

# **South Elgin Lions Little League**

**South Elgin, Illinois**

## ***League Safety Manual*** **2013**



545 Arlington Lane  
South Elgin, IL 60177  
March 5, 2013

ASAP Baseball Program  
Little League Baseball Headquarters  
539 Route 15 Highway  
South Williamsport, PA 17702

RE: South Elgin Lions Little League  
ASAP Safety Manual and Program  
League ID #113-13-16

Dear Representative:

Our Safety Manual and Safety Program is a living document. We continue to add pertinent information as we discover it. We are continuously working on creating a safer environment for all of our participants. I appreciated the wealth of information and material available on your website. Our league plans to distribute a copy of our Safety Manual to all adults involved in our program, from coaches and managers to concession stand volunteers as well as Team Moms. Our manual is available on our website [www.southelginlittleleague.org](http://www.southelginlittleleague.org) for our parents to view.

Our league continues to work on ways to improve our ability to teach kids and improve our program. We believe that this is one step towards that goal. We have also have offered our coaches and parents several clinics. We worked with a local high school's coaching staff to provide a clinic for our coaches.

We currently provide a first aid kit to all of the teams to have with them at practices and games. We provide basic first aid supplies (Bandages, Non-Stick pads, Gauze, Tape, Elastic wraps, Antiseptic Wipes, First Aid Cream, Ice Packs, Bee Sting wipes, Saline and disposable gloves). The concession stands also have first aid kits along with a supply to replenish the teams as they need. Both of our field complexes have AED devices and have approximately 25 individuals that are trained in proper use. These individuals include board members, coaches, managers and umpires.

We conduct our league-wide board meeting the last Wednesday of each month, during which we include discussions of coaching issues, attitudes, safety measures and rules of conduct and play. We discuss issues that have come up, such as parent hostilities or food during games in the dugouts.

We feel that these monthly meetings serve the function of our Coaches/Manager's clinics. We continue to have our rules committee and coaches coordinator review current issues and make recommendations for improvement. This group began in 2009 and consists of the Coaches Coordinator and the Vice Presidents from each level. Additionally, in April, each League Vice President conducts a meeting with their managers to discuss the league's rules.

We held a First Aid Clinic March 15. This clinic was conducted by the South Elgin Fire Department and will be held at Concord Park in South Elgin, Illinois. Each team was required to have at least one (1) representative in attendance.

Our manual is divided into sections. The sections contain information from various sources and provide additional information to our coaches and volunteers. Notice the “First Aid Lecture Addendum” that was discussed to point out several coaching suggestions and tips related to medical safety.

### **Concession Stand and Food Safety Procedures**

See the enclosed article and hand washing policy that we are making available to all volunteers. We also will post the hand washing policy at both of our concession stands. We have also enlisted the help of one of our parents Mrs. Connie Remmers, who has a food sanitation license from the State of Illinois, to develop additional policies and procedures, which we will post to educate our volunteers on food and food preparation area safety. This is the next item on our agenda to be completed concurrently with items on our wish list of field and facility improvements.

### **Completed Little League National Facility Survey for 2013**

I have completed the survey online in February. We have been working with the Village Parks Department to complete some facility improvements. We completed our infield renovations in November of 2009. In 2011, we renovated our AAA field by replacing the sod and changed our major field into the 50/70 dimensions. This spring we added drainage and re-leveled the infield on the Junior field. All of the fields had their lips removed and additional infield mix and conditioner was added this March. This effort alone has reduced many of the sprains and bruises injuries we used to have. We use dis-engagable bases on each field and every level of play. Each field also has concrete block dugouts.

### **Little League Volunteer Applications**

We continue to use the recommended form for several years now. In 2004 we expanded the requirement list for its use to all volunteers, not only managers and coaches. Our board conducts the background checks as well as voting to approve all volunteers for the manager and coaching positions. A copy of the 2013 form is enclosed.

I have enclosed two (2) other forms, which we currently use. See the Incident/Injury Tracking Report (for injuries requiring medical treatment) and the Medical Release Form.

On behalf of our board members and parents, I extend our appreciation for your consideration and assistance in completing our Safety Manual. We look forward to working with all involved to ensure a safe and enjoyable baseball season for our kids.

Please contact me if I can provide additional information for your consideration.

Home: 224-595-8346

Email: [jdgeirtz@hotmail.com](mailto:jdgeirtz@hotmail.com)

Sincerely,

John Giertz  
South Elgin Lions Little League, League Safety Officer

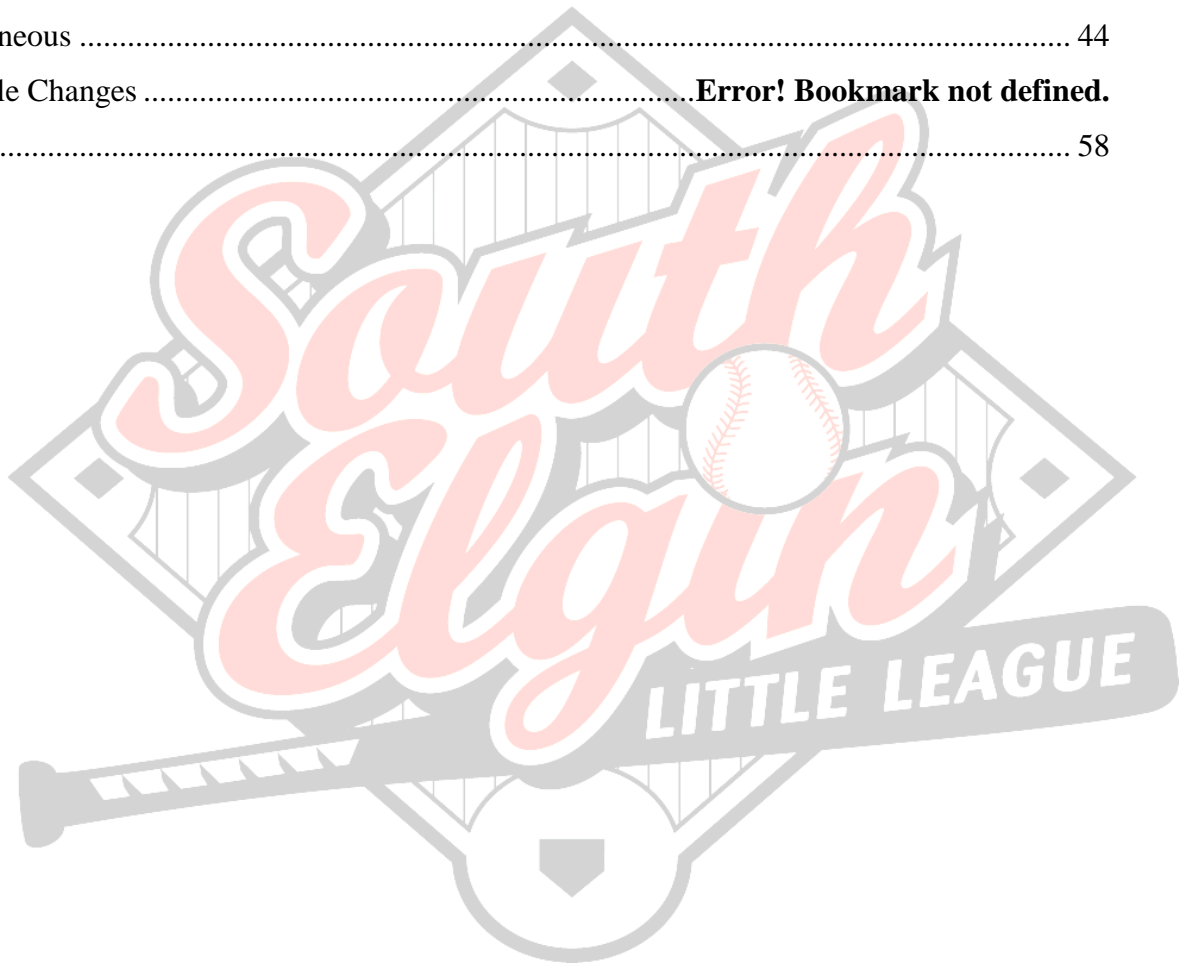
cc: Mr. Greg Tredup, President  
Mr. Phil Rizzo, District Administrator

# South Elgin Little League Clinic Schedule

- COACHES CLINIC – ST. CHARLES NORTH HIGH SCHOOL – FEBRUARY 9 , 2013
- COACHES CLINIC – KANE COUNTY COUGARS – FEBRUARY 2, 2013
- COACHES CLINIC – PETER CALIENDO – APRIL 15, 2013
- COACHES CLINIC – SOFTBALL, CATHY SMITH, THE INFIELD – MID APRIL
- FIRST AID CLINIC – SOUTH ELGIN FIRE DEPARTMENT – MARCH 15, 2013
- FIELD MAINTENANCE CLINIC – SEASONAL CONCEPTS LANDSCAPING – APRIL 15, 2013
- COACHES CLINIC – JEFF BERNAU – LATE MARCH / EARLY APRIL – REQUIRED FOR ALL COACHES
- GIRLS SOFTBALL CLINIC (SOFTBALL PLAYERS 7-14) – CATHY SMITH – TENTATIVE MID MAY

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# CONTACT INFORMATION



# **EMERGENCY PHONE LIST**

## **SOUTH ELGIN LIONS LITTLE LEAGUE**

### **South Elgin Lions Little League Phone Numbers:**

- South Elgin Fire & Police — **Emergency 911**
- South Elgin Police — non-emergency 847-741-2151
- South Elgin Fire Department non emergency 847-741-2141

### **Concession Stand:**

- Concord Park 847-697-7738
- Lions Park

### **Safety Officer: John Giertz**

- 224-595-8346 (Home)
- Email [jdgeirtz@hotmail.com](mailto:jdgeirtz@hotmail.com)

### **League President: Greg Tredup**

- 847-596-3619(Horne)
- 847-343-4174 (Cell)

### **Food Sanitation: Kris Oie**

- 630-542-8339 (Cell)

### **Other Important Phone Numbers:**

- Risk Management Director: Dan Kirby 570-326-1921
- District Administrator: Phil Rizzo 847-612-1651
- District Safety Officer: John O'Haire 847-931-7590

# EMERGENCY CONTACT PROCEDURES

## SOUTH ELGIN LIONS LITTLE LEAGUE



Police



Fire

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

### 1) First dial 9-1-1.

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

Most dispatchers will ask:

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

Our address is:

Concord Park - Cross-streets are *Concord Lane and Valley Forge*  
Lions Park – Cross streets are *Cherry Street and Fulton Street*

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

### 3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

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

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



# CODE OF CONDUCT INFORMATION



## **Code of Conduct**

The South Elgin Lions Little League feels strongly in our commitment to providing a safe environment for kids, spectators and coaches and we rely on our codes of conduct. We have a League Code of Conduct (below). We also have a parent sign a Parent Code of Ethics with the registration of their child (attached). We have instituted a Volunteer Code of Conduct which has been borrowed from the Little League ASAP program (attached).

### **South Elgin Lions Little League**

#### **Code of Conduct**

- Please drive carefully in roadways and parking it's at all times!
- Especially watch for small children around parked cars.
- No alcohol is allowed on or around any of the South Elgin Lions Little League facilities.
- No profanity.
- Do not play in the parking lots before, during, or after ball games.
- Do not play on or around lawn mowing tractors and other equipment.
  - When crossing roadways, always be alert for traffic.
- Do not swing bats or throw baseballs within the walkways and common areas where spectators or others may get hurt.
- Use common sense and safety precautions.
- Observe all posted signs.
- Players and spectators should be alert for foul balls at all times.
- Players must maintain orderly conduct in the dugouts.
- After each game and practice, each team must clean up trash in their dugout and surrounding area, including the spectator bleachers behind their dugout.
- Remember that:
  - Courtesy and Safety are everyone's job.
  - Prevention is the key to keeping accidents to a minimum.
  - Report all hazardous conditions to the Safety Officer or another Board member immediately.
  - Don't play on a field that is not safe or with unsafe playing equipment.
  - Be sure your players are fully equipped at all times, especially catchers and batters.
  - Check your team's equipment for breakage and damage often.

# South Elgin Little League

## Parent Code of Ethics

**I hereby pledge to live up to my responsibility as a parent by following the South Elgin Little League Code of Ethics for parents**

- > I will place the emotional and physical well-being of my child ahead of my personal emotional and physical desires.
- > I will treat my child as an individual, remembering the large range of emotional and physical development for my child's age group.
- > I will make sure my child is provided a safe playing environment.
- > I will do my best to arrive on time for my child's practices and games and arrive on time for pick-up at the end of my child's practices.
- > I will lead by example in demonstrating good sportsmanship towards players, officials, parents and other spectators.
- > I will provide an environment that is free of drugs, tobacco and alcohol. I will refrain from their use at all youth sports events.
- > I will become knowledgeable in the rules of the sport my child is participating in and assist in my child's learning of these rules.
- > I will volunteer to assist in any way I can to insure that each child in the program has a fun time.
- > I will contact my child's coach if my child will be unable to attend a sports event.
- > I will treat the official's decisions with respect and encourage my child to do the same.
- > I know by signing this code of ethics I must abide by each item at all times or I will be approached by my child's coaching staff.
- > I know any infractions will be dealt with by the Board and Ethics Committee.

Please sign and return to your coach who will copy with your signature and return to you as the parent to keep in your records.

\_\_\_\_\_  
Child's Name (Please print)

X

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# COACHES CODE OF CONDUCT

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The South Elgin Little League Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. League VP is responsible to collect the signed pages and to provide to Jeff Bernau, Coaches Coordinator.

## ***Each board member, manager, coach or player will:***

- Promote building a **Positive Youth Sports Culture**
- Ensure every athlete receives a high-quality experience in which every player:
  - Has fun playing the game
  - Feels they are an important part of a team regardless of performance
  - Learns “life lessons” that have value beyond the playing field
  - Develops and learns skills, tactics and strategies of the game
- Not challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.
- Not be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Not be guilty of an objectionable demonstration of dissent at an official’s decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Not be guilty of using or teaching unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Not be guilty of a physical attack upon any umpire, board member, official manager, coach, player or spectator.
- Not be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Not be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- Not be guilty of mingling with or fraternizing with spectators during the course of the game.
- Not speak disrespectfully to any manager, coach, official or representative of the league.
- Not be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- **Attend Mandatory Positive Coaching Alliance training sessions**
- Attend at least 50% of the board meetings
- Participate and attend a minimum of 1 coaching clinic every 2 years
- Attend a First Aid class once every 3 years
- Follow the Pre and Post game checklist
- Understand league rules (Little League as well as House rules)
- Maintain equipment. Ensure proper care is taken with league equipment.
- **Return equipment and keys distributed to you during the scheduled event.** If you can not, you need to find another person to return on your behalf.
- Return equipment in a clean manner. Any unsafe or unusable equipment will be separated.
- Help communicate league information to your team.

## South Elgin Coaches Code of Conduct 2013

*The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.*

**I have received and read the South Elgin Little League Code of Conduct for coaches and promise to adhere to its rules and regulations.**

**Team name and division**

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**Print name of Manager**

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**Signature of Manager / Date**

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**Coach #1 Signature / Date**

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**Coach #2 Signature / Date**

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# COACHES TRAINING INFORMATION



## Coaches Training

South Elgin Little League is dedicated to having knowledgeable coaches and volunteers. South Elgin Little League works with local high schools, training facilities, minor league baseball teams and vendors to provide clinics for our coaches and volunteers. Our standards are that a manager and coach are required to attend training, at a minimum of once every two years, as we encourage annual attendance.

In 2009, South Elgin Little League has joined The Positive Coaching Alliance (PCA). This will provide our volunteers additional training as well as an online resource for additional learning materials.

In 2008, South Elgin Little League created a position on its executive board to add additional focus on the area. The position is a *Coaches Coordinator*, who is responsible for maintaining the integrity of our training program. We have created a new “Coaches Manual” (is found on our website: [www.southelginlittleleague.org](http://www.southelginlittleleague.org) ) which is provided to each manager at every level. The manual contains:

- Guidelines on how to organize practices
- Guidelines on which fundamentals should be taught and focused on by level
- Sample of training drills and tips
- Guidelines on how to organize and keep parents informed
- Samples of tracking tools to assist coaches
- Guidelines on how to prepare for the season

We have scheduled several clinics for 2013 (please see page 4 under South Elgin Little League Clinic Schedule).

John Giertz  
South Elgin Little League – Safety Officer

# Keep Your Head!

## Learn to Identify and React to Concussions

*Sports concussion injuries have made headlines at all levels in recent years. Concussions are most alarming for young athletes who don't yet understand their limitations of speed, strength and endurance. That's why coaches need to be prepared to help recognize and make the call to pull an athlete off of the field if a concussion is suspected.*

### Educate Your Stakeholders

The management of concussions begins with educational efforts to broaden the understanding of identification and proper response. According to the Centers for Disease Control and Prevention (CDC) there may be as many as 3.8 million sports and recreation related concussions in the U.S. each year. Among people ages 15 to 24, sports are now second only to motor vehicle accidents as a leading cause of traumatic brain injury.

According to Jeffrey Kutcher, MD, chair of the American Academy of Neurology's (AAN) Sports Neurology Section, head injuries should not have just a shake-it-off treatment. "While the majority of concussions are self-limited injuries, catastrophic results can occur and we do not yet know the long-term effects of multiple concussions," said Kutcher, author of AAN's position statement on concussions. "We need to make sure coaches, athletes and parents are properly educated on this issue, and that the right steps have been taken before an athlete returns to the field," said Kutcher, who is also director of the University of Michigan's Neurosport program.

### Identify A Concussion

A concussion is a brain injury that can be caused by contact to the head which can alter brain function. A concussion injury can also be sustained by a blow to the body that causes the head to move rapidly allowing the brain to strike the surrounding skull. For these reasons, any concussion should be considered serious, whether mild or severe. Despite often violent triggers, only 10 percent of concussions involve loss of consciousness.

In a concussed athlete who remains conscious you may observe symptoms such as confusion, slow reactions, clumsiness, personality changes and/or memory lapse before or after a hit/fall.

### Develop A Response Plan

To help properly identify and respond to a concussion, CDC, in partnership with leading experts and organizations, developed the **Heads Up: Concussion in High School Sports** initiative and materials. These materials illustrate the importance of awareness for signs and symptoms of concussions, injury response protocol and concussion prevention.

Other organizations have also provided concussion guidance. Based on the clinical experience of its neurological experts, the AAN has issued a position statement with the following recommendations:

- Any athlete who is suspected to have suffered a concussion should be removed from participation until he or she is evaluated by a physician with training in the evaluation and management of sports concussions
- No athlete should be allowed to participate in sports if he or she is still experiencing symptoms from a concussion.
- Following a concussion, a neurologist or physician with proper training should be consulted prior to clearing the athlete for return to participation.
- A certified athletic trainer should be present at all sporting events, including practices, where athletes are at risk for concussion.
- Education efforts should be maximized to improve the understanding of concussion by all athletes, parents, and coaches.

Additional guidelines can be found in the recently-released Consensus Statement on Concussion in Sport by the 3rd International Conference on Concussion in Sport. This group recommends that a player with a diagnosed or suspected concussion should not be left alone following the injury in order to monitor for deterioration and should never be released to participate in physical activities without a signed statement from a medical physician.

To order the free CDC's free "Heads Up" materials, visit [www.cdc.gov/pubs/ncipc/aspx/tbi4](http://www.cdc.gov/pubs/ncipc/aspx/tbi4). To download these and more "Heads Up" videos, PSAs, and web banners or other promotional materials, visit [www.cdc.gov/concussion/sports/resources.html](http://www.cdc.gov/concussion/sports/resources.html).



# HEADS\*UP CONCUSSION IN BASEBALL



OUR PASTIME'S FUTURE.

## SIGNS AND SYMPTOMS

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

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right" or is "feeling down"

For more information and safety resources, visit:  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## ACTION PLAN

If you suspect that an athlete has a concussion, you should take the following four steps:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.

## IMPORTANT PHONE NUMBERS

### Emergency Medical Services

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Health Care Professional

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### League/School Staff Available During Practices

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### League/School Staff Available During Games

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

## Implement a Heads Up Plan

As a coach, you'll likely see concussion injuries when they occur. Even if you miss the contact, be a vigilant observer watching for concussion symptoms in an athlete.

***If you suspect that an athlete has a concussion, implement a 4-step "Heads Up" action plan:***

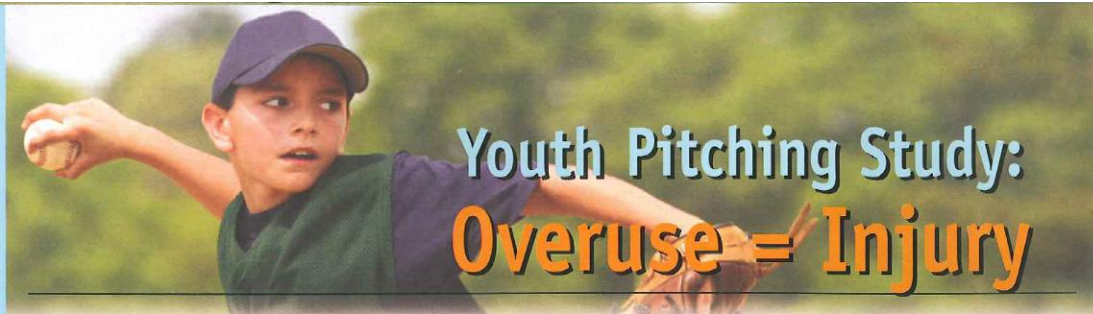
1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
3. Inform the athlete's parents or guardians and give them a concussion fact sheet.
4. Keep the athlete out of play the day of the injury and until an experienced health care professional confirms she/he is symptom-free and able to return to play.

Source: Centers for Disease Control

March 2011 5



## Youth Arms



### Youth Pitching Study: Overuse = Injury

*Elbow and shoulder injuries, or retirement resulting from high volumes of youth baseball pitching, have been a sports medicine concern for decades. While experts have theorized that overuse is a leading contributor to young pitcher injuries, a new study conducted at the American Sports Medicine Institute (ASMI), has quantified the association.*

Published in The American Journal of Sports Medicine, the research report, "Risk of Serious Injury for Young Baseball Pitchers: A 10-Year Prospective Study", established clinical relevance for the risks young athletes encounter if they spend too much time on the mound in a calendar year.

In recent years, Little League International used the study's preliminary findings as a basis for a number of significant pitching and catching rule changes designed to increase the safety of pitchers. These modifications are reconfirmed with ASMI's decade-long analysis.

#### **Injuries Spike In New Generation**

Previous generations of youth baseball players played organized baseball in programs such as Little League and local high school programs. That trend shifted away from community-based teams in the 1990s with the growth of independent baseball and elite travel teams which provide opportunities to play more frequently for more months.

As these teams flourished, some sports physicians witnessed a rise in pitching injuries and a simultaneous increase in youths undergoing "Tommy John surgery" for ulnar collateral ligament reconstruction.

#### **Pitching 100+ Innings Increases Injury Risk**

In 1999, the ASMI research project tracked the game-by-game pitch counts and fatigue or pain experienced by 481 youth (9 to 14 years) baseball pitchers during one spring baseball season. This initial study, funded by USA Baseball, showed significant links between the number of pitches thrown and elbow and shoulder pain.

The early results reverberated throughout the baseball community, leading to overuse prevention guidelines and rules, and prompting the researchers to conduct a 10-year follow-up study seeking long-term conclusions.

The same 481 participants were interviewed annually comparing the risk of injury between participants who pitched at least four years during the study and those who

pitched less. The project investigated the risks of injury for pitching more than 100 innings in a year, starting curveballs before age 13, and simultaneously playing catcher and pitcher for at least three years.

#### **10-Year Conclusions**

During the 10-year span, there were 24 serious injuries. Three participants had elbow surgery and seven had shoulder surgery. There were 14 other participants who had no surgery but retired because of throwing injuries.

#### **The study's conclusions showed:**

- Participants who pitched more than 100 innings in at least one calendar year had approximately 3.5 times more risk of serious injury than those who pitched less.
- Pitchers who also played catcher appeared to double or triple the risk of injury, but this trend was not significant with the number of injured players in the study.
- There may be a slight increased risk associated with starting curveballs at a young age, but there were too few participants to determine an association.

#### **Little League Embraces Change**

Aware of the research as it was being conducted, and concerned about the safety of its players, Little League replaced its previous inning limits with specific pitch count rules in 2007 (III-Teams, VI-Pitchers, c). To further reduce the risk of overuse, Little League implemented rules in 2009 (III-Teams, VI-Pitchers, c-Note 1) that prohibit playing the positions of pitcher and catcher in the same game.

ASMI Research Director Glenn Fleisig, PhD., commends Little League for taking cautionary measures based upon the initial study. He, along with his colleagues, encourages parents and players to help reinforce safe pitching limits.

"Little League really embraced the initial study because the research showed that more pitches in a game correlates to more shoulder and elbow pain. However, the burden for these new results falls not on Little League, but on the parents and the kids to understand their risk of injury," said Fleisig, a member of the USA Baseball Medical & Safety Committee and a safety consultant for Little League.

Concluded Fleisig, "It's important to remember that it's the same kid with the same arm no matter what uniform he puts on. Leagues can make rules for their organization, but it's up to the parents to see the big picture and monitor what happens to their child."

The online version of "Risks of Serious Injury for Young Baseball Pitchers: A 10-Year Prospective Study" can be found at: <http://ajs.sagepub.com/content/39/2/253>.

## Pre-Game Checklist



## 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**

## Know the Rules

Copy and post in dugout.

# Don't Swing It

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



(Photos from North Scott, Iowa, Little League)



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

**REMEMBER:**

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

**RULE 1.08, Notes**

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



## Know the Rules

Cory and post at dugouts.

# 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."

# SAFETY PROGRAM INFORMATION



## **Some Important Do's and Don'ts**

### **Do...**

- 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.
- Assist those who require medical attention - and when administering aid, remember to...
  - LOOK for signs of injury (blood, black-and-blue, deformity of joint, etc.).
  - LISTEN to the injured person describe what happened and what hurts.
  - FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have appropriate league forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

### **Don't...**

- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

## **SAFETY CODE FOR LITTLE LEAGUE**

- Responsibility for safety procedures should be that of an adult member of the local league.
  - Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first-aid. First-Aid Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions 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 errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches. Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector and shin guards. Male catchers must wear long-model chest protector (divisions below Junior/Senior/Big League), protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This rule applies to Little League (Majors)/Minor and Tee Ball.
- During sliding practice bases should not be strapped down.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry or other metallic items.
- Catchers must wear catcher's helmet, face mask and throat guard on warming up pitchers. This applies between innings and in bull pen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, and until it is his/her time at bat this rule applies to Little League (Majors) /Minor and Tee Ball.
- Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.



## **Additional SAFETY CODE**

(Dedicated to Injury Prevention, by the South Elgin Lions Little League Board)

- Managers, coaches and umpires are required to attend a Managers' Training Clinic and First Aid Safety Seminar prior to the start of little League season.
  - First Aid kits are to be carried in all ball bags at practices and games.
  - The concession stands at both Lions and Concorde Parks will also have a first—aid kit on hand at all times.
- Play area should be inspected for holes, damage, stones, glass and other foreign objects before each game.
  - The umpires will be responsible for field inspection prior to game.
  - The managers and coaches will be responsible to inquire and remind the empires, if necessary.
  - The attached pregame checklist should be followed at every practice and game.
- 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.
  - Also, no fewer than two coaches/adults must be present at all practices.
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear protective helmets that meet the league's safety standards during batting practice and games.
- All male players are required to wear protective cups and supporters for every practice and game.
- When a batter is present, any player in the Catchers position must wear a catcher's helmet, mask, throat guard, long—style chest protector, shin guards and a protective cup with athletic supporter (males) during all practices and games. NO EXCEPTIONS.
- Any player who catches a pitcher during warm—ups (i.e. no batter is present) shall, at least, wear a catcher's helmet and mask with a throat guard. This applies between innings, during a game and also during practices.
- Managers and coaches may not warm up pitchers within the playing area before or during a game.
- Headfirst slides are not permitted, except when a runner is returning to a base.
- During sliding practice, bases should not be strapped down or anchored.
- Players must not wear watches, rings, necklaces, pins or metallic items during games and practices.
- On deck batters are not permitted (except in Juniors Division)

# Good Procedures to Implement

## ***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:

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

## ***Safe Equipment***

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

- a. Be sure all equipment is LL approved
- b. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.
- c. Keep loose equipment stored properly
- d. Have all players remove all personal jewelry
- e. Parents should be encouraged to provide safety glasses for players who wear glasses
- f. Repair or replace defective equipment

## ***Safe Procedures***

Managers and coaches must:

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

## ***Weather Conditions***

### **Before the Storm**

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

### **Approaching Thunderstorm**

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

### **If caught outdoors & no shelter exists**

- a. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
- b. If in the woods, take cover under shorter trees.
- c. If you feel your skin begin to tingle or your hair feels like its 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**

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

## Accident Reporting Procedures:

### What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment must be reported to the Safety Officer.

When to report: All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2013 is:

John Giertz  
545 Arlington Lane  
South Elgin, IL 60177  
Home: 224-595-8346  
Email: jdgiertz@hotmail.com

### How to make a report

Contact the Safety Officer in person, by phone, or via e-mail as soon as possible after an injury. **For insurance purposes, all incidents reported must be followed-up by a written “Incident/Injury Tracking Report” form and filed in the appropriate file at Concord Park.** At a minimum, the following information must be provided:

- The name and phone number of the individual (s) involved.
- The date, time, and location of the incident.
- A detailed description of the incident and injury. The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

### The Safety Officer's Responsibilities

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

- 1) Verify the information received;
- 2) Obtain any other information deemed necessary;
- 3) Check on the status of the injured party;
- 4) The injured party required other medical treatment (i.e. Emergency Room visit, Doctor's visit, etc.) then the Safety Officer will advise the parent or guardian of the League's Insurance coverage and provisions for submitting any claims.

If the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “closed”.

## Lightning Facts and Safety Procedures

### ***Consider the following facts:***

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6- 10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.
- On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

### **“Flash Bang” Method**

One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the flash-bang method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

### **Thor-Guard™ Lightning Detector**

In 2004, the South Elgin Lions Little League plans to install the Thor-Guard™ lightning detection system for both Lions and Concord Parks. The system detects bursts of electromagnetic radiation (in forms of very low frequency radio signals) generated by lightning flashes in the surrounding area. When the system's alarm sounds, all play must be halted and the fields must be evacuated.

### **Rule of Thumb**

Lightning is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by an approaching storm should stop play and get the kids to safety - regardless of whether or not the lightning detection system alarm sounds, or if the “flash-bang” proximity measure applies. When in doubt, the following rule of thumb should be applied:

***WHEN YOU HEAR IT- CLEAR IT  
WHEN YOU SEE IT- FLEE IT***

### **Where to Go:**

No place is absolutely safe from the lightning threat, but some places are safer than others are. Large enclosed shelters are the safest. For the majority of participants, the best area for them to seek shelter is in a fully enclosed vehicle with the windows rolled up. If you are stranded in an

open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try to prevent eardrum damage).

### **Where NOT to go:**

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences and water.

### **First Aid to a Lightning Victim**

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

The first tenet of emergency care is “make no more casualties.” If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from the area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, then it should be done.

If the victim is not breathing, start mouth-to-mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them. Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: Only persons knowledgeable and trained in the technique should administer CPR.

NOTE: Automatic heart defibrillators are available from both the Lions and Concord Park concession stands.

### **Remember that:**

- Safety is everyone’s job.
- Prevention is the key to keeping accidents to a minimum.
- Report all hazardous conditions to the Safety Officer or another Board member immediately.
- Don’t play on a field that is not safe or with unsafe playing equipment.
- Be sure your players are fully equipped at all times, especially catchers and batters.
- Check your team’s equipment for breakage and damage often.

# Lightning Safety Flyer

## *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/hwt/> 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



# Concession Stand Tips

## SAFETY FIRST

### 12 Steps to Safe and Sanitary

#### Food Service Events: The

following information is

intended to help you run a

healthful concession stand.

Following these simple

guidelines will help minimize

the risk of foodborne illness.

This information was provided

by District Administrator

George Glick, and is excerpted

from "Food Safety Hints" by

the Fort Wayne-Allen County,

Ind., Department of Health.

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

#### 12. Food Storage and Cleanliness.

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

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

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

*Safety plans must be postmarked no later than May 1, 2004.*

# 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 Cooperative. UMass Extension provides equal opportunity in programs and employment.



# FIRST AID INFORMATION



## First Aid Training

South Elgin Little League is dedicated to having to provide First Aid Training to all volunteers. South Elgin Little League works with our local fire department to have annual first aid training. Our standards are that each manager and all volunteers are required to attend training, at a minimum of once every three years, as we encourage annual attendance.

We hosted a First Aid Training session in March at our league office 2012. The training covered fundamental first aid and CPR. We will host First Aid Training in mid March 2013. The facilitator will be a paramedic from the South Elgin Fire Department.

John Giertz  
South Elgin Little League – Safety Officer

# First Aid Protocol for Managers and Coaches

## Introduction

The following is a guide for managers and coaches to follow in the event that a player is injured during practice or game play. In the event that an ambulance is needed, it is possible to dial 911 on a cellular phone in Kane and McHenry Counties.

Remember that one of the most important considerations in assessing the severity of an injury is the mechanism of injury. Hard falls or collisions are more likely to be serious than trivial ones.

## Protocols

### *I. Head injuries*

Determine the following:

- 1) **Is or was there loss of consciousness?** If yes, this is a potentially serious injury. Do not move the person. Be certain the person is able to breathe or is breathing. Have someone call 911 immediately. If the person is not breathing, begin rescue breathing immediately.
- 2) **There was no loss of consciousness.** Determine the following:
  1. Does the player **remember** the injury?
  2. Is the player **nauseated/vomiting**?
  3. Is the player **behaving normally**?

Amnesia (loss of memory), nausea/vomiting, and abnormal behavior are signs of a serious head injury. If the injured player **has one or more of the above**, they should be sent to an Emergency Room **immediately**.

- 3) **Constitutional Symptoms:** Constitutional Symptoms are generalized or vague symptoms that sometimes occur after head injury. The individual will complain of vague symptoms such as dizziness, body aches, or generalized malaise (overall bad feeling). Any player complaining of these symptoms should be held out of play and watched for several minutes to look for changes specific to Head Injury Items #1 and #2 above. If these vague symptoms resolve, it is okay for the player to continue playing. If any of the symptoms under #1 or #2 develop, this is potentially serious and the play should be sent to an Emergency Room.

### *II. Extremity Injuries*

#### 1) **Deforming Injuries**

If there is an injury with deformity involving the elbow, wrist, or fingers, there is almost certainly a fracture or dislocation. Such injuries require the following:

- A) Apply ice to the injured area.
- B) Apply a splint to support a wrist or finger injury.
- C) Apply a sling to an elbow injury.
- D) Seek **medical attention immediately**.

2) **Non-deforming Injuries**

If there is a non-deforming injury there is still a possibility of fracture or dislocation. This is especially true if there is swelling and the injury involves a joint. If such an injury occurs, follow the instruction under #1. Medical attention is important, but not immediately needed.

3) **Non-deforming Injuries Without Swelling**

If there is minimal pain and the player has full movement and function of the injured extremity, then the injury is probably a contusion (bruise) or a sprain and not serious.

### *III. Dental Injuries*

1) **Loss of a tooth**

Use direct pressure to control bleeding from the gums or lips. Direct pressure may be combined with ice. Find the tooth and place it in a container with saline (not milk). Alternately the tooth can be placed in the socket it came from. This should be considered a **Dental Emergency**. Dental Care should be sought immediately or the injured player taken to the nearest emergency facility for treatment. If a Tooth Saver Kit has been provided, put the tooth in the solution provided and make sure it accompanies the patient/player to his or her dentist or emergency facility.

2) **Injury to a tooth**

If a tooth is struck but remains in place, a significant injury is still possible. If there is severe pain, or if the tooth is loose, feels loose or out of place, there may be a tooth fracture or other associated dental injury and a Dental Evaluation should be sought immediately. If there is an associated laceration (cut) to the face, lips, or gums the player should be taken to the nearest emergency facility.

### *IV. Lacerations (Cuts)*

- 1) Apply pressure with sterile gauze to control bleeding. Any wound from which the subcutaneous fat can be seen needs suturing (stitches)!
- 2) Seek medical attention for appropriate wound care.

### *V. Abrasions (Scrapes)*

- 1) Gently cleanse the area with saline or water.

- 2) Cover the area with antibiotic ointment and dress with sterile gauze or Band-Aid.

## VI. *Insect Stings*

Insect stings are a frequent problem, especially in the fall. The yellow bees that are ubiquitous in the fall are not bees at all, but are actually a wasp and capable of multiple stings. The best way to treat this problem is as follows: Be certain to ascertain whether any player on your team has a known insect sting allergy. If there is, I would strongly recommend that the player obtain a prescription from their own physician for an ***Epi-Pen*** which is a self-administering adrenaline kit. That pen should be brought to all practices and games. For all other players, the best treatment for an insect sting is the application of ice to the area.

A **localized reaction** (redness, swelling, and localized itching) is normal after a sting and does not represent an allergy. Benedryl is an antihistamine medication that can be given, but not necessary for a localized reaction.

A **systemic reaction (anaphylaxis)** can occur in anybody anytime after a sting, whether they have a known allergy to insect stings or not. Symptoms of a systemic reaction include total body itching, chills, nausea, hives all over the body, dizziness, weakness, and/or unconsciousness. A systemic reaction is a **Medical Emergency** and an ambulance (911) should be called immediately. This is a treatable and reversible medical emergency. Untreated systemic reactions can be fatal and there are several deaths each year in the United States due to systemic reactions from insect stings. If a player receives an insect sting and develops symptoms that you believe are systemic, ***call 911 immediately***.

## VII. *Heat Emergencies*

If practice or game play is necessary during extreme conditions the following guidelines should be considered (excessive heat is any temperature above 80 with humidity above 50%):

- A) Practice or game play should be reconsidered when the heat index is greater the 100 F.
- B) In any conditions, fluids should be available. In extreme conditions there absolutely must be access to fluids. Provision should be made during game play to accommodate this need.
- C) There is no scientific evidence that support the notion that withholding fluids in ***any*** conditions improves performance. In extreme conditions, the ability of the body to maintain body temperature becomes compromised and virtually the only mechanism is to perspire. Heavy perspiration can lead to fluid deficit and dehydration very quickly. A dehydrated player will not perform nearly as well as a player who is

not dehydrated. Dehydration affects judgment, further impairing performance.

- D) During practice, there should be breaks for fluids (water, Gatorade, PowerAde, etc.) every 15 minutes. Studies have shown that when thirst is perceived, there is already a 1% fluid loss. In a person weighing 100 pounds, this means **one (1) pound of fluid has been lost**. To recover from this fluid deficit, the athlete would have to consume at least one pound of fluid (equal to about **two liters of fluid**) to replace the fluid lost, and then maintenance fluid to avoid further deficit. The way to maximum performance and safety is to drink at least every 15 minutes and avoid the perception of thirst if possible.

### *VIII. Weather Related Emergencies*

#### **1) Lightning/Thunder**

Anytime there is a flash of lightning or the sound of thunder near the practice or playing field, play should be discontinued immediately, and shelter should be taken. **This is not a judgment call!** Taking a “wait and see” attitude could result in a fatality that could include you. Every year there are several fatalities from lightning strikes in all sports including soccer, baseball, golf, and football. The only way to treat this problem is to avoid it!

### *IX. Injury Prevention*

#### **1) Equipment**

Proper equipment is essential to prevent injury. For baseball, all male athletes should wear an athletic supporter with a protective cup. The use of sliding pants is also an excellent idea. Players should also consider using a mouth guard to help prevent injuries. Managers should inspect the batters and catchers equipment to be certain that it is in good condition. Players should wear appropriate clothing to practice and games and should be certain that their gloves and cleats are in good condition.

#### **2) Field Maintenance**

Managers and coaches should “police” the practice and game fields to be certain that they are in good playing condition. Rocks and other objects should be removed, the playing surface should be free of ruts and should be as smooth as possible.

#### **3) Practice Management**

Do not put your players at risk during practice! Be certain the drills you are doing or the way you conduct practice will not put your players at risk for injury. Make sure all of you player understand what they are supposed to be doing at all times. Make sure your players understand that they should never throw a ball to someone unless they are looking, and they should never swing a bat without clearing the area first. Instruct them on proper sliding techniques.



## Scenarios

- 1) A player falls down while running and says they twisted their right ankle, they are now complaining of pain in the ankle. What should you look for? Is it serious if there is swelling? What should you do? Should the player be allowed to return to the game?
- 2) A player is running and suddenly stops and complains of pain in the left thigh. What should you do? Should the play be allowed to play again?
- 3) A player falls down and injures the Right wrist. There is swelling and pain and it appears the wrist might be deformed. What do you do? If there was no swelling or deformity, but there is still pain what should you do?
- 4) Two players collide and strike each other's head and they both fall down. What should you do? Should the players return to the game? What if one or both are knocked unconscious?
- 5) A Little League player is fielding a ground ball when it takes a bad hop and strikes him in the mouth. It appears that one of his front teeth is missing. What do you do?
- 6) An outfielder dives for a line drive and hits his left arm on a rock.: He immediately gets up crying and holding his arm. You see blood dripping from a wound. What do you do?
- 7) A soccer player attempts a slide tackle and scrapes her right thigh on the ground. There appears to be a wound on her leg. What do you look for and what do you do? Can this player return to play?
- 8) True or False: Withholding fluids during practice will make players tougher and will improve performance.
- 9) True or False: If a player is properly conditioned and allowed access to fluids, they will not suffer from heat related emergencies.
- 10) True or False: The perception of thirst is not useful in determining if a player is dehydrated.
- 11) True or False: If you see what appears to be a storm in the distance and you see a flash of lightning, it is okay to keep playing.

## **FIRST AID LECTURE ADDENDUM**

### **Frank Pangallo, MD**

#### **A Few Thoughts on Injuries**

I have been involved in youth athletics and coaching for seventeen years. I think I can speak for everyone when I say that injuries are extremely inconvenient. We like to believe that injuries will not happen to our team, they only happen to other guy's teams. As coaches we are always trying to get as much accomplished as possible in a small amount of time. We need to work on fielding, hitting, throwing, cut off plays, rundowns, first and third Situations, base running and signs. We have limited field availability, limited daylight, we have to deal with bad weather, and conflicting schedules. We really don't have time for injuries! As such, injuries are inconvenient and annoying. If someone gets injured we have to stop practice, use up precious time attending to the problem. Then we have to decide if the player needs medical attention, or just needs to sit out for a while. That being said there are steps we can take as coaches to minimize injuries and use as much of our time for practice. The following are things that I believe help to minimize injuries. I have used them for all the years that I have coached and they have served me well.

#### **Practice Frequency**

Does the number of practices you hold per week have any bearing on injuries? I believe that it does. For anyone who participates in a sport, it is important for that player to get his or her timing, get a "feel" for the sport, develop conditioning specific to the sport. The medical term for this is "proprioception". The only way to develop the "feel" is to get as many repetitions as possible. This means players need to throw, catch, field, hit, pitch, and base run frequently to get that "feel". If players are not practicing frequently they will not develop their proprioception and that can lead to injury (sore arms, pulled muscles, etc.). In my opinion, one or two practices a week are not enough.

#### **Practice Plan**

As coaches we are all faced with trying to get as much done as possible in a short time. We do not want players to stand around doing nothing. So that means we run practices which combine several things at once. It is important that you plan out the practice in advance so that everyone knows what they are supposed to be doing. This helps prevent errant throws, a player walking into the path of swinging bat, etc.

#### **Protective Gear**

All players should wear an athletic supporter with a protective cup. There is absolutely no room for discussion on this. Injury prevention is why we wear a cup on the baseball field. Direct injury to the testicles can result in traumatic torsion (which requires surgery to fix), hematoma, not to mention severe pain. Both can lead to loss of the injured testicle. The use of mouth guards should also be considered. Obviously, all batters should wear helmets; all catchers should be appropriately protected.

## Challenging Your Players during Practice

Most of us are forced to practice in conditions that are less than pristine. Fields with ruts, rocks, clumps of grass, etc. Hardly the ideal surface for catching ground balls. Consider this when you are working with your team on fielding practice. It really doesn't serve much purpose to hit rockets at your fielders in these settings, unless you want to practice your first aid skills. You are much better off to hit slow ground balls and work on footwork and fundamentals. Build your players confidence and skill. By the same token, when you are working with players who are not blessed with the same athletic ability as others be careful. For example, if that individual has trouble catching fly balls in the outfield, do not hit line drives at him. Make sure you put the player where he has the most chance to succeed and not be injured.

## Managing Your Pitchers

As the manager or coach of your team it is absolutely essential that give appropriate attention and detail to your pitchers. In my opinion, arm injuries in youth baseball are preventable if the appropriate steps are taken by the coaches. Consider the following:

- 1.) Preseason pitching. This goes back to frequency of practice, but your pitchers should be throwing at least every other day, to every third day in the preseason. The goal of this is to work on fundamentals, the mechanics of the delivery, and to build arm strength and endurance. Advance the number of pitches by the week. I used to start my pitchers at 25 pitches the first week, 35 the second week, and 45 by the third week (by the third week I dropped them to every third day). Doing this improves performance and decreases sore arms and other arm related injuries.
- 2.) Pitch Counts. Counting pitches is absolutely imperative. The number of innings a pitcher pitches is inconsequential. The number of pitches, on the other hand, is paramount. Most youth leagues (Little League) impose pitching limitations based on innings pitched (at the lower levels three innings per game, six innings per week with a certain amount of rest in between). Forget the number of innings. Count pitches. Either you have to do it or you have to assign an assistant to do it (such as the score keeper). Most Sports Medicine experts recommend 7 times the player's age for a pitch count maximum. Example: if your pitcher is 10 years old then his pitch limit is 70 ( $10 \times 7 = 70$ ). If his limit is three innings, and he throws 30 pitches in the first inning (struggles, walks a few batters, goes deep in the count to every hitter), he could exceed 90 pitches by three innings. That is far beyond his limit. When players are 11 and 12 and are playing in the Major level, the inning limit is six per game and per 7 calendar days. It won't help the player to throw complete games in Little League if he is throwing 120 pitches per game. If you want your son or your player to pitch in High School, count his pitches in Little League and stick to the limit of 7 times the age. This prevents overuse injuries such as Lateral Collateral Ligament injuries, arm weariness, and dead arms.
- 3.) Please see attached Pitch Count document or visit [www.littleleague.org](http://www.littleleague.org) for the rules regarding pitch counts

# MISCELLANEOUS INFORMATION



## Field Improvements

In November 2009, South Elgin Lions Little League performed clean up on all 6 of their playing fields. This included the complete renovation of our last infield. This was an effort to reduce injuries and provide a better experience for our kids. It did assist in reducing bad hop injuries as well as sprains. The renovation included but not limited to:

- New infield for our Major level –fitted to new 50/70 dimensions (all others were completed in the last 3 years) 2011
- Re-grading of the infields – march 2012
- Reduce infield lips – March 2012
- Reduce transition slope from infield to outfield – March 2012
- Add clay brick in the batter's box and pitching mounds – Spring 2011
- Added drainage and re-leveled the Junior field – March 2012

These fields were also professionally maintained throughout the season. The program was designed to make our fields safer but also to allow our coaches to spend more time in pregame warm ups with the kids they coached.



## Little League Pitch Count Questions and Answers – Revised for 2008

These commonly asked questions apply only to the regular season baseball pitching regulation (pitch count). The new pitch count regulation (Reg. VI) will be printed in the 2008 Rules and Regulations for baseball, and is available at the Little League web site <http://www.LittleLeague.org/rules/index.asp>.

### 1. Why has Little League changed the pitching regulation for all baseball divisions?

Recently, researchers and medical professionals in the field of sports medicine have determined that the actual number of pitches thrown (i.e., pitch count) is a safer way to regulate pitching in youth baseball. Little League has a rich history of pioneering baseball safety innovations. As the world's largest organized youth sports program, Little League is again taking a leadership position in youth sports safety.

### 2. How will a league determine who is responsible for counting the pitches?

Selecting the person responsible for counting pitches will be a decision of each local league. That person's pitch count will be the officially recognized pitch count for the game.

In most leagues, this responsibility will rest with the game's official scorekeeper. In that case, since a scorekeeper already keeps track of the balls and strikes on each batter, so he or she will additionally need to keep track of the number of foul batted balls that are hit with two strikes. Each pitcher's pitch count is computed by adding the number of balls and strikes, the number of foul balls hit with two strikes, and the number of fair batted balls.

Other leagues might assign a separate person who simply keeps track of every pitch on a piece of paper. Little League International will provide local leagues with a suggested form for this in the coming months. Leagues also can use any of the various digital or mechanical pitch counting tools that are available commercially.

Still other leagues might assign the task to one or both of the managers, or to one of the base umpires.

### 3. What is the penalty for violating the pitch count regulation?

Violating the regular season pitch count regulation can be protested in accordance with Rule 4.19. And, as with all regular season games, the local league (by action of the local league Board of Directors through the Protest Committee) resolves all protests. The local league Protest Committee could decree a forfeit, or not, as it sees fit. The Board of Directors also could suspend or remove managers who willfully and persistently violate any rule or regulation.

### 4. What is the procedure for Interleague Play games?

As with any procedure of this nature, the Interleague Play Committee (formed from among personnel in the leagues involved before the start of the season) should decide this. The procedure for counting pitches should be agreed upon between all leagues involved in an interleague arrangement before the first game is played.

### 5. What is meant by "calendar days" in the regulation?

The principle of "calendar days" remains the same. A calendar day is one full day as it is seen on a calendar. A calendar day begins at midnight and ends at midnight the following evening.

Example: If a pitcher in the Little League Major Division throws 70 pitches in a game on Saturday morning, that pitcher cannot pitch again until Wednesday, when he/she has had three calendar days of rest (Sunday, Monday, and Tuesday). It makes no difference what time of day the pitcher pitched on Saturday, as the rest period does not begin until midnight that night.

### 6. Can the same pitcher throw in consecutive games?

Depending on the number of pitches thrown and the days of rest, the same pitcher could pitch in consecutive games. However, pitchers who deliver a certain number of pitches beyond the threshold stated in the regulation/rule must also have a game of rest. The "game of rest" refers only to pitching. A pitcher completing his/her "game of rest" may play in any other position. (See also question 17.)

**7. Can the same pitcher pitch in both games of a doubleheader played on the same day?**

No. A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day.)

**8. If a pitcher is pitching a perfect game or no hitter and reaches his or her maximum pitch count, does he or she have to be removed as a pitcher, or can he/she continue until the perfect game or no hitter is lost?**

Any pitcher, without regard to his/her effectiveness, must be removed when he or she reaches the limit prescribed in the regulation. Remember, no game is more important than protecting pitchers' arms.

**9. Is the pitch count regulation mandatory in all divisions of baseball? What about softball?**

The regulation applies to all baseball divisions of Little League. It does not apply to and cannot be used in softball.

**10. Is there a limit to the number of 12 year olds that can pitch in a week?**

No. A manager may use as many 12-year-old pitchers in a week as he/she chooses.

**11. Can 12 year olds pitch in the minors?**

No. The regulation prohibits 12 year olds from pitching in the Minor Division. The Minor Division must be considered an instructional division for players who, because of age or ability, are not placed in the Major Division. It should be the goal of every league to place all 12 year olds in the Major Division who are capable of playing at that level.

Note: A local Little League is limited to only one Major Division, but may have multiple levels of Minor Division play (player pitch, coach pitch, machine pitch, etc.).

**12. Are warm up pitches calculated in the pitch count for a pitcher?**

No. As always, however, umpires should be mindful that the rules permit a returning pitcher to have eight preparatory pitches, or one minute, whichever comes first. (See Rule 8.04.)

**13. If a Major Division pitcher has completed six innings in a game, and the game is tied, will that pitcher be permitted to pitch in the seventh inning?**

Yes. There is no limit to the number of innings a pitcher can pitch in a day. A limit is placed on the number of pitches only.

**14. Is the Tournament Pitching Rule the same as the regular season regulation?**

The Tournament Pitching Rule is similar to the regular season rule, but there are some modifications.

**15. Will local leagues have the ability to continue to provide feedback to Little League International regarding the new pitch count regulation?**

Absolutely. As with any rule or regulation of Little League, local leagues and districts are encouraged to provide feedback through the regional office. This feedback is valuable in determining what, if any, changes need to be made.

**16. What about breaking pitches (curve balls, sliders, etc.)?**

As of now, there is no solid medical evidence that these pitches are detrimental. However, Little League and many experts recommend they not be thrown until age 14. We are currently conducting an epidemiological study on this issue to see if these pitches are harmful.

**17. Why is there a regulations prohibiting a player from moving from pitcher to catcher in the same day?**

Medical authorities and experts say that a player who warms up to pitch, and then pitches, should not play catcher for the remainder of the day. Doing so does not provide enough "cool down" time for such a player. The same is not true for catchers who may become pitchers.



# Stretching with Michele Smith

**Two-time USA Softball Olympic Gold-Medalist**

*Children are naturally flexible, with young muscles still growing and developing, so your coaches may not think stretching is very important. But take it from two-time USA Softball Olympic Gold-Medalist Michele Smith, a proper pre- and post-workout routine can help care for the muscles that allow the players to take the field.*

## Dynamic Warm-Up

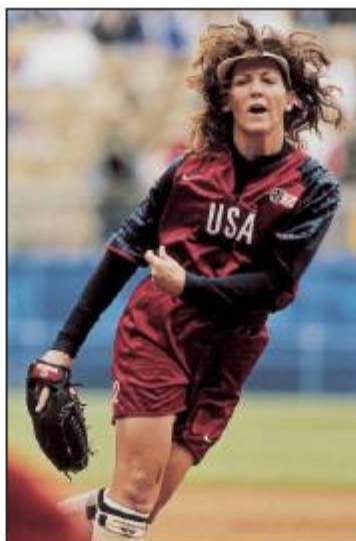
"I encourage coaches to begin any practice or game with a dynamic warm-up," Michele stated. For younger players, 10 minutes total of blood-pumping, body-moving activity can help raise the body's core temperature and loosen up muscles for the practice or game. Older players may need 15 minutes of warm-up. These are not static stretching exercises, but active dynamic warm-ups.

Start by having players run from foul pole to foul pole, then do some agility exercises:

- High knees (short jog, lift knees high),
- Butt kicks (short jog, try to kick feet backwards up toward bottom),
- Karaoke run (crossover steps laterally),

- Jumping jacks (standard),
- Arm windmills (forward and reverse),
- Neck circles (left & right, full rotation).

"The goal is to work on all the body parts: trunk, arms, legs and neck," Michele said. "Muscles stretch more easily if the body is warmed up properly before you stretch."



If muscles are still tight after the dynamic warm-up, then do some specific stretching for the area. Pitchers especially, but all players need to really work on their shoulder muscles, to make sure they are loose before throwing. And coaches should be reminded to have their players do stretching and warm-up exercises any time they have been idle for a period.

Michele pointed out that planning can help reduce the amount of stretching needed. Some coaches have players warm up their arms, do a few defensive drills, stand around waiting to hit and then start back throwing. Instead, start players hitting, then go to throwing drills, making sure they stretch out their arms before throwing. It saves

time stretching and saves injuries to arms. But warm up and stretch the trunk before hitting, too, or players risk injuries like groin pulls. Ask Mike Piazza of the New York Mets how easy it is to overcome a pulled groin.

## Then Cool Down

After a practice or game, don't just send your kids home. Michele noted that muscles need to be worked a little to get new oxygen in, to remove the waste by-products of exercising. "Have players run a lap around the field, then sit in a circle and stretch muscles to get fresh blood in them, and help strengthen them."

She suggests arm windmills, neck circles and hurdler's stretches for the quads and glutes (thighs and bottom). Twisting exercises that stretch the side muscles and back are also good. Here's one: Sit on the ground, placing the foot of a bent leg on the opposite side of an outstretched leg's knee, and twist your torso across the upright knee. Then switch legs and twist the other way.

"A good cool down will help cool the muscles and slow the heart rate," Michele said. "It's important not to over-stretch in the cool down phase," she noted, since the muscles are being relaxed. If any sore spots are found during stretching, apply ice.

Michele said warm ups are a good time for players to visualize what they will be doing: hitting, pitching, throwing out base runners, etc. Cool downs are a time to reflect on the practice on what went well, and what may need improvement. But above all, these tips can keep players playing, and not sidelined with muscle injuries.

"If you're injured, you can't play the sport you love," Michele pointed out. "We need to warm up and cool down to prevent injuries. Young kids are so flexible, they don't realize they can pull muscles. So for younger players, this is as much about instilling good routines for the players for later life."

# 2013 RULE CHANGES INFORMATION



# Bulletin: Significant Rule and Regulation Changes for 2013



By Communications Division  
SOUTH WILLIAMSPORT, Pa.  
December 20, 2012

Little League International has announced the full list of significant changes to the rules and regulations of the program. **These changes will go into effect on Jan. 1, 2013.**

Among the new baseball regulations is description of the Little League Intermediate (50/70 Baseball Division – Note: **Regulation IV (a).**

A list of all the significant changes, along with a summary and explanation of the changes, is below:

## REGULATION CHANGES

**Regulation I(c)(9) has been amended to read, in part:**

**Applies to: All Divisions**

**NOTE 1:** Each year, Little League International provides each league 125 free criminal background checks that exceed the minimum standard required in this regulation. Information on how to utilize this benefit, as well as how to conduct background checks, can be found on the following Little League website: [Child Protection Program](#)

**NOTE 2:** The United States Department of Justice National Sex Offender Public Registry is free and available at [www.nsopr.gov](http://www.nsopr.gov).

**IMPORTANT:** If no sex offender registries exist in a province or country outside the United States the local league must conduct the more extensive of a country, province or city-wide criminal background check through the appropriate governmental agency unless prohibited by law. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league's charter by action of the Charter or Tournament Committee in Williamsport. If a local league becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of

the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

**NOTE:** Information regarding background checks is available on the Little League website: [Background Check Information](#)

**Summary and Implementation:** For the 2013 season, this modifies Note 1 and 2 to highlight the reverse in laws of four states with regards to sex offender registries, and the free criminal background checks Little League strongly recommends.

## **Regulation II(a) has been amended to read:**

### **Applies to: Challenger Rule Book**

A Little League Challenger Division team should not have more than 15 players per team on its roster.

**Summary and Implementation:** For the 2013 season, this mandates a maximum roster size of 15 players.

## **Regulation III(d) Note 3 has been amended to read, in part:**

### **Applies to: All Divisions**

**NOTE 3:** If a medical professional, Umpire in Chief, the player's coach, the player's manager or the player's parent has determined a player sustains a possible concussion, the player must be, at a minimum, removed from the game and/or practice for the remainder of that day. The league must also be aware of its respective state/ provincial/municipal laws with regards to concussions and impose any additional requirements as necessary. His/her return to full participation is subject to:

1. The league's adherence to its respective state/provincial/municipal laws,
2. An evaluation and a written clearance from a physician or other accredited medical provider and
3. Written acknowledgement of the parents

Little League International strongly encourages all leagues and teams to not only comply with any applicable state/provincial/municipal laws, but also, to review the information and training materials on concussions that are available free of charge on the Centers For Disease Control website, accessible from the link below. This link provides concussion information from all 50 states: [State Concussion Info](#)

**Summary and Implementation:** For the 2013 season, language was added regarding the recommended procedure a league should follow when a player sustains a possible concussion.

## **Regulation IV(a) has been amended to read, in part:**

### **Applies to: Baseball Rule Book**

**Intermediate (50-70) Division:** Any participant who will attain the age of 11 years before May 1 and who will not attain the age of 14 years before May 1 of the year in question shall be eligible to compete in the Intermediate (50-70) Division. This means a participant who will be 14 years old on May 1 or after is eligible to play that year; a participant who will be 14 years old on April 30 or earlier will not be eligible for either local league or tournament play in the Intermediate (50-70) Division at any time during the calendar year in question.

- A 12 year old player who is otherwise eligible under all conditions would be eligible for selection to the Major League, Intermediate (50-70) Division or Junior League tournament team.
- A player may be selected to participate in one or more regular season games on 1. a Major League team and/or an Intermediate (50-70) Division team, OR; 2. an Intermediate (50-70) Division team and/or a Junior League team. If a player participates in sixty (60) percent of the Regular Season games in each division (Majors and Intermediate (50-70) Division) as of June 15, he/she will be eligible to participate in the Major or Intermediate (50-70) Division for tournament play. If a player participates in sixty (60) percent of the Regular Season games in each division (Intermediate (50-70) Division and Junior League) as of June 15, he/she will be eligible to participate in the Intermediate (50-70) Division or Junior League for tournament play.
- If a player only participates in sixty (60) percent of the Regular Season games in one division (Major, Intermediate (50-70) Division or Junior League) as of June 15, he/she is only eligible to participate with that particular division in tournament play.
- A player may only be selected to and participate on one (1) tournament team.
- Any player who is league age 12 must be permitted to play in the Major Division. The local league cannot force any player who is league age 12 to play in the Intermediate (50-70) Division if the league offers the Major Division.

**Summary and Implementation:** For the 2013 season, a transitional division of play for baseball players 11 to 13 years of age using 50 foot pitching distance and 70 foot base paths was added.

## **Regulation IV(g) has been amended to read, in part:**

### **Applies to: All Divisions**

Player, manager and coach data must be supplied to Little League International annually. Leagues may submit information from registration by April 1, 2013 or team rosters by June 5, 2013. Players claimed under Regulation II (d) and/or IV (h) must be declared on appropriate forms available from Little League Headquarters annually. It is highly recommended that data be supplied electronically in approved formats to Headquarters via the Little League Data Center. Look for related information online at [www.LittleLeague.org/DataCenter](http://www.LittleLeague.org/DataCenter).

**Summary and Implementation:** For the 2013 season, wording was revised requiring leagues to submit player, manager and coach data to Little League International annually by April 1.

## **Regulation VI (d) has been amended to read, in part:**

### **Applies to: Baseball & Challenger Rule Books**

**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; 3. The third out is made to complete the half-inning. 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 before delivering a pitch to another batter.

**Summary and Implementation:** For the 2013 season, wording was revised allowing a pitcher who reaches his/her imposed days of rest threshold while facing a batter to continue to pitch until the current batter has been retired or reaches base.

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## **RULE CHANGES**

### **Rule 1.07 has been amended to read:**

## **Applies to: Softball Rule Book**

The pitcher's plate shall be a rectangular slab of whitened rubber 24 inches by 6 inches. It shall be set in the ground as shown in Diagrams 1 and 2, so that the distance between the front side of the pitcher's plate and home base (the rear point of home plate) shall be:

1. **Minor League:** 35 feet
2. **Little League (Majors):** 40 feet
3. **Junior/Senior/Big League:** 43 feet

**Summary and Implementation:** For the 2013 season, revised the Junior pitching distance to 43 feet.

## **Rule 1.10 has been amended to read:**

### **Applies to: Softball Rule Book**

The bat must be a softball bat which meets Little League specifications and standards as noted in this rule. It shall be a smooth, rounded stick and made of wood or a material tested and proved acceptable to Little League standards. The bat shall be no more than 33 inches (34 inches for **Junior/Senior/Big League**) in length, not more than two and one-quarter (2-1/4) inches in diameter, and if wood, not less than fifteen/sixteenth (15/16) inches in diameter (7/8 inch for bats less than 30 inches) at its smallest part. Non-wood bats shall be printed with a BPF (bat performance factor) of 1.20. Bats may be taped or fitted with a sleeve for a distance not exceeding 16 inches from the small end. Colored bats are acceptable. A non-wood bat must have a grip of cork, tape or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited. **An illegal or altered bat must be removed.**

**Summary and Implementation:** For the 2013 season, language was added requiring softball bats in all divisions of play to have a 1.20 BPF.

## **Rule 2.00 has been amended to read, in part:**

### **Applies to: Softball Rule Book**

An **ILLEGAL BAT** is a bat that has been altered or a bat that is not approved for play because it does not meet specifications with regard to length, weight, barrel diameter, labeling or performance standard for the division which it is being used.

**Summary and Implementation:** For the 2013 season, added the definition of an "Illegal Bat."

## **Rule 6.06(d) has been amended to read:**

### **Applies to: Softball Rule Book**

(d) the batter enters the batter's box with one or both feet entirely on the ground with an illegal bat (see bat specifications rule 1.10) or is discovered having used an illegal bat prior to the next player entering the batter's box.

**NOTE:** If the infraction is discovered before the next player enters the batter's box following the turn at bat of the player who used an illegal bat:

1. The manager of the defense may advise the plate umpire of a decision to decline the penalty and accept the play. Such election shall be made immediately at the end of the play.



2. For the first violation, the offensive team will lose one eligible adult base coach for the duration of the game.
3. For the second violation, the manager of the team will be ejected from the game. Any subsequent violation will result in the newly designated manager being ejected.

**Summary and Implementation:** For the 2013 season, language was added to impose a penalty for use of an illegal bat.

### **Rule 8.01(f) has been amended to read:**

#### **Applies to: Baseball Rule Book**

A pitcher must indicate visually to the umpire-in-chief, the batter and any runners the hand with which he/she intends to pitch, which may be done by wearing his/her glove on the other hand while touching the pitcher's plate. The pitcher is not permitted to pitch with the other hand until the batter is retired, the batter becomes a runner, the inning ends, the batter is substituted for by a pinch-hitter or the pitcher incurs an injury. In the event a pitcher switches pitching hands during an at-bat because he/she has suffered an injury, the pitcher may not, for the remainder of the game, pitch with the hand from which he/she has switched. The pitcher shall not be given the opportunity to throw any preparatory pitches after switching pitching hands. Any change of pitching hands must be indicated clearly to the umpire-in-chief.

**Summary and Implementation:** For the 2013 season, language was added mandating a pitcher must indicate which hand the player intends to pitch with to a batter.

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## **TOURNAMENT RULE CHANGES**

### **Tournament Eligibility Affidavit Rule has been amended to read, in part:**

#### **Applies to: Baseball & Softball Rule Books**

Once the District Administrator certifies the Eligibility Affidavit, the tournament team will be required to have in its possession:

1. The Eligibility Affidavit;
2. A map showing the actual boundaries of the league, with locations noted for the residences of the parent or legal guardian (court appointed) of every participant named on the affidavit;
3. Tournament verification form for each player;
4. Copies (originals not required) of the records used to verify date of birth for all players on the affidavit;
5. Three or more documents to determine residency of the parent(s) or guardian for each player named on the tournament affidavit;
6. **Waivers (i.e. II (d), IV (h), Charter Committee, etc...)**

**IMPORTANT: Alternates are not authorized. They shall not accompany the team and shall not be listed on the Eligibility Affidavit.**

Eligibility Affidavit must be certified by the District Administrator or his or her designated appointee and presented by the team manager to the Tournament Director before every game. Each Tournament Team must have twelve (12) eligible players for the District Administrator to certify.

**EXCEPTION:** A District Administrator may certify the Eligibility Affidavit for those teams that provide a justifiable reason for not having twelve (12) players.



**Summary and Implementation:** For the 2013 International Tournament, wording was revised regarding the documentation a league needs to provide within their Eligibility Affidavit for each tournament team and the minimum players selected to a roster without a justifiable reason.

### **Release of Names Rule has been amended to read:**

#### **Applies to: Baseball & Softball Rule Books**

The release of names of players selected for the tournament team shall not be made before June 15, or two weeks prior to the start of the tournament within their respective division (whichever is earlier), and not until the availability and eligibility of all prospective team members have been established. (Little League accident insurance for tournament teams will not go into effect until June 15, or the date of the release of the names of Tournament Team members, whichever is earlier).

**IMPORTANT:** *Violation of this rule may be cause for revocation of tournament privilege by the Tournament Committee.*

**Summary and Implementation:** For the 2013 International Tournament, wording was revised allowing leagues to release the names of players selected for the Tournament team June 15 or two weeks prior to the start of tournament within their respective division (whichever is earlier).

### **Player Eligibility Rule has been amended to read, in part:**

#### **Applies to: Baseball & Softball Rule Books**

**EXCEPTION:** The local league board of directors may permit a player to be eligible for selection, who does not meet the 60 percent (60%) requirement, if they provide a physician's note documenting an injury or illness prior to or during the current season prohibiting his/her participation and such note releases the player for the balance of the Regular Season and/or Tournament Play.

**Summary and Implementation:** For the 2013 International Tournament, added an exception to league eligibility that local league board of directors may permit a player who do not meet the 60 percent (60%) requirement to be eligible for selection if they provide a physician's note documenting an injury or illness prior to or during the season prohibiting participation.

### **League Eligibility Rule has been amended to read, in part:**

#### **Applies to: Baseball & Softball Rule Books**

4) All regular season team rosters, player registrations and coach assignments must be submitted to Little League International in accordance with the requirements outlined in Regulation IV (g), not later than April 1, 2013.

**Summary and Implementation:** For the 2013 International Tournament, added wording making it mandatory to submit player and coach information to Little League International by April 1, 2013, as a condition of eligibility.

### **Tournament Team Practice Rule has been amended to read:**

#### **Applies to: Baseball & Softball Rule Books**

Try-outs or practices by tournament teams shall not be held before June 15 or two weeks prior to the start of the tournament within their respective division. Tournament team practice may only take place against other teams within the same or contiguous districts in the same division, providing such practice is done out of uniform. (Little League accident insurance for tournament teams will not go into effect until June 15, or the date of the release of the names of tournament Team members, whichever is earlier).

**IMPORTANT:** *Violation of this rule may be cause for revocation of tournament privileges by the Tournament Committee.*

**Summary and Implementation:** For the 2013 International Tournament, wording was revised allowing Tournament team try-outs or practices on June 15 or two weeks prior to the start of tournament within their respective divisions (whichever is earlier).

## **Curfew Rule has been amended to read:**

### **Applies to: Softball Rule Book**

No inning shall start after midnight prevailing time (12:30 a.m. prevailing time for **Junior League Softball**; 1:00 a.m. prevailing time for **Senior/Big League Softball**).

**NOTE:** An inning starts the moment the third out is made completing the previous inning.

**NOTE:** Neither Tournament Directors and officials nor tournament teams are permitted to circumvent the curfews established above by continuing, suspending and restarting or starting a game after curfew has been reached and play is required to be terminated. If the curfew noted above occurs during a game suspended in accordance with Tournament Rule 11, that game must not be continued after the curfew. It must either be resumed on a subsequent day, or declared ended, as determined by rule.

**Summary and Implementation:** For the 2013 International Tournament, added language that if curfew occurs during a suspended game, the game must be resumed on a subsequent day or declared ended.

## **Tournament Rule 3(a) has been amended to read, in part:**

### **Applies to: Baseball & Softball Rule Books**

In all Tournament levels and divisions, the penalty for use of an illegal bat [see Rule 6.06 (d)], if discovered before the next player enters the batter's box following the turn at bat of the player who used an illegal bat, is:

- i. The batter is out (**NOTE:** The manager of the defense may advise the plate umpire of a decision to decline this portion of the penalty and accept the play. Such election shall be made immediately at the end of the play), and;
- ii. The manager of the team will be ejected from the game, the batter who violated the rule will be ejected from the game, and the offensive team will lose one eligible adult base coach for the duration of the game.

**Summary and Implementation:** For the 2013 International Tournament, added language imposing additional penalties to the player and manager for the use of an illegal bat.

## **Tournament Rule 4(e) has been amended to read, in part:**

### **Applies to: Baseball Rule Book**

**EXCEPTION:** If a pitcher reaches the limit imposed above 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 retired; 3. The third out is made to complete the half-inning. 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 before delivering a pitch to another batter.

**Summary and Implementation:** For the 2013 International Tournament, revised wording allowing a pitcher who reaches his/ her imposed days of rest threshold while facing a batter to continue to pitch until the current batter has been retired or reaches base.

**Tournament Rule 9 has been amended to read, in part:**

**Applies to: Baseball & Softball Rule Books**

**MANDATORY PLAY:** 9-10 Year Old Division, 10-11 Year Old Division, Little League, Intermediate (50-70) Division, Junior League: If a tournament team has thirteen (13) or more eligible players in uniform at a game, then every player on a team roster shall participate in each game for a minimum of one (1) at bat. If a tournament has twelve (12) or fewer eligible players in uniform at a game, then every player on a team roster shall participate in each game for a minimum of six (6) consecutive defensive outs and bat at least one (1) time.

**Summary and Implementation:** For the 2013 International Tournament, revised mandatory play minimum for tournament teams with thirteen (13) or more eligible players in uniform at a game.

# COPIES OF FORMS



# Incident/Injury Tracking Report

A Safer America Program

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

## Incident occurred while participating in:

- A) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD  
 B) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13)  
☐ Senior (13-15) ☐ Sr./Minor (13-15) ☐ Big League (16-18)  
 C) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event  
☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

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

Type of injury: \_\_\_\_\_

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

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

## Type of Incident and location:

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

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

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

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

Prepared By/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674 Fax: 570-326-9280

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

League Name			League I.D.		
Name of Injured Person/Claimant	SSN	PART 1	Date of Birth (MM/DD/YY)	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code) ( )	Bus. Phone (Inc. Area Code) ( )	
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
☐ AM ☐ 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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide names and addresses of any known witnesses to the reported accident.		

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 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/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 PARAPLEGIC	<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
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Little League® Baseball & Softball  
**CLAIM FORM INSTRUCTIONS**



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

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

The NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

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

The NUFI Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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

### **TREATMENT OF DENTAL INJURIES**

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

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### CHECKLIST FOR PREPARING CLAIM FORM

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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.**

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

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## Little League Volunteer Application -2013

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Do you have children in the program? Yes ☐ No ☐ If yes, list full name and what level? \_\_\_\_\_

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

Do you have a valid driver's license: Yes ☐ No ☐

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

Have you ever been convicted of or plead guilty to any crime(s): Yes ☐ No ☐

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

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? ☐ Yes ☐ No ☐ If yes, describe each in full: \_\_\_\_\_

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

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

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ Other ☐

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

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

\_\_\_\_\_

\_\_\_\_\_

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, 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):

Sex Offender Registry ☐ Criminal History Records ☐ \*LexisNexis ☐

\*Please be advised that if you use LexisNexis 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.**

1-02-13 VOLUNTEER APPLICATION 3/28/11

Link to Form - [http://www.littleleague.org/Assets/forms\\_pubs/VolunteerApp13.pdf](http://www.littleleague.org/Assets/forms_pubs/VolunteerApp13.pdf)