Warren Little League

★ EST. 1952 ★ WARREN, RHODE ISLAND ★

WLL – A Safety Awareness Program (ASAP)

Updated: January 2020

Qualified Safety Plan Requirements

- League Safety Officer: Steve Calenda has been identified as the designated Safety Officer for WLL and his contact information has been updated on the Little League data center.

- Warren Little League will distribute a paper copy of this Safety Manual to all Managers/Coaches, League Volunteers and the District Administrator annually.

- Emergency Contact Information:

Emergency Phone Number: **911**
Warren Police Department: **401-245-1311**
Warren Fire Department: **401-245-7600**

League President:	Jay Thompson	508-916-0808		
League Vice-President:	Paul DeWolf	401-743-5325		
League Player Agent:	Jason Gale	401-527-8460		
League Maintenance:	Jay Thompson	508-916-0808	Steve Calenda	401-338-3709
League Treasurer:	Chris Moniz	401-533-8790		
League Safety Officer:	Steve Calenda	401-338-3709		

***This list will also be posted in the Jannitto Field Concession Stand as well as the maintenance sheds.**

WLL - Safety Awareness Program Cont.

- Warren Little League will use the Official Little League Volunteer application form to screen all of our coaches and volunteers. (Example included in appendix)

- WLL Fundamentals Meeting / First Aid Training Meeting: This is a required meeting for at least one Manager/Coach from each team represented in the league. Required Manager/Coaches will attend this meeting annually to review league ground rules, expectations, and required communications. In addition to operational training the league will review coaching fundamentals including hitting, sliding, fielding, and pitching. WLL will also conduct our annual First Aid Training review at this meeting to discuss various on field and procedural medical requirements.

  - Meeting Date: February 25th 2020
  - Meeting Time & Location: Warren Youth Center (7:00pm)

- Field Inspection: Managers/Coaches will be required to walk/inspect the field prior to all practices and games to determine if playing conditions are deemed safe for player activity. Umpires will also be required to walk the field for hazards before each game played. In the case of rain/lightning conditions impacting the ability to conduct a game the head umpire will ultimately be responsible for and have final say in deeming the field of play safe or unsafe for player activity.

- Warren Little League has completed the 2020 Facility Survey and filed this info through the Data Center
- (2020 Little League National Facility Survey Included in appendix)

WLL - Safety Awareness Program Cont.

- Concession Stand Safety: Warren Little League has designated Joel Cary as the Director of League Concessions. He will ensure all equipment is properly handled and inspected through out the season and any necessary repairs are brought to the Boards attention immediately. As such all concessions menu items shall be posted and approved by the leagues Director of Concessions and League President.

- Our concession safety procedures will be posted at all sites league wide (Concession Stand Safety Procedures included in appendix).

- The designated Safety Officer for the league will inspect all equipment in the pre-season and advise the WLL Board as to the status all baseball equipment and first aid medical equipment. The Safety Officer will also work with the league to make all necessary repairs as well as any correct any deficiencies and replenish first aid medical supplies.

- Managers/Coaches will be required to inspect all equipment prior to each game.
- Umpires will be required to inspect equipment prior to the start of each game.

- Implement Prompt Accident Reporting: The league will use the provided incident tracking form from the Little League International website and will provide completed accident forms to the Safety Officer within 24-48 hours of the incident. (Sample incident tracking form included in appendix).

WLL - Safety Awareness Program Cont.

- Each team in the league will be issued an updated First Aid Kit and is required to have it at every practice and game.

- Warren Little League will require ALL TEAMS to enforce ALL Little League Rules including:

  - Proper equipment and protection for catchers
  - NO On-Deck batters
  - Bases will disengage on all fields
  - Managers/ Coaches can not warm-up/catch pitchers (Non-Developmental Leagues ONLY)

- 2020 ASAP Proposed Safety Enhancement – WLL will make safety improvements to the concessions and bathroom facilities at Fred J. Jannitto Field – Warren RI.

- League player registration data or player roster data and manager/coach data will be submitted via the Little League Data Center at www.LittleLeague.org

- 2020 Qualified Safety Program Registration Form (Included in appendix)

WLL - Safety Awareness Program Appendix

Little League® Volunteer Application - 2020

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

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): _____

1. Do you have children in the program? Yes ☐ No ☐
   If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? Yes ☐ No ☐ If yes, list: _____
3. Do you have a valid driver's license? Yes ☐ No ☐
   Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
   If yes, describe each in full: _____ Yes ☐ No ☐
   (If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 6, does not automatically disqualify you as a volunteer.)
7. 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 ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ 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: LittleLeague.org/BgStateLaws

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 all checks include criminal records and sex offender registry records

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

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

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

Last Updated: 10/10/2019

WLL - Safety Awareness Program Appendix

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2020

League Name: Warren Little League
District #: District #2
ID #: 2390217
(if needed) ID #:
(if needed) ID #:
City: Warren State: RI

President: Jay Thompson
Address: 21 Dyer Street
Address:
City: Warren
State: RI ZIP: 02885
Phone (work):
Phone (home):
Phone (cell): 508-916-0808
Email: jwthompson@gmail.com

Safety Officer: Steve Calenda
Address: 6 Parker Avenue
Address:
City: Warren
State: RI ZIP: 02885
Phone (work):
Phone (home):
Phone (cell): 401-338-3709
Email: dsc18@aol.com

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield	3		
c. Bases	3		
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

WLL - Safety Awareness Program Appendix

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center. 		Name: Jannitto Field	Name: Warren Rec Park	Name: Burr's Hill Park	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Please answer the following questions for each field:	**Field #**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
GENERAL INVENTORY	(For the following questions, if the answer is "No" please leave the space blank.)																				
1. How many cars can park in designated parking areas?	None																				
	1-50	X	X	X																	
	51-100																				
	101 or more																				
2. How many people can your bleachers seat?	None/NA																				
	1-100	X	X	X																	
	101-300																				
	301-500																				
	501 or more																				
3. What material is used for bleachers?	Wood																				
	Metal	X	X																		
	Other			X																	
4. Metal bleachers: Ground wire attached to ground rod?	Yes	X	X																		
5. Wood bleachers: Are inspected annually for safety?	Yes																				
6. Is a safety railing at the top/back of bleachers?	Yes	X	X	X																	
7. Is a handrail up the sides of bleachers?	Yes	X	X	X																	
8. Is telephone service available?	Permanent																				
	Cellular	X	X	X																	
9. Is a public address system available?	Permanent																				
	Portable	X	X	X																	
10. Is there a pressbox?	Yes																				
11. Is there a scoreboard?	Yes	X	X																		
12. Adequate bathroom facilities available?	Yes	X	X	X																	
13. Permanent concession stands?	Yes	X	X																		
14. Mobile concession stands?	Yes																				

WLL - Safety Awareness Program Appendix

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes	X	X																		
16. What type of fencing material is used?	Chainlink	X	X																		
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X	X																	
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X																	
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	X	X	X																	
20. Does field have conventional dirt pitching mound?	Yes	X	X	X																	
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X	X																	
23. Backstop behind home plate?	Yes	X	X	X																	
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes	X	X																		
26. Pitcher's eye (screen/covering) behind home plate?	Yes	X	X																		
27. Are there protective fences in front of the dugouts?	Yes	X	X	X																	
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	X	X	X																	
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind	X	X	X																	
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X	X																	
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards?	Yes																				
(50 footcandles infield/30 footcandles outfield)	Don't know																				
35. What type of poles are used?	Wood*																				
(Wood poles have not been allowed by Little League	Steel																				
for new construction of lighting since 1994)	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years?	Electrical System																				
Please indicate month/year testing was done (example: 3/10)	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

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	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes																				
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes																				
41. Who owns the field?	Municipal		X	X																	
	School																				
	League	X																			
42. Who is responsible for operational energy costs?	Municipal		X	X																	
	School																				
	League	X																			
43. Who is responsible for operational maintenance?	Municipal																				
	School																				
	League	X	X	X																	
44. Who is responsible for puchasing improvements for the field - ie bleachers, fences, lights?	Municipal		X	X																	
	School																				
	League	X																			
	Other																				
45. What divisions of **baseball** play on each field?	T-Ball & Minor	X	X																		
	Major	X	X																		
	Jr., Sr. & Big			X																	
	Challenger																				
	50 – 70																				
46. What divisions of **softball** play on each field?	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?	Yes	X	X																		

WLL - Safety Awareness Program Appendix

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.
Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.
Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.
Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.
Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.
Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.
Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.
Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.
Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.
Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.
Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

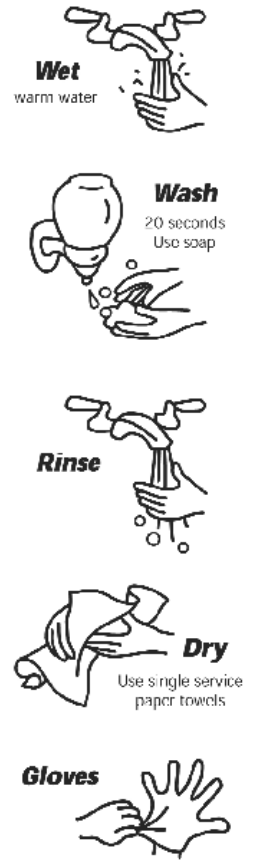
12. Food Storage and Cleanliness.
Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.
Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW



WHEN

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

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

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

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

Wear gloves.

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

If you wear gloves:
- wash your hands before you put on new gloves

Change them:
- as often as you wash your hands
- when they are torn or soiled

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

UMASS EXTENSION

WLL - Safety Awareness Program Appendix

For Local League Use Only

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 ☐ Minor ☐ Major ☐ Intermediate (50/70)
☐ Junior ☐ Senior ☐ Big League

C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

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

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

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

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

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

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

Signature: _____ Date: _____

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

AIG

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

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. _____

PART 1

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 _____ ☐AM ☐PM Type of Injury _____

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

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

☐ BASEBALL
☐ SOFTBALL
☐ CHALLENGER
☐ TAD (2ND SEASON)

☐ CHALLENGER (4-18)
☐ T-BALL (4-7)
☐ MINOR (6-12)
☐ LITTLE LEAGUE (9-12)
☐ INTERMEDIATE (50/70) (11-13)
☐ JUNIOR (12-14)
☐ SENIOR (13-16)
☐ BIG (14-18)

☐ PLAYER
☐ MANAGER, COACH
☐ VOLUNTEER UMPIRE
☐ PLAYER AGENT
☐ OFFICIAL SCOREKEEPER
☐ SAFETY OFFICER
☐ VOLUNTEER WORKER

☐ TRYOUTS
☐ PRACTICE
☐ SCHEDULED GAME
☐ TRAVEL TO
☐ TRAVEL FROM
☐ TOURNAMENT
☐ OTHER (Describe)

☐ SPECIAL EVENT (NOT GAMES)
☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)

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 _____

CHARACTER COURAGE LOYALTY