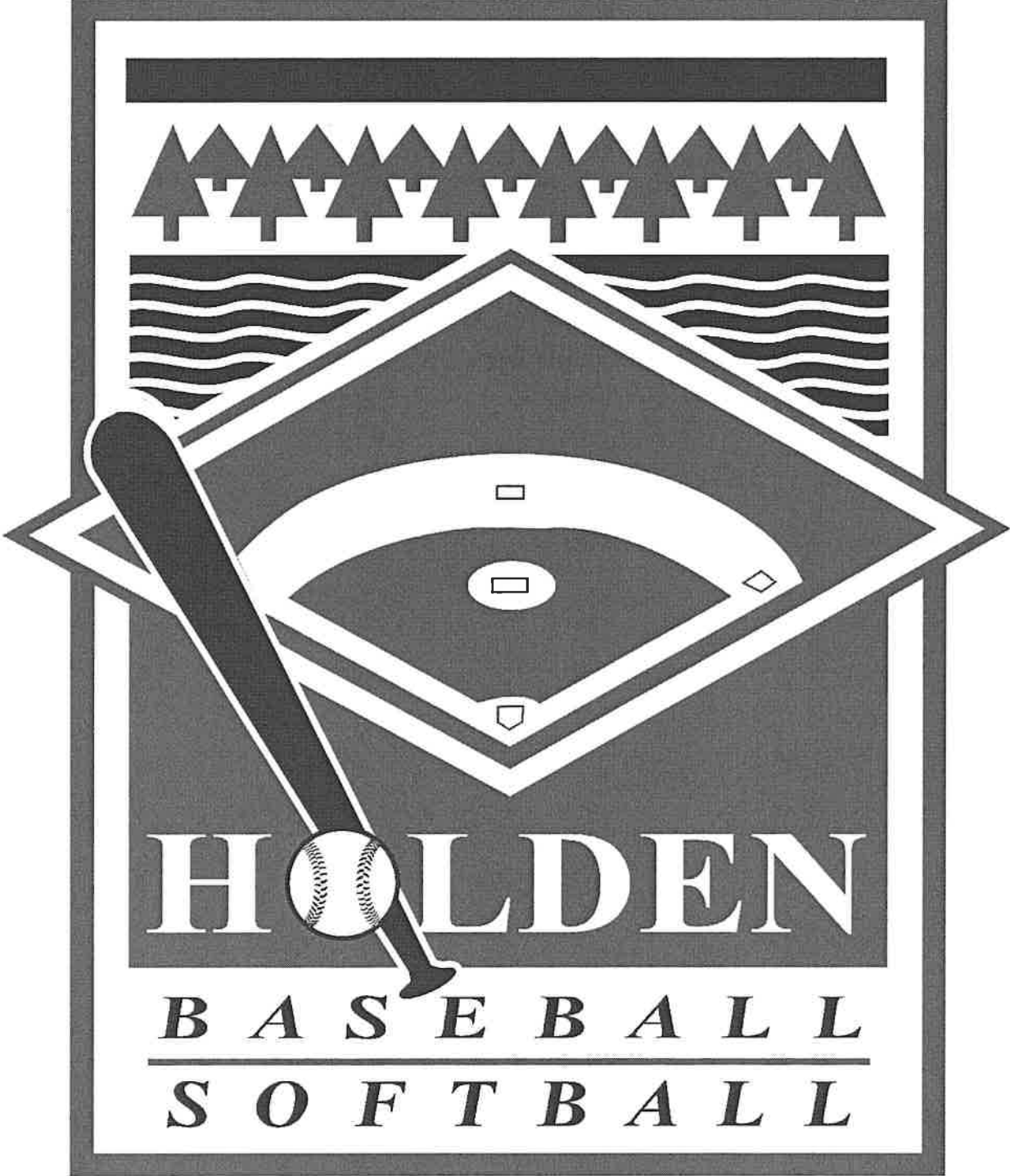


Holden Little League Safety Plan 2019



League Name: Holden, MA Little League

League #: 2210403

Mission Statement for Safety:

The Holden Little League is committed to a high degree of safety for all participants inclusive of players, managers, coaches, umpires, parents, and volunteers. Holden Little League strives to meet the safety regulations put forth by Little league Baseball.

1. Safety Officer:

Brian Williams is the Holden Safety Officer for the 2019 Little League season. He is on file the Little League Headquarters with the submission of this safety plan.

The Safety Officer along with the Holden Little League President, Scott Verrier, will be responsible for the filling out of the National Facility Survey and for the submission of the survey with the safety plan on an annual basis.

The Safety Officer will also be responsible for completing the Qualified Safety Program Registration Form. This form will be submitted to Little League Baseball annually.

2. Publication and Distribution of this safety manual to volunteers:

Prior to the 2019 opening day, the Holden Little League Safety Plan will be posted on the league website and distributed to the Holden Little League Baseball Board members, coaches, at the concession stand, with the Holden Police Department, with the Holden Fire Department, and to the Little League District 4 Administrator.

3. Posting and Distribution of emergency and league officials phone numbers:

<p><u>Emergency Contact Numbers:</u> Emergency Police: 911 Emergency Fire: 911 Holden Police: 508-210-5600 Holden Fire: 508-829-4444 League President: Scott Verrier - 978-397-3416 League Safety Officer: Brian Williams - 508-265-7893</p>

Coaches should have a cell phone available at all times. Managers and Coaches will keep a list of the team roster and the designated family/guardian contact numbers accessible at each practice and game. Emergency numbers can be accessed from the league website, on a wallet card (produced by the Holden Little League), and at the concession stand.

4. 2019 Volunteer Application Form:

All members of the Holden Little League Board of Directors, Managers, Coaches, and Little League Volunteers who have continuous interaction with players or teams must fill out and submit the Official Little League Volunteer Application Form. This application form will be accompanied by a photo copy of a government issued identification card. The applicant will agree to a CORI check through the Commonwealth of Massachusetts and a JDP applicant check.

Little League Basic Volunteer Application 2019 form attached

Little League Volunteer Application 2019 form attached

5. Mandatory Fundamentals Training:

At least one manager or coach needs to attend the fundamentals training at the Holden Hit Center, at the CRA, on March 17, 2019 beginning on at 9 a.m. Every manager/coach must attend this training once every 3 years. The tracking of regular attendance by volunteers will be kept in a data base. Fundamental Training includes: fitting, sliding, fielding, pitching, etc.

6. Mandatory First-Aid Training:

At least one manager or coach needs to attend the first-aid training at the Holden Hit Center, at the CRA, on March 17, 2019. The training will be delivered by personnel from the Holden Fire Department. Every manager/coach must attend this training once every 3 years. The tracking of regular attendance by volunteers will be kept in a data base.

7. Coaches/umpires must walk fields for hazards:

Prior to every practice and game, both coaches and umpires shall walk the field looking for hazards such as holes, rocks, glass, etc. If any issues are identified at the field the coach or umpire will resolve the safety impediment and notify the league safety officer for documentation.

8. Completion of the 2019 Annual Little League Facility Survey:

Referenced in the ASAP section of the Little League website, the annual Little League Facility Survey will be completed by Holden Little League for 2019. (completed online)

9. Safety procedures for concession stand:

(Concession manager trained in safe food handling/preparation and procedures)

Written procedures for all concession stands will be posted inside the Holden Little League concession stand. Adult oversight of the concession stand under the oversight of a Holden Little League board member liaison will enforce the concession stand procedures. *Procedures Attached.

10. Inspection and replacement of equipment:

Holden Little League Managers and Coaches will inspect equipment at each practice. Holden Little League Managers, Coaches, and Umpires will inspect equipment before each game. Damaged equipment will be discarded.

11. Implement prompt accident reporting and tracking procedures:

Safety Officer Responsibility: Within 48 hours of receiving the incident report the safety officer will contact the injured party and parents to check on the status of the injured party; verify the information received; obtain any other information deemed necessary. The Holden Little League Safety Officer will notify parents and guardians of the Holden Little League's insurance coverage and track subsequent claims. The Safety Officer will memorialize the accident, report, and share with the Holden Little League Board.

What to Report: Any injury that causes a player, manager, coach, umpire, or volunteer to receive first aid or subsequent medical treatment, will be reported to the Safety Officer within 24 hours.

When to report accidents/injuries: Within 24 hours please notify the safety officer Brian Williams at (508) 265-7893 of all safety related incidents resulting in medical care to injuries summarized above. These accidents will be documented with the filing of corresponding reports. Further, all "near misses" will be documented.

Necessary information to be communicated to the Safety Officer: Managers/Coaches will report the following verbally and may include a follow up statement of facts via an email or a written letter: name and phone number of the injured party, the date/time/location of the accident, a

summary of the facts of the accident, and the name and contact information of the person reporting the accident.

*Little League Baseball and Softball Accident Notification Form attached

12. First-aid kits are required at each game and practice:

First-aid Kits: Full first-aid kits are located at the CRA concession stand and in the CRA field house. Additionally an AED (automated external defibrillator) is housed at the CRA field house. The first-aid kit supplies will be provided to each team. Managers and Coaches are required to have first-aid kit supplies at each practice and game. If first-aid supplies are used during the season the Manager/Coach will notify the safety officer within 24 hours. The safety officer will assist the Managers/Coaches with first-aid replacement supplies.

Important Do's and Don'ts:

Do – reassure and aid children who are injured, frightened, or lost.

Do – provide or assist in obtaining medical treatment for those who are injured.

Do – know your limitations.

Do – assist those who require medical treatment. When administering aid, remember to; LOOK for signs of injury like blood, bruising, and deformity of joints. LISTEN to the injured person describe what happened and what hurts if the person is conscious, and always calm the injured person. FEEL, gently and carefully, the injured area for signs of swelling or grating of broken bones.

Do – have your player's medical clearance forms with each manager at all practices and games.

Do – have a cell phone available to coaching staff at all practices and games.

Don't – administer any medication.

Don't – provide any food or beverages other than water.

Don't – hesitate in giving aid when needed.

Don't – be afraid to ask for help if you are not sure of the proper first aid.

Don't – transport injured individuals except in extreme emergencies.

Don't – leave an unattended child at a practice or a game.

Don't – hesitate to report and present or potential safety hazard to the safety officer.

13. Enforce Little League rules including proper equipment:

Holden Little League requires that players use the required equipment at all times which includes catchers warming up during field drills.

Holden Little League requires managers and coaches to enforce rules at practice and games.

Holden Little League ensures that all fields have all bases that disengage from their anchors as required (Rule imposed 2008).

Per Little League Rule 3:09, Holden Little League Managers and Coaches will not be allowed to catch for pitchers during game warm-ups. This also prohibits managers and coaches from standing at the backstop during practice (functioning as an informal catcher for batting practice).

On-deck batter are not allowed at any level.

*Safety Code for little League attached

14. Submit League Player Registration Data to the Data Center:

The Holden Little league Player Agent will submit league player registration data via the Little League Data Center at www.littleleague.org, in accordance with the requirements of the ASAP plan.

15. Implementation to promote/improve Holden Little League Safety Plan:

Holden Little League will produce a business card with emergency numbers and the listing of the Holden Little League website (hosting the league safety plan). These cards will be provided to all league volunteers.

>>>Holden Little League will submit a 2019 qualified Safety Plan, Registration Form, and an ASAP plan to Littleleague.org<<<

Little League® "Basic" Volunteer Application - 2019

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

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

All fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No
2. Have you ever been convicted of or plead no contest or guilty to any crime(s) _____ Yes No
 if yes, describe each in full: _____
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)
3. Do you have any criminal charges pending against you regarding any crime(s)? _____ Yes No
 if yes, describe each in full: _____
(Answering yes to question 3, does not automatically disqualify you as a volunteer.)
4. Have you ever been refused participation in any other youth programs? _____ Yes No
 if yes, explain: _____

5. In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concession Stand
 Coach Manager Other _____
 Umpire Scorekeeper _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
System(s) used for background check (minimum of one must be checked): Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records.

JDP Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

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

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

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

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

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

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

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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/85StateLaws

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

Applicant Name (please print or type) _____ Date _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

Little League® “Basic” Volunteer Application - 2019

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

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

All fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State ____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No

2. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No
(Answering yes to question 2, does not automatically disqualify you as a volunteer)

3. Do you have any criminal charges pending against you regarding any crime(s)?
 If yes, describe each in full: _____ Yes No
(Answering yes to question 3, does not automatically disqualify you as a volunteer)

4. Have you ever been refused participation in any other youth programs?
 If yes, explain: _____ Yes No

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

- League Official Field Maintenance Concession Stand
- Coach Manager Other _____
- Umpire Scorekeeper _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
System(s) used for background check (minimum of one must be checked): Regulation (c)(9) Mandates all checks include criminal records and sex offender registry records

*JDP Sex Offender Registry Data and National Criminal Records
 check, as mandated in the current season's official regulations

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

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

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

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

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

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

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

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

Concession Stand Safety Policy

1. All concession stand volunteers shall submit a Little League Volunteer Application and undergo a criminal background check via the Massachusetts CORI check.
2. No volunteer under the age of fourteen (14) shall be allowed in the concession stand area.
3. Volunteers shall not be allowed to bring their young children into the concession stand while they are working.
4. All food must be handled by using either paper towels or plastic wrap. Volunteers may wear plastic wrap or rubber gloves while working with food.
5. The concession stand will be cleaned on a nightly basis.
6. The concession stand will have posted emergency phone numbers stated on the first page of this Holden Little League Safety Plan, 2019. The concession stand will be supplied with a first-aid kit and surplus ice packs.
7. All trash will be removed from the concession stand on a nightly basis.
8. Volunteers shall wear rubber gloves while handling trash.
9. No glass containers of any type shall be sold at the concession stand.
10. A copy of the 2019 Holden Massachusetts Little League Safety Plan will be maintained at the concession stand and be accessible to all visitors.

Employees Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap

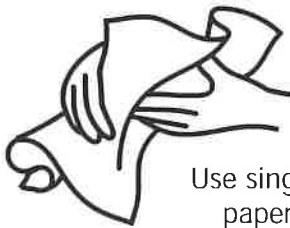


Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

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

Wash after you:

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

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

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

Wear gloves

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



**UMASS
EXTENSION**



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

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

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

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

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

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

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

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

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

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

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

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

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
------	---------------------------

Safety Code for Little League

1. Responsibility for safety procedures should be that of an adult member of the local league.
2. Arrangements should be made in advance of all games and practices for emergency medical services.
3. Managers, coaches, and umpires should have some training in first aid. First aid kit should be available at the field.
4. No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
5. Player area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
6. Dugouts and bat racks should be positioned behind screens.
7. Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
9. Procedure should be established for retrieving foul balls batted out of the playing area.
10. During practice sessions and games, all players should be alert and watching the batter on each pitch.
11. During warm-up drills, players should be spaced so that no one is endangered by errant balls.
12. Equipment should be inspected regularly. Make sure it fits properly.
13. Pitching machines, if used, must be in good working order (including extension cord, outlets, etc. and must be operated only by adult managers and coaches.
14. Batters must wear protective NOCSAE helmets during practice as well as during games.
15. 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 League), protective supporter and cup at all times.
16. Except when runner is returning to a base, headfirst slides should be avoided.
17. During sliding practice bases should not be strapped down.
18. At no time should "horse play" be permitted on the playing field.
19. Parents of players who wear glasses should be encouraged to provide "safety glasses."
20. Players should not wear watches, rings, pins, jewelry or other metallic items.
21. Catchers must wear catcher's helmet, facemask and throat guard in warming up pitchers. This applies between innings and in the bullpen. Skull caps are not permitted.