



Divide Little League

2024 Safety Plan

League ID 405-54-18

Luke Elliott, President
530-401-1607

Blake Braafladt, Safety Officer
916-290-2891



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Mission Statement

The mission of the Divide Little League shall be to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens.

Safety Message

DLL is excited to welcome our league members to another fun and exciting year of Divide Little League Baseball! DLL's highest priority continues to be the safety of our players and their families. To fulfill our mission of providing a safe playing environment any and every time our teams take the field, we need the commitment of every single member of our league. The first step of that commitment is to review the DLL Safety Plan. The purpose of the DLL Safety Plan is to outline the safety policies and procedures of our league, which are intended to create, encourage, and maintain the highest standards of safe play at all levels. Please remember that the responsibility of safety rests with each of us, the volunteers of Divide Little League. Since prevention is the key to reducing accidents and injuries, we ask that you always use common sense, always believe what children tell you, and always report accidents if they occur. From the entire Board of Directors, we thank you for your time and commitment to the Divide Little League program. Have fun and always remember safety first!

Safety Plan

The Divide Little League Safety Plan is an annual requirement of Little League International's A Safety Awareness Program (ASAP). It includes the 15 elements required by ASAP (listed below), along with the safety policies and procedures specific to Divide Little League:

1. Safety Officer
2. Safety Manual Distribution
3. Emergency Plan
4. Volunteer Application
5. Fundamentals Training
6. First Aid Training
7. Check Field Conditions
8. Facility Survey
9. Concession Stand Safety
10. Equipment Check
11. Accident Reporting
12. First Aid Kits
13. Enforce Little League Rules
14. Player / Coach Data
15. Survey Questions

All league members are encouraged to review the safety plan annually. Divide Little League expects all members to adhere to all safety policies and procedures and to assist the league in creating a culture of safety.

The Safety Plan will be posted on our website and emailed to all Managers and Coaches. All teams will have a printed copy of the ASAP and there will be a copy in all sheds. If there are any questions contact the Safety Officer or President.

Divide Little League Board of Directors

Position	Name	Phone	Email
President	Luke Elliott	530-401-4398	dividelittleleague@gmail.com
Vice President	Kris Jower	530-401-5475	dividelittleleaguevp@gmail.com
Secretary	Kim O'Brien	408-515-6145	dividelittleleaguesecretary@gmail.com
Treasurer	Casey Jower	530-401-4640	dividelittleleaguetreasurer@gmail.com
Safety Officer	Blake Braafladt	916-290-2891	dividesafety@gmail.com
Player Agent 1	Ryan Cox	530-903-6958	divideplayeragent@gmail.com
Player Agent 2	Steve Jenkins	530-834-1329	divideplayeragent2@gmail.com
Coaching Coordinator	Rob Jacques	530-333-3351	divideoachcoordinator@gmail.com
Umpire in Chief	Jeremy Yergler	916-417-3238	divideumpire@gmail.com
Equipment Manager	Ben Urias	916-905-9232	divideequipment@gmail.com
Field Maintenance Manager	Dan Trahan	530-368-9114	dividefields@gmail.com
Scheduler/Information Officer	Kati Jardine	530-417-0374	dividescheduler@gmail.com
Uniforms Manager	Tessa Jacques	916-759-4469	divideuniforms@gmail.com

Emergency Action Plan

In case of a medical emergency, call 911.

Important Local Emergency Phone Numbers:

El Dorado County Sheriff	Emergency Number	911
	Non-Emergency Number	(530) 621-6600

Procedure for Emergency Calls

The most important help that you can provide a victim that has been seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follow these important steps:

- o Dial 9-1-1 from a cell phone.
- o Give the dispatcher the necessary information:
 - o Identify yourself.
 - o Your location: which field and the address
 - o The age of the injured person.
 - o What is the emergency/injury and how it happened.
 - o The condition of the injured person ex: unconscious, chest pain, severe bleeding, etc.
 - o What help is being provided (first aid).
 - o Don't hang up until the dispatcher tells you to. The EMS dispatcher may be able to tell you how to best care for the victim.
 - o Continue to care for the victim until professional help arrives.
 - o **IMPORTANT:** appoint someone (or several people) to go to the street and look for the Fire Department and Ambulance and direct them to the injured person.

Divide Little League Safety Officer

Blake Braafladt is the Safety Officer for DLL and is a member of the DLL Board of Directors. He can be contacted at 916-290-2891 or dividesafety@gmail.com.

The responsibilities of this position are developing and implementing DLL's safety program per Little League's A Safety Awareness Program (ASAP) and reviewing all league operations with a focus on safety. Safety is the primary objective when placing players in the appropriate division per their skill level, for themselves and for others.

The Safety Officer's responsibilities include (but are not limited to):

- o Attend safety meetings with the District 54 Safety Officer and provide input from the league level.
- o Ensure DLL maintains a copy of the league's insurance policy.
- o Help the President with background checks and fingerprinting for manager and coach candidates, board members, and other appropriate DLL volunteers if needed.
- o Maintain record of and follow up on all injury reports (see Injury Reporting).
- o Track all injuries and near misses to identify injury patterns that may be amenable to education and/or prevention strategies.
- o Coordinate annual safety/first aid training for all managers and coaches.
- o Distribute the Safety Plan manual to each team manager at the beginning of the season and place copies in all field sheds.
- o Stock and provide a first aid kit for each team and field replenishing contents throughout the season as necessary.
- o Ensure that safety is a monthly Board Meeting topic and encourage experienced individuals to share ideas on improving safety.
- o Perform and document the annual survey and analysis of playing fields and facilities with the Field Maintenance Manager, President, and other appropriate board members, and communicate the results to the board, especially areas/issues that require attention.
- o When unsafe or hazardous conditions are identified and brought to the attention of the safety officer, they will act immediately to resolve the issue, working with the DLL board and the Field Maintenance Manager.

Divide Little League Safety Code

Little League rules, the DLL Safety Manual, and the following Safety Code for Little League, as adapted from the Little League Rulebook, will be enforced at all league activities:

- o Managers, coaches, and umpires should have some training in first aid.
- o Every manager will be issued a first aid kit and it should be available at every Little League practice and game.
- o No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- o Play areas should be inspected frequently for holes, damage, glass, and other foreign or hazardous objects.
- o Dugouts and bat racks should be positioned behind screens.
- o Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- o Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose, or the manager and coaches.
- o Procedure should be established for retrieving foul balls batted out of the playing area.
- o During practice sessions and games, all players should be alert and watch the batter on each pitch.
- o During warm up drills, players should be spaced so that no one is endangered by errant balls.
- o Equipment should be inspected regularly. Make sure it fits properly.
- o Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- o Batters must wear protective NOCSAE helmets during practice, as well as during games.
- o Catchers must wear a catcher's helmet (with face mask and dangling throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times. NO EXCEPTIONS.
- o Except when a runner is returning to a base, head-first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball.
- o During sliding practice, bases should not be strapped down.
- o At no time should "horse play" be permitted on the playing field.
- o Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- o Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- o Catchers must wear a catcher's helmet, face mask and dangling throat guard when warming up pitchers. This applies between innings and in bullpen practice. NO EXCEPTIONS.
- o Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- o Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
- o Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

First Aid / Safety Training

DLL will deliver safety/first aid training to managers/coaches on February 5th, 2023 at 6:00PM (Location TBD). The District 54 safety clinic recording will be an option for leagues to use for safety training.

All managers, coaches, board members, and adult umpires are required to complete the following safety trainings (junior umpires, less than 18 years old, are strongly encouraged to complete):

- 1) [Online Concussion Training](#), through CDC Heads Up
 - o <https://www.cdc.gov/headsup/youthsports/training/index.html>
- 2) [Sudden Cardiac Arrest \(SCA\) Prevention Training](#), via Eric Paredes Save a Life Foundation
 - o <https://epsavealife.org/sca-prevention-training/>
- 3) Child Protection Program Training (through SafeSport), [Abuse Awareness for Adults](#)
 - o <https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>
 - o Must be completed by ALL VOLUNTEERS, in addition to those listed above.

First Aid

First Aid Do and Don'ts

DO...

- o Reassure a child who is injured, sick, frightened, or lost.
- o Ask permission before providing first aid.
- o Know your limitations.
- o Managers carry with you or know the location of a first aid kit to all practices and games.
- o Managers have all player medical release forms with you at all practices and games.
- o Always have a cell phone available at all practices and games.
- o Report hazardous conditions to the Safety Officer or other board member immediately.

DON'T...

- o Administer any medications.
- o Apply ice packs directly to skin. Wrap in a towel or apply over clothing.
- o Provide food or beverages other than water.
- o Be afraid to ask for help.
- o Leave an unattended child at a practice or game.
- o Hesitate to report any present or potential safety hazards to the Safety Officer or other board member.

Common injuries

Contusions

- o Result from a direct blow from a ball or player.
- o There is swelling and discoloration from bleeding under the skin.
- o Treat with ice and compression. Players are usually able to return to play the same day unless there is pain with bearing weight or with moving a joint (see musculoskeletal injuries below).
- o **Note on applying ice:** do not apply ice or an ice pack directly to the skin. Wrap it in a towel or a shirt or apply over clothing. In the first 2-3 days after an injury, apply ice for 10 minutes every hour (at the most). After that, it may be applied 10-15 minutes, up to 3 times a day.

Abrasions

- o Abrasions of the skin include small cuts, scrapes, turf burn, etc.
- o Always use universal precautions when caring for wounds (gloves, etc.)
- o Gently cleanse the wound with clean water to remove any debris. Allow to dry. Apply a clean dressing to keep wet areas covered. See Little League rules regarding blood on uniforms and equipment ([Little League Rules, Appendix C: Communicable Disease Procedures](#)).

Bloody Nose

- o To control a nosebleed, have the player sit, lean forward slightly, and pinch the nostrils closed for 5 minutes.
- o If the nosebleed has not stopped after 15 minutes, the player should be medically evaluated.
- o There is no evidence to support using ice packs on the back of the neck to stop bleeding from the nose.

Musculoskeletal injuries

- o Children and adolescents are not small adults. As they grow, their soft tissues (muscles, ligaments, tendons and fascia) are stiff and weak, which is a recipe for injury.
- o The growth plates in the elbow and shoulder do not close until about age 15-17 in boys and about age 14-16 in girls. The growth plates are extremely vulnerable to injury from overuse and rotational forces like throwing. Growth plate injuries require appropriate treatment to avoid lifelong issues with the corresponding bone or joint.
- o **Players should not play through any pain, especially in the shoulder or elbow, as this may signal a growth plate injury.**
- o For other musculoskeletal injuries, if there is swelling, pain with bearing weight, pain with moving the joint or limited movement of the joint, then medical evaluation is recommended prior to returning to play.

Heat illness

- o Children and adolescents, again, are not small adults. They produce more heat with activity and are not able to cool themselves as well as adults (as was previously discussed). Thus, children and adolescents can overheat very quickly **and** in any type of weather.
- o When it is hot, provide frequent water breaks (every 15 minutes) in the shade. Water is sufficient for hydration unless the activity is intense and lasts more than 60 minutes.

- o Players should have their own water bottle labeled with their name. **No sharing of water bottles will be allowed.**
- o Players who are overheated should rest and hydrate until they feel well enough to rejoin the activity.
- o **If symptoms progress to vomiting or confusion, this is heat stroke and is a medical emergency. Call 9-1-1 right away and begin cooling procedures IMMEDIATELY.**

Anaphylaxis / Allergic reactions

- o Some people/players may have serious allergic reactions to things like bees or peanuts. **Managers and coaches need to know if any players on their team have a serious allergy and if they carry an EpiPen.**
- o **If you suspect a player is having an allergic reaction, administer an EpiPen if one is on hand (see Appendix B for instructions) and call 9-1-1. The longer you wait to administer an EpiPen, the harder it is to stop an allergic reaction.**
- o For moderate symptoms after a bee sting, try to remove the stinger by gently scraping with a fingernail or business card and apply ice to the area.

Dental Injuries

- o Control the bleeding in the mouth by gently biting on a towel. This will also help stabilize the tooth.
- o If the tooth is broken or knocked out completely, first find the tooth or broken piece, then rinse it and store in milk or inside the cheek for transport to the dental office.
- o **IMMEDIATELY** transport the player and the tooth to the dentist.

Concussion protocol

The State of California requires all coaches/managers and administrators (board members and umpires) of youth sports to complete concussion training annually. DLL requires manager/coaches, umpires and the Board of Directors to complete the Heads Up Concussion In Youth Sports training provided by the Centers for Disease Control (CDC) and successfully pass the concussion evaluation quiz. **Successful completion of this training is required every year.** The course can be accessed online at:

<https://www.cdc.gov/headsup/youthsports/training/index/html>

DLL provides all registrants with the CDC Heads Up Concussion Information Sheet and requires players and parents/guardians to complete the concussion information acknowledgement form (Appendix C), as required by California state law.

A concussion is an injury to the brain resulting from a direct blow to the head or a direct blow to the body with transmission of force to the head. Common symptoms of concussion in adolescents are headache, dizziness, fogginess, unsteadiness and possibly nausea, vomiting or vision changes. If a player is suspected to have sustained a concussion injury, they should be removed from play and not allowed to return that day. **When in doubt, sit them out.**

After a player is removed from the field of play due to a suspected concussion, the decision about when to return to the field can only be made, per California law, by a

health care professional qualified to make such a decision. The California Interscholastic Federation (CIF) specifies that this professional must be a physician (M.D. or D.O.). Therefore, DLL requires a written doctor's note be submitted to the manager AND Safety Officer clearing the player before allowing a player to return to practice/play.

Sudden Cardiac Arrest (SCA) protocol

The State of California requires all coaches/managers and administrators (board members and umpires) of youth sports to complete sudden cardiac arrest (SCA) prevention training annually. DLL requires manager/coaches, umpires and the Board of Directors to complete SCA prevention training through the Eric Paredes Save A Life Foundation. **Successful completion of this training is required every year.** The course can be accessed online at:

<https://epsavealife.org/sca-prevention-training/>

DLL provides all registrants with the Eric Paredes Save A Life Foundation's SCA Fact Sheet for Parents & Student Athletes and requires players and parents/guardians to read and sign the SCA information acknowledgement form, as required by California state law (Appendix D).

Sudden Cardiac Arrest (SCA) is not the same as a heart attack. It is caused by a malfunction in the heart's electrical system or structure due to an abnormality the person was born with or inherited, or it can develop as they grow. Players, parents/guardians, managers, coaches and adult volunteers should all be familiar with the following symptoms. If a player has any of these symptoms, they should tell an adult and see their physician right away:

- o Fainting or seizure, especially during or right after exercise.
- o Fainting repeatedly or with excitement or startle.
- o Racing heart, palpitations, or irregular heartbeat.
- o Dizziness or lightheadedness.
- o Chest pain or discomfort with exercise.
- o Excessive shortness of breath during exercise.
- o Excessive, unexpected fatigue during or after exercise.

In the event of a possible cardiac arrest, follow the cardiac chain of survival:

- o **Call 9-1-1 and immediately begin CPR. Immediate and continuous application of CPR can triple the chance of survival.**
- o **Find and apply an AED, if available.**
- o **Continue CPR (and AED use, if available) until emergency medical services arrive.**

Injury Reporting

Managers and coaches will review DLL's injury reporting procedures during the preseason meeting, as described below.

What to Report

We cannot eliminate all injuries or accidents, but we can use them to identify the cause so something can be done to prevent occurrence, or at the very least, recurrence. Good judgment should be used when deciding which accidents and near misses to report for analysis. The severity of an injury is a consideration; however, it is not the only factor that should determine what incidents need to be reported. Examples of accidents that require follow-up and analysis include:

- o Two players going after the same fly ball collide. A player trips and falls over a bat left on the field. Even if no one is hurt, these situations could result in serious injury. Corrective measures can be taken by coaches to address field assignments, practice appropriate techniques and review the appropriate placement of equipment. An incident report submitted to the Safety Officer will serve as a warning to managers of other teams.
- o A player is injured chasing a fly ball and when the outfield is inspected, a hole is found in right field. An incident report will trigger immediate corrective action and review of other fields for safety.

When an injury is severe enough to require professional services, the need for corrective measures is obvious. It is also imperative that the Safety Officer have accurate information about the injury or incident to complete the insurance claim report. Incident reports also facilitate communication between teams in a league and leagues in a district. This sharing of information enables league Safety Officers and the District Safety Officer to ensure the effectiveness of all safety programs.

When to Report

All injuries must be reported to the DLL Safety Officer within 24 hours of the incident. If the injury occurred while playing at another league's field, the DLL Safety Officer should likewise be informed, and they will then notify the home league's safety officer.

How to Report

Divide Little League Injury
Reporting QR code



All first aid kits will have a QR code card that can be scanned to report an injury. Scanning the QR code will bring you to a google form that will need to be filled out and submitted. The Safety Officer will get the report and complete the Little League Incident/Injury tracking form. The Safety Officer will send a copy of the Incident/Injury Tracking Report form to the District 54 Safety Officer, per the district safety plan, and maintain the original on file.

If an injury/accident sustained during a Little League activity required professional medical attention, parents/guardians of the injured player are required to complete a copy of the Little League Accident Notification form (See Appendix F). This form must be completed by parents/guardians (if claimant is under 19 years of age) and a league official (the Safety Officer) and forwarded to Little League Headquarters within 20 days of the accident.

Any player who is removed from play for a suspected concussion, who requires professional services for an injury, or who is out of play for 7 days or more due to an injury must present a written clearance note from a physician to the Safety Officer to return to practice or games.

The DLL Safety Officer provides a monthly safety and injury report to the Board of Directors. Collective injury information is de-identified and analyzed for patterns and/or issues that require corrective measures and presented to the board for discussion and implementation of appropriate actions to prevent future issues. Similarly, the District 54 Safety Officer presents collected and de-identified injury information to the district staff and league presidents at their monthly meetings for similar action.

Injury Prevention

The following are general principles for injury prevention:

- o Taking time off to rest at least one day per week and one month per year is important for young athletes.
- o Wearing appropriate and properly fitted protective equipment: in the case of baseball, that would be helmets, sport cups, padding, catcher's gear, etc. Players should be reminded that they are not invincible when wearing it.
- o Regular conditioning exercises to strengthen the muscles used in play: practice makes permanent!
- o Stretching regularly after games and practice can increase overall flexibility.
- o Reinforce proper technique throughout the season.
- o Dynamic warm-up is recommended prior to activity (see page 24). Dynamic movements are gentle, repetitive movements that gradually increase range of motion. **Evidence strongly suggests that pre-exercise static stretching does not reduce the risk of injury. Muscle injuries occur when the muscle is not strong enough or does not contract at the right time.**
- o Take breaks! For water and for fun to break things up during a session.
- o Play by the rules: they are intended to keep players safe.
- o Do not allow players to play through pain.

Nutrition and Hydration

When children and adolescents are physically active, their muscles generate heat, which increases their body temperature. One of the body's natural cooling responses to increased body temperature is sweat. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids are not adequately replaced, children can quickly become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. Whether it is January or July, thirst is not an indicator of fluid needs. **Always encourage children to drink fluids, even when they do not feel thirsty.** Managers and coaches should schedule water breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning during games.

Water is the best fluid for hydration. The American Academy of Pediatrics says that most children need only water to hydrate during and after sports. Sports drinks just add a lot of extra calories (plus sugar and dyes). The average 8-year-old burns only 150 calories in an hour of sports and children can replenish electrolytes at the next meal.

Adolescence is the perfect time to teach athletes how to effectively fuel their body for training, competition, and recovery. Some excellent tips are listed in the table below, from the article [“Fueling and Hydrating Before, During and After Exercise,”](#) from the Nationwide Children's Sports Medicine website.

	Before Exercise		During Exercise		After Exercise	
When	3-4 hrs before	30-60 min before	Exercise lasting <60 min	Exercise lasting >60 min	15-60 min after	2-3 hrs after
Nutrition Recommendations	Meal: high carb, moderate protein, low fat & fiber	Snack: carb		Snack: carb	Snack: Carb & protein	Balanced meal: carb, protein & fats
Hydration Recommendations	8-20 oz fluid 1 hour before exercise		None or water	4-6 oz fluid every 15 min	Rehydrate with 16-24 oz fluid per one pound lost through sweat	
Examples	<ul style="list-style-type: none"> o Lunch meat and cheese sandwich o Grilled chicken, rice, vegetables o Spaghetti and meatballs 	<ul style="list-style-type: none"> o Peanut butter sandwich o Pretzels and peanut butter o Trail mix and banana 		<ul style="list-style-type: none"> o Sports drink o 100% fruit juice o Orange o Banana o Granola bar 	<ul style="list-style-type: none"> o Chocolate milk o Cheese & crackers o Protein bar o Smoothie o Yogurt & granola 	<ul style="list-style-type: none"> o Hamburger & grilled vegetables o Salmon, mixed vegetables & rice o Pizza & salad o Lasagna

Elbow and shoulder injuries

The role of parents and coaches in injury prevention is crucial. A 2015 study found that 46% of youth baseball respondents said they were encouraged on at least one occasion to keep playing despite having arm pain.¹ When a child complains of arm pain, adults MUST act in the best interests of the child. Risk factors for elbow pain in baseball/softball include:

- o Pitching while fatigued.
- o Poor pitching mechanics.
- o Pitch velocity.
- o Pitch counts (120 to 130-140 per game).

Prevention strategies include limiting fatigue and overuse by following pitching/throwing guidelines (see below), taking periodic time off from baseball/softball, and using age-appropriate strength and conditioning programs (consult a professional). Players should maintain range of motion throughout the body and the shoulder. And remember, Warm up to throw, don't Throw to warm-up! (see Dynamic Warm-up on page 25).

¹ Makhni EC, Morrow ZS, Luchetti TJ, et al. Arm Pain in Youth Baseball Players: A Survey of Healthy Players. *AJSM* 43:1, 2015.

Pitch Counts

Little League takes pitch counts very seriously because studies show that adhering to league age pitch counts is a very effective injury prevention strategy. Scorekeepers for the Minor, Major, and Junior divisions keep track of pitch counts during games; managers must be aware of pitch counts during games to ensure their players are not exceeding their maximum number of pitches per day.

League age pitch counts for Little League Baseball are as follows:

League Age	Maximum # pitches per day
13-16	95 pitches per day
11-12	85 pitches per day
9-10	75 pitches per day
7-8	50 pitches per day

Similarly, pitch count thresholds and associated required rest days are an integral part of preventing injuries:

League age 14 and under		League age 15-16	
66+ pitches	4 days rest	76+ pitches	4 days rest
51-65 pitches	3 days rest	61-75 pitches	3 days rest
36-50 pitches	2 days rest	46-60 pitches	2 days rest
21-35 pitches	1 days rest	31-45 pitches	1 days rest
1-20 pitches	0 days rest	1-30 pitches	0 days rest

*A pitcher who delivers 41 or more pitches in a game can not play the position of catcher for the remainder of the day.

*A catcher who catches 4 or more innings can't pitch for the remainder of the day.

Equipment

For maximum effectiveness, playing equipment must be in good condition, properly fitted, and meet all Little League standards. The following are brief descriptions of appropriate baseball equipment; for more equipment details and specifications, please see the Equipment section.

- o **Helmets:** Must meet NOCSAE specifications and standards (affixed with NOCSAE symbol).
- o **Bats:** USABat Standard bats must be used in the Little League Major Baseball Division and below. Either USABat Standard bats **or** BBCOR bats must be used at the Intermediate (50/70) Baseball and Junior League Baseball Divisions. At the Senior League Baseball Division, all bats must meet the BBCOR standard.
- o **Catcher's gear:** Catchers must wear a catcher's helmet (with face mask and dangling throat protector; skull caps not permitted per Little League), chest protector (long-model or short-model), and shin guards. Male catchers must wear a protective supporter and cup at all times.
- o **Protective cups:** All young men should wear protective athletic cups while playing baseball, and all male catchers are required to wear them.
- o **Sports bras:** All young ladies should wear supportive athletic undergarments.
- o **Balls:** Only official Little League balls will be used during practices and games.
- o **Face mask/chin guard for helmets:** To use a helmet attachment in Little League play, the helmet manufacturer must provide a notice indicating that affixing the protector to the helmet has not voided the helmet's NOCSAE certification. That notice must be shown to the umpire prior to the game ([per Little League](#)).
- o **Mouthguards:** Recommended to protect teeth from injury (due to impact from balls, collisions with other players, etc.).

Head and facial injuries

The risk of injuries to the head and face are less common in baseball and softball than in other (collision type) sports such as football and ice hockey. However, head and face injuries that do occur in baseball and softball are caused by balls and bats and are usually much more severe. A 2017 study² that reviewed 29 articles addressing head injuries in baseball found that the most common mechanism of injury for younger players (ages 5-9) was being struck by a bat and for older players (ages 10-19) it was being struck by a ball. Overall rates of injury were higher in games than in practices.

To prevent severe and emotionally traumatic injuries, DLL urges managers, coaches, and parents to educate their players about the importance of wearing batting helmets and when and where it is appropriate to have a bat in hand or swinging.

² Cusimano MD, Zhu A. Systematic Review of Traumatic Brain Injuries in Baseball and Softball: A Framework for Prevention. *Front. Neurol.*, 30 October 2017. <https://doi.org/10.3389/fneur.2017.00492>

Volunteer Application

All managers, coaches, board members and league volunteers are required to complete a Little League Volunteer Application form and provide a government-issued photo identification for ID verification **every year**. The form is incorporated into the online nationwide background check that each person completes through J.D. Palatine, Little League's official background check provider. Anyone refusing to fill out a Volunteer Application is ineligible to be a league member.

Little League International will provide every local Little League in the U.S. with 125 free criminal background checks of volunteers in each league. An example of the Volunteer Application Form is included in Appendix G.

In addition to the background check, as of January 1, 2022, the state of California is requiring that "any administrator, employee, or regular volunteer of a youth service organization" who spends **more than 16 hours per week or 32 hours per year** in direct supervision of children be fingerprinted ([California Assembly Bill 506](#)).

Effective 2024, 5. All volunteers must complete abuse awareness training and submit the certificate to the league.

- o [Abuse Awareness for Adults](#)
<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

Codes of Conduct

DLL requires a Code of Conduct be read and signed by every player, parent and manager/coach on an annual basis. We are a community-based, volunteer organization striving to provide a safe and nurturing environment for youth athletes to learn and play the game of baseball. We need all league members to know and always abide by DLL's code of conduct to fulfill this mission. Codes of Conduct can be found in Appendix H.

Manager & Coach Responsibilities

DLL managers and coaches are responsible for:

- o The safety of their players.
- o The team's conduct.
- o The team while the players are at practices and games.
- o Teaching and observing Little League rules and official rules of the league.
- o Always having (or knowing the location of) a first aid kit and a copy of the DLL safety manual.
- o Always having a medical release form for each player with them during practices and games. A copy of the Medical Release Form is provided in Appendix I.
- o Encouraging players to hydrate (bring full water bottles) and protect themselves from the sun (long sleeves and sunscreen), especially as the weather begins to get warmer.
- o Encouraging players to wear proper equipment, e.g., protective cups and supporters,

- during practices and games.
- o Promoting and providing all players with a positive Little League experience.
- o The manager is ultimately responsible for the actions of the coaches.

Preseason Responsibilities

Once managers and coaches are selected, they should complete the mandatory online safety training courses required by the state of California and email the PDF certificates of completion to dividesafety@gmail.com.

1. Online Concussion Training, through CDC Heads Up:
<https://www.cdc.gov/headsup/youthsports/training/index/html>
2. Sudden Cardiac Arrest (SCA) Prevention Training, via Eric Paredes Save a Life Foundation: <https://epsavealife.org/sca-prevention-training/>
3. Child Protection Program Training (through SafeSport), Abuse Awareness for Adults:
<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

Managers and coaches must attend the DLL's mandatory coach's clinic and the DLL or District 54's first aid/safety training. Mandatory meetings will be communicated prior to the season and conducted by DLL or other outside agencies, such as District 54. At the coach's meeting, the ASAP will be presented in conjunction with first aid. Equipment and first aid kit distribution date and time will be set and communicated to all managers by the Equipment Manager.

Before the season begins, the manager should hold a team meeting with parents. Many issues are easily avoided with a good preseason parent meeting where the manager clearly states expectations for players and parents and provides for a brief question and answer time. The manager should introduce themselves and the coaches and communicate a few items:

- o Discuss Little League and personal coaching philosophies.
- o Clarify behavior and communication expectations of players and parents, and remind parents of the DLL codes of conduct (see Appendix) to minimize potential conflicts.
- o Address potential safety issues, such as COVID-19. Players on quarantine from school may not attend Little League activities until cleared to return to school.
- o Discuss the basics of safe play, including batting helmets, bat safety, the use of sunscreen and bringing plenty of water to practices and games.
- o Go over the league's process for reporting injuries and inform parents that if their child is ill or injured, they must send a note from their doctor to the [LEAGUE] Safety Officer before they can return to play. This medical release ensures the player is safe to return to baseball and protects you and [LEAGUE] if further injury or illness occurs.

In pre-season practices, teach players how to slide and cover the basics of safe play. Teach them the fundamental skills of the game, including proper throwing/pitching motion, fielding ground balls, catching fly balls, etc. Encourage players to wear proper equipment, including protective cups and mouthguards, to hydrate, and protect themselves from the sun.

Season Play

Managers and coaches should check the team equipment regularly and encourage players to

respect the equipment that is issued.

- o Only Little League approved equipment will be used during practices/games.
- o Only official Little League balls will be used during practices and games.
- o All helmets must meet NOCSAE specifications and standards.
- o For safety, all helmets must fit properly.
- o USABat Standard bats must be used in the Little League Major Baseball Division and below.
- o Bats with dents, or that are fractured in any way, must be discarded.
- o All catcher's masks must have a "dangling" type throat protector and helmet. These must be worn during games, practices and while a pitcher is warming up. **No Exceptions.**
- o Replace damaged equipment immediately by notifying the DLL Equipment Coordinator.

Pre-Practice and Game Responsibilities



HEY COACH, HAVE YOU:

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Check conditions of fences, backstops, bases and warning track
- ✓ Made sure a cell phone is available in case of an emergency
- ✓ Held a warm-up drill

Before the game, Managers are expected to walk the field, check conditions of equipment, ensure players are in proper uniform, shoes and wearing protective cups, and make sure there is a first aid kit and charged mobile phone readily available. Finally, ensure players Warm Up to Throw, NOT Throw to Warm Up!

Responsibilities During the Game

- o Be organized and encourage everyone to be safe and wear the proper equipment.
- o Catchers must have a dangling-type throat protector and protective cup. **NO EXCEPTIONS.**
- o Ensure all equipment returns to the dugout when your team is at bat.
- o Observe and enforce the **No On-Deck Rule** for batters and always keep all players in the dugout and behind the fence. There should be **NO BATS IN HANDS inside the dugout. NO EXCEPTIONS.**
- o Attend to injured players promptly.

Post-Game Responsibilities

- o Ensure players perform a brief cool down, including a light jog and appropriate stretching.
- o Ensure all equipment is returned to the shed, the shed is closed and locked, and the field is in the same or better shape than the way you found it.
- o Managers should not leave the field until all players have been picked up.
- o Managers must notify parents/guardians if their child has been injured, even if the incident was mild or seems insignificant.
- o Notify the DLL Safety Officer of any injuries that occurred via DLL injury reporting procedures noted above.

Fundamentals Training

DLL will have a Coach's clinic, Umpire clinic, and Safety clinic prior to the season starting. Big Al's Baseball Online Training will be provided for parents, players, and managers/coaches.

Per Little League requirements, DLL managers and coaches need to attend a safety clinic AT LEAST once every three years, and each year at least one manager/coach from each team must attend.

Warming Up / Stretching

Proper conditioning and warm-up are essential to reduce the risk of injury. It is vital that each manager/coach develop a practice plan that begins with a baseball-specific warm-up and integrates baseball-specific conditioning throughout the season. Warming up before activity prepares the body mentally and physically for the activity.

Static stretching (holding a muscle stretch) immediately before exercise is not generally recommended because muscles are weaker after stretching. To achieve increased flexibility and/or maximize range of motion, a regular stretching program performed after activity and/or on rest days is recommended. If managers, coaches, or players need assistance to construct a stretching program, please contact the Safety Officer for local professional resources.

Warm Up to Throw, DON'T Throw to Warm Up

A **dynamic warm-up** increases strength, flexibility and power, all of which can enhance athletic performance. Light aerobic movements and dynamic stretching that mimics baseball movements prepare the body for more intense versions of those movements by raising the heart rate and increasing blood flow to muscles (warming them up so they are less stiff and work more efficiently).

See Appendix L for an example of a dynamic warm-up (and stretching program) from the University of Rochester Sports Medicine.

Equipment

Ben Urias is the Equipment Coordinator for DLL and is a member of the DLL Board of Directors. The Equipment Coordinator's responsibilities include (but are not limited to):

- o Inspecting all equipment before the season starts and ordering new equipment as needed and approved by the Board.
- o In season, address any equipment issues as they arise. Each manager is required to inspect their team's equipment upon initial receipt of the equipment as well as before each practice and game. Any dented bats, cracked helmets, worn batting tees, or worn catcher's equipment shall be removed from the equipment bag and brought to the attention of the Equipment Coordinator for discard and replacement.
- o Inventory all equipment prior to distribution for the season and after the equipment return at end of season.
- o Managers and coaches are instructed to contact the equipment coordinator directly for new/replacement equipment and baseballs.

Equipment

- o All helmets are inspected and must meet NOCSAE specifications and standards.
- o All bats must meet Little League requirements (USABats) per division. Manager is responsible for checking team equipment before practices and games.
- o All catcher's masks will be equipped with a "dangling" type throat protector and catcher's helmet.
- o Only official Little League equipment and balls will be issued for use during practices and games.
- o Reduced impact balls will be provided for use for T-ball.

Equipment Checkout and Return

At the start of every Little League season, every team manager issued equipment will be required to sign-out their team equipment. It will be the responsibility of every manager/coach to maintain their team's equipment during the season. With this, comes the responsibility of teaching players to respect the equipment. If at any time during the season a problem arises with the equipment (i.e., broken helmet or catchers gear), please notify the Equipment Manager as soon as possible for replacement. Once the season has ended, a date will be set for equipment return (includes team first aid kits). Prior to returning the equipment, all managers/coaches shall clean out their equipment bag and have it ready to turn in at the specified date set by the Equipment Coordinator.

Divide Little League Fields and Facility Survey

Dan Trahan is the Field Maintenance Manager for DLL and is a member of the DLL Board of Directors: The Field Maintenance Manager is responsible for the care and maintenance of the playing fields. Some of the fields are also maintained by El Dorado County or the School District.

An extensive review of our fields is completed annually to assess them for repairs and improvements. The Facility Survey Form for is completed and submitted to Little League International as part of the Safety Plan (requirement #8).

Field Inspections

Managers and coaches are expected to walk the field before each practice and game. Umpires are required to inspect the field before each Major and Junior game. If any issues are found with the field, they are to be promptly reported to the Field Maintenance Manager of DLL.

DLL Field Locations

Field Name & Address
Northside Elementary Field 860 Cave Valley Rd, Cool, California 95614
Lotus Field 950 Lotus Rd, Lotus, California, 95651
American River Charter Field 6620 Wentworth Springs Road, Georgetown, California 95634
District Field 6530 Wentworth Springs Road, Georgetown, California 95634
Golden Sierra Field 5101 Garden Valley Road, Garden Valley, California 95633
Georgetown School Field 3091 B Street, Georgetown, California 95563

First Aid Kits

At the time of team equipment distribution, each team is issued a basic first aid kit which contains at least:

- o Band aids
- o Gauze pad
- o Instant cold packs (2)
- o Nitrile gloves
- o Antiseptic wipes
- o Eye pad
- o Gauze pads
- o Self-adherent wrap
- o Paper tape, 1-inch
- o Adhesive bandages

*All sheds and lockers will have extra ice packs.

Please note that ice packs are to be used for injuries ONLY and NOT for icing down a pitcher's arm after they have pitched in a game. If a pitcher's arm is to be iced down after they have thrown, then it is up to that team's Manager/Coach to provide the ice. It is recommended that a small cooler be brought to the field for this purpose.

If first aid supplies are needed for either team kits or shed first aid bins, Managers should please notify the DLL Safety Officer.

Team Folders

Per Little League policy, managers must have player medical release forms with them at all practices and games.

Concessions

Dallas Irvin is the Concessions Manager for DLL and is a member of the DLL Board of Directors. The Concessions Coordinator is responsible for ordering and stocking concession items and working with the Volunteer Coordinator to arrange volunteer shifts for concession sales. Concession stand rules and safety tips (ASAP Requirement #9) are listed in Appendix N.

Enforcement of Little League Rules

The rules of any game exist to keep players safe. **Per our Codes of Conduct, DLL expects all league members to always follow Little League Rules and DLL's Bylaws and Local Rules.** ALL Managers and Coaches should familiarize themselves with this year's rules. Managers and coaches will enforce the rules at all practices and games. As of 2023, Managers/Coaches are permitted to warm up a pitcher at home plate or in the bullpen or elsewhere at any time including in-game warm-up, pre-game warm-up, and in other instances. They may also stand by to observe a pitcher during warm-up in the bullpen.

Managers are subject to random inspections of equipment and medical release forms, as well as ensuring appropriate dugout behavior. The league Safety Officer, President, or other District Official may perform these random inspections.

Finally, please remember to follow these important rules:

- o Players are not allowed to have bats in hand while in the dugout.
- o Managers are responsible for ensuring players are properly equipped.
- o Catchers must wear a throat protector regardless of type of mask worn.
- o Batting helmets must have a non-glare surface and cannot be mirror-like in nature (Rule 1.16).
- o All fields shall be equipped with breakaway bases per Little League requirements.
- o **Managers and coaches are NOT allowed to sit on buckets outside of the dugout during games. Managers and coaches must remain in the dugout during play unless they are designated base coaches.**

Weather Procedures

Managers are responsible for checking weather conditions ahead of practices and games. If weather conditions become unsafe, managers and umpires should be quick to postpone a game or practice.

Thunder and Lightning

Baseball fields are big, open spaces with lots of metal structures that are susceptible to potential lightning strikes. A lightning strike can occur from up to 10 miles away, which means it could happen even before storm clouds are visible.

“If you hear it, clear it; if you see it, flee it.”

The only way to prepare for thunderstorms is to monitor the weather. If a storm should arrive, make sure everyone heads for an enclosed space, such as their vehicles. Structures without walls and dugouts are NOT safe places. Wait at least 30 minutes after the storm clears before resuming activities, being sure to monitor the weather.

Heat/Air Quality

Practices and games may be canceled due to extreme temperatures or poor air quality. Check local air quality measurements and follow local health guidelines. Per District 54 policy, practice

and games should be canceled when AQI is 150 or greater. For air quality measurements visit www.purpleair.com.

Wildlife on the Field

Managers/coaches and umpires are required to inspect the field before every practice/game, and to report any safety issues to the DLL Safety Officer. In the case of potentially dangerous wildlife on the field, please do not approach the animal or attempt to remove it yourself. DLL has had reported incidents of rattlesnakes on the field (outfield, under a base) and in the shed, and there are other possibly threatening wildlife in our area that could inadvertently wander onto a field. Please observe the following steps to keep everyone safe, and **ONLY** allow play to begin/resume when the threat has been removed. Safety First!

Rattlesnakes

1. **DO NOT touch a snake, and DO NOT approach it.** This is for the nearby humans' and the animal's safety. A rattlesnake's instinct is to get away from people, however, when it is confronted or feels threatened, it will defend itself.
2. **Call 9-1-1.** Identify your call as a non-emergency call, describe the issue (including size and location of the rattlesnake), and you will be routed to fire department dispatch for removal.
3. Keep everyone away from the field until the rattlesnake has been removed.

Mountain lions, bears, aggressive dogs, etc.

1. **DO NOT approach a wild animal or aggressive domestic animal.** For everyone's safety, ask players and spectators to remain in their vehicles.
2. **Call 9-1-1.** Identify the problem as a potentially dangerous wild or aggressive animal on the field. Your call will be routed to animal control or the sheriff's office/dispatch for assistance.
3. Keep everyone away from the field until the threat has been removed.

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Appendix A – Sample Safety Training Certificates



March 18, 2021, 5:49 pm

has completed

Sudden Cardiac Arrest Prevention Training for Youth Sports Programs
as mandated by California State Law.

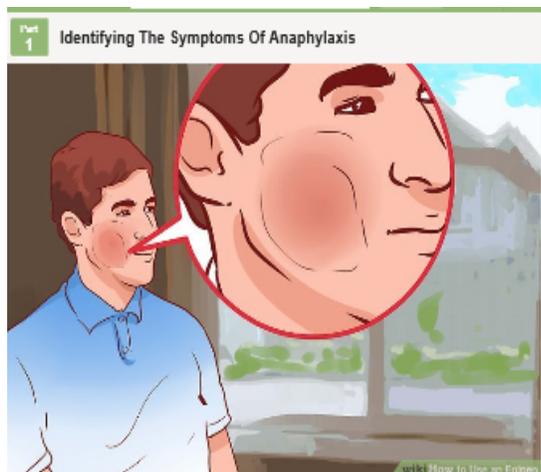
This training should be updated biannually with your CPR/AED certification. Please file this certificate with your organization's administrator.

Thank you for being a Prevention Champion!



Appendix B – Allergic Reactions, Anaphylaxis, and EpiPen Administration Instructions

<https://www.wikihow.com/Use-an-EpiPen>



1 Identify the symptoms. Anaphylaxis can occur when a person is accidentally exposed to a known allergen, but it also can occur when a person is exposed to an allergen for the first time. It is also possible to become sensitized to an allergen, that is, to develop allergies to things that previously did not cause a reaction. In some cases the reaction can be so severe it can be life threatening. Look for the following symptoms:^[1]

- Flushing of the skin
- Rash on the body
- Swelling of the throat and mouth
- Difficulty swallowing and speaking
- Severe asthma
- Abdominal pain
- Nausea and vomiting
- Drop in blood pressure
- Collapse and unconsciousness
- Confusion, dizziness or an "impending sense of doom"



2 Ask the person if they need help to use their EpiPen. Anaphylaxis is considered a "treat first" emergency. If the person knows they need an injection and can inject themselves, ensure they do so before calling emergency services. If they need you to inject them, the instructions for the EpiPen are printed on the side of the device.

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3 Call emergency services. Even if the person feels fine after injecting epinephrine/adrenaline, it's still imperative to have professional help as soon as possible. The EpiPen will only last for as long as it takes emergency services to reach you.

- Always have your country's emergency number on your phone. In the U.S. and Canada, the emergency number is 911. In the UK, 999 is the main emergency number. In Australia, dial Triple Zero (000).^[2]
- Tell the operator your location before anything else, so help can be sent immediately.
- Describe the condition and the emergency to the operator.



4 Check for a medical ID necklace or bracelet. If you suspect a case of anaphylaxis in someone else, look for a necklace or bracelet. People suffering from severe allergies usually carry those in case of an accident.^[3]

- These necklaces and bracelets detail the condition and give additional information on health.
- They usually bear a Red Cross sign or other easily recognizable visual clues.
- If you suffer from severe allergies, always carry the instructions with the EpiPen. That way, if you are incapacitated and someone else has to administer it, they'll know what to do.
- Don't give the EpiPen to someone suffering from a heart condition unless they have their own based on a doctor's prescription.^[4]



wiki How to Use an EpiPen

1 Hold the EpiPen firmly with your fist in the middle. Do not put any part of your hand over either end to avoid an accidental trigger. An EpiPen is a single-use device; once it is triggered it cannot be re-used.

- Avoid placing your finger over either end to avoid accidentally triggering the device.
- Pull off the blue activation cap (opposite end from the orange tip that holds the needle).^[1]



wiki How to Use an EpiPen

2 Inject into the mid-outer-thigh. Place the orange tip against the thigh and push firmly. There should be a click once the needle has entered the thigh.^[1]

- Hold for several seconds.
- Do not inject in any other place than the thigh. Accidental intravenous injections of adrenaline can lead to death.^[1]

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wiki How to Use an EpiPen

3 Remove the EpiPen. Remove the unit and massage the injection area for 10 seconds.

- Check the tip. The orange needle cover should automatically cover the injection needle once the EpiPen is removed from the thigh.



wiki How to Use an EpiPen

4 Prepare for possible side effects. When you give a person an EpiPen, it may cause them to feel panicked or paranoid, and can also cause their body to shake uncontrollably. This is NOT a seizure.^[1]

- The shaking will subside over the next few minutes or hours. Don't freak out; just try to be calm and reassuring. Your calm will help to settle the person.

Concussion INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

▶ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____

Revised January 2019

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

Why do heart conditions that put kids at risk go undetected?

While a youth may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active youth
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Youth experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because youth are embarrassed they can't keep up
- Youth mistakenly think they're out of shape and just need to train harder
- Youth (or their parents) don't want to jeopardize playing time
- Youth ignore symptoms thinking they'll just go away
- Adults assume youth are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put youth at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Kid's Heart

Educate yourself about sudden cardiac arrest, talk with your kids about warning signs, and create a culture of prevention in your youth's sports organization.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your youth how they feel
- Take a cardiac risk assessment with your youth each season
- Encourage youth to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active youth should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my child has warning signs or risk factors?

- State law requires youth who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.
Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Your youth should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my youth is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and youth can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?
SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?
As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

- Factors That Increase the Risk of SCA**
- ✓ Family history of known heart abnormalities or sudden death before age 50
 - ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
 - ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
 - ✓ Family members with known structural heart abnormality, repaired or unrepaired
 - ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Youth

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office. Discuss the warning signs of a possible heart condition with your child or teen and have each person sign below.

Detach this section below and return to your sports organization. Keep the fact sheet to use at your kids' games and practices to help protect them from Sudden Cardiac Arrest.

earned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

ATHLETE NAME PRINTED _____ ATHLETE SIGNATURE _____ DATE _____

have read this fact sheet on sudden cardiac arrest prevention with my youth and talked about what to do if they experience any warning signs, and hat to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED _____ PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____

While missing a game may be inconvenient, it would be a tragedy to lose a young athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

Appendix E – Incident/Injury Tracking Report Form

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

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: _____

Appendix F – Little League Accident Notification Form

<https://www.littleleague.org/downloads/accident-claim-form/>



LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

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

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name				League I.D.		
Name of Injured Person/Claimant		SSN	PART 1	Date of Birth (MM/DD/YY)	Age	Sex
						<input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

Appendix H – Divide Little League Codes of Conduct (Player, Parent, Manager/Coach)



Player Code of Conduct

I hereby pledge to be a positive player for Divide Little League and accept responsibility for my participation by following this Players' Code of Conduct.

I will ...

- Always try my best and work hard for myself and my team
- Attend and participate in all scheduled games and practices and notify my coach in advance if unable to do so
- Be a good sport (win or lose)
- Be aware of safety
- Exercise self-control at all times
- Follow and play by the rules
- Follow the guidelines set forth for my team and Divide Little League
- Learn the value of commitment to my team and realize practice sessions are educational experience and opportunities
- Never throw my bat, helmet, glove or any object in disgust / anger on or off the playing field at any time
- Never bully, tease, taunt or make fun of another teammate or opponent for any reason
- Participate and communicate positively with my coaches, teammates, parents, fans and opponents
- Participate for my own enjoyment and benefit
- Practice good sportsmanship at all times, to win without boasting, lose without excuse and never quit.
- Put my personal goals aside for the betterment of my team
- Refrain from using foul language and/or making any inappropriate gestures
- Set a positive example for others to follow
- Show respect towards the umpires and their decisions and will accept their call as final and not argue a judgment call.
- Treat everyone, including coaches, parents, players and officials, with respect, regardless of ability, race, creed, color, nationality or gender.
- Have fun and keep a positive attitude!

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. I understand that consequences may include me being removed from practices/games, suspension and/or expulsion from Divide Little League.

Player Name: _____ Player Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____



Parent / Guardian Code of Conduct

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I (We) ...

- will not force my child to participate in sports.
- will remember that children participate to have fun and that the game is for youth, not adults.
- inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- notify the coach if my child will not be at practices or games.
- learn the rules of the game and the policies of the league.
- and my guests will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
- and my guests will not engage in any kind of unsportsmanlike conduct with any official coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.
- will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- will teach my child that doing one's best and competing fairly is important.
- will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- will emphasize skill development and practices and how they will benefit my child.
- will promote the emotional and physical well-being of the athletes ahead of any personal desire I (we) may have for my child to win.
- respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed-upon time and place.
- will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all sports events.
- will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Child's name: _____

Parent / Guardian Signature: _____ Date: _____



Manager/Coach Code of Conduct

The Divide Little League Board of Directors' goal is to ensure that games are fair, positive, and enjoyable experiences for all players and their families. Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "honors the game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans.

A requirement by Little League International is that all managers attend a Coaching and Safety clinic. In addition, Divide Little League requires attendance at an annual Coaches Meeting. The clinics and meetings are held to enhance knowledge of the game and rules and share information about the League's operations.

- I understand that the safety and welfare of the players is my number one priority.
- I understand that as a manager/coach, I have a tremendous influence on the players. I will strive to be a positive role model in my interactions with all players, parents, and officials.
- I will not use tobacco products or be under the influence of alcohol or drugs while around players.
- I will act with dignity and patience and portray an optimistic spirit before, during, and after the game.
- I understand players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators.
- I will always encourage players and provide positive support.
- I will treat officials with the utmost respect and support their decisions.
- I will follow Little League International rules when communicating with umpires regarding review and protests.
- I will not indulge in conduct which would incite players or spectators against the officials.
- I will teach the value of good sportsmanship and the concepts of fair play.
- I understand teaching the skills of the sport should always be placed above winning.
- I understand that as a manager/coach, practices should be held as scheduled by the League.
- I understand that it is my responsibility to check that fields are open and if a field is closed, I am responsible for communicating to my team and canceling practice.
- I understand that as a manager/coach, I am responsible for the team and coaching staff.
- I understand I am responsible for knowing the rules, and ignorance will not be accepted as a valid reason for misbehavior.

I understand that these policies cannot address every possible situation that presents itself and they do not eliminate the expectation of good judgment and positive behavior at all times. By signing below, I agree to comply with the policies and understand that failure to comply may result in disciplinary action up to and including removal as a manager/coach from Divide Little League.

Name of Manager/ Coach: _____

Signature of Manager/ Coach: _____ Date: _____

Appendix I- Medical Release Form



**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: **Divide Little League** League ID: **405-54-18**

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.

2024 Managers/Coaches Safety Clinic

Date: Monday, February 5th, 2024

Time: 6:00 p.m. – 8:00 p.m.

Location: TBD

This is a MANDATORY TRAINING clinic!

Must be attended by at least ONE Manager/Coach per team per season.

Required for all Managers and Coaches every 3 years.



This clinic meets the necessary ASAP requirements set forth by Little League Baseball, INC.

Appendix K – Big Al Baseball Online Training

Parents, Managers, and Coaches will have access to this program prior to the season starting.

<http://bigalbaseball.com/>



Appendix L – Baseball/Softball Dynamic Warm-Up and Stretching Program (from University of Rochester Sports Medicine)

<https://www.pittsfordschools.org/site/handlers/filedownload.ashx?moduleinstanceid=164&dataid=755&FileName=athletics%20dynamic-warmup.pdf>

University Sports Medicine



MEDICINE of THE HIGHEST ORDER

Dynamic Warm-up & Work out for Baseball / Softball

Definition – Dynamic Warm-ups – A series of ground based callisthenic and plyometric movements that increase the athlete’s core temperature, increase joint mobility, and increase joint flexibility.

Dynamic Warm-up Principles

- Warm-up to throw, not throw to warm up.
- Focus on the purpose of every warm-up exercise
- Keep your head over your hips
- Stay in the Universal Athletic Position on the balls of your feet
- Whenever possible, maximally dorsiflex (extend) your foot and toes upward
- Perform each exercise through a complete and full range-of-motion
- Perform each exercise over a distance of 10-15 yards
- Lateral movements should be performed to both the right and left.

In the beginning the dynamic warm-up make take anywhere from 20-30 minutes. Once proper technique is programmed into the athlete’s warm-up, it should take approximately 10-15 minutes to perform.

Part I. DYNAMIC WARM-UP (PICK 5-10 EXERCISES AND ROTATE THEM EACH TRAINING DAY, PERFORMING EACH EXERCISE AT LEAST ONCE PER WEEK)

Exercise	Description
JOG OUT, BACKPEDAL IN	Jog forward (down) emphasizing pocket-chest arm movement with good knee punch; backpedal with same emphasis; repeat 2X
KNEE PULLS	Walk forward pulling knee to armpit every other stride; everyone down, everyone back
TOE PULLS	Walk forward reaching down placing heel on ground and grabbing toes pulling back every third stride; everyone down, everyone back
WALKING LUNGE	Walk forward lunging with square shoulders placing elbow to ground planting opposite hand; everyone down, everyone back
HURDLE KICKS	Walk forward kicking leg every other stride with shoulders on top of hips and reaching out front; everyone out, everyone back
SLIDE AND STRETCH	Side to side stretch with two infielder shuffles in between everyone down, everyone back

HIGH KNEES	Run forward emphasizing knee lift, pocket-chest arm movement and forward lean; everyone down, everyone back
BUTT KICKS	Run forward emphasizing calf to hamstring movement setting off cycling action; everyone down, everyone back
DOUBLE TOUCH SKIPS	Skip forward touching each foot twice emphasizing stepping off power pad, good arm movement
LATERAL SLIDE SKIPS	Skip sideways touching each foot twice emphasizing stepping off power pad, good arm movement and knee push
SKIP AND SWING	Skip forward (down) with rotational arm swing forward; skip backward (back) with rotational arm swing backward
SLIDE AND GLIDE	Heel to heel shuffle (don't cross feet) sideways down and back with side to side arm swings
CARIOCA	Carioca sideway down and back keeping shoulders square
TAPIOCA	Tapioca sideway down and back keeping shoulders square while emphasizing fast feet and fast hips
FAST FEET	Run forward emphasizing putting feet up and down as fast as possible; everyone down and back
START-STEALS	Run forward from crossover start emphasizing staying low, stride length, and chewing up ground, everyone down, everyone back
FALL-STARTS	Lean forward until you begin to lose your balance, once you reach the point of no return, begin running/sprinting emphasizing staying low, stride length, and chewing up ground, everyone down, everyone back

PART II. STRETCHING

IIa. POSTERIOR CAPSULE / ROTATOR CUFF

Exercise	Diagram
<p>ARM CIRCLES Perform forward and backward arm circles for 20-30 seconds</p>	 <p>A line drawing of a person from the waist up, facing left. Both arms are extended horizontally to the sides. Two circular arrows are drawn around each hand, one pointing clockwise and one pointing counter-clockwise, indicating the direction of the arm circles.</p>
<p>BACK SLAPS</p> <p>Stand with your feet about 12 inches apart. Extend your arms palms down until your arms are level with your shoulders. Swing your arms to the right, letting your slapping your left hand against your right shoulder, with your right hand slapping against the small of your back. Then swing your arms in the opposite direction, having your right hand slap against your left shoulder and the back of your left hand slap against the small of your back. As you swing back and forth allow your torso and legs to follow the movement. Allow your heels to lift from the floor but do not allow either foot to completely leave the floor. As you swing right turn your head right, and turn your head left as you swing to the left. Perform 20-30 seconds.</p>	 <p>Four black and white photographs arranged in a 2x2 grid. The top row shows a person from the front, performing a back slap with arms extended to the sides. The bottom row shows a person from the side, performing a back slap with arms extended to the sides. The person is wearing a dark tank top and shorts.</p>
<p>SLEEPER STRETCH Lie on your side with bottom arm in front of you, elbow bent. Gently push on bottom wrist with opposite hand until a stretch is felt in the bottom shoulder. Hold for 20 seconds, perform 5 repetitions.</p>	 <p>A photograph of a man lying on his side on a wooden surface. He is wearing a white t-shirt and light-colored pants. His right arm is bent at the elbow with the hand resting on the floor in front of him. His left hand is resting on top of his right wrist, applying pressure to stretch the shoulder.</p>

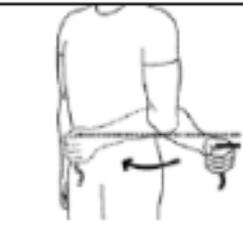
<p>HORIZONTAL ABDUCTION STRETCH Gently pull on elbow with opposite hand until a stretch is felt in the shoulder. Hold for 20 seconds, perform 5 repetitions.</p>	
<p>TOWEL STRETCH Hold a towel loosely with the side to be stretched behind your back, palm facing away from back. Gently pull upward with the opposite hand pulling the hand behind your back gently upward until a stretch is felt in the shoulder of the arm behind your back. Hold for 20 seconds, perform 5 repetitions.</p>	

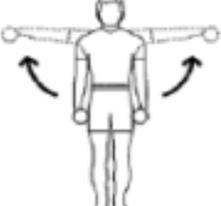
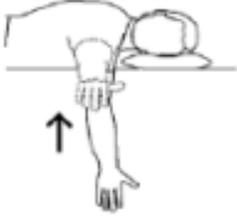
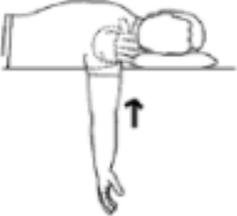
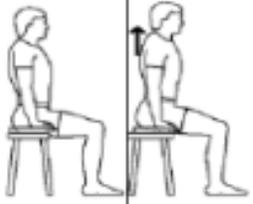
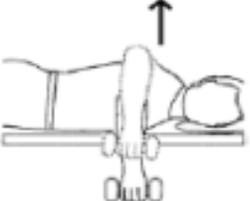
Iib. TRUNK STRETCHING

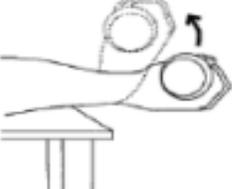
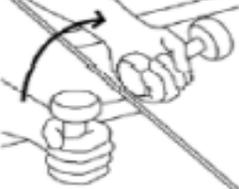
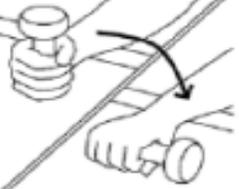
Exercise	Diagram
<p>STANDING TRUNK TWIST Stand with your feet about 12 inches apart. Swing your arms to the right. Then swing your arms in the opposite direction. As you swing back and forth allow your torso and legs to follow the movement.</p>	
<p>LATERAL BENDS Holding a bat overhead, lean to one side and hold for 10-15 seconds, then repeat to the other side. Perform 3-5 repetitions to each side.</p>	

PART III. – THROWERS 10 – UPPER EXTREMITY EXERCISES (MINIMUMLY PERFORMED 2-3 TIMES PER WEEK WHILE INSEASON)

Perform 10-30 repetitions. The exercises can be performed before pitching as part of the warm-up and after pitching as part of the cool down (Ex. 10 reps before pitching and 10 reps after the game)

Exercise	Diagram
<p>1a. DIAGONAL PATTERN D2 FLEXION Grip tubing handle overhead and out to the side. Pull tubing down and across your body to the opposite side of leg. During the motion lead with your thumb.</p>	
<p>1b. DIAGONAL PATTERN D2 EXTENSION Gripping tubing handle, begin with arm across the body in front of the opposite hip, and palm facing downward. Bring arm up and out to the opposite side. Exercise should be performed in controlled manner.</p>	
<p>2a. EXTERNAL ROTATION AT 0 DEGREES ABDUCTION Stand with elbow fixed at side and at 90 degrees with arm across front of body. Grip tubing handle while the other end of tubing is fixed. Pull out with arm, keeping elbow at side. Return tubing slowly and controlled.</p>	
<p>2b. INTERNAL ROTATION AT 0 DEGREES ABDUCTION Stand with elbow fixed at side and at 90 degrees with shoulder rotated out. Pull arm across body keeping elbow at side. Return tubing slowly and controlled.</p>	
<p>2c. EXTERNAL ROTATION AT 90 DEGREES ABDUCTION Stand or sit with shoulder abducted 90 degrees and elbow flexed 90 degrees. Grip tubing handle while the other end is fixed straight ahead, slightly lower than the shoulder. Keeping shoulder abducted, rotate shoulder back keeping elbow at 90 degrees. Return tubing and hand to start position.</p>	

<p>2d. INTERNAL ROTATION AT 90 DEGREES ABDUCTION Stand or sit with shoulder abducted to 90 degrees, externally rotated 90 degrees and elbow bent to 90 degrees. Keeping shoulder abducted, rotate shoulder forward, keeping elbow bent at 90 degrees. Return tubing and hand to start position.</p>	
<p>3. SHOULDER ABDUCTION AT 90 DEGREES Stand with arms at side, elbows straight, and palms against sides. Raise arms to side, palms down, until arms reaches 90 degrees (shoulder level). Hold 2 seconds and lower slowly.</p>	
<p>4. SCAPTION, INTERNAL ROTATION Stand with elbow straight and thumb down. Raise arm to shoulder level at 30 degrees angle in front of body. Do not go above shoulder height. Hold 2 seconds and lower slowly.</p>	
<p>5a. PRONE HORIZONTAL ABDUCTION (Neutral) Lie on table, face down, with involved arm hanging straight to the floor, and palm facing down. Raise arm out to the side, parallel to the floor. Hold 2 seconds and lower slowly. Ok to use light dumbbell.</p>	
<p>5b. PRONE HORIZONTAL ABDUCTION (Full ER, 100 ° Abd) Lie on table, face down, with involved arm hanging straight to the floor, and thumb rotated up (hitchhiker). Raise arm out to the side with arm slightly in front shoulder, parallel to the floor. Hold 2 seconds and lower slowly. Ok to use light dumbbell.</p>	
<p>6. SEATED PRESS-UPS Seated on a chair or on a table, place both hands firmly on the sides of the chair or table, palm down and fingers pointed outward. Hands should be placed equal with shoulders. Slowly push downward through the hands to elevate your body. Hold the elevated position for 2 seconds and lower body slowly.</p>	
<p>7. PRONE ROWING Lie on your stomach with your involved arm hanging over the side of the table, dumbbell in hand and elbow straight. Slowly raise arm, bending elbow, and bring dumbbell as high as possible. Hold at the top for 2 seconds, then slowly lower.</p>	

<p>8. PUSH-UPS Start in the down position with arms in a comfortable position. Place hands no more than shoulder width apart. Push up as high as possible, rolling shoulders forward after elbows are straight. Start with a push-up into wall. Gradually progress to kneeling, and finally to floor as tolerable.</p>	
<p>9a. ELBOW FLEXION Standing with arm against side and palm facing inward, bend elbow upward turning palm up as you progress. Hold 2 seconds and lower slowly.</p>	
<p>9b. ELBOW EXTENSION Raise involved arm overhead. Provide support at elbow from uninvolved hand. Straighten arm overhead. Hold 2 seconds and lower slowly.</p>	
<p>10a. WRIST EXTENSION Supporting the forearm and with palm facing downward, raise weight in hand as far as possible. Hold 2 seconds and lower slowly.</p>	
<p>10b. WRIST FLEXION Supporting the forearm and with palm facing upward, lower a weight in hand as far as possible and then curl it up as high as possible. Hold for 2 seconds and lower slowly.</p>	
<p>10c. SUPINATION Support forearm on table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm up. Hold for a 2 count and return to starting position.</p>	
<p>10d. PRONATION Support forearm on a table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm down. Hold for a 2 count and return to starting position.</p>	
<p>10e. RICE BUCKET Get a 5 gallon bucket. A bucket that baseballs are kept in is fine. Fill 3/4 with rice. Dig your hand down, alternating between inwards and outwards rotation, grab a handful of rice or a baseball that is buried in the rice and squeeze as hard as you can for 5 seconds. Repeat 10 times. Perform with opposite hand.</p>	

PART IV. LEAD-UP THROWING

Using the Crow-Hop method, the athlete should begin warm-up throws at a comfortable distance (approximately 30-45 ft) and then progress to their position specific distances. The object is for the athlete to throw the ball using the Crow-Hop method and emphasize proper mechanics for each throw. The coach can then work the position specific players through their throwing drills.

PART V. LEAD-UP BATTING

It should be noted that the stress placed on the arm and shoulder in tee batting are very different from the throwing motion. Begin a warm-up with dry swings progressing to hitting off the tee, then soft toss, and finally live pitching.



+ **SIGNS AND SYMPTOMS**

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

> SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

> SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

📋 **ACTION PLAN**

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
 - > Be back to doing their regular school activities.
 - > Not have any symptoms from the injury when doing normal activities.
 - > Have the green-light from their health care provider to begin the return to play process.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/HEADSUP.

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concession Stand Rules

1. Adult supervision must always be in effect.
2. Only adults (18 years of age or older) can operate or be near the grill.
3. Outdoor grills will be placed in an area away from spectators.
4. All volunteers will wash their hands on a regular basis. (Hand Sanitizer available)
5. Unwrapped food must be handled with paper towels or plastic wrap.
6. No glass containers of any type will be sold at the concession stand.
7. Everything must be cleaned up and put away at the end of each shift.
8. A complete First-aid Kit will be kept in the concession stand.
9. A fire extinguisher shall be kept in the concession stand for emergency use.
10. A list of emergency phone numbers will be posted in the concession stand.

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.

Appendix O - Lightning Safety Procedures

Lightning Safety and Procedures

Divide Little League follows Little League policy regarding lightning safety with the following guidelines:

1. Watch for developing or approaching storms; use all resources (web, TV, radio, etc.) to determine the risk level.
2. At the first sound of thunder or visible lightning - **CLEAR THE FIELD!**

A thunderstorm can cast lightning up to 10 miles from the edge of the storm, or about as far as the sound of thunder can carry.

WHAT TO DO:

- Go to a large, enclosed building, if one is nearby.
- Go to metal-top cars, with windows rolled up, if no enclosed building is available.
- Complete a check of the facility for anyone still outdoors.

WHAT NOT TO DO:

- Do NOT allow players to remain in the dugouts OR spectators to stay in the stands.
- Do NOT carry metal items (like bats) or walk beside metal fences.
- Do NOT go to an open-sided shelter; it is not adequate and should not be used.

Resuming activities:

- Wait at least 30 minutes after the last lightning strike/peal of thunder before returning to play.
- Do not leave the facility until directed; wait at designated location(s) at the field until the game is postponed or canceled.
- Make sure all players are accounted for and leave with the approved person(s).

If someone is struck by lightning:

- Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.
- Call for help. Have someone call 9-1-1 or your local ambulance service. Give first aid. Begin CPR if necessary.
- If possible, move the victim to a safer place.

For more information and tips on lightning safety, visit NOAA's website:

<http://elcosh.org/document/4154/d001459/osha-noaa-fact-sheet%3A-lightning-safetywhen-working-outdoors.html>

Parents, coaches, umpires and all volunteers - please help enforce this policy. Our children's lives may depend on YOU!

Appendix P – References, Links and Websites

Concussion Safety: <https://www.cdc.gov/headsup/youthsports/training/index.html>

US Center for Safe Sport (Abuse Awareness for Adults):

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

USA Little League Baseball Bats: <https://www.littleleague.org/playing-rules/bat-rules/>

Little League Rulebook App: <https://www.littleleague.org/playing-rules/little-league-rulebook-app/>

California District 54: <https://www.ca54littleleague.com/Default.aspx?tabid=1548924>

El Dorado Hills Little League: <https://www.edhll.com/>

Lightning Safety: <https://www.nws.noaa.gov/om/marine/factlightning.pdf>

Concession Stand Tips:

<https://ll-production-uploads.s3.amazonaws.com/uploads/2018/01/09-Concession-Safety.pdf>

Modifying Helmets/Additional Attachments:

<https://www.littleleague.org/playing-rules/modifying-helmets-with-additional-attachments/>

Big Al Training: <http://bigalbaseball.com/>