



2016

Safety Meeting & First Aid Clinic

Thursday, February 25th
ROHI Church
7:00 – 8:30pm

Joan Ku
Gary Kunsman

Prepare For Safe Play



There must be at least two coaches at each game and practice.



Little League, Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

PARENT OR 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.

All Players are required

Bring them to every
Practice and game

Make sure
Emergency contact
Information is filled out

Keep an eye on known
Condition

It's always a good
idea to Know who are
First Aid/CPR certified

Weather



At the first sound of thunder or visible lightning - **CLEAR THE FIELD!**

HAVE YOU:

-  **Walked field for debris/foreign objects**
-  **Inspected helmets, bats, catchers' gear**
-  **Made sure a First Aid kit is available**
-  **Checked conditions of fences, backstops, bases and warning track**
-  **Made sure a working telephone is available**
-  **Held a warm-up drill**



Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

Call the Ball

Defensive players should be trained early to "call the ball" when going for a catch. Don't have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

Don't Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

Rule 7.08: "Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (**NOTE:** A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not)."

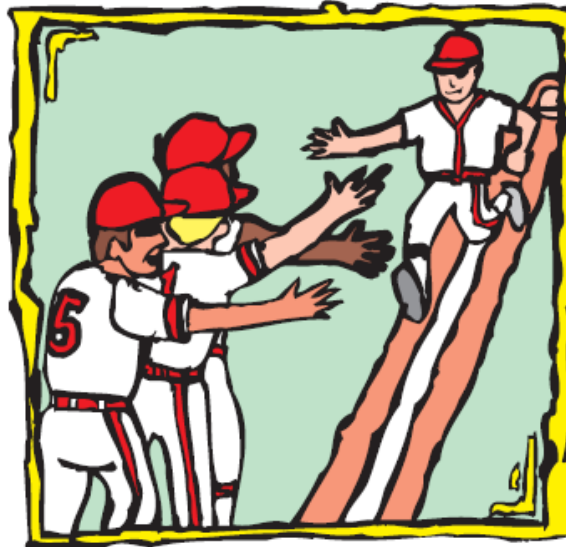
Rule 7.09: "It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . ."

2.00 – Definition of Terms

OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (**NOTE:** Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don't allow collisions on the base paths from overly-aggressive play.

Keep It Clean!



REMEMBER:

**Use good sportsmanship on the field,
even to your language.**

Regulation XIV – Field Decorum

- a) “The actions of players, managers, coaches, umpires and league officials must be above reproach . . .”
- b) “The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts.”

Call It!



Don't Swing It

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



(Photos from North Scott, Iowa, Little League)

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

REMEMBER:

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

RULE 1.08, Notes

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

Bats handled only in batting cage

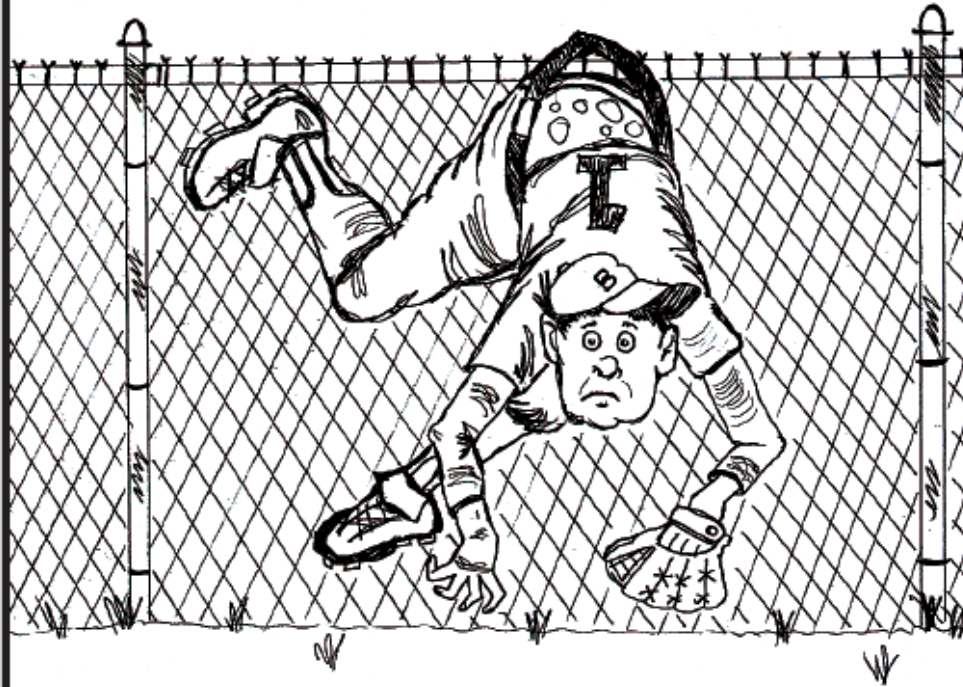
No practice swing inside dugout

No on-deck circles Majors and below

Keep dugout opening clear, no standing or sitting
Make sure players are behind the fence



**NO CLIMBING ON THE FENCES
AT THE BALL PARK**



**and NO climbing on the dugouts either-
YOU MAY GET HUNG-UP**

Coach, Please Let Players Catch!

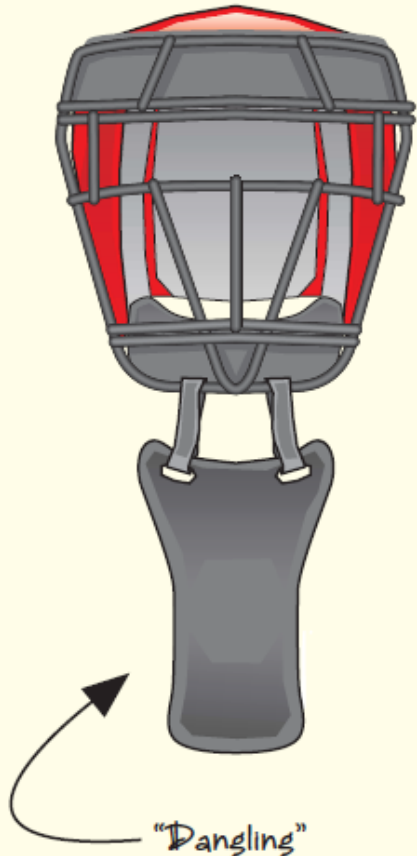


REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”



**Make
Sure
They
Are
Safe!**

REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

**Catcher's
Mitt only**

**Throat protector
required**

**Full set of gear
the moment they
squat down**



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

© 1996 Little League Baseball® and Musco Lighting, Inc.

Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, clumsiness, delirium

- **Activities cease when street lights are lit. It takes time to tear down and see the kids safely to their parents cars.**
- **No Players are left behind after practice / game**
- **Manager does not leave until every child is accounted for.**
- **No Jewelry except Medical alerts (p64, R1.1i)**

- Face shield/guard
- Every player wears supporter/cup (p65, R1.17)
- Mouth guard encouraged
- Inspect field-assign parent or rotate among parents
- No horseplay-before, during, or after game
- Helmets for batter, runners , and play base coaches

- **Player, coaches, manager only in dugout**
- **One coach/manager always in dugout**
- **No food in dugout, bottled water and sport drink OK**
- **Major & under- no metal spikes/cleats (p63, R1.11h)**

First Aid Kit

- At each field inside the locked equipment box
- Each team will have one
- Inform Safety Office when stock is low
- Bring bagged ice to each practice/game-consider assign the parent that brings snack

Volunteer Background Check

Mandatory for:

- **Managers and Coaches**
- **Board of Directors members**
- **Any other person, volunteers and/or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.**
- **Keep for a minimum of 2 years after the volunteer is no longer in the league(p21)**

Volunteer Application



Little League Volunteer Application - 2016

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

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

Cell phone _____ Business phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

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

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

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

Driver's License#: _____ State _____

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

If yes, describe each in full: _____

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

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

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ Other ☐

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

Name/Phone _____

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

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage ☐

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

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

Short Form for Returning Volunteers

Little League® "Returning" Volunteer Application - 2016 Do not use forms from past years. Use extra paper to complete if additional space is required.

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

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

☐ Yes ☐ No

If Yes, describe each in full: _____

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

If Yes, explain: _____

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

☐ League Official ☐ Manager ☐ Coach ☐ Umpire ☐ Field Maintenance

☐ Score Keeper ☐ Concession Stand ☐ Other: _____

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.

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

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone: _____ / _____

_____ / _____

_____ / _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

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

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

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

☐ Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage

*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.

Accident Reporting

- Who can report - Anyone can report
www.ell-baseball.com
- When to report – within 24 hours
- What to report
two types of form :
 - Injury (first aid injuries-ELL & D59 only)
 - Accident Notification (goes to D59 & LL Int'l)
- Whom to report
Safety Office: Joan Ku
[408.623.6786](tel:408.623.6786)

Activities/Reporting**A Safety Awareness Program's
Incident/Injury Tracking Report**

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

Field Name/Location: _____ Incident Time: _____

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

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

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TADB.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)☐ Senior (14-16) ☐ Big League (16-18)C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event☐ Travel to ☐ Travel from ☐ Other (Describe): _____**Position/Role of person(s) involved in incident:**D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of Injury: _____

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

A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field

☐ Base Path: ☐ Running or ☐ Sliding ☐ Seating Area ☐ Travel:☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted ☐ Parking Area ☐ Car or ☐ Bike or☐ Collision with: ☐ Player or ☐ Structure C.) Concession Area ☐ Walking☐ Grounds Defect ☐ Volunteer Worker ☐ League Activity☐ Other: _____ ☐ Customer/Bystander ☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

Pdf can be found at www.ell-baseball.com under Safety Information



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

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

Employer Plan	☐ Yes ☐ No	School Plan	☐ Yes ☐ No
Individual Plan	☐ Yes ☐ No	Dental Plan	☐ Yes ☐ No

Date of Accident	Time of Accident	Type of Injury
	☐ AM ☐ PM	

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

Check all applicable responses in each column:

☐ BASEBALL	☐ CHALLENGER (4-5R)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)
☐ SOFTBALL	☐ T-BALL (4-7)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S)
☐ CHALLENGER	☐ MINOR (8-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO	
	☐ INTERMEDIATE (9-10/11-13)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM	
	☐ JUNIOR (12-14)	☐ SAFETY OFFICER	☐ TOURNAMENT	
	☐ SENIOR (13-18)	☐ VOLUNTEER WORKER	☐ OTHER (Describe)	
	☐ 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

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: 570-325-9280

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

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory ☐ 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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Form can be found at www.ell-baseball.com under Safety Information

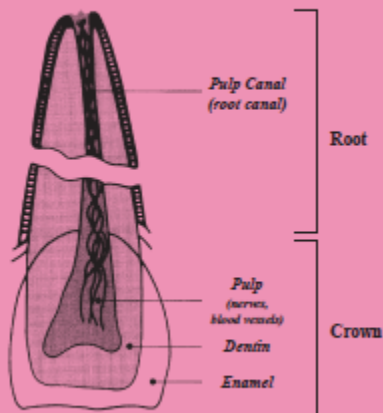
Concussion Signs and Symptoms

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion. Symptoms of concussion usually fall into four categories:

 Thinking/Remembering	Difficulty thinking clearly	Feeling slowed down	Difficulty concentrating	Difficulty remembering new information
 Physical	Headache	Nausea or vomiting (early on)	Sensitivity to noise or light	Feeling tired, having no energy
	Fuzzy or blurry vision	Dizziness	Balance problems	
 Emotional/Mood	Irritability	Sadness	More emotional	Nervousness or anxiety
 Sleep	Sleeping more than usual	Sleep less than usual	Trouble falling asleep	

Source: CDC

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
3rd best - Wrap tooth in saline-soaked gauze.
4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

- EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.
1. Reposition tooth in socket using firm finger pressure.
 2. Stabilize tooth by gently biting on towel or handkerchief.
 3. **TRANSPORT IMMEDIATELY TO DENTIST.**

- LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.
1. Try to reposition tooth using finger pressure.
 2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
 3. **TRANSPORT IMMEDIATELY TO DENTIST.**

- INTRUDED TOOTH** - Tooth pushed into gum - looks short.
1. Do nothing - avoid any repositioning of tooth.
 2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

Basic First Aid Clinic
7:30 – 8:30 pm

By
Gary Kunsman