striving to make sure we are providing not only a fun environment but a safe one for the players and coaches alike. We have a fairly extensive safety plan in place which can be found here:

<http://www.sayrevillelittleleague.com>

Sincerely,

Kenny Laffey

Safety Officer Sayreville Little League