

MIDDLETOWN

Moose

O'Rourke

**Little League
Teaching America's Game
Since 1948**

2015 Safety Plan

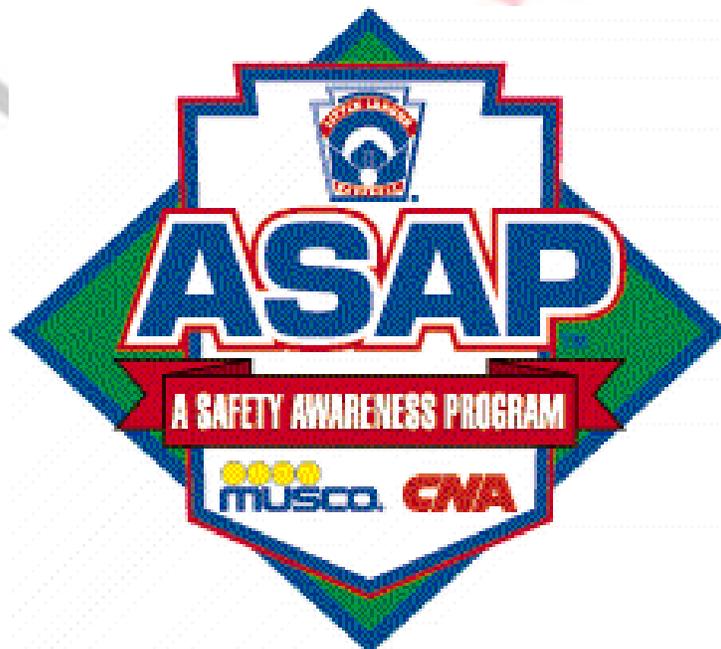
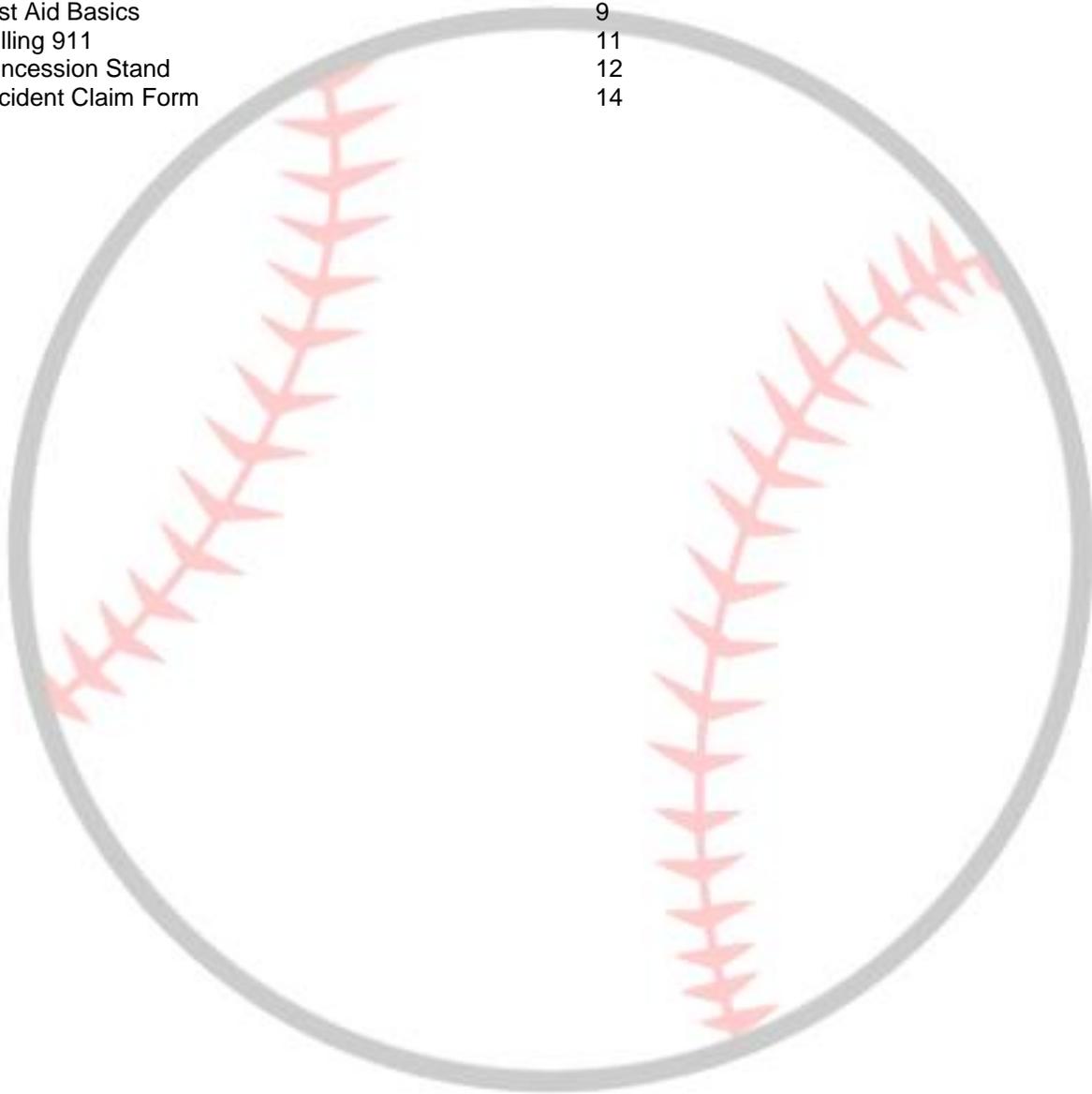


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Emergency Phone Numbers

Ambulance, police, and fire department

Dial 911 for ambulance, police, and fire emergencies.

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Safety Mission

It is the mission of the Middletown Little League to provide the safest possible environment for our players, fans, and volunteers.

Safety Officer

It is the safety officer's job to prepare a safety plan and ensure that all information regarding the safety procedures for all activities, equipment, and facilities are communicated to all members of our organization.

The Safety officer will file the League Facility Survey annually online at Little League International and keep a copy on file for the league.

The safety officer will file the Safety Plan Registration Form with this safety plan by the required deadline.

The league registration director will submit player registration data and coach/manager data on line through the Little League International website.

The safety officer for the 2015 season is Mike Czerwonka. He can be reached at (860) 754-4957 and/or. Safety@MLLCT.org He is on file with the Little League Headquarters as the league's safety officer.

A copy of the safety plan will be listed on the MLL website. MLLCT.org
Hard copies will be distributed to all Managers/Coaches, and concession staff.

Safety Code

Middletown Little League Safety Code Detail

The Board of Directors of the Middletown Little League has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then read it to the players on their team.

1. Responsibility for safety procedures belong to every adult member of Middletown Little League.
2. Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
3. Only league approved managers and/or coaches are allowed to practice teams.
4. Only league-approved managers and/or coaches will supervise Batting Cages.
5. Only league approved volunteers are allowed on the field at any time.
6. League approved volunteers are to wear league issued I.D. at all games, practices or MLL function
7. Every team in the league will have mandatory training in First Aid.
8. First-aid kits are issued to each team manager during the pre-season and additional kits will be located at the concession stand and in the equipment boxes.
9. No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
10. Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
11. Protective fence tops will be installed on all outfield fences.
12. 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 designated coaches.
13. Foul balls batted out of playing area will be returned to the scorekeeper and not thrown over the fence during a game.
14. During practice and games, all players should be alert and watching the batter on each pitch.
15. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
16. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e. playing catch, swinging bats etc.).
17. No bats are allowed to be touched or swung in the dugout.

18. Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
19. Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games. Face guards are encouraged
20. Except when a runner is returning to a base, head first, slides are not permitted.
21. During sliding practice, bases should not be strapped down or anchored.
22. At no time should "horse play" be permitted on the playing field.
23. Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
24. On-deck batters are not permitted.
25. Use low-impact balls only during indoor practices
26. Managers will only use the official Little League balls supplied by MLL.
27. All male players will wear athletic supporters and cups during games. Catchers and pitchers must wear a cup. Managers should encourage that cups be worn at practices.
28. Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
29. Female catchers can wear long or short model chest protectors.
30. All catchers must wear chest protectors with neck collar, throat guard,
 - a. Shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
31. All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
32. Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
33. Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place and visible).
34. No food or drink, at any time, in the dugouts (Exception: bottled water, Gatorade, water from drinking fountains and Sunflower Seeds).
35. Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
36. Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
37. Managers and coaches are not allowed to catch pitchers at any time (Rule 3.09) this includes standing at backstop during practice as informal catcher for batting practice.
38. Managers will never leave an unattended child at a practice or game.
39. Never hesitate to report any present or potential safety hazard to the MLL Safety Officer immediately.
40. Double First base and disengage-able bases will be used
41. Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
42. Speed Limit is 5 miles per hour in roadways and parking lots.
43. No alcohol or drugs allowed on the premises at any time.
44. **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
45. No playing in the parking lots at any time.
46. No playing on and around lawn equipment, machinery at any time.
47. No smoking at any Middletown athletic field.
48. No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
49. Bats are not to be thrown during any game or practice.
50. No throwing rocks.
51. No climbing fences.
52. No swinging on dugout roofs.
53. Observe all posted signs.
54. Players and spectators should be alert at all times for foul balls and errant throws.
55. Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
56. Use crosswalks when crossing roadways. Always be alert for traffic.

57. No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
58. There is no running allowed in the bleachers.
59. Team managers will ensure that all players medical forms are available at all games and practices.

Any comments or suggestions to this safety code should be made to the Safety officer or league President.

Manager/Coach Safety Responsibilities

Pre-Season:

- One representative from each team is required to attend a Fundamentals Training Seminar (i.e. hitting, sliding, fielding, pitching etc.) and a First Aid Seminar every year. Seminar for 2015 to be held in March.
- All managers will be issued a safety plan.
- Background checks will be required for all volunteers, including, but not limited to board members, managers, coaches, team parents, and anyone else who has direct contact with children. The purpose of the background check is to ensure that children are protected from anyone who has committed a sexual offense against a minor. MLL utilizes national databases such as First Advantage Little League approved background services.
- Prior to the start of the season, anyone who desires to volunteer will be required to complete an application form and submit a photocopy of their driver's license or other government identification to verify their identity.

Season Play: Managers will:

- Work closely with **the equipment manager** to make sure *equipment* is in first-rate working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.
- Enforce that **prevention** is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- **Use common sense.**

Pre-Game & Practice:

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure players are wearing the proper uniform and that pitchers, and catchers are wearing a cup.
- Walk the field to check the field is free of hazards and obstructions (e.g. rocks and glass).before use. Report any safety issues immediately to the league safety officer.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.

During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players **alert**.
- Maintain **discipline** at all times.
- Be **organized**.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the **proper equipment**.
- Encourage everyone to think **Safety First**.
- Observe the "**no on-deck**" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to **drink** often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

Post-Game:

Managers will:

- Not leave the field until every team member has been picked up by a known family member or designated driver.
- **Notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball, Incorporated and MLL.
- Discuss any safety problems with the **Safety Officer** that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the MLL Safety Officer.
- Return the field to its pre-game condition, per MLL policy.

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the MLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a Player leaves a game for medical reasons, a report *must* be filed.

When to report:

All such incidents described above must be reported to the MLL Safety Officer within 24 hours of the incident.

How to make a report:

To file a report, check the Web Site or forms section in this manual or contact the Safety Officer at the phone numbers listed in the Little League Phone Numbers Section. Incidents must be reported utilizing the accident claim form. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.

- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting or witnessing the incident.

MLL Safety Officer's Responsibilities:

Within 24 hours of receiving the accident claim form the MLL Safety Officer will contact the injured party or the party's parents and;

- verify the information received;
- obtain any other information deemed necessary;
- check on the status of the injured party; and
 - in the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the League's insurance coverage and the provision for submitting any claims.
- If the extents of the injuries are more than minor in nature, the MLL Safety Officer shall periodically call the injured party to:
 - Check on the status of any injuries
 - 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" (i.e. no further claims are expected and/or the individual is participating in the League again).

WEATHER

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe – use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves 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 strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM:**

1. **Suspend all games and practices immediately.**
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather:

Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate.**

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout ASAP.
3. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives (*See section on Hydration*).

Ultra-Violet Ray Exposure:

- This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as **melanoma**.
- The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.
- Therefore, MLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

HYDRATION

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* -- especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become **overheated**.

We usually think about **dehydration** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months.

Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs.

Therefore, **children must be encouraged to drink fluids even when they don't feel thirsty**.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water.

Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active.

Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. **Avoid carbonated drinks**, which can cause gastrointestinal distress and may decrease fluid volume.

HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other MLL Little League event where children's safety is at risk.

To **replenish materials** in the Team First Aid Kit, the Manager, coaches must contact the MLL Safety officer or equipment manager .

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The "**Good Samaritan Laws**" **give legal protection** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would --

- ◇ Move a victim only if the victim's life was endangered.
- ◇ Ask a conscious victim for permission before giving care.
- ◇ Check the victim for life-threatening emergencies before providing further care.
- ◇ Summon professional help to the scene by calling **9-1-1**.
- ◇ Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first aid.

To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site –

Do . . .

- ⇒ **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ⇒ **Know** your limitations.
- ⇒ **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- ⇒ **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- ⇒ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ⇒ **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- ⇒ **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

- **Administer** any medications.
- **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 procedure, (i.e., CPR, etc.)
- **Transport** injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that 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.

- First Dial **9-1-1**.
- 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.
 - ❖ The telephone number from which the call is being made.
 - ❖ The caller's name.
 - ❖ What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - ❖ How many people are involved?
 - ❖ The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - ❖ What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.

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

When to call –

- If the injured person is unconscious, call **9-1-1** immediately.
- Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim – Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

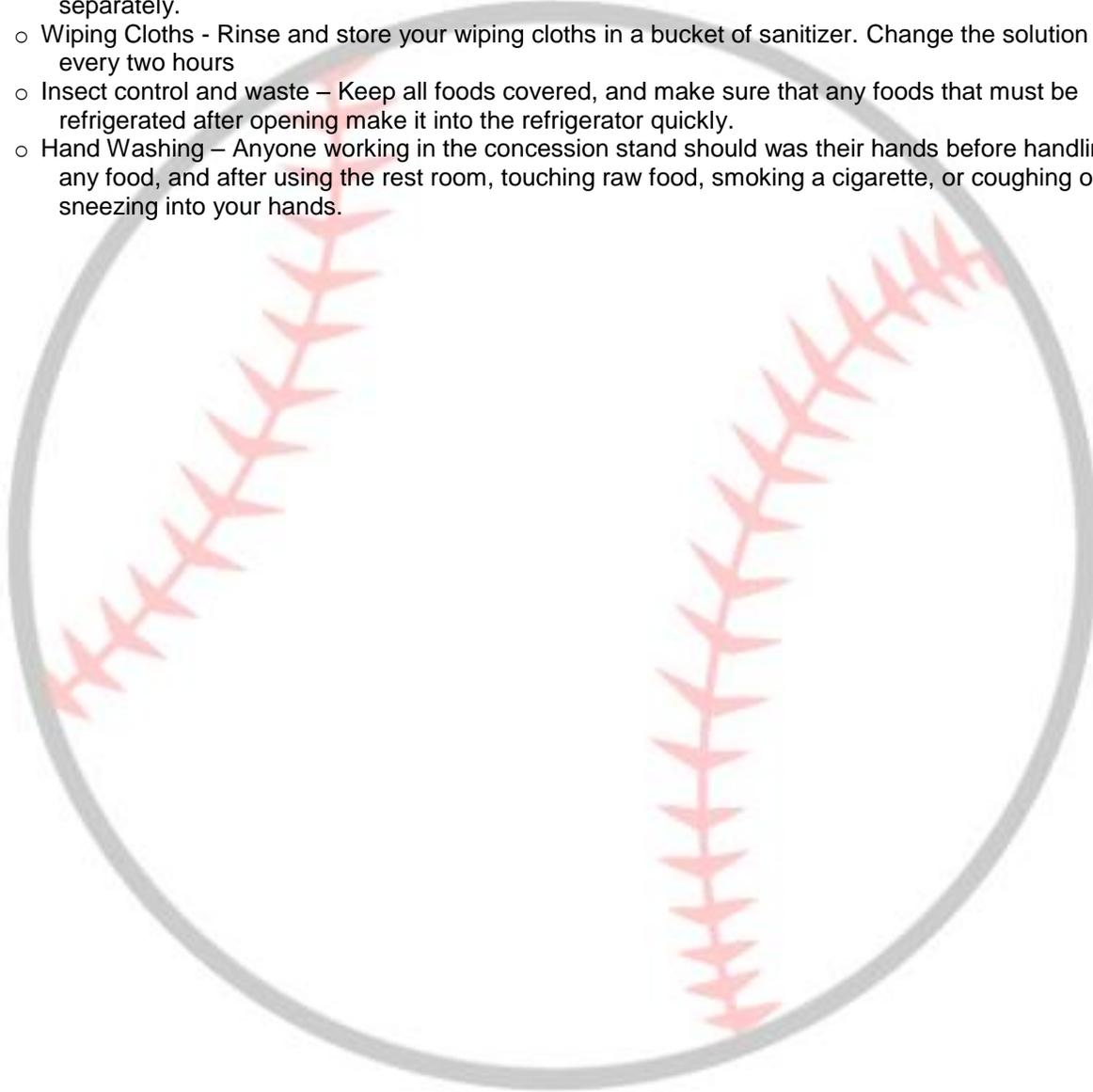
Also Call 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

CONCESSION STAND

- Menu – keep a simple menu, omitting hazardous foods.
- Cooking – All potentially hazardous foods should be kept at 41 degrees F or below (if cold) or 140 degrees F or above if hot.
- Reheating – Rapidly reheat potentially hazardous foods to 165 degrees F. Do not attempt to heat foods in crock-pots, steam tables, over sterno units or other holding services.
- Cooling and Cold Storage – Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at the temperature until ready to serve.
- Health and Hygiene – Only healthy workers should be attending the concession stand to prepare and serve food. Anyone with open sores or infected cuts on the hands or wrist area should not be allowed to serve food.
- Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair from ending up in the food. Plastic gloves should be worn at all times while serving food.
- 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 the food you are serving.*

- Dishwashing – Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. *Ideally*, dishes and utensils should be washed in a four-step process;
 1. Wash in hot soapy water
 2. Rinse in clean water
 3. Chemical or heat sanitizing; and
 4. Air dry
- Ice - Ice used to cool cans / bottles should not be used in cup beverages and should be stored separately.
- Wiping Cloths - Rinse and store your wiping cloths in a bucket of sanitizer. Change the solution every two hours
- Insect control and waste – Keep all foods covered, and make sure that any foods that must be refrigerated after opening make it into the refrigerator quickly.
- Hand Washing – Anyone working in the concession stand should wash their hands before handling any food, and after using the rest room, touching raw food, smoking a cigarette, or coughing or sneezing into your hands.





**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
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

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

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

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

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

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

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

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
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