Evergreen Little League

Division 2, Section 5, District 59

League ID# 405-59-04

San Jose, California

ASAP
SAFETY PLAN
2017

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Introduction

This document comprises Evergreen Little League (ELL) ASAP (A Safety Awareness Plan) for year 2017. The ELL ASAP is reviewed and updated annually by ELL Safety Officer (SO) and approved by the ELL Board of Directors (BOD). A copy along with the 2017 Qualified Safety Program Registration Form will also be sent to District 59 Safety Officer and Little League International Baseball and Softball (LL).

This Safety Plan will be published on our website at www.ell-baseball.com and available to all parents and players in the League. It will also be distributed to all coaches and managers. Copies will also available in the equipment lockboxes and in Snack Shacks.

2017 ELL Safety Officer

The ELL Safety Officer is an Executive Board Member position. Current year ELL Safety Officer on file with Little League International is: Elias Herrera qualityassuredplumbing@yahoo.com
408-449-6390

Safety Mission Statement

Evergreen Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the games of baseball and softball in a safe and friendly environment. The purpose of Little League baseball is to developed healthy, well-adjusted children who understand the principles of fair play, teamwork and sportsmanship.

Safety Code of Conduct

All volunteers of Evergreen Little League will do their best to provide a safe environment for youth to pursue the game of baseball as governed by Little League International by following this Code of Conduct:

No Board Member, Manager, Coach, Umpire, Player, Parent or Spectator shall:

1. At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.

2. Be guilty of personal verbal or physical abuse upon any official for real or imagined belief of a wrong action, decision or judgment.

3. Be guilty of an objectionable demonstration of dissent at an official's decision by throwing equipment or other articles or any other forceful unsportsmanlike action.

4. Be guilty of using any unnecessarily rough tactics in the play of the game against an opposing player.

5. Be guilty of a physical or verbal attack upon any board member, manager, coach, umpire, player, parent or spectator.

6. Be guilty of the use of profane, obscene or vulgar language in any manner at any time.

7. Appear at any ELL field of play, stands or other venue in an intoxicated state. Intoxicated state may be defined as an odor or behavioral issue.

8. Be guilty of gambling upon any play or outcome of any game or at any practice with anyone at any time.

9. Smoke while in the stands, on the playing field or in any dugout at any time.

10. Be guilty of publicly discussing in a derogatory or abusive manner any play, decision or personal opinion about a Board Member, Manager, Coach, Umpire, Player, Parent or Spectator during the game.

11. No manager or coach shall fraternize or mingle with spectators during the course of the game.

12. Be guilty of speaking disrespectfully to any official, manager, coach or player before, after or during the course of the game.

13. Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, any official scorebooks, rankings, financial records or proceedings.

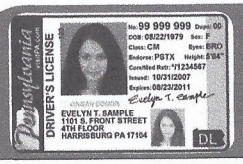
14. Be guilty of challenging the umpire's authority. Umpires shall have the authority and discretion during the game to penalize an offender in an appropriate manner up to and including removing the offender from the game and ELL complex.

The ELL Board will review any infractions of this code of conduct at its regular monthly meetings or at an emergency session, depending on the seriousness of the offense.

Volunteer Application Process

All Coaches, Managers, League Officials, and other key volunteers must fill out the **2017 Little League Volunteer Application** (page 3) or **2017 "Returning" Volunteer Application** (page 4) as well as provide a government-issued photo identification card for ID verification. All applicable volunteers are subject to background checks. ELL will utilize First Advantage (National Criminal and Sex Offender registry) and Mississippi State Sex Offender registry to conduct background check.

Evergreen LL is using and will use each year the LL Data Center for **player registration** as players are signed up and will also submit Managers and Coaches data as they are signed up and APPROVED by the Board.



Little League® Volunteer Application - 2017

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) _____

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):
Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐ Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**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.

Little League® "Returning" Volunteer Application - 2017

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, martial 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):

Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage ☐

Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**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 recieve a letter directly from First Advantage in compliance with the Fair Credit Reporting Act containing informa-tion 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.

ELL Board Members & Contacts

Evergreen Little League PO Box 730968 San Jose, CA 95173		(408) 534-1727
President	Talance Orme	(408) 674-9236
VP of Baseball	Randy Omoto	(408) 591-9746
VP of Softball	Silver Garrett	(408) 803-0919
Secretary	TBD	
Treasurer	Rosalinda Estela	(408) 391-8342
Baseball Player Agent	Toby Strite	(408) 324-6317
Safety Officer	Elias Herrera	(408) 449-6390
Information Officer	Christina Bousmaha	
Coaching Coordinator	Robert Martinez	(408) 250-6250
Sponsorship	Shiela Irao	(408) 893-6555
Umpire-In-Chief	David Wong	
Uniform Coordinator	Alison Omoto	(408) 898-0273
Equipment Manager (BB)	Omar gtierrez	(408) 646-5829
Asst. Equipment Manager (BB)	Pancho Leyva	(408) 218-0171
Scholarship Coordinator	Akshay Argawal	(214) 263-5736
Webmaster	David Wong	
Field Coordinator (BB)	Andrew Sotelo	
Volunteer Coordinator (BB 50/70, Majors, Minors, Farms)	Tracy Garfinkel	
Snack Coordinator (BB)	Randy Garcia	

This list will be posted on the league website at www.ell-baseball.com and also in the Snack Shacks.

First Aid Kits

First Aid Kit will be provided to each team at the beginning of the season. Managers must carry these with them to all practices and games. Additional First Aid supplies will be provided to each field located in the Lock Box and concession stand. Coaches, umpires, or league officers must alert the Safety Officer if supplies are low or a replacement kit is needed.

Emergency Phone Numbers

Emergency	**9-1-1**	To access 911 from cell **(408) 277-8911**
Non-emergency	**3-1-1**	**To access 3-1-1 from cell** **(408) 277-8900**
Poison Control		**(800) 222-1222**
Police		**(408) 277-5300**
Fire		**(408) 277-4444**
Nearby Fire Department	Station 21	2064 S White Road, San Jose, CA 95148
	Station 31	3100 Ruby Avenue, San Jose, CA 95135
	Station 24	1924 Yerba Buena Road, San Jose, CA 95121
	Station 16	2001 South King Road, San Jose, CA 95122
	Station 26	528 Tully Road, San Jose, CA 95111
	Station 11	2840 The Villages Pkwy, San Jose, CA 95135
City of San Jose **Animal Care & Services**		(408) 794-7297
Evergreen School District		(408) 270-6800 3188 Quimby Road, San Jose, 95148

Education / Training

1. **Fundamentals Training (Manager/Coach Clinic)**
   Saturday, February 11th, 9:00am at Leyva Middle School.

Managers and Coaches are required to attend a training clinic on fundamentals (hitting, sliding, fielding, pitching, etc.). At least one representative from each team must attend the Clinic. Every Manager/Coach must attend this training at least once every 3 years.

2. **Positive Coaching Alliance Manager Training**
   Monday, February 6th, 7:00pm at ROHI Church

Positive Coaching Alliance is a national non-profit organization whose mission is to develop "Better Athletes, Better People" by working to provide all youth and high school athletes a positive, character-building youth sports experience. There will be two training sessions provided this year.

3. **Safety Meeting and First Aid Clinic**
   March 2nd, 7pm, at ROHI Church

Safety Meeting and First Aid Clinic will be hosted annually by ELL. At least one representative from each team must attend the training. All Managers and Coaches must attend First Aid Training at least once every 3 years. Parent volunteers are encouraged to attend. It is recommended that a trained First Aid Volunteer be present at each practice and game. First Aid training will include heat-induced illness and concussion-related warning signs and protocols.

Due to their training and education, licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics are exempt.

Annual Facility Survey

Field Inspection documented via 2017 Annual Little League Facility Survey is to be submitted online to LL. ELL has completed our 2017 Little League Facility Survey online. Enclosed is a copy of the confirmation of submission. (Page 8).

Items to be reviewed annually include but not limited to:

- Bleachers
- Dugouts
- Fencing
- Field Conditions
- Uneven playing surfaces
- Base anchors
- Sprinkler Vaults / Heads / Hose bibs
- Submit annual Little League Lighting Safety Audit (if artificially-lighted fields are available in the future)
- Lock Boxes

- Bases: Breakaway bases are used at all fields employing raised bases.
- Double first bases are used for PeeWee/Farm baseball and Pioneer softball games to help teach proper techniques to baserunners and fielders covering first base, as well as to avoid injuries due to collisions.
- Pitcher's Mound
- Field Maintenance Tools - broom, shovel, rake, hose, mowers, generators, electrical cords, pitching machines.
- Parking
- Snack Shacks
  1. Cooking Equipment inspected annually
  2. The Safety Officer will provide one fire extinguisher per snack shack. The Snack Shack coordinator is responsible for the maintenance of the fire extinguishers and will alert the Safety Officer if a replacement is needed.

Exhibition. 2017 Online Facility Survey Completion Confirmation

This page confirms the completion of the 2017 online Facility Survey

Evergreen
League Name

59
District #

405-59-04
League ID #

Submit this page with your hardcopy ASAP plan rather than the completed 2017 Facility Survey

Field and Game Safety Checklist

All managers, coaches and umpires are responsible for checking field safety conditions before each game.

Field Condition OK?	Yes	No
Backstop		
Home plate		
Bases secure		
Bases		
Pitcher's mound		
Grass Surface		
Infield fence		
Outfield fence		
Sprinkler condition		
Dirt needed?		
Gopher holes repair needed?		
Dugouts Condition OK?	**Yes**	**No**
Fencing		
Bench		
Roof		
Bat racks		
Trash cans		
Spectator Areas OK?	**Yes**	**No**
Bleachers		
Hand rails		
Protective screens		
No smoking		
Parking area safe		
Important Phone Numbers?	**Yes**	**No**
Emergency phone list		
ELL Board Contact list		

Catchers Equipment OK?	Yes	No
Helmets		
Face masks		
Throat protectors		
Chest protectors		
Catcher's mitt (boys)		
Catchers cup (boys)		
Shin guards		
Players Equipment OK?	**Yes**	**No**
Batting helmets		
Jewelry removed		
Bats inspected		
Shoes checked		
Uniforms checked		
Athletic cups (boys)		
Safety Equipment On hand?	**Yes**	**No**
First-Aid Kit		
Ice for injuries		
ELL Safety Plan		
Medical Release forms		
Division rules		
Telephone/Cellphone		
Forms on hand?	**Yes**	**No**
Incident/Injury Tracking Report		
Accident Notification Form		
Accident Claim Form Instruction		
Pitching Eligibility Tracking Form		
Game Pitch Log Form		

Safety Guidelines

The ELL Board of Directors has mandated the following planned program of safety which is intended to reduce or eliminate personal injury to all the players, spectators and volunteers of Evergreen Little League. To support safety related activities, a part of the ELL operating budget is allocated for Safety.

In addition to ELL Safety Plan, ELL requires all Coaches and Managers to follow Little League Rules published in the official rule books, including proper equipment.

Field Inspection

Field inspection is **REQUIRED** prior to each use. Coaches and Umpires must inspect the playing field before each practice and game. All debris must be removed. Hazards must be repaired prior to play. Unsafe conditions or potential safety hazards must be reported to the Safety Officer as soon as possible and corrective actions taken. Coaches, managers, umpires, and team parents are encouraged to use the **Field and Game Safety Checklist** (Page 9).

Equipment Inspection

Inspection is done annually before season begins by the Equipment Coordinator. Player Equipment - Inspection **REQUIRED** prior to each use. Managers and Umpires have the responsibility to insure all player equipment is safe. Defective equipment must be reported to the Equipment Manager for replacement. Unsafe equipment should be destroyed to prevent future use. Only equipment adhering to Little League rules for proper equipment is permitted. Reduced impact balls are used for T-ball and PeeWee. Umpiring Equipment inspection is also **REQUIRED** prior to each use.

Player Travel

1. Practice times and games must allow for sufficient daylight for players traveling without adult supervision to reach their destination safely.
2. Also refer to the ELL Handbook - **no players are left behind** after a practice or a game.

Darkness / Inclement Weather

1. Refer to the ELL Handbook - Darkness is called when the street lights are lit or when conditions are deemed by the Umpire to be unsafe for play due poor lighting conditions.
2. Play will be halted when weather conditions are deemed unsafe - i.e. rain, lightning, or heat.
3. Encourage players to bring sufficient water to practice and games. Allow sufficient water breaks and allow players to obtain a drink when they feel it is needed if before the scheduled breaks.

Safety Procedures for All

- **Players** – all male players must wear an athletic supporters or a cup during games. Mouth guards are encouraged. Players may not wear any metallic items like watches, jewelry, rings or pins during practice or games unless that item serves a medical alert purpose (and this must be taped into place). Coaches are encouraged to require them at practices as well. Managers are encouraged to appoint at least one player at a time as team safety representative to assist with the inspection of the facility and equipment prior to practices and games. At no time during a practice or game is "horseplay" permitted. Players should remain alert and focused on baseball.

- **Medical Release Forms** – all players should sign a **Medical Release Form** (Page 14). The manager should have medical release forms on hand for every player at each game or practice.

- **Catchers** – catchers must wear catcher's mitts. First baseman's or regular fielder's mitts are not permitted due to risk of hand injury. Catchers must wear a fiber or plastic cup. Catchers must wear the helmet and facemask while warming up a pitcher. Catchers are not allowed to squat unless they are fully equipped, (shin guards, chest protector, helmet, face mask, gobbler, and cup). Female catchers must wear long or short model chest protectors. Bullpen catchers must also be fully equipped. **Parents and coaches are NOT allowed to warm up pitchers.**

- **Batters / Runners** – ELL does not permit on-deck batters to handle bats – there is no on-deck circle. All batters and runners must wear a helmet, preferably with a chinstrap and face-guard. Faceguards are required at Farm and higher levels. Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.

- **Managers / Coaches** – managers and coaches should sign the Volunteer Code of Conducts form. Only approved Managers and Coaches shall are allowed to practice teams, supervise batting cages or coach a game. If the manager for some reason must leave the field or dugout he/she must designate a Coach in-charge until the manager returns. Managers should have copies of players' medical release forms, an accident/injury report form, and a copy of the ELL 2017 Safety Plan with them at all games and practices. The Manager or Coach should have a cell phone available at all practices and games.

- **Spectators** – spectators must observe from a safe distance, out of the bounds of play including a safety margin for overrun and preferably behind player's dugout and backstop area.

- **Parents** – Parents play a major role helping ELL insure a safe environment is maintained at all times. Parents should be sure to complete a Medical Release Form and provide it to the Manager. Parents should review the ***What Parents Should Know about Little League Insurance*** (Page 16) describing Little League's **supplemental** insurance program. Managers are encouraged to appoint one team parent as Team Safety Representative to assist with reviewing the status of the facility and equipment prior to practice or games. If a manager fails to appoint a parent, then the manager is assumed to hold this responsibility.

- **Dugout** - only players, coaches and managers are allowed in the dugout area and on the playing area. At least one manager or coach MUST remain in the dugout at all times. Food is not permitted in the dugout or playing area, but bottled water or sports drinks in plastic containers are.

- **Pre-game Field Inspection** - before each game, coaches/umpires must walk the field and inspect for hazards before permitting the field to be used.

- **Umpires** – umpires wear proper protective gear (mask, chest protector and shin guards). For males, an athletic supporter or a cup is recommended. This Safety Plan will be reviewed with Umpires prior to the season.

Monthly Safety Report

Safety Officer will attend the ELL Monthly Board Meeting to report on Injuries, unsafe field conditions, equipment failures and to report suggestions from managers/coaches/parents.

End of Season: Safety Program Evaluation

- Presentation to ELL Board
  a. Summarize injuries
  b. Evaluate overall field conditions
  c. Summarize overall equipment failures
  d. Safety evaluation survey results.
  e. Recommendations for next season.

Accident Reporting and Tracking

ELL will use the **Incident/Injury Tracking Report** (page 15) from the LL website and will provide completed accident reports to the Safety Officer within 48 hours of the incident. Managers are encouraged to notify Safety Manager of "near-misses" to track and develop best practices to improve programs in the future.

Injury Reporting Procedure

- Any person may report an injury to the ELL Safety Officer (qualityassuredplumbing@yaho.com) at any time.

- **What to Report**
  Injuries that should be reported to the Safety Officer include:
  a) Any injury that results in the player, Coach, or Spectator leaving the game or practice.
  b) Any injury to the Head.
  c) Any injury which results in a visit to a hospital or doctor.
  d) Any other injury that a Coach or Manager feels should be reported (If you are unsure, REPORT IT!)

- **When to Report**
  It is the Manager's responsibility to report Injuries to the League Safety Officer (If the Manager is absent the "Coach in charge" makes the report) within 24hrs of an incident.

- The Safety Officer's responsibilities in case of injury or incident are:
  1) Record the necessary information on an "Incident/Injury Tracking Report." At a minimum, the following information must be provided:
  i. Name/phone of the individual(s) involved.
  ii. Date/time/location of the incident.
  iii. As detailed description of the incident as possible.
  iv. Preliminary estimation of the extent of the injuries.
  v. Name/phone of person reporting the incident.

2) Contact the injured party to assess the degree of the injury. In the event the injured party required professional medical attention, advise the injured party or the relevant Parent or Guardian of LL's supplemental insurance program with AIG.

3) Complete the Injury Tracking Report form and file a copy to District 59 and the ELL President.

4) Contact the injured party within 24-48 hours.

5) If the injured party or relevant Parent/Guardian wishes, assist with the AIG Accident Claim Form, have the parent sign and fax to Williamsport, notifying the ELL President and District 59. For information on Little League insurance, please refer to **What Parent Should Know about Little League Insurance** (Page 17). Note that initial claim notification must be submitted within 20 days and initial bills must be submitted within 30 days from the accident. Claim form is available on ELL website under **Safety Information.**

6) Present Report at the next Board Meeting.

Field Locations

Field	Address	Telephone
Boggini Park	*Remington Way & Millbrook Dr.* *San Jose, CA 95148*	*(408) 793-5510* *Sanjoseca.gov*
Carolyn A. Clark Elem.	*3701 Rue Mirassou* *San Jose, CA 95148*	*(408) 223 - 4560 (phone)*
Chaboya Middle	*3276 Cortona Drive* *San Jose, CA 95135-1180*	*(408) 270 - 6900 (phone)*
Dove Hill Elementary	*1460 Colt Way* *San Jose, CA 95121-1900*	*(408) 270 - 4964 (phone)*
Evergreen Elementary	*3010 Fowler Road* *San Jose, CA 95135-1017*	*(408) 270 - 4966 (phone)*
LeyVa Middle	*1865 Monrovia Drive* *San Jose, CA 95122-1505*	*(408) 270 - 4993 (phone)*
Millbrook Elementary	*3200 Millbrook Drive* *San Jose, CA 95148-3681*	*(408) 270 - 6767 (phone)*
Norwood Creek Elem.	*3241 Remington Way* *San Jose, CA 95148*	*(408) 270 - 6727 (phone)*
O. B. Whaley Elementary	*2655 Alvin Avenue* *San Jose, CA 95121-1609*	*(408) 270 - 6759 (phone)*
Ocala Middle	*2800 Ocala Ave.* *San Jose, CA 95148*	*(408) 928 - 8350 (phone)*
Quimby Oak Middle	*3190 Quimby Road* *San Jose, CA 95148-3022*	*(408) 270 - 6735 (phone)*
Silver Oak Elementary	*5000 Farnsworth Drive* *San Jose, CA 95138-4515*	*(408) 223 - 4515 (phone)*

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 LEGAL GUARDIAN AUTHORIZATION: Email: _____

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)/legal 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.

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 ☐ TAD

B.) ☐ 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 to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field
- ☐ Base Path: ☐ Running *or* ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
- ☐ Collision with: ☐ Player *or* ☐ Structure
- ☐ Grounds Defect
- ☐ Other: _____

B.) Adjacent to Playing Field
- ☐ Seating Area
- ☐ Parking Area

C.) Concession Area
- ☐ Volunteer Worker
- ☐ Customer/Bystander

D.) Off Ball Field
- ☐ Travel:
- ☐ Car *or* ☐ Bike *or*
- ☐ Walking
- ☐ League Activity
- ☐ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

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 parent's 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, after a $50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 after the 52-week time limit when:
   (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of $100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
   (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of $1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.
   Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.
   No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.
   Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

   We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Concession Stand Safety Procedures

Snack Shack Safety Procedures will be posted at all ELL Snack Shacks. All Snack Shack volunteers will be instructed in the safety procedures.

ELL Snack Shack Safety Procedures

- Our Snack Shacks/Concession Stands serve packaged foods, hot and cold drinks, and occasionally BBQ items.
- No person under the age of fifteen should be allowed behind the counter in the Snack Shack/Concession Stand.
- Snack Shacks/Concession Stand workers are trained in safe food preparation covering safe use of equipment. Plastic gloves are used when handling unpackaged food (such as hot dogs and buns). Training is provided by the Snack Shack/ Concession Stand Coordinator, and given to Team Parents during one of the Parent Auxiliary Meetings in the beginning of the season.
- Cooking equipment is inspected periodically, serviced as needed. (See Snack Shack/Concession Stand Weekly Check List)
- Any use of BBQ grill is done outside in a properly ventilated area
- Propane Tanks are turned off at the grill and at the tank after use.
- Food not purchased by ELL will not be cooked, prepared, or sold in the Snack Shacks/Concession stands.
- Safely store cooking grease in containers away from open flames.
- CO_2 tanks, if any, are upright secured with chains so they cannot fall over. (See Snack Shack/Concession Stand Weekly Check List).
- Cleaning chemicals should be stored in a locked container.
- A certified Fire Extinguisher suitable for grease fires must be in plain view of the Snack Shack/Concession Stand workers at all times. All workers are instructed on its use.
- All Snack Shack/Concession Stand workers are encouraged to attend a training session in the Heimlich Maneuver, an emergency technique for preventing suffocation when a person's airway becomes blocked by a piece of food or other object.) .
- A fully stocked First Aid Kit and a copy of this safety plan must be available in all Snack Shacks/Concession Stands.
- The Snack Shack/Concession Stand main entrance door should never be locked or blocked while people are inside.