



*Rice Lake
Youth Baseball
Association*

2014 ASAP Plan

“A Safety Awareness Program”

Rice Lake Youth Baseball Association

PO Box 618

Rice Lake, WI 54868

Safety Mission Statement:

Rice Lake Youth Baseball will take a safety first approach in all aspects of our league. Building a safe and educational environment for youth athletes is taken seriously by the Rice Lake Youth Baseball Association Board of Directors. Rice Lake Youth Baseball encourages players, coaches, managers, spectators, volunteers and officials to embrace the safety principles of our organization.

www.ricelakebaseball.com



2014 ASAP PLAN



1. **League Safety Officer:** Russ LaPoint on file with Little League Headquarters.
2. Rice Lake Youth Baseball Association will distribute a paper copy of current Safety Manual to all Managers/Coaches, League Volunteers and District 3 Little League Administrator

3. **Emergency Phone Number: 911**

Local Police Emergency: 911

Local Fire Emergency: 911

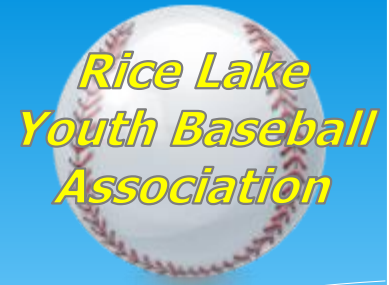
League President/Safety Officer:	Russ LaPoint	715-205-2125
League Vice President:	Jeremy Scheu	763-670-6922
League Secretary/Treasurer:	Kurt Kelsey	715-475-9898
T-Ball Commissioner:	Jeremy Scheu	763-670-6922
Coach Pitch Commissioner	Dan Haughian	715-790-2230
Minor League Commissioner:	Paul Juza	715-931-7085
Major League Commissioner:	Steve Fisher	715-205-7557
Babe Ruth Commissioner:	Gregg Kurzynski	715-651-8033

www.ricelakebaseball.com



2014 ASAP Plan

Page 2



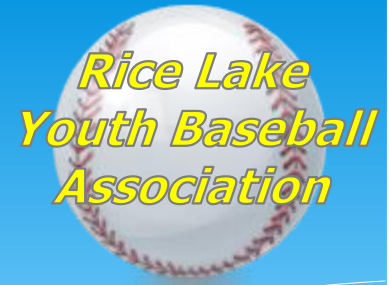
4. **Volunteer Applications:** Rice Lake Youth Baseball Association will use the official Little League form to screen all volunteers against National Databases for Background and Sex Offender violations on an annual basis. All Volunteers must review and agree to comply with the Rice Lake Youth Baseball Association Code of Conduct.
5. **Fundamentals Training:** Each Manager/Coach will be provided an opportunity to attend a fundamentals training session during our annual Winter Clinic held in February hosted by the Rice Lake Youth Baseball Association. Fundamental skills are also provided in each equipment bag for T-ball and Coach Pitch teams. It is expected that one Manager/Coach from each team will have completed fundamentals training at least once every three years.

www.ricelakebaseball.com



2014 ASAP Plan

Page 3



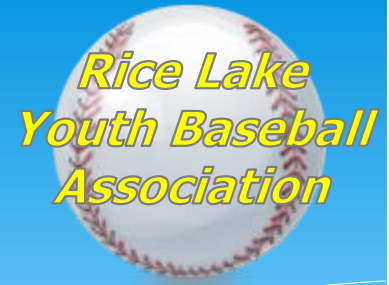
6. **First Aid Training: Held March 22nd at Rice Lake High School** Rice Lake Youth Baseball Association will require at least one Manager/Coach from each team to attend. Every Manger/Coach must attend training at least once every three years. 2014 training will be held by Dr. Tom Lundquist from Lakeview Medical Center on March 22nd at 10:30. Concussion education and emergency procedures will be reviewed at this session. Medical Release forms must be completed by all players and retained by Managers/Coaches throughout the season.
7. **Facilities Safety:** Coaches will be required to walk/inspect the fields prior to practices/games. Umpires will be required to walk the fields for hazards before each game. A suggestion box is available at the concession stand for collection of suggestions to improve safety within our organization. A bulletin board with safety messages is posted on the outside of all concession facilities.

www.ricelakebaseball.com



2014 ASAP Plan

Page 4



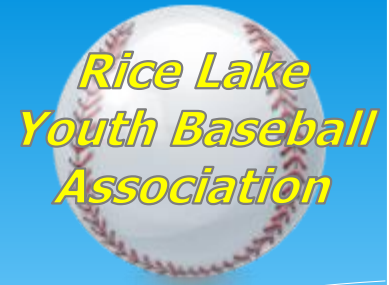
8. **Facilities Survey:** Rice Lake Youth Baseball Association has completed and updated our 2014 Facilities Survey on-line with Little League International. Protective fence toppers are used to protect fielders.
9. **Concession Stand Safety:** The menu provided at all concession facilities will be posted and approved by the League Safety Officer and League President. Concession Stand Safety Procedures will be posted several times in the concession stand. A copy of the **Concession Stand Safety Procedures** is enclosed in this manual.

www.ricelakebaseball.com



2014 ASAP Plan

Page 5



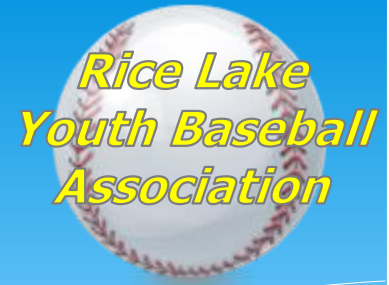
10. **Equipment Safety:** Managers/Coaches will be required to inspect all equipment prior to all practices and games. Umpires will be required to inspect all equipment prior to all games. Deficiencies must be promptly reported to the leagues commissioner or the League Safety Officer.
11. **Accident Reporting Procedures:** Managers/Coaches are required to complete the Little League incident tracking form within 48 hours of the incident. A copy of the incident form is available at www.ricelakebaseball.com. A copy of the form is included in this packet for reference.

www.ricelakebaseball.com



2014 ASAP Plan

Page 6



12. **First Aid Kits:** Each team will be issued an updated first aid kit and is required to have it at every practice and game.
13. Rice Lake Youth Baseball Association will require **ALL teams** to **enforce ALL Little League Rules**. Including:
 - Proper Equipment for catchers (including dangling throat guards)
 - No On-Deck Batters
 - Coaches are not allowed to warm up pitchers. This can be done only by a registered league player wearing an approved catchers helmet.
 - Bases at the Minor and Major League fields (Moores/Meggers) will disengage upon contact.

www.ricelakebaseball.com



2014 ASAP Plan

Page 7



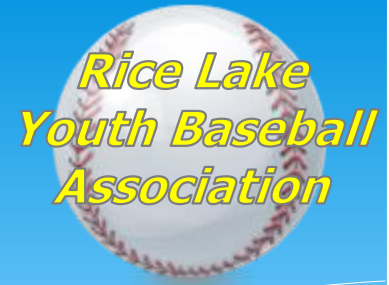
14. **Weather Safety:** Special care will be practiced to maintain player, coach and spectator safety in the event of severe weather. All play will be halted and everyone moved to designated weather shelter upon the first sign of lightning. Play will not resume until 30 minutes after that last presence of lightning.

15. **Player Safety:** **IF IN DOUBT, DIAL 911**
Caution will be exercised in the event of player injury. Immediately following an apparent injury the player must be assessed by the Head Coach, Parent and current Umpire. There must be a unanimous agreement that the player is safe prior to continuing play. If removed from play due to injury, the player may not return to play until medically cleared. Extreme caution will be exercised in the presence of any **concussion symptoms**. Rice Lake Youth Baseball will abide by the concussion regulations mandated by the state of Wisconsin.

www.ricelakebaseball.com



2014 ASAP Plan Appendix



This section could include samples of:

- * Concession Safety Plan
- * Volunteer Code of Conduct
- * Concussion Guidelines
- * Incident Reporting Form
- * Team Packet info (needed to be retained by coaches):
 - * Little League Medical Release Form
 - * Parent/Athlete Concussion Agreement
 - * Coaches Concussion Agreement

www.ricelakebaseball.com

SAFETY FIRST

Concession Stand Tips

Rice Lake Youth Baseball

12 Steps to Safe and Sanitary Food Service Events:

1. Menu.

All menu items must be approved by the league safety officer or board president. All menu items will be clearly listed at each concession venue.

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°

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to reheat 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 tightfitting 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. Minimum Worker Age.

Minimum age for workers or to be in the stand is 12. Workers under 12 must be supervised by an adult over 18.

Rice Lake Youth Baseball

Volunteer Code of Conduct

The board of directors of Rice Lake Youth Baseball has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and agree to comply with its provisions.

Rice Lake Youth Baseball Association Code of Conduct:

No board member, manager, coach, player or spectator shall, **at any time**:

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- 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 unsportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the RLYBA facilities while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout.
- 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.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- 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.

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

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____
_____**Was first aid required?** ☐ Yes ☐ No If yes, what: _____**Was professional medical treatment required?** ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)**Type of incident and location:**

- A.) On Primary Playing Field**
☐ Base Path: ☐ Running *or* ☐ Sliding
☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
☐ Collision with: ☐ Player *or* ☐ Structure
☐ Grounds Defect
☐ Other: _____
- B.) Adjacent to Playing Field**
☐ Seating Area
☐ Parking Area
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 local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

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

Signature: _____ Date: _____



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



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

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

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

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

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

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

PARENT OR GUARDIAN AUTHORIZATION:

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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



WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION

5516 Vern Holmes Drive • Stevens Point, WI • 54482-8833
Phone 715-344-8580 • FAX 715-344-4241 • email info@wiaawi.org • Web site www.wiaawi.org

WIAA Rule: A student who displays symptoms of concussion and/or is rendered unconscious may not return to practice or competition during the same day without a physician's written approval.

WIAA Rule: An apparently unconscious player is determined by the game officials. The player may not return to play in the game (without written authorization from a physician).

Return to Play Protocol: Each level should take 24 hours with the athlete asymptomatic (symptom free) before moving to the next level in the progression. If any symptoms occur during the progression, the athlete should drop back to the previous level and try to complete that level after a 24 hour rest period. The progression levels are listed below:

No activity with complete physical and cognitive rest
Light aerobic exercise (less than 70% of maximum heart rate)
Sport specific exercise (drills specific to athlete's sport)
Non-contact training drills (more intense sport drills with no contact from other players)
Full contact practice (following medical clearance)
Return to play (normal game play)

This is a work in progress and will be finalized soon.

Sincerely,

Wade Labecki
Deputy Director

hl



PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature _____ Date _____



COACHES AGREEMENT

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

Coaches Agreement:

I _____ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

Coach
Signature _____ Date _____

Sport _____

School/District _____

Team/League _____

Age Level _____