

Falls City Little League
Safety Handbook



2024

SAFETY INFORMATION
FALLS CITY LITTLE LEAGUE
ID# 224441
FALLS CITY, TEXAS
Little League Safety Program
January 1, 2024

Safety Mission Statement: We resolve to provide a safe and positive environment to play, coach, and volunteer and enjoy Little League Baseball in the Falls City Little League. We will continually develop and maintain programs to ensure safety in our facilities. **In the event of an emergency, call 9-1-1.**

1. Organization

1.1. The Board of Directors of Falls City Little League (FCLL) will designate a Safety Officer. The Safety Officer reports to the President and the Board of Directors. The Safety Officer will oversee the development and implementation of concepts related to safety at all the ballparks and practice fields. The Safety Officer's primary responsibility is to develop programs to improve players' safety during gameplay and league practice. The Safety Officer is to annually review the Little League Rules to ensure that FCLL follows league safety standards.

1.2. It is the responsibility of the Safety Officer to report to the League President and the Board at regular meetings of the Board and on other occasions as necessary. The Safety Officer will evaluate new safety devices as they become available.

1.3 The Safety Officer and League Equipment Officer will, from time to time, discuss the current equipment status and the future needs of FCLL.

1.4 Emergency access telephone numbers are listed in the League Directory and will be posted near the First Aid Kit in each facility's concession stands.

1.5 The League will notify coaches and parents of any local resources for treating children with sports injuries as they become available.

1.6 The Safety Officer will distribute the ASAP newsletter to all Managers and other Officials within the League.

1.7 FCLL will develop a relationship with all city and county entities of Public Safety. These include the Poth Police and Fire Departments, Wilson County Sheriff's Office, Falls City Fire Department, Karnes County Sheriff's Office, Karnes, and Wilson County EMS agencies to respond to any type of emergency.

1.8 FCLL complies with Little League Regulation I © 8 and 9, which requires all volunteers to complete the Little League Volunteer Application before assuming their duties each year. These forms will reference the Sexual Offender Registry and conduct background checks of each volunteer as required. The Volunteer forms for **2024** can be downloaded from the Little League Baseball website at www.littleleague.org.

1.9 League Player Registration Data or Player Roster Data and Coach and Manager Data.

- League Player Registration Data or Player Roster Data and Coach and Manager Data must be submitted via the Little League Data Center at www.LittleLeague.org.

2. Training

2.1 To ensure that baseball fundamentals are taught to the children, an annual clinic that includes basic fundamental instruction, Safety and First Aid instruction, and a safety information manual distribution will be held. All managers will be notified before being selected as managers.

2.1.1 All will be required to have representation by either the Manager or Coach.

2.1.2 All Managers/Coaches are required to attend a session once every three (3) years.

2.1.3 All Managers/Coaches must obtain and show proof of Diamond Leader Training and USA Coaches training before being considered to coach or manage a team. Both links can be clicked on below or located on the Falls City Little League Webpage and more information about training can be found on [little league.org](http://littleleague.org).



2.1.4 Coaches will also be picked based on their previous experience as a baseball/softball coach.

2.2 A mandatory meeting will be held with all Managers and Coaches before practice begins to outline all safety instructions, rules, and regulations. A First Aid class with instruction on specific injuries relevant to baseball/softball will be conducted at that time. Managers and Coaches must develop plans for severe weather specific to their practice areas. This date will be in conjunction with the date and time listed in section 2.1.

3. Facilities and Equipment

3.1 The Facilities Manager and the Safety Officer are responsible for completing the Facility Survey annually. A copy of the Facility Survey will be submitted along with the Safety Plan to Williamsport and retained on file with the League.

3.2 The team Managers and League Umpires inspect the playing field before gameplay or practices. All Managers will receive copies of the guidelines to follow. The guidelines will be posted inside the concession stands. They are also attached to the Safety Information booklet.

3.3 All Concession Stands are to be maintained to the highest standards to ensure that Bacteria and Disease is not spread through contact contamination. All Concession Volunteers must read and follow the Concession Stand Safety Rules posted in the concession stand. All Volunteer workers are responsible for immediately reporting any safety violation or concern to a League Official.

3.4 We regularly inspect and replace FCLL baseball equipment to ensure proper protection and playability for all players.

3.5 All parking areas will be monitored to maintain Safety and traffic flow during game days. We will issue warnings to parents and drivers to raise awareness in these areas. We will request assistance from local Law Enforcement agencies when we identify habitual offenders in this area.

3.6 Children nine (9) years of age and under should be supervised at any event covered by FCLL. This includes practices and games. The FCLL is not a childcare service and should not be treated like one. Parents and Managers will be made aware of this issue before the start of the season. It will be okay for a parent to leave a player at practice if the Manager has means of contacting that parent should an emergency arise. A parent should not leave a child at any facility or practice field if that child's Manager or Coach is absent.

3.7 Scooters, Bicycles, Razors, Skateboards, or any other form of motorized or nonmotorized transportation is not allowed to be ridden in or around the areas of the fields at any time during ball games or events held at the FCLL facilities.

3.8 The current year facility survey form and a qualified safety plan registration form will be attached to this ASAP plan.

4. Activities of the League

4.1 We have developed a method for reporting and tracking injuries in our League. The Managers/Coaches will report significant accidents and/or injuries to the League Safety Officer, who will track the injuries. The method will be for Managers to fill out an injury report form accessible from the Safety Officer or President. They will then turn in the completed form to the Safety Officer. The Safety Officer will then contact all entities involved with the accident to perform an investigation. The Safety Officer will then track the individual's progress throughout the injury. Periodically, the Safety Officer will review all the reported injuries to look for patterns of injuries. If significant patterns of injury are found, then the Safety Officer will consider new education for preventing and treating those injuries.

4.2 FCLL provides a well-equipped First Aid Kit at each Concession Stand. The Safety Officer will stock the contents of each kit before the season. We will also provide each manager with a portable first aid kit. These kits will also be restocked by the Safety Officer, as necessary, during the season.

4.3 To limit the risk of disease transmission, FCLL provides a sterile disposal system for materials potentially contaminated by human tissue or fluids. The Managers have been instructed as to the location of the Red Bag within their designated First Aid Kit and methods for disposal of any materials contaminated with human fluids. Latex gloves will be provided to allow safe disposal of any items.

4.4 We rigorously enforce the Little League Rules for the catcher's equipment, helmets, and protection of pitchers warming up on the sideline. We enforce all Little League rules regarding the proper use of equipment.

4.5 The Board of Directors has discussed the benefit of faceguards. While the devices are helpful in certain instances, no medical data clearly demonstrates a reduction in injury rate. Because of this fact, the Board has endorsed the use of the protective devices but not made them mandatory use items.

4.6 The Board will make any information about face guards used by players in our Little League program available to parents as it becomes available. Managers/Coaches and Umpires will ensure that this equipment is properly fastened to ensure proper protection.

4.7 The Board of Directors has yet to take a specific position on using the mouth guards. It is recommended that children with dental problems or a history of previous injury consider the use of a mouth guard. In those instances, we recommend the parents discuss the issue with a dentist.

4.8 The Safety Officer will discuss safety issues with Law Enforcement Officers, Umpires, and Managers/Coaches who work in the fields during the year. The Safety Officer will relay any concerns or significant issues to the League President.

DISEASE/INJURY GUIDELINES FOR LEAGUE OFFICIALS

1. When in doubt, check it out.
2. If you need more time, seek a cure.
3. Parents or Guardians should always be counseled to have a disease or injury evaluated by a healthcare professional if there is any doubt about the severity or cause of a player problem or complaint.
4. Call 9-1-1 in the event of an emergency.

SEVERE OR LIFE-THREATENING DISEASE OR INJURY

Immediately Call 9-1-1! Stay with the victim until help arrives.

1. Do not move a seriously injured or unconscious victim unless they are in immediate danger due to their location or it is necessary to treat them to save their life. With severe trauma — think Spine Injury.
2. Provide CPR immediately if indicated—no Breathing Pulse=no life. Continue CPR until professional help arrives and they take over the victim's care.
3. When the victim is a conscious adult, you must ask permission before treating them.
4. Provide first aid as indicated. Example: stop severe bleeding. Provide only needed first aid. Know your limits. Do not give medication or food to the seriously injured.
5. Have other people present call for more help and assistance. Never leave the victim alone.
6. If indicated, send for adequately trained personnel. If you need to leave the injured person to find help, assure them you will return. Tell them not to move while you are gone.
7. If available, have a person meet and direct an ambulance from the entrance to the accident site.
8. If available, have a person make immediate contact with the parents of a minor.
9. A change or loss of consciousness, even if brief, and especially from head trauma, could be a severe problem and should be evaluated by a Healthcare Professional.

HEAT-RELATED ILLNESS

Managers/Coaches: It's almost that time of year when we must begin watching children for heat-related illnesses.

FACTS about heat-related illness:

Temperature and humidity influence the environment's heat stress for you and the players. Children take longer to adjust to temperature increases than adolescents or young adults. Children cannot regulate their own temperatures as effectively as adolescents or young adults at extreme temperatures.

EARLY SIGNS OF HEAT-RELATED ILLNESS (HEAT EXHAUSTION)

Muscle Cramps, Confusion, Headache, Dizziness, Chills, and Nausea

LATE SIGNS OF HEAT-RELATED ILLNESS (HEAT STROKE)

A true medical emergency (Call 9-1-1) Seizures, Coma, or Collapse

Prevention of Heat-Related Illness

1. Ensure that a water cooler is in the dugout before starting games or practices.
2. Encourage the kids to drink water before and during the game. Water is the best replacement fluid for exercise periods of approximately one (1) hour. Gatorade or Powerade are useful oral fluids to recommend for longer events because they provide sugar, necessary electrolytes, and water.
3. When practicing during periods of high heat, take breaks every 15-20 minutes for water.
4. Inform the kids that they're already behind on fluids if they are thirsty.
5. Inform the kids soda water and slushies are not suitable substitutes for water loss (due to sweat). Cokes and other caffeinated beverages may make things worse.
6. Pay close attention to catchers on hot days. They are at particular risk for heat-related illness.
7. Encourage the children to wear sunscreen.
8. Schedule practices in the late afternoon and early morning whenever possible.
9. De-conditioned athletes and athletes with a history of heat-related illness are at increased risk of other heat-related illnesses.

Early Treatment of Heat-Related Illness

1. Remove the child from the sun and immediately get them to a cool place.
2. Inform the child's parents of the situation.
3. Encourage the child to drink cool water.
4. Remove unnecessary clothing.
5. If the symptoms don't improve immediately, transport them to an Emergency Room for evaluation. The Emergency Department is available to see children from the League seven (7) days a week. **HEAT RELATED ILLNESSES ARE SERIOUS! DO NOT HESITATE TO SIT A CHILD THAT YOU SUSPECT HAS A HEAT-RELATED PROBLEM. IT IS THE MANAGER'S RESPONSIBILITY TO ENSURE THE PLAYERS ARE DRINKING ENOUGH FLUIDS. ABRASIONS**

Initial Treatment:

1. Determine the mechanism of injury.
2. Clean the abrasion with clean water.
3. Cover the abrasion with a sterile, non-stick gauze or band-aid.
4. Inform the parent about the injury.
5. If significant, report the injury to the League Safety Officer.
6. For significant lacerations (cuts) the child will need evaluation in the Emergency Room.

SPRAINS and STRAINS

1. Early Treatment — Rest the child. (these injuries respond well to early treatment)
2. Rest the injured limb.
3. Elevate the injured limb to the level of the heart.
4. Apply an ice pack to the injured limb. (Do not apply ice directly to the skin)
5. Apply a light compression dressing to the limb (Ace wrap or Splints). Be careful not to apply the elastic wrap too tight.
6. Inform the child's parents about the injury and treatment.
7. If a significant injury is suspected or cannot be ruled out, refer the child's family to their physician or to the emergency room for additional evaluation.

SEVERE WEATHER PLAN:

1. Suspend Play — Seek a Safe Shelter Immediately, away from windows.
2. Move to a Sturdy Building or Low, non-flooding area.
3. Stay away from water or water fountains.
4. Avoid Metal Objects, Dugouts, Bleachers, or Chain Link Fences.
5. Avoid any Tall Objects such as trees or Light Poles.
6. Stay in Low non-flooding Areas until the danger has passed.
7. Do not return to play until All-Clear is Sounded or Announced.

ADOLESCENCE AND DIETARY SUPPLEMENTS:

Recent new evidence demonstrates that certain supplements are detrimental to children's health. Children should not use supplements containing Creatine, Ephedrine, Androstenedione, or Caffeine.

There is significant evidence that Ephedrine may be harmful to the health of both children and adults. Ephedrine and any products that contain Ephedrine should be used only with the advice of a Medical Doctor.

Significant Numbers for Medical Emergencies:

- 9-1-1 for any emergency EMS, Police, or Fire.
- Karnes County Sheriff's Department 830-780-3931
- Wilson County Sheriff's Department 830-393-2535
- Poth City Police Department 830-484-0281

REPORTING AND TRACKING INJURIES AT FCLL:

To improve the Safety of play at FCLL, the Board of Directors will require Managers/Coaches to report significant injuries to the League Safety Officer via the FCLL injury Tracking Form within 24-48 hours. Tracking of the injuries may help us prevent injuries in the future.

MANAGERS/COACHES SAFETY CHECKLIST:

- ☐ Review the Safety section of the Little League Rules.
- ☐ Review the FCLL Safety program.
- ☐ Always carry a complete player roster with emergency contact numbers.
- ☐ Identify any players with specific medical conditions that may need treatment. (i. e., allergies to bee stings, asthma, etc.)
- ☐ Always Have a First Aid Kit available during practices and games.
- ☐ Have signed copies of the player's Medical Release Form always present.
- ☐ Completed the Diamond Leaders training, a requirement of the Little league International beginning in 2024

FACILITIES:

A. Before practices or on game days, home team Managers, visiting team managers and on site umpires are responsible for checking the dugouts and playing field to ensure it is safe for play.

B. Severe Weather: Establish a procedure for protecting the Players for each event.

C. Prevention of West Nile Virus: During Mosquito season, ask players and parents to use mosquito repellant (DEET) at the ball fields for games and practices.

D. Heat-Related Illness: Review signs and symptoms of heat-related illness. Have water available at all practices and games.

EQUIPMENT:

A. Bats:

Ensure the bat is for the correct type of ball you will be playing (Softball/Baseball). Ensure that the bat has no visible cracks or dents that could cause it to break and cause injury. Check for proper grip on the handle of the bat. Be sure players are using the correct bat size. A bat that is too heavy or light can cause injury.

B. Catcher's Equipment:

a. NO SAE-approved helmet (catcher's helmets should be able to cover both of the catcher's ears). All male catchers will use a protective cup.

b. Approved chest protectors, leg protectors, and knee savers.

c. Optional: High-quality shoes with a firm toe box.

C. Batting helmets, Face guards, and Mouth guards:

a. Metal face guards are often recommended but can be a problem if the face guard does not fit correctly or is a poor design. If the helmet shifts, the metal mesh guard may obscure the player's vision and be associated with a problem finding the baseball. Similarly, some metal mesh guards lose significant visualization because of the bars' position. Make sure all faceguards fit each player properly.

b. All helmets should have the original liner that came with the helmet. Do not use it if you believe the helmet liner has been re-glued. Do not use any cracked helmet, no matter how small the crack is.

D. Player's Gloves:

a. Inspect every player's glove before each practice and game. Many injuries can be prevented by proper inspection. Also, each Manager should discuss with their team the importance of caring for their gloves.

CONCESSION STAND RULES

1. GENERAL RULES: All workers must be over sixteen (16). All workers must wash their hands before handling any equipment or food. NO EATING or Drinking while working in the Concession Stand. If you must eat or drink, please leave the concession stand to do it. Clean all messes immediately. Leave the concession stand looking better than you found it!

2. Preparation (Opening):

a. Check all equipment to ensure it works correctly. If equipment is not working, contact a Board member to fix the problem. DO NOT TRY TO FIX IT YOURSELF! Clean all equipment with the appropriate cleaner. If there are any dirty utensils or cookware, clean it immediately. b. Wipe down all countertops and food serving areas with the League's appropriate cleaners. Sweep the floor before getting out any food to serve.

3. Food Preparation:

a. As our menu is simple, food preparation will be minimal. All hot food must remain hot until it is served. From time to time, we will have different menus for special events that will require more specialized instructions on food preparation. When these occasions occur, we will have one person who oversees the concession stand to ensure proper handling of food items.

b. Use the Crock-pots and Microwaves to heat food. Refrain from rewarming food that has been left sitting out. If you need more clarification about how long food has been out, throw it away.

c. Use the proper utensils to serve food. Do Not Use Your Hands. If food must be touched, use gloves provided by the League to handle food, and then throw the gloves away afterward.

d. Use Bag ice from the ice machine for the snow cone machine. Keep ice in FCLL ice chests for Snow cones. Use the metal scope provided for transferring ice from the bag to the machine. Keep all snow cone flavoring containers wiped clean at all times.

e. Check for leftover cheese and chili in the cooler before opening new cans. If leftover chili/cheese is leftover, reheat it into the crock-pot. Clean the storage container immediately.

4. CLEAN UP:

a. Put all unused chili and cheese in storage containers and place them into the coolers to be used for the next game day.

b. Clean the Crock-pots, microwave, and snow cone machine. Make sure the snow cone machine is wiped dry after cleaning. Clean all cookware and utensils with an appropriate cleaner.

c. Sweep floors and wipe down all countertops and surfaces with appropriate cleaner. Ensure there is no food residue left anywhere.

d. Contact a concession stand committee member when you are finished or if you have any questions.

5. HEALTH CONCERNS:

If you are ill the day you are scheduled to work, please contact your team's manager or team mom to reschedule your work. If you have any type of wound to your hands, YOU MUST WEAR GLOVES at all times that you are in the concession stands. Any other cuts must be covered. All volunteers working in the concession stand must wash their hands before handling any food or equipment. A hand washing poster will be posted by the sink of each concession stand and in all restrooms.

Emergency Contact Procedures

For Falls City Little League, the most important help you can provide to a seriously injured victim 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 call from a nearby telephone. Be sure that you or another caller follows these steps.

I. First, dial 9-1-1

II. Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

A. What is the exact location or address of the emergency? Include the name of the city or town. Nearest intersection, landmarks, etc., and the facility's or complex's field name and location are applicable.

The addresses for the Falls City Little League Complex and other local fields are:

- Poth Complex: Poth City Public Park Poth, Texas
- Kosciusko Complex: F.M. 791 Kosciusko, Texas
- Falls City Complex: Falls City Baseball Park, Falls City, Texas
- Karnes City Complex North Panna Maria, Karnes City, Texas

B. What is the telephone number from which the call is being made?

C. The caller's name?

D. What happened? (baseball-related accident, fire, fall)

E. How many people are involved?

F. What is the condition of the injured person? (unconscious, chest pains, severe bleeding)

G. What help is being given? (first aid, CPR, etc.)

III. Wait to hang up until the dispatcher hangs up.

IV. Continue to care for the victim until professional help arrives.

V. Appoint someone to go to the street, meet the Ambulance or Fire Truck, and direct them to the injured location.

REMEMBER EVERY MINUTE COUNTS!

Falls City Little League 2024 Board				
1	President	Kelly Hons	kmhons@gmail.com	210.823.1493
2	Vice President	Drew Tiemann	txtiemann@gmail.com	512.667.0690
3	Secretary	Krystal Moy	krystal.moy@ankura.com	713.703.1419
4	Treasurer	Amy Witte	amywitte26@gmail.com	830.534.1629
5	Safety	Robert Hons	rhons@texaloy.com	830.534.1629
6	Umpires	Blaise Moy	blaisemoy@gmail.com	830.583.5068
7	Information Officer	Nichole Vaughan	v.nichole.vaughan@gmail.com	352.467.9378
8	Equipment Manager	Scooter Wells	samuel.wells@archrock.com	361.649.4751
9	Player Agent	Allison Wells	ajhahn28@gmail.com	361.935.0188
10	Concessions	Kristi Janysek	kjanysek@firstam.com	830.583.5833
11	Sponsorships	Kristin Tatsch	ktatsch@amgen.com	830.865.0213
12	Uniforms	Lea Buratovich	emeraldkissesphotography@gmail.com	830.391.5319
13	Fields	Scott Witte	scottwitte21@hotmail.com	830.534.5632
14	Member	Joseph Brysch	joseph.brysch@gmail.com	830.391.6291
15	Member	Tanner Moy	moytanner@gmail.com	830.583.5406

EMERGENCY PHONE LIST FOR FALLS CITY LITTLE LEAGUE			
Emergency		Non Emergent	
WILSON COUNTY (POLICE, FIRE, EMS)	9-1-1	WILSON COUNTY SHERIFF'S DEPARTMENT	830-393-2535
POTH POLICE/FIRE (POLICE, FIRE, EMS)	9-1-1	POTH POLICE/FIRE DEPARTMENT	830-481-0281
KARNES COUNTY (POLICE, FIRE, EMS)	9-1-1	KARNES COUNTY SHERIFF'S DEPARTMENT	830-780-3931
FALLS CITY (FIRE, EMS)	9-1-1	FALLS CITY FIRE DEPARTMENT	830-254-3211

Area Hospitals	
KARNES COUNTY OTTO KAISER MEMORIAL HOSPITAL 830-583-3401 3349 S. US HWY 181 KENEDY, TEXAS 78119	WILSON COUNTY CONNALLY MEMORIAL HOSPITAL 830-393-1300 10TH STREET FLORESVILLE, TEXAS 78114



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	DATE OF BIRTH (MM/DD/YY)
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) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | |
| <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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: <input type="text"/> Business: <input type="text"/> Fax: <input type="text"/>

Were you a witness to the accident? ☐ Yes ☐ No

Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED <input type="checkbox"/> 01 1ST <input type="checkbox"/> 02 2ND <input type="checkbox"/> 03 3RD <input type="checkbox"/> 04 BATTER <input type="checkbox"/> 05 BENCH <input type="checkbox"/> 06 BULLPEN <input type="checkbox"/> 07 CATCHER <input type="checkbox"/> 08 COACH <input type="checkbox"/> 09 COACHING BOX <input type="checkbox"/> 10 DUGOUT <input type="checkbox"/> 11 MANAGER <input type="checkbox"/> 12 ON DECK <input type="checkbox"/> 13 OUTFIELD <input type="checkbox"/> 14 PITCHER <input type="checkbox"/> 15 RUNNER <input type="checkbox"/> 16 SCOREKEEPER <input type="checkbox"/> 17 SHORTSTOP <input type="checkbox"/> 18 TO/FROM GAME <input type="checkbox"/> 19 UMPIRE <input type="checkbox"/> 20 OTHER <input type="checkbox"/> 21 UNKNOWN <input type="checkbox"/> 22 WARMING UP	INJURY <input type="checkbox"/> 01 ABRASION <input type="checkbox"/> 02 BITES <input type="checkbox"/> 03 CONCUSSION <input type="checkbox"/> 04 CONTUSION <input type="checkbox"/> 05 DENTAL <input type="checkbox"/> 06 DISLOCATION <input type="checkbox"/> 07 DISMEMBERMENT <input type="checkbox"/> 08 EPIPHYSES <input type="checkbox"/> 09 FATALITY <input type="checkbox"/> 10 FRACTURE <input type="checkbox"/> 11 HEMATOMA <input type="checkbox"/> 12 HEMORRHAGE <input type="checkbox"/> 13 LACERATION <input type="checkbox"/> 14 PUNCTURE <input type="checkbox"/> 15 RUPTURE <input type="checkbox"/> 16 SPRAIN <input type="checkbox"/> 17 SUNSTROKE <input type="checkbox"/> 18 OTHER <input type="checkbox"/> 19 UNKNOWN <input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	PART OF BODY <input type="checkbox"/> 01 ABDOMEN <input type="checkbox"/> 02 ANKLE <input type="checkbox"/> 03 ARM <input type="checkbox"/> 04 BACK <input type="checkbox"/> 05 CHEST <input type="checkbox"/> 06 EAR <input type="checkbox"/> 07 ELBOW <input type="checkbox"/> 08 EYE <input type="checkbox"/> 09 FACE <input type="checkbox"/> 10 FATALITY <input type="checkbox"/> 11 FOOT <input type="checkbox"/> 12 HAND <input type="checkbox"/> 13 HEAD <input type="checkbox"/> 14 HIP <input type="checkbox"/> 15 KNEE <input type="checkbox"/> 16 LEG <input type="checkbox"/> 17 LIPS <input type="checkbox"/> 18 MOUTH <input type="checkbox"/> 19 NECK <input type="checkbox"/> 20 NOSE <input type="checkbox"/> 21 SHOULDER <input type="checkbox"/> 22 SIDE <input type="checkbox"/> 23 TEETH <input type="checkbox"/> 24 TESTICLE <input type="checkbox"/> 25 WRIST <input type="checkbox"/> 26 UNKNOWN <input type="checkbox"/> 27 FINGER	CAUSE OF INJURY <input type="checkbox"/> 01 BATTED BALL <input type="checkbox"/> 02 BATTING <input type="checkbox"/> 03 CATCHING <input type="checkbox"/> 04 COLLIDING <input type="checkbox"/> 05 COLLIDING WITH FENCE <input type="checkbox"/> 06 FALLING <input type="checkbox"/> 07 HIT BY BAT <input type="checkbox"/> 08 HORSEPLAY <input type="checkbox"/> 09 PITCHED BALL <input type="checkbox"/> 10 RUNNING <input type="checkbox"/> 11 SHARP OBJECT <input type="checkbox"/> 12 SLIDING <input type="checkbox"/> 13 TAGGING <input type="checkbox"/> 14 THROWING <input type="checkbox"/> 15 THROWN BALL <input type="checkbox"/> 16 OTHER <input type="checkbox"/> 17 UNKNOWN
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Does your league use batting helmets with attached face guards? ☐ YES ☐ NO

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.

Date _____ League Official Signature _____



Little League® Volunteer Application – 2024

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



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

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

All red fields are required.

Name First Middle Name or Initial Last Date

Address City State Zip

Social Security # (mandatory) Business Phone

Cell Phone E-mail Address

Home Phone Date of Birth

Occupation Employer

Address Special professional training, skills, hobbies

Community affiliations (Clubs, Service Organizations, etc.)

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

1. Do you have children in the program? Yes No

If yes, list full name and what level? Yes No

2. Special Certification (CPR, Medical, etc.): If yes, list: Yes No

3. Do you have a valid driver's license? Yes No

Driver's License# State

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No

If yes, describe each in full: Yes No

(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: Yes No

(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: Yes No

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No

If yes, explain: (If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other

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

Name/Phone