

2020 Safety Plan for Managers & Coaches



Little League Identification Number 405- 54-18

www.dividelittleleague.com

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Board of Directors

President	Jeremiah	Ashmore	dividelittleleague@gmail.com	530-864-3046
Vice President	Rick	Vryheid	Rkvryheid52211@gmail.com	951-231-7305
Secretary	April	Ashmore	Aprilhendry1@yahoo.com	530-864-3044
Treasurer	Casey	Jower	cjower@gmail.com	530-401-4640
Safety Officer	Kris	Jower	krisjower@gmail.com	530-401-5475
Communications	Shannon	Steward	Shannon_steward@msn.com	916-276-7425
Umpire in Chief	Ynez	Alvarez	nezzy4@sbcglobal.net	530-333-3967
Equipment Manager	Keith	Anfinson	Kanfinson78@yahoo.com	530-470-0466
Player Agent	Jeremiah	Ashmore	dividelittleleague@gmail.com	530-864-3046
Scheduler	Brian	McGee	nomekazis@hotmail.com	530-321-9916
Field Maintenance	Josh	Irvin	Joshmipump@gmail.com	530-906-5322
Field Maintenance	George	Baxley	Georgebaxley@yahoo.com	530-333-3951
Uniform Manager	Christina	Cox	Cc4runner@gmail.com	530-3202656
Sponsorships / Fundraising Manager	April	Ashmore	Aprilhendry1@yahoo.com	530-864-3044

For more information, league news, standings, forms etc. Visit Divide Little League on-line at www.dividelittleleague.com

In 1995, Little League Incorporated introduced ASAP (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League and with the goal of re-emphasizing the primary importance of safety to local little leagues around the United States. In order to be an ASAP compliant league, a Little League approved Safety Plan that meets certain acceptance criteria must be filed with Williamsport before the start of each season. Divide Little League annually fulfills this requirement.

Mission Statement: Our goal is to provide a safe environment, both on and off of the field, for the players and participants of Divide Little League.

For more information see Little League International ASAP website www.littleleague.org/player-safety/asap/ or go to www.dividelittleleague.com for a link.

Little League Safety Plan

The purpose of the Divide Little League Safety Plan is to develop guidelines for increasing the safety of activities, equipment, instruction and facilities through education, compliance, and reporting. In support of this goal, Divide Little League also commits itself to providing the necessary organizational structure and focus to develop, monitor, and enforce compliance with all aspects of the plan.

The Safety Plan includes the Code of Conduct and Safety Code adopted by the Divide Little League Board of Directors. These documents outline specific safety related policies and procedures of the League. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

League Safety Officer & Committee

The League Safety Officer is an elected Member of the Divide Little League Board of Directors. This individual acts as the Divide Little League primary point of contact for the safety issues and is responsible to review, modify and communicate the League's Safety Plan each year. The plan is presented to the Board for approval and ratification in January prior to each upcoming season.

The League President and Safety Officer have primary responsibility for ensuring compliance with the Safety Plan. However, the entire Divide Little League Board of Directors, elected League Officers, and Board Approved Managers and Coaches share in the responsibility to ensure awareness and compliance with the Safety Plan relative to their respective position or office.

The Safety Officer:

The Safety Officer of Divide Little League is mainly responsible for the development and implementation of the League's safety program. The Safety officer must also complete an annual "Little League Facility Survey" The Safety Officer is the link between the Board of Directors of Divide Little

League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The Divide Safety Officer's and the Safety Committee's responsibilities include:

- Coordinating with the individual Team Managers/Coaches Officers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between Little League International and District 54, the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, coast, minors, and tee ball), at what times, and who was under what supervision at the time of the injury.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Re-stocking the first aid kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Checking fields with the Managers and listing areas needing attention.
- Scheduling a Safety Clinic for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs at the ball fields, including No Parking signs, No Smoking signs, No Pets Allowed, batting cage rules, cautionary signs etc....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends and report to Little League District 54 and Little League International and insurers.
- Making sure that safety is a monthly Board Meeting topic, allowing experienced people to share ideas on improving safety with the Board, coaches, volunteers and members, and keeping current on safety equipment.
- Assist President uploading player rosters to Little League Data Center.

Rules Committee

Each year, the Divide Little League Local Rules and Policies are reviewed and amended with the board of directors. The Local Rules as amended have been approved by a vote of the Board of Directors. Areas such as competitive balance, player participation, pitch count, speed of play, and safety are discussed and any changes or additions are presented to the Board for discussion and/or ratification. Each year, these committees evaluate the Local Rules and consider necessary changes, additions and/or improvements

Volunteer

Divide Little League requires that all of the following personnel have annually submitted a fully completed official "Little League Volunteer Application" located on www.dividelittleleague.com and a copy of valid government issued photograph identification to the President or Safety Officer for conducting a national background check that at a minimum includes review of sex offender registries, child abuse and criminal history records for approval of such volunteer, prior to the applicant assuming his/her duties for the current season: Board of Director members, Umpires, Managers, Coaches, and any other persons, volunteers or hired workers, who provide regular service to the league and/ or have repetitive access to, or contact with, players or teams. Failure to submit a completed Little League Volunteer Application for the current year with a copy of valid government issued photograph identification and social security number as required by the league and upon request makes that adult unable to maintain DLL membership and that adult or child volunteer is unable to volunteer in any capacity with DLL. The "Little League Volunteer Application" must be maintained by the President of the Divide Little League's board of directors for all personnel named above, for a minimum of the duration of the applicant's service to the league for that year. Failure to comply with this regulation by DLL may result in the suspension or revocation of tournament privileges and/or the Divide Little League's charter by action of the Charter or Tournament Committee in Williamsport.

Divide Little League will conduct an annual national background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. Divide Little League shall not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. Divide Little League may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors. Divide Little League must conduct a search of the applicable government operated statewide sex offender registry and nationwide sex offender registry. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the Divide Little League's charter by action of the Charter of Tournament Committee in Williamsport, PA. If Divide Little League becomes aware of information, by any means whatsoever, that an individual including, by not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Additionally, no individual may serve as DLL Treasurer or have any DLL bank or other financial account signor authority or status who has any history of any criminal conviction for theft, forgery, conversion of property, possession of stolen property, robbery, burglary, moral turpitude, other similar misdemeanor or felony conviction history.

Managers & Coaches Responsibilities

Managers and Coaches:

The Manager is a person selected through a manager selection committee and appointed by the President of DLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- **The Manager** is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches.
- If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Managers Must:

- Take possession of this Safety Manual and the First-Aid Kit supplied by DLL and bring each to all practice or games.
- Make sure that *telephone access* is available at all activities including practices. It is required that a *cellular phone* always be on hand for emergencies.
- Attend a mandatory training session on Safety, concussion/head injuries, injury prevention and First Aid given by DLL. At least one team representative is required to attend each year (either coach or manager)
- Attend the fundamentals training (at least one coach or manager) from each team must attend
 annually (training qualifies the volunteer for three years but one team representative much
 attend annually)
- Teach players the *fundamentals* of the game while advocating safety, including but not limited to:
 - Catching fly balls
 - Sliding correctly
 - o Proper fielding of ground balls
 - Simple pitching motion for balance, mechanics and technique

- 0 batting positioning, loading, swinging, ball contact and safety
- Not expect more from their players than what the players are capable of.
- Notify parents that if a child is injured, sustains a suspected concussion, or ill, he or she can not
 return to practice unless they have a note from their doctor. This *medical release* protects you
 if that child should become further injured or ill. *There are no exceptions to this rule*.
- Encourage players and volunteers to bring *water bottles* to practices and games. Also, strongly encourage parents that they bring *sunscreen* for themselves and their child.
- Ensure all of their coaches and volunteers have submitted completed current year volunteer
 application forms accompanied by social security number and government issued picture
 identification to the Vice President for background checks and not permit anyone to assist with
 practice or games or have substantial contact with DLL children who have not complied with this
 requirement.
- Ensure all Concussion Information, Medical Release, and Parent/Player Code of Conduct forms
 are executed by players and parents and supplied to you before a player may attend practice or
 games with Divide Little League.
- Fill out proper accident forms provided by Safety Officer and turn in within 24-48 hrs.

Prior to the Game Managers will:

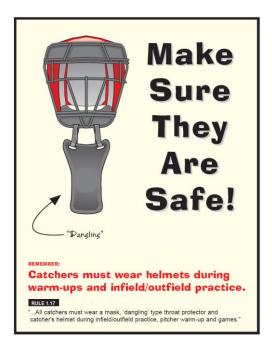
- Work with the umpire to walk the field prior to the game for hazards. Look for rocks, glass, holds etc. and correct if feasible. It is the coach/managers *responsibility* to assure the players safety during the game. If there is a facility issue, report to the Facility Operations
- Work with the umpire to inspect the player's equipment before use. If a player has bad
 equipment: it is recommended it be made unusable to stop the player from "saving" it from
 waste.
- Ensure the players warm up prior to the game, are ready to play, are not injured or sick
- Make sure there is a phone and a first aid kit immediately available.
- Managers require all players to always wear a protective cup
- Managers can also allow players the use of mouth-guards and face guards on batting helmets



During the Game Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players *alert*, and maintain *discipline* at all times.
- Be **organized**. Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off the fences. No one should be climbing the fences, this is a preventable injury.
- Get players to **drink** often so they do not dehydrate. Get players to apply a generous amount of sunscreen.
- Never allow children to play if they are ill, sustained a suspected concussion or head injury, or are injured.
- Do not allow players to use ill fitting or defective equipment, it is highly recommended that the
 player's equipment is made unusable to prevent a player from "saving" their equipment from
 discard. If it is league owned, arrange to have it replaced by the equipment manager.

- Always attend to children that become injured in a game. You must notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and DLL. If there was an injury, make sure all accident report forms are filled out and promptly provide the forms and information to the DLL Safety Officer.
- Supervise ejected, ill or injured players until released to the parent, guardian, or person the parent or guardian designates.
- Discuss any safety problems that occurred before, during or after the game with the DLL Safety Officer.
- Ensure players utilize baseball/softball equipment appropriate for age, division, ability and as allowed under Little League Baseball and Divide Little League local rules. (This is intended to encompass all Little League rules on composite bat restrictions and managers are to keep themselves updated on website updates during the season for such).



Player Code of Conduct

I hereby pledge to be responsible for my participation by following this Code of Conduct of Divide Little League:

- I agree to accept authority and supervision in a positive manner at all times.
- I agree to accept seriously the responsibility and privilege of representing Divide Little League.
- I agree to attend and participate in all scheduled games and practices when reasonably possible.
- I agree to promptly follow directions as communicated by the coach, manager, or umpire.
- I agree to participate positively in all skill and knowledge exercises as assigned by the coach or manager.
- I agree to communicate positively with my coach, teammates, opponents, and umpires.
- I agree to treat fellow players, opponents, fans, umpires, and adults with dignity and respect.
- I agree to refrain from foul language, taunting, and talking disrespectfully.
- I agree to respect League officials and accept umpire decisions without gesture or argument.
- I agree to exercise self-control at all times, setting a positive example for others to follow.
- I agree to positively encourage teammates and refrain from being critical of their mistakes.
- I agree to be aware of safety and will refrain from throwing a bat, ball, or equipment in anger.
- I will remain on the bench with my teammates during games even if I'm not batting, fielding, or otherwise being instructed by my coach or manager.
- I agree to refrain from overly aggressive or angry reactions to making an out or error.
- I agree to win without boasting, lose without making excuses, and to never give up.
- I agree to practice good sportsmanship at all times, playing hard, but within the rules of Little League.

Code of Conduct

The Divide Little League Code of Conduct has been adopted by the Board of Directors. This Code is enforced by the League Safety Officer, the League President, the League's Vice Presidents, League Managers, and Umpires. All league officers, coaches, participants, members, parents and volunteers are required to abide by this code. Based on input and feedback, the League Safety Officer will suggest revisions or modifications to this Code of Conduct from year to year, as necessary. In the 2009 season, a Parental Code of Conduct was implemented and approved by the Board. For 2010, this was adjusted to include players, and Board approved as a mandatory form to be signed by players and parents/guardians. Coaches/Managers are also expected to sign this form.

Code of Conduct

- Speed Limit 5 mph in roadways and parking lots while attending any Divide Little League function. Watch for small children around parked cars.
- No alcohol or illegal drugs allowed in any parking lot, field, or common areas within any Divide Little League complex or venue.
- No playing in parking lots at any time, use crosswalks when crossing roadways and always be alert for traffic.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- During games respect umpires and their authority and do not question, discuss or confront them on any of their calls or decisions.
- Only team Managers and Coaches are allowed to coach players during games. Managers and Coaches are not to be questioned or confronted during games or practices and are to be spoken with at an agreed time and place.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Use of profanity or unsportsmanlike conduct at Little League venues will not be tolerated.
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing baseballs at any time within the walkways and common areas of a Divide Little League complex. Also, no rock throwing.

- Do not allow children or players to climb fences or backstops.
- Pets are not permitted at games or practices.
- Observe all posted signs. Players and spectators must be on alert for foul balls and errant throws. Do not retrieve balls or other items from private property.
- During game, players must remain in the dugout in an orderly fashion at all times.
- During games, there is to be no food or snacks consumed in the dugouts or on the field of play.
- No tobacco product use by coaches, managers or players at any time on field or dugout.
- After each game, each team must clean up trash in dugout and around stands.
- There is ZERO tolerance for child physical, emotional, or sexual abuse.
- Sexual harassment or discrimination based on race, color, gender, ethnicity, national origin or sexual orientation will not be tolerated by DLL.

Failure to comply with this Code of Conduct may result in expulsion from practice, games, playoffs, All Star play and the DLL Complex or any fields DLL uses for such.

Safety Code

The Board of Directors has adopted the Divide Little League Safety Code. All league officers, participants, members and volunteers are required to abide by this code. On game day and during practices it is expected that team managers and umpires will take actions necessary to comply with this code. The League Safety Officer will monitor compliance and make revisions to the Safety Code from year to year, as necessary.

Divide Little League Safety Code

- Little League Rules and the Safety Manual will be in force at all league activities.
- To contact emergency medical services access to a fixed or mobile telephone is required for every league activity. Such arrangements should be confirmed prior to starting all games and practices.
- Managers, coaches and umpires will be provided with basic training in first aid, concussion and head injury detection and issues, proper mechanics/fundamentals, and Little League philosophy. More advanced training is available to coaches and teams upon request.
- First-aid kits are issued to each team manager, and shall be present at each Little League game or practice.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Managers and/or umpires shall walk the fields and inspect for hazards prior to using the field.
 Play area should be inspected frequently for holes, damage, rocks, glass and other foreign objects that could cause injury.
- All team equipment should be stored within the team dugout, or behind screens, and not within areas defined by the umpires as "in play".
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Procedure should be established for retrieving foul balls batted out of playing area. Do not retrieve balls from private property.
- During practice and games, all players should be alert and watching the batter on each pitch.
- Only a player on the field called to bat by the umpire may swing a bat (Age 4 12). No on-deck
 position or swings are permitted. And only when called to bat by an umpire may a player pick

<u>up a bat, proceed to the batters box and take a couple of practice swings along the way.</u> At all times, players need to be alert of the area around them when swinging bats.

- No swinging bats at any time within the walkways, common areas, on deck position and dugouts.
- During warm-up drills, establish enough space between players so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly for condition, proper fit, and compliance with Little League Baseball rules and regulations.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter (males) at all times for all practices and games. NO EXCEPTIONS. Managers should encourage all other male players to wear protective cups and supporters for practices and games.
- The Catcher must wear catcher's helmet and mask with a throat guard while warming up pitchers. This applies to before games, between innings and in the bullpen during all games and practices. NO EXCEPTIONS.
- Managers and Coaches may not catch from a pitcher before or during a game, this includes standing at the backstop during practice as informal catcher for batting practice.
- Except when runner is returning to a base, headfirst slides are not permitted.
- Breakaway bases are required on all fields. Anchored bases are not allowed.
- At no time should "horse play" be permitted on the playing field.
- Parents of Players who wear glasses should be encouraged to provide "safety glasses".
- Parents of all players and players should be encouraged to have players use mouth guards and batting helmets with face guards.
- Remove watches, rings, pins or other jewelry during games and practices.
- Pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus, endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Reduced impact balls are to be used for T-ball, A, and AA level play.

- Players are to be encouraged to drink water, or sports drinks in moderation during practice and games.
- No children under the age of 16 are to be permitted in the concession stands. Divide Little League does not operate any concession stands on any fields during seasonal or playoff play. It reserves the option of such during District, Region or National Little League playoffs on its fields.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the League Safety Officer or another Board member immediately. Do not play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

Guidelines for Use of Batting Cages

The Divide Little League has implemented the following guidelines for use of batting cages:

- Adult supervision is required at all times when the batting cage is in use.
- If a pitching machine is used to deliver the balls, the pitching machine must be operated by an adult.
- Only one batter and one pitcher/pitching machine operator are allowed in the cage at a time.
- The pitcher/pitching machine operator must use an "L" fence protector or screen.
- If possible, lock/secure the batting cage at all times when not being used by the league.
- Enforce helmet use for everyone in the batting cage; hitters and pitchers.
- Place second fence around the batting cage at a safe distance or give verbal warnings to those too close to keep people from being struck by balls hit into the netting and causing the netting to flare out.
- The only one to hold a bat will be the batter in the cage; all others will leave the bats on the ground, i.e. no swinging bats outside the batting cage.

Reporting Accidents & Injuries

All managers, coaches, parents, umpires, and volunteers should use the following procedures for reporting injuries.

EMERGENCY PHONE NUMBERS –

Call 9-1-1 in any emergency or for urgent medical assistance.

If using a cell phone, please ask for El Dorado County Dispatch. They can be reached directly at 530-621-4911. It's a great idea to have this number in all managers and assistant coaches cell phones.

Ambulance Services:

El Dorado County Fire Station #72 Cool CA

Garden Valley Fire Station #51 Garden Valley CA

Georgetown Fire Station #61 Georgetown CA

El Dorado County Sheriff's Department 530-921-5655

California Highway Patrol Placerville CA 530-622-1110

WHAT TO REPORT -

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. The terms "medical treatment and/or first aid" include any injury that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly.

WHEN TO REPORT -

All such incidents described above must be reported to Kris Jower, League Safety Officer, within 48 hours of the incident. Contact information is:

Mobile: 530-401-5475

Email to: krisjower@gmail.com

USE THE AIG INSURANCE LITTLE LEAGUE BASEBALL ACCIDENT NOTIFICATION FORM TO REPORT INJURIES

The form is available for download from the Safety section of the League website: www.dividelittleleague.com

In completing the form make sure the following information is provided:

- Our League name is: Divide Little League and League I.D. No.: 405-54-18
- The name and phone number of the individual involved (and their parents).
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the individual reporting the incident.

SAFETY OFFICER RESPONSIBILITY FOR INJURY REPORTING -

The League Safety Officer will receive this injury report and will enter it into the league's safety database. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Divide Little League's insurance coverage's and the provisions for submitting any claims for reimbursement. The League Safety Officer will forward the completed Accident Notification Form to the President, Little League District 54 who will file a copy of the notice and forward it to appropriate League Official(s) for processing.

If the extent of the injuries are more than minor in nature, the League Safety Officer may periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary such as submission of insurance forms, the medical release form, etc. or until such time as the incident is considered "closed" (i.e. no further claims are expected and/or the individual is participating in the league again).

RETURNING TO PLAY FOLLOWING INJURY OR ILLNESS -

According to Little Baseball National Headquarters Regulation III (D) for all levels of baseball and softball: "When a player misses more than seven (7) continuous days of participation for an illness or injury. Although if a player is suspected of having a concussion, player must be cleared by a physician prior to returning regardless of how many practices or games missed. The team Manager must receive written permission given by a physician or other medical provider for a return to full baseball/softball activity."

Physician or other medical provider permission must also be secured following a concussion or head injury as outlined in the Concussion Information Sheet parents and players are required to review and sign in the registration process before play with the league and as attached.

Some Important Do's and Don'ts for an injured player

DO...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- Assist those who require medical attention and when administering aid, remember to ...
- LOOK for signs of injury (Blood, Black-and-blue deformity of joint etc.).
- LISTEN to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

DON'T...

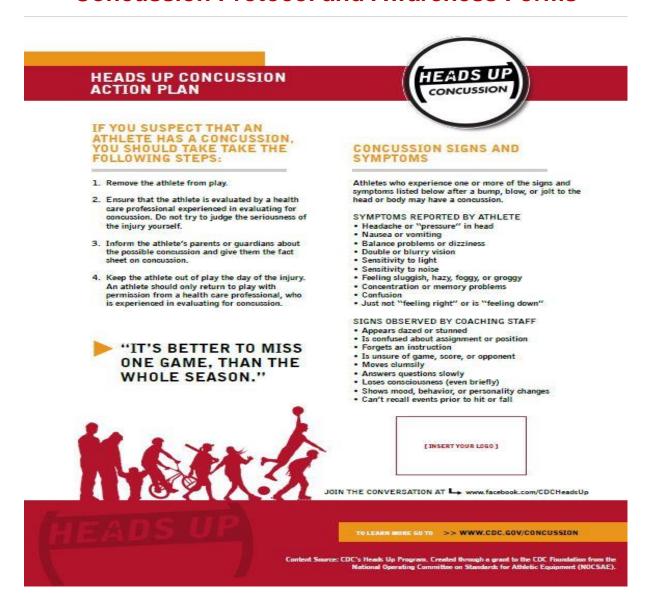
- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.

- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the League Safety Officer immediately.
- Be alone with a child not your own, but instead always have your child at least and another parent or coach stay until the child's parent arrives.

Head Injuries

All Coaches and Board members must take the CDC "Heads Up" concussion on-line training course.

Center for Disease Control Concussion Protocol and Awareness Forms



General Health

COMMUNICABLE DISEASE PROCEDURES -

While the risk of one participant infecting another with HIV/AIDS during league activities is small, there is a remote risk other blood borne infectious disease can be transmitted. Managers and coaches should anticipate such a situation to arise during practice or games and gloves are provided in the safety kit issued to each team. Procedures for reducing the potential for transmission of infectious agents should include, but not limited to the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct athletic activity and team contact until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings and other articles containing body fluids.

Some gentle reminders

Make sure all coaches, managers, volunteers and umpires have correctly filled out the current year Volunteer Application form and provided a copy of a valid government issued picture identification such as a driver license that is cleared through a national background check such as First Advantage.

- Divide Little League goes to great lengths to provide as much training and instruction as possible. Attend as many of the clinics provided by DLL and District 54 as possible.
- Check your "Mail Box" and the League's website: www.dividelittleleague.com regularly for league updates, events, information, resources and special notices.
- Manager and coaches perform regular equipment checks
- Only Little League approved equipment allowed
- No metal cleats allowed in practices or games
- Umpire must check equipment before each game
- Do not "save" or keep for later any unsafe or broken equipment, please dispose of properly
- Managers are encouraged to appoint a team parent. This team parent can act as a safety representative for your team

Basic Fundamental Training and Safety Clinic for Managers/Coaches & Players

In order to ensure that DLL Coaches and Managers are well prepared for the task of coaching little league baseball/softball they are required to annually attend both the safety clinic and one or more instructional clinics offered internally or in district around the start of practice in March. These clinics provide instruction on proper warm-up exercises, basic first aid, injury prevention and head injuries, coaching techniques, and instructional methods to teach proper hitting, throwing and catching mechanics. Big Al's training will be utilized by all 2020 Managers and Coaches.

Divide Little League has partnered with local health services to put on our own Coaching/Safety Clinics to provide all DLL manager/coaches with training and positive coaching tactics at a clinic to be held in February 18, 2020.

Umpire Clinic

Divide Little League will be sending umpires to the Hangtown Little League Umpire Clinic on March 7, 2020.

Storage Shed Procedures

The following applies to all of the storage sheds used by Divide Little League and apply to anyone who has been issued a key by Divide Little League to use those sheds.

- All individuals with keys/combinations to the Divide Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment. There will be no child utilization, riding on or operation of such equipment in any manner.
- All chemicals or organic materials stored in Divide Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds
 will be separated from the areas used to store machinery and gardening equipment (i.e., rakes,
 shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

Lightning Evacuation Procedures

When anywhere near the vicinity of the field:

- Stop Game/Practice immediately.
- Stay away from metal fencing, bleachers (including dugouts)!!
- Do not hold a metal bat.
- Walk, do not run to car and wait for an official Umpire decision on whether or not to continue the game or coach determination to continue practice.
- Websites to check for assistance:
- NOAA National Weather Service

Annual Facility Survey

Each year the Divide Little League Facility Manager conducts the annual facility survey to identify and correct any facility safety concerns. The Little League Facility Survey will be submitted to Little League Inc. and kept on file by the Safety Officer for future reference.

SAFETY PLAN FORMS

Medical Release, Concussion Information, Little League Baseball Accident Notification, Parent code of Conduct, Background Check 2020 and Accident Tracking forms are attached and also available to download and print from the Safety Section of the League's website. For 2020, the background check will be performed in the Little League Data Center through JDP.

http://www.dividelittleleague.com

See attached for:

- Incident injury tracking report
- Medical Release
- Little League Insurance

Activities/	Reporting			Incident/Inju		king Report
League Name:		Leag	jue ID:	Inci	ident Date	e:
	n:					
	ame:					
	Player):					
Parents' Address (If	f Different):			City		
Incident occurred	while participating in	1:				
A.) □ Baseball	□ Softball	□ Challenger	☐ TAD			
B.) Challenger	□ T-Ball (5-8)	☐ Minor (7-12)	☐ Major (9	-12) 🗖 Junio	r (13-14)	
☐ Senior (14-16	6) 🗆 Big League (16-1	18)				
C.) Tryout	□ Practice	□ Game	□ Tournam	ent 🗆 Spec	ial Event	
□ Travel to	□ Travel from	☐ Other (Describ	be):			
Position/Role of p	erson(s) involved in	incident:				
D.) □ Batter	□ Baserunner	☐ Pitcher	□ Catcher	☐ First	Base	□ Second
☐ Third	☐ Short Stop	☐ Left Field	☐ Center F	ield □ Right	Field	Dugout
Umpire	□ Coach/Manager	□ Spectator	□ Voluntee	er 🗆 Othe	r:	
Type of injury:						
Was professional	ired? □ Yes □ No If	quired? ☐ Yes ☐	No If yes, w	vhat:		
(If yes, the player m Type of incident a	nust present a non-res	trictive medical re	elease prior to	to being allowed	d in a gar	ne or practice.)
A.) On Primary Play			B) Adjacer	nt to Playing Fie	ld D)(Off Ball Field
	Running <i>or</i> ☐ Sli	dina		ing Area	id D., C	
	☐ Pitched or ☐ Th			ing Area		ar <i>or</i> □ Bike <i>or</i>
☐ Collision with	ı: □ Player <i>or</i> □ Str	ructure	C.) Conces	•	□ W	alking
□ Grounds Def	ect		□ Volu	nteer Worker	□ Le	ague Activity
Other:			☐ Cust	omer/Bystander	O1	her:
Please give a shor	rt description of incid	dent:				
Could this accider	nt have been avoided	I? How:				
tive ideas in order t For all claims or inju Accident Notification Williamsport (Attent	e League purposes or o improve league safe uries which could beco n Form available from tion: Dan Kirby, Risk M les. All personal injurie	ty. When an accio ome claims, pleas your league pres lanagement Depa	dent occurs, o e fill out and t ident and sen artment). Also,	btain as much ir urn in the officia d to Little Leagu provide your Di	nformation I Little Le e Headqu strict Safe	n as possible. ague Baseball uarters in ety Officer with
Prepared By/Positio	on:		Ph	one Number: (_) _	
Signature:			Da	ate:		

** EMAIL COMPLETED FORM TO: dividelittleleague@gmail.com **

Little League® Baseball Medical Release

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

Player:	Date of Birth:	
League Name:	I.D. Number:	
Parent or Guardian Authorization:		
3 ,, , , ,	ician cannot be reached, I hereby authorize my EMT, First Responder, E.R. Physician)	child to be treated by
Family Physician:	Phone:	
Address:		-
Hospital Preference:		-
In case of emergency contact:		
Player		Name Phone Relationship to
·		Name Phone Pelationship to
Player	· · · · · · · · · · · · · · · · · · ·	Name i none Relationship to
Please list any allergies/medical prob Diabetic, Asthma, Seizure Disorder):	plems, including those requiring maintenance m	nedication. (i.e.
The purpose of the above listed informedical problem which may interfere	mation is to ensure that medical personnel have with or alter treatment.	e details of any
Medical Diagnosis Medication Dosage Fre	equency of Dosage:	
Date of last Tetanus Toxoid Booster:		-
Mr./Mrs./Ms.		-
Authorized Parent/Guardian Signatur	re	

.my documents/league supplies/2005/medical release form rev. 2/05.1

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

Little League* Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League[®] contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

- Print or type all information.
- 2. Complete all portions of the claim form before mailing to our office.
- 3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

- The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor.
- Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
- Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.
- It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
- Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
- 6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

- 1. This section must be filled out, signed and dated by the league official.
- Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Accident & Health (U.S.)

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

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

Le	ague Name										League I.	D.	
					-	PART 1							
Na	ame of Injured Person/C	aima	nt	1	SSN		Date of Birti	h (N	M/DD/	YY)	Age	Sex	□ Male
Ná	ame of Parent/Guardian,	if Cla	imant is a	Minor			Home Phor	e (l	nc. Are	a Code)	Bus. Phor	ne (Inc. Are	a Code)
Ac	ddress of Claimant					Addr	ess of Parent	/Gua	ardian,	if differe	nt		
pe	e Little League Master A rinjury. "Other insurance ployer for employees ar	prog d fan	rams* incl nily memb	lude family's ers. Please (pers	ional insurance, CK the appropria	student insura ite boxes bek	ance	throught YES,	gh a sch follow in	ool or insu struction 3	rance through above.	gh an
_	es the insured Person/P	arent		7550	sura	li li	mployer Plar idividual Plar		□Yes □Yes	□No □No	School Dental		
Da	ate of Accident		Time of	Accident		Type of Injury							
-	escribe exactly how accid	lant l			⊒PN	1	ima of acaids						
0000	SOFTBALL CHALLENGER TAD (2ND SEASON)		HALLENG -BALL IINOR ITTLE LEA ITERMEDIATE UNIOR (12 ENIOR (13 IG (14-18	GER (4-18) (4-7) (6-12) AGUE(9-12) (50/70)(11-13) 2-14) 3-16)	000000	PLAYER MANAGER, CO VOLUNTEER I PLAYER AGEN OFFICIAL SCO SAFETY OFFI VOLUNTEER I	JMPIRE IT REKEEPER CER VORKER		PRAC SCHE TRAV TRAV TOUR OTHE	/EL TO /EL FRO RNAMEN ER (Des	NT cribe)	(NOT GA SPECIAL (Submit a your appr Little Lea Incorpora	MES) GAME(S) copy of oval from gue ted)
I u su I h tha Lit as	mplete and correct as he nderstand that it is a crir bmitting an application o ereby authorize any phy at has any records or knot the League and/or Natior effective and valid as the	ne for r filing siciar wled al Ur e orig	r any perso g a claim o n, hospital ige of me, nion Fire In inal.	containing a or other med and/or the a asurance Co	false dical bove mpa	or deceptive sta ly related facility, named claiman ny of Pittsburgh,	tement(s). So insurance co t, or our healt Pa. A photos	mpa h, to tatio	emark any or o disclo copy o	s section other org se, when of this au	on revers anization, never requ thorization	se side of for institution of sested to do a shall be co	rm. or person so by
Da	ate	Claim	ant/Paren	t/Guardian S	Signa	ature (In a two pa	rent househo	ld, l	ooth pa	rents mu	ust sign thi	s form.)	
Da	ate	Claim	ant/Paren	t/Guardian S	Signa	nture							

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

	PART 2 - LEAGUE STATEMEN	T (Other than Parent or C	aimant)					
Name of League		Person/Claimant	League I.D. Number					
Name of League Official			Position in League					
Address of League Official			Telephone Numbers (Inc. Area Codes)					
			Residence: () Business: ()					
			Fax: ()					
Were you a witness to the accident	t? □Yes □No							
Provide names and addresses of a		ted accident.						
Check the boxes for all appropriate	items below. At least one item in	each column must be sele	cted.					
POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY					
□ 01 1ST □ 02 2ND	☐ 01 ABRASION ☐ 02 BITES	☐ 01 ABDOMEN ☐ 02 ANKLE	☐ 01 BATTED BALL ☐ 02 BATTING					
02 2ND	□ 03 CONCUSSION	□ 02 ANKLE	□ 02 BATTING					
□ 04 BATTER	☐ 04 CONTUSION	□ 04 BACK	☐ 04 COLLIDING					
□ 05 BENCH	☐ 05 DENTAL	□ 05 CHEST	05 COLLIDING WITH FENCE					
□ 06 BULLPEN	□ 06 DISLOCATION	□ 06 EAR	□ 06 FALLING					
□ 07 CATCHER □ 08 COACH	☐ 07 DISMEMBERMENT ☐ 08 EPIPHYSES	□ 07 ELBOW □ 08 EYE	□ 07 HIT BY BAT □ 08 HORSEPLAY					
D 09 COACHING BOX	□ 09 FATALITY	□ 09 FACE	□ 09 PITCHED BALL					
□ 10 DUGOUT	☐ 10 FRACTURE	☐ 10 FATALITY	☐ 10 RUNNING					
□ 11 MANAGER	☐ 11 HEMATOMA	□ 11 FOOT	11 SHARP OBJECT					
☐ 12 ON DECK	□ 12 HEMORRHAGE	☐ 12 HAND	☐ 12 SLIDING					
13 OUTFIELD	13 LACERATION	☐ 13 HEAD	☐ 13 TAGGING					
☐ 14 PITCHER ☐ 15 RUNNER	☐ 14 PUNCTURE ☐ 15 RUPTURE	☐ 14 HIP ☐ 15 KNEE	☐ 14 THROWING ☐ 15 THROWN BALL					
☐ 16 SCOREKEEPER	☐ 16 SPRAIN	□ 16 LEG	☐ 16 OTHER					
☐ 17 SHORTSTOP	☐ 17 SUNSTROKE	□ 17 LIPS	☐ 17 UNKNOWN					
18 TO/FROM GAME	☐ 18 OTHER	18 MOUTH						
☐ 19 UMPIRE	☐ 19 UNKNOWN	☐ 19 NECK						
□ 20 OTHER □ 21 UNKNOWN	□ 20 PARALYSIS/	☐ 20 NOSE ☐ 21 SHOULDER						
21 UNKNOWN 22 WARMING UP	PARAPLEGIC	☐ 21 SHOULDER						
		23 TEETH						
		24 TESTICLE						
		☐ 25 WRIST						
		☐ 26 UNKNOWN ☐ 27 FINGER						
		L Zi TillOLK						
Does your league use batting helmets with attached face guards?								
If YES, are they □Mandatory or □Optional At what levels are they used?								
I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the								
best of my knowledge.	dentity that the information conta	ined in the Claimant's Noti	incasion is true and correct as stated, to the					
Date League (Official Signature							

Sport Parent Code of Conduct

We, the ______ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

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 therefore agree:

- 1. I will not force my child to participate in sports.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will learn the rules of the game and the policies of the league.
- 5. I (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 other sporting event.
- 6. I (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.

- I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- 10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
- 14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
- 15. I will 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.
- 16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Concession Stand/Snack Bar operating procedures

If your league operates a snack bar, they must have ice packs and gloves available for first aid use, in addition to a first aid kit. Inspections will be completed prior to and during the season to insure concession guidelines are met.

- Floors clean and dry
- No sharp or jagged edges on walls and equipment
- Never stand on chairs or equipment
- Heavier and bulkier materials must be stored on lower shelves
- · Keep aisles free of debris and obstructions
- Use dry cloths and gloves for handling food and utensils
- Remove broken glass particles with a broom do not pick up by hand
- close all doors and drawers immediately after use
- unplug all electrical appliances after use or before cleaning
- Follow posted procedure for each appliance
- Keep Fire Extinguisher and First Aid kit available
- check propane tanks regularly for leaks
- Follow posted procedure for clean hands before touching food
- Do not prepare food and handle money at the same time
- volunteers working in snack bar must be at least 16 years of age with no skin irritations or infections
- All must follow the guidelines of the El Dorado County Health Food Services Sanitation manual for public eating establishments

Additional Helpful Handouts

We have included some helpful handouts that might be of help during the game. These include:

Warm Up Drills

Strains and Sprains

Broken Bones

Broken Tooth

Nose Bleeds

Quick Check Card for Concussions

Drinking Water/Dehydration

Heat Exhaustion

Bicycle Safety

Suggestions for Warm-up Drills



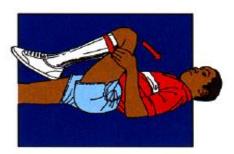
Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on you knees. You should feel the stretch along the backs of your legs.



Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

What to Expect:

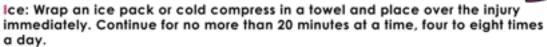
- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



What to Do:

- Stop activity right away.
- Think R.I.C.E. for the first 48 hours after the injury:

Rest: Rest the injured part until it's less painful.



Compression: Support the injury with an elastic compression bandage for at least 2 days.

Elevation: Raise the injured part above heart level to decrease swelling.

- Give the child ibuprofen (such as Motrin) for pain and to reduce swelling.
- 4. The doctor will prescribe an exercise program to prevent stiffness.

Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days

Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007





Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

The child may have a broken bone if:

- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



What to Do:

- Remove clothing from the injured part.
- 2. Apply a cold compress or ice pack wrapped in cloth.
- 3. Keep the injured limb in the position you find it
- 4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

Do not move the child - and call for emergency medical care - if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

hosepleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

Did You know?

If a child's bed is near a heater – in the wintertime, especially the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



What to Do:

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- Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
- 2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- · tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Knocked-Out Tooth

A knocked-out permanent tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth.

WATCH THE CLOCK!



Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has the best chance of survival if replaced within 30 minutes.



What to Do:

- Find the knocked-out permanent tooth. If you're not sure whether it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or doctor or go to your local emergency room immediately.
- Handle the tooth only by its crown (the top part), never by the root.
- Gently rinse (don't scrub) the tooth immediately with saline solution or milk. (Tap water should only be used as a last resort; it contains chlorine, which may damage the root.)
- Keep the tooth from drying out until you see the dentist by:
 - inserting the tooth back into its socket in the child's mouth if he or she is old enough to hold it in place
 - storing the tooth in milk (not water), or
 - placing the tooth between your cheek and lower gum
- 5. See the child's dentist or go to your local emergency room right away.

Think Prevention!

Children often lose teeth from playing contact sports such as football or ice hockey, from riding bikes, or from being in a motor vehicle crash. Children should wear mouth guards and protective gear when playing a contact sport. They should also always be buckled up in an age-appropriate car seat, booster seat, or seatbelt when in a motor vehicle.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Pocket SCAT2











Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise

- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
 - Drowsiness
- More emotional
- Irritability
 - Sadness
 - Nervous or anxious

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2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more that 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

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For **every 20 minutes of play**, a young athlete should drink about **10 gulps of water**.



1 gulp = ½ oz. of fluid

A teen should drink about 20 gulps.

The American Academy of Pediatrics (AAP) recommends: 5 oz, for an 88 pound child every 20 minutes, and 9 oz, for a 132-pound adolescent every 20 minutes.

HEAT EXHAUSTION/ HEAT STROKE & TREATMENT

- * NORMAL BODY CORE TEMP. 37° C
- * HEAT EXHAUSTION 38°C 40°C
- * HEAT STROKE 41°C AND HIGHER

SIGNS AND SYMPTOMS

HEAT EXHAUSTION

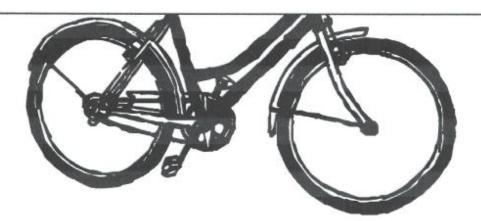
- LISTLESS
- WEAR
- DIZZY
- RAPID PULSE
- LOW BLOOD PRESSURE
- ? HAUSEA
- ? VOMITTING
- MENTAL STATUS NORMAL
- BEHAVIOR NORMAL

HEAT STROKE

- REDUCED LEVEL OF CONSCIOUSNESS
- IRRITABLE
- MUSCULAR PAIN
- RAPID PULSE
- HIGH BLOOD PRESSURE
- 7 MAUSEA
- 7 VOMITING
- MENTAL STATUS CONFUSED
- BEHAVIOUR IRRATIC
- HOT, DRY, RED SKIN
- DEATH

TREATMENT

- LAY PERSON DOWN & ELEVATE LEGS
- ENSURE NORMAL BREATHING
- IF THIRSTY GIVE WATER TO DRINK
- REPORT INCICENT TO SUPERVISOR
- MOVE PERSON TO COOL VENTILATED AREA
- CHECK FOR BREATHING, PULSE & CIRCULATION
- IF POSSIBLE COVER THE PERSON WITH ICE PACKS OR COLD WATER TO REDUCE THE BODY TEMPERATURE
- GIVE WATER TO DRINK
- MONITOR VITAL SIGHS
- GET PERSON TO HOSPITAL
- REPORT INCIDENT TO SUPERVISOR



Have fun on your bike and be safe!

- Give a warning ("on your left!" or ring your bike bell) as you
 approach walkers/runners/other riders to pass them.
- Walk your bike on school property.
- . Do not use your cell phone or iPod while riding.
- Cross the street at crosswalks only.
- · Watch closely for cars leaving driveways.
- If you must ride at dusk or after dark, use headlights and taillights — white in the front, red in back.
- · Ride with traffic.
- Ride where drivers can see you and don't swerve between cars or buses.
- Obey all traffic lights and signs.
- Last and most importantly: Wear your helmet on every ride (AND get more chances to win Bike To School grand prizes)!



2020 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	AGE
2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015	4
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	5
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	6
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	7
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	8
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	9
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	10
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	11
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	12
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	13
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	14
2005	2005	2005	2005	2005	2005	2005	2005	2004	2004	2004	2004	15
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	16

NOTE: This age chart is for BASEBALL DIVISONS ONLY, and only for 2020.