

South Mountain Little League Safety Plan

2020

*South Mountain Little League
Phoenix, AZ 85042
District #3
League# 0403314*



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Emergency Information & Contact List

South Mountain Little League

Phoenix, AZ 85042

December 5, 2018

Emergency

911 Dispatch- 911
Crime Stop - (602) 262-6151

Non-Emergency Services

MCSO - (602) 876-1801
Phoenix Fire Department
220 E. Roeser Rd.
(602) 262-6297

ADPS (602) 223-2000
Poison control (800) 222-1222

Urgent Care Facilities

Jesse Owens Urgent Care

325 E. Baseline Rd.
Phoenix, AZ 85042
(602) 824-4350
9:00am-7:00pm

Good Night Pediatrics

325 E. Baseline Rd
Phoenix, AZ 85042
(602) 824-4228
5:00pm – 1:00am

Hospital/ER

Banner Good Samaritan Hospital
925 E. McDowell Rd.
Phoenix, AZ
(602) 839-6800

Phoenix Children's Hospital
1919 E. Thomas Rd
Phoenix, AZ 85006
(602) 933-1000

Public Services

SRP - (602) 236-8888
City of Phoenix Water Services - (602)262-6251
Southwest Gas - (877) 860-6020
Animal Control - (602) 506-7386

SMLL Board of Directors

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jaclynswope@yahoo.com

SECTION 1: SMLL MISSION STATEMENT

The mission of South Mountain Little League (SMLL) is to help children of the community build a strong foundation of positive characteristics of good sportsmanship, respect to others, honesty in all of life's challenges, courage to do the impossible and loyalty to self and community through the disciplines and enjoyment of baseball and softball.

SECTION 2: SAFETY PLAN OBJECTIVE

The SMLL Board of Directors are dedicated to the happiness, safety and well-being of each and every child participating in the league. Our philosophy is to provide a safe environment in which players can experience the fun of playing the game of baseball & softball. SMLL believes that safety is everyone's responsibility and that ongoing evaluation and education are the keys to preventing and eliminating accidents/injury as well as to minimize the potential for accidents/injury. The following document is South Mountain Little League's Safety Plan. This safety plan is designed to address all aspects of creating a safe baseball environment as directed by the general safety provisions mandated by Little League Baseball and the site-specifics of SMLL. The plan is submitted to Little League Baseball and Arizona District for official approval, and is published and distributed to each member of the Board of Directors, Team Managers, Coaches and Volunteers. The Safety Plan is also available for review on the SMLL website at <http://southmountainll.com/> for review by families, friends and the general public.

This Safety Plan represents the SMLL 2020 Spring and Fall seasons for Little League Baseball. The Safety Plan is intended to be a working document to provide guidance for league officials, volunteers, parents, and players in three areas identified by Little League Baseball as essential to conducting a safe and effective baseball program: Activities, Equipment, and Facilities. The Safety Plan is reviewed annually by the Board of Directors at the end of the SMLL's physical year. The goals of the annual review are to: 1.) Identify existing rules, activities, equipment, and facilities which are believed to be deficient and to correct those deficiencies by whatever means deemed appropriate. 2.) Identify new rules, activities, equipment, and facilities which will make SMLL safer and better for the community.

SECTION 3: COMMUNICATION WITH COMMUNITY

Communication with families of our community and surrounding areas are vital to SMLL success. All families and friends are informed of league news through the use of the SMLL website <http://southmountainll.com> and email blasts and Facebook updates that are periodically sent by SMLL's Information Officer. Parents, managers, coaches, volunteers and the entire community are encouraged to visit the website to obtain the latest SMLL news and information.

SECTION 4: SAFETY OFFICER

Each year, SMLL is to elect a board member responsible for League Safety. It is the Safety Officer's responsibility to prepare a safety plan and ensure that all information regarding the safety procedures for all league rules, activities, equipment, and facilities are communicated and published to all members of our organization. The Safety Officer will evaluate on a frequent and as needed basis for safety deficiencies and develop corrective actions.

SAFETY 5: VOLUNTEER BACKGROUND CHECK

All board members, managers, coaches, and all other persons who provide regular service to the SMLL and/or who have repetitive access to or contact with players or teams, must provide the league with a completed current year Little League Volunteer Application and a copy of their valid driver's license or other government issued photo identification for verification. Using the current year Little League Volunteer Applications, SMLL conducts a background check through resources of ADP who is provided by Little League Baseball. SMLL will not allow any person to perform in a volunteer role without successful completion of the Volunteer Application and subsequent background check. The league President retains the forms for the year of service. The current year Little League Volunteer Application is contained in the Appendix of this plan.

SECTION 6: GENERAL CODE OF CONDUCT

SMLL has adopted these safety rules to prevent accidents, injuries and establish a code of conduct when at the South Mountain Little League baseball complex. Failure to comply with this Safety Code of Conduct will result in immediate attention up to and including removal from the baseball/softball complex.

- Speed limit of 5 mph in the parking lots. Watch out for pedestrians and small children.
- No alcohol or tobacco is allowed in the complex.
- No playing in parking lots at any time.
- No playing on fences, in trees, and around lawn equipment.
- No profanity on the field or from spectators.
- No swinging bats at any time within the walkways and common areas of the complex.
- No throwing balls against dugouts and backstops.
- No soft toss batting against fences.
- All gates to the field must remain closed at all times.
- Concession stand is to be supervised by an adult.
- No throwing baseballs/softballs in the walkways and spectator areas of the fields.
- No throwing rocks or objects that could cause injury.
- No climbing fences. Use the gates to enter and leave the fields.
- No horseplay in walkways and spectator areas.
- Pets are permitted, but must be on a leash at all times.
- Observe all posted signs.
- Players, coaches and spectators must be alert at all times for foul balls and errant throws.
- Trash must be placed in trash containers at all times.
- Report any observed unsafe condition or unsafe act
- All SMLL board members are responsible for ensuring that this safety plan is adhered to by league representatives, parents, players, and volunteers.

SECTION 7: MEDICAL RELEASE AND MEDICAL EMERGENCIES

A. Medical Release Form

If your child has a physical impairment that SMLL should be aware of, **please** note the information on the registration form and notify your team manager. Any medical condition or physical impairment that you wish to remain confidential, please communicate your wishes to SMLL and your team's Manager.

Baseball and Softball Medical Release form is provided to all managers. This form contains vital information regarding the child's current general health, doctor's name, address and phone number and any special medical considerations (i.e. allergies, diabetes etc.). Managers shall obtain a completed Medical Release for each player and are required to have these forms with them at every practice and game.

The Safety Officer is responsible for periodic random checks to ensure that proper Medical Release information is being maintained by team managers. Managers must notify a player's parent or guardian immediately when a medical Emergency occurs. In the event of a serious medical emergency, managers, coaches, parents or volunteers should call 911 immediately. If in doubt, call 911.

When calling a 911 emergency use this protocol:

- Stay calm and speak clearly
- State the nature of emergency
- Exact location of emergency including zip code
- Number of people involved
- Stay on the phone until you have been told to hang up
- Meet and arrange for someone to meet emergency responders on the street to direct them to safest and closest location of the crisis.
- After the emergency is over, initiate the Injury Reporting Procedures.

8. First-Aid Kits

SMLL provides all managers with team first-aid kits and cold packs for practices and games. The team's first-aid kits shall be kept with the equipment at all times. In addition, larger portable first-aid kits are available in the concession stand at the baseball field. If the team's first-aid supplies become low contact the Safety Officer or President to replenish first-aid supplies.

C. CPR, First-Aid, and Medical Emergency Training

Managers and coaches must attend at least one first-aid training clinic every year. It is required that at least one coach per team shall attend a mandatory CPR and First-Aid training annually. SMLL provides training that includes information for CPR, First Aid, Blood borne Pathogens and medical issues such as concussion signs and symptoms, seizures, diabetes, heat-related illnesses, and environmental allergies (i.e. bee stings, poison ivy). Each volunteer who successfully attends this training will be documented as "trained" to meet SMLL requirements.

D. Accident Reporting Procedures

Any incident causing a player, manager, coach, umpire or volunteer to receive medical treatment or first-aid must be reported to the Safety Officer or President within 24 hours. Managers must submit an Incident/Injury Tracking Report form to the Safety Officer. A copy of the Incident/Injury Tracking Report is contained in the Appendix of this plan and on the SMLL website.

Within 48 hours, the Safety Officer or President will contact the injured party's parent or guardian and start the accident investigation process: The investigation will include the following:

- Verify information received;
- Obtain any information relevant to the incident including doctor or hospital paperwork;
- Check on the status of the injured party; and
- In the event that the injured party required professional medical treatment (i.e. Emergency Room visit, doctor's visit etc.) SMLL will advise the parent or guardian of SMLL's insurance coverage through Chartis and the provisions for submitting a claim for coverage or reimbursement.

The Safety Officer or President will periodically contact the injured party to check the status of the injuries, determine if a Doctor's Release is necessary, and check if any further assistance is needed until such time the incident is considered "closed".

Managers or Safety Officer are to provide an injured player with a copy of the Little League Baseball Accident Notification Form should the player wish to file an insurance claim with Little League Baseball. A copy of the Little League Baseball Accident Notification Form is contained in the Appendix of this plan and on the SMLL website.

All injuries reported to the league are documented and reviewed by the Safety Officer. The Safety Officer is responsible for ensuring that all the necessary forms, including insurance and injury reports, are distributed and completed to each manager.

Injury Medical Release is required when:

- Any injury which the player is necessarily absent from play for more than three days.
- Any injury involving a cast requires a medical release. No player, manager or coach can take the field while wearing a cast.
- Any injury requiring x-rays requires a medical release.
- Any injury that involves a loss of consciousness or possible concussion.

E. Manager's Safety Equipment

Managers must have the follow safety items at each practice and game:

1. First-Aid Kit
2. Emergency medical information/Medical Release forms.
3. Injury Report and Insurance forms.

F. Bloodborne Pathogen and Communicable Disease

While the risk of being infected by bloodborne diseases such as HIV/AIDS or Hepatitis B during SMLL activities are low, individuals must still use Universal Precautions when exposed to blood and Other Potentially Infectious Materials (OPIM). Procedures for reducing the potential transmission of infectious bodily fluids should include 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 the player may participate.
- Routine use of protective gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or OPIMs is anticipated. If protective gloves are not available use a towel, cloth or shirt as a barrier between you and injured individual.
- Immediately wash hands and other skin surfaces if exposed (i.e. in contact) with blood or OPIMs. Always wash hands after removing gloves and providing first-aid treatment.
- Clean all blood or OPIM contaminated surfaces and equipment with a disinfectant or a solution made of 10 parts water and 1 part chlorine bleach or with appropriate disinfectant.
- Managers, coaches, umpires and volunteers with bleeding or oozing skin should refrain from all direct contact with players and individuals until the condition is resolved.
- Contaminated first-aid supplies, towels and other materials should be disposed of or disinfected properly.

SECTION 8: MANAGER RESPONSIBILITIES AND BEST PRACTICES

- Managers/Coaches Clinics are held at the start of each season to address safety procedures, rules, and fundamental training (i.e. pitching, fielding, sliding, and hitting). Managers are strongly encouraged to attend the meeting.
- All managers and/or coaches are required to attend CPR, First Aid and medical emergency training with at least one coach or manager from each team in attendance annually. The training date, location, and attendance are documented by the league.
- Safety emphasis is placed on the importance of equipment safety to include: bat safety, helmet safety, proper catcher's gear and how to properly inspect and don the aforementioned equipment.
- Managers are required to conduct regular and consistent equipment evaluations as it relates to safety and to ensure it complies with Little League Baseball rules.
- Managers and umpires are required to inspect the field prior to games and practices to ensure they are deemed safe for play.
- Managers and coaches are encouraged to communicate with the Safety Officer throughout the season regarding any known safety violations or concerns.
- Managers and coaches must instruct players on proper fundamentals of the game to ensure safe participation and develop player's skills and knowledge.
- Move the players to a safe environment immediately in the event of severe weather.
- Have First-Aid kits and Medical Release forms present at games and practices.
- Managers are to lead by example and be respectful, patient, and a positive role model for the players.

SECTION 9: MANAGER, PLAYER & PARENT EXPECTATIONS

Manager Expectations

- To be on time for all practices and games.
- To be as fair as possible in giving playing time to all players.
- To do their best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set reasonable expectations for each child, team and parents.
- To teach the players the value of winning and losing.
- To be open to ideas, suggestions or help.
- To never yell in a negative demeanor towards players, the opposing team, umpires, parents and spectators.
- Any confrontation will be handled in a calm, quiet and respectful manner.

Player Expectations

- To be on time for all practices and games.
- To always do their best whether in the field or on the bench.
- To be cooperative at all times and share team duties.
- To respect others and yourself.
- To be positive and supportive of teammates and yourself at all times.
- To try not become upset at your own mistakes or teammate's mistakes.
- To understand that winning is only important if you can accept losing, as both are important parts of the sport.

Parent and Family Expectations

- To come out and enjoy the games and practices.
- Cheer to make all players feel important.
- To allow the manager to coach and run the team.
- To not question the manager's leadership. All players and coaches will make mistakes at some point.
- Do not adversely yell at managers, coaches, umpires and other parents.
- Avoid negative comments that will add unnecessary pressures and take the enjoyment from the game.
- If you question the manager's strategies or leadership, refrain from doing it in front of the players and fans. Speak to the manager in private.
- Do not expect too much from the players. Understand mistakes will be made and players will learn from their mistakes to be a better player.

SECTION 10: EQUIPMENT MANAGEMENT

A. Equipment Distribution

The SMLL Equipment Manager is responsible for inventorying and inspecting existing equipment, replacing equipment as needed, and ordering new equipment with approval of the Board of Directors. All equipment purchases are required to meet Little League Baseball's safety standards. All teams are issued one full set of catcher's gear, which includes helmets, masks, throat protectors, shin guards, catcher's glove and long-model chest protectors, batting helmets, bats, balls and pitch counters.

The SMLL Equipment Manager in conjunction with the SMLL Safety Officer are required to ensure that all Managers/Coaches strictly enforce the proper use of all safety related equipment with each player under their supervision. Failure to enforce the equipment safety protocol will result in SMLL Board of Directors review.

B. Equipment Inspection

Managers are required to continually inspect their equipment and report any deficiencies to the Equipment Manager or Safety Officer. Managers should not allow their players to use any equipment that is deemed unsafe or in violation of Little League mandates. Managers and coaches are also required to inspect the player provided equipment for proper Little League compliance and safety. If equipment is broken or unable to be fixed, the item will be destroyed for safety.

C. Pre-Game Inspections

Umpires must inspect team and players' personal equipment for damage. Umpires must ensure that all equipment meets Little League regulations. Umpires are to confirm with team Managers that players under their supervision are properly equipped prior to the start of each game.

a. Team Equipment

Shin guards are in good condition and fit properly. Face masks are in good condition and fit properly.

Throat protectors are in good condition and properly secured. Chest protectors are in good condition and fit properly.

Catcher's mitt is in good condition.

Batting helmets are in good condition, properly padded and fit properly. Bats are in good condition and conform to Little League specifications.

b. Players' Equipment

Batting helmets are in good condition, properly padded and fit properly.

No jewelry is allowed with the exception of medical ID bracelets.

Bats are in good condition and conform to Little League specifications.

Footwear is in safe condition.

Protective cups are being worn by catchers.

D. Games and Practices

It is the responsibility of managers, coaches, players, parents and spectators to make sure that equipment is stored properly and securely during games and practices.

- All team equipment must be stored within the team dugout and not within the area defined by the umpire as "in the field of play".
- Batters must wear approved protective helmets during batting practice and games.
- Catcher's must wear a catcher's helmet whenever warming up a pitcher, before and during a game and at all practices.
- Players are not allowed to wear watches, bracelets, rings, earrings, pins or any other jewelry during practice or games.
- Parents of players who wear glasses will be encouraged to provide safety glasses.
- On deck batters are not permitted and must remain in the dugout.
- Managers and coaches are not permitted to warm-up pitchers during the game.
- Coaches must remain in the dugout while the game is in play unless coaching a base or permitted by league rules.
- Players coaching bases must be alert and wear a helmet.

E. Equipment Return

- SMLL Equipment Manager is responsible for scheduling and communicating equipment return with team managers.
- All the SMLL supplied equipment will be returned at the end of season as scheduled by the Equipment Manager. Team managers will communicate any missing or defective equipment to the Equipment Manager. All equipment is to be clean and disinfected before returning.
- Equipment Manager will inventory all returned equipment and report back to the Board of Directors so equipment can be repaired or replaced.

SECTION 11: FIELD AND FACILITIES

A. Fields

SMLL fields are located at the crossroads of 7th Street, south of Southern Ave, behind the Roosevelt School District Building (1 Majors field, 1 Minors field and 1 T-Ball field) Pets are not permitted in the park See Appendix at the back of this Safety Plan for facility map and park location.

B. Complex, Field and Game Safety

All umpires, managers, and coaches are required to walk the fields for hazards before use. They are to look for rocks, glass, debris, holes, trip hazards and any other hazardous conditions. Managers and coaches are responsible for checking the condition of the field, the dugouts, and equipment before each game. All board members on duty are responsible for checking and monitoring the condition of the spectator area before and during each game.

1. Fields

- Infield and Outfield are hazardous free.
- Distinguishable warning track must be along the outfield fence.
- Required disengage-able bases are secure, set at correct distance and in good condition on all fields.
- Pitcher's mound is in good condition.
- Batter's box is level and marked.
- All fences are in good condition and have protective caps on posts.
- All fence/netting around the fields for foul ball and sun protection is intact and in good shape.
- Dugouts are clean and free from debris.

2. Spectator Area

- Bleachers are in good condition.
- Safety railings are in good condition.
- Parking lots and sidewalks are in safe condition.
- All fences/netting is in good condition.
- All trash containers are placed strategically and trash is in containers.
- All animals are leashed and not being a noise disturbance.

3. Games

- Players and spectators should be alert and watching the batter at all times.
- Only players, managers & coaches are allowed on the playing field.
- At no time should "horse playing" be permitted on the playing field.
- Managers are to make sure players are using reduced impact balls for approved Divisions.
- No games or practices will take place when weather or field conditions are not good.
- Games called due to poor weather conditions will be decided by the Park Administrator prior to the start of the game and by Umpire once the game has started.

4. Severe Weather (i.e. Lightning)

- Clues of inclement weather must be taken seriously and weather spotters should be ready to stop all game and practice activities immediately.
- When the presence of thunder is heard in the area, the potential of a lightning strike greatly increases.
- Games and practices shall be stopped until the area is deemed safe for play.
- When severe weather strikes, players, coaches and spectators should seek shelter immediately in automobiles.
- If a player's parent/guardian is not present the coaches are to ensure the players are lead to shelter.
- Players are not to wait out a storm in the dugout, under trees, near light poles or the concession stand.
- Everyone is to move away from the field and open areas

5. Wheeled Recreational Devices

- The use of bikes, skateboards, push scooters and roller blades/skates at the field complexes is a privilege and are to be used in a responsible and safe manner at all times. If observed riding in an unsafe manner, it is the discretion of the Board of Directors to stop the use of the wheeled devices immediately and the privilege of riding within the complex could be banned permanently.

SECTION 12: CONCESSION STAND SAFETY

SMLL manages the concession stand ensuring compliance with state and local food handling laws with food safety and proper sanitation the upmost concern. SMLL intends to maximize the opportunity of success by effectively operating the stands at optimal times, storing and tracking adequate food inventories and ensuring proper supervision is always present in the stand. For SMLL to be compliant with the safety requirements set forth by Little League Baseball, the following items must be adhered to:

A. General Information

- The concession stand is to be supervised under the direction of an adult.
- Persons working in the concession stand will be trained by the Concession Stand Manager on the following:
 - Safe use of equipment
 - Proper hand washing techniques
 - Proper cleaning of machinery, including but not limited to, hot dog rollers, crock pots, popcorn machine, drink machine, coolers and counter surfaces.
 - Equipment will be inspected periodically and repaired or replaced as needed.
 - If used, crock pots, hot dog rollers and other cooking devices will be turned off at the end of each night
 - Cleaning materials and disinfectant chemicals will be used and stored properly.
 - Rinse and store your wiping clothes in sink/bucket of sanitizer solution. (I.e. ½ teaspoon of chlorine bleach with 1 gallon of water.)
 - Ice packs and a first-aid kit will be maintained within the concession stand for use in the case of medical emergencies. First-aid treatment is not permitted inside the concession stand at any time.
 - Concession stand's main door entrance will not be locked or blocked while people are inside.
 - Volunteers should know where the fire extinguisher location is in the stand. Never put water on a grease fire.
 - Clean-up all spills and remove items from the floor to prevent slip/trip falls and bugs.
 - Opening and Closing Procedures are to be discussed and should be posted in the concession stand.

B. Hand Washing

- Frequent and thorough hand washing remains the first-line of defense in preventing foodborne disease. Hand washing must be done frequently using soap and water. Alcohol sanitizers can be substituted when soap and water is not available.
- The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for proper hand washing.

C. Health and Hygiene

- Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (i.e. nausea, fever, vomiting, diarrhea, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area.
- Workers should wear clean outer garments and shall not smoke in the concession area. The use of hair restraints is recommended to prevent hair coming in contact with food products.

D. Food Handling

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

SECTION 13: PITCH COUNT RULES

Little League Baseball has established a pitch count rule to help prevent player injury by limiting the number of pitches thrown per day in conjunction with the player's age. Following pitch count rules was established from researchers and medical professionals in the field of sports medicine.

The following pitch count rules are strongly enforced by SMLL:

- Any player on a team may pitch and there is no limit to the number of pitchers a team may use in a game.
- A pitcher once removed from the mound cannot return as a pitcher.
- The Manager must remove the pitcher when the pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position.
- League Age for maximum pitches thrown during the game:
 - Age 17-18 = 105 pitches per day
 - Age 13-16 = 95 pitches per day
 - Age 11-12 = 85 pitches per day
 - Age 9-10 = 75 pitches per day
 - Age 7-8 = 50 pitches per day

Maximum Pitch Count Exception: If a pitcher reaches the maximum pitch count limit for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs:

1. That batter reaches base;
 2. That batter is put out;
 3. The third out is made to complete the half-inning.
- A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.
 - A catcher who plays the catcher's position for four or more innings cannot substitute into the pitcher's position.
 - Pitchers league age 14 and under must adhere to the following rest requirements if a player pitches:

- 66 or more pitches in a day =	4 calendar days of rest
- 51-65 pitches in a day =	3 calendar days of rest
- 36-50 pitches in a day =	2 calendar days of rest
- 21-35 pitches in a day =	1 calendar day of rest
- 1-20 pitches in a day =	no calendar of rest

Pitch Count Day(s) of Rest Exception: If a pitcher reaches a day(s) rest threshold while facing a batter, the pitcher may continue to pitch until any of one of the following conditions occurs:

1. That batter reaches base
2. That batter is retired
3. The third out is made to complete the half-inning or the game

The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at-bat. Provided that pitcher is removed or the game is completed before delivering a pitch to another batter.

SECTION 14: UMPIRES

SMLL hires only trained and certified umpires through reputable umpire organizations. Although SMLL tries to hire the best umpires possible, umpires are human and from time-to-time will make a mistake or poor judgment. In the event of a disagreement during a game, both Managers are to be calm, collective and should discuss the concern in a private meeting with the umpire and other manager if necessary. Do not yell or use profanity and lead by example not to make a negative scene in front of the children and public.

Before the Game Meeting with Manager:

- Inspection of field conditions
- Inspection of equipment
- Introduction of all umpires and manager
- Receive line-up cards from each team
- Discuss playing rules (i.e. time limit, pitch count, no on-deck batters, etc.)
- Discuss strike zone
- Discuss umpire expectations

During the Game Umpire and Coaches:

- Be courteous and respectful
- Speed up the game by having catchers ready and players ready to take the field.
- Catchers are wearing proper safety gear.
- Pitchers have one minute or eight pitches between innings and mid-inning replacement.
- Make calls loud and clear.
- Umpire in correct position to make calls.
- Managers are responsible for keeping fans and players on their best behavior.
- Encourage everyone to think "Safety First".

Managers can contact SMLL's Manager Coordinator or Umpire/Scheduling Coordinator if problems arise with an umpire that cannot be resolved or if an umpire is responsible of an unethical act.

SECTION 15: OPENING DAY CEREMONIES

SMLL Opening Day Ceremony is a large public event held at the SMLL Baseball Field to recognize all the SMLL Teams. The ceremony is memorable and fun event for players and parents to kick-off the spring season.

All board members, managers, and coaches and players are expected to participate and attend the ceremony. For the safety of the players, managers and coaches are expected to supervise their team during the parade line-up, parade and team pictures. Managers need to communicate with parents on making arrangements for picking-up their children after the ceremony or team pictures. Oftentimes, the team picture schedules do not immediately follow the ceremony, so parents need to locate their children following the ceremony.

Furthermore following the ceremony, there are festivities for the children such as a bbq and possible home run derby. Parents are expected to accompany their children during these fun post-ceremonial activities.

Prior and during the event, the Opening Day Coordinator and Safety Officer will inspect the general safety conditions of the facility and vendor areas to ensure all potential safety hazards have been recognized and corrected.

SECTION 16: PARADE SAFETY GUIDELINES

- Hold a pre-parade meeting with all the parents and participants explaining rules, expectations, and meeting spots before and after the parade.
- List of Items for Parade participants: Wear uniforms (no gloves or bats)
- Comfortable walking shoes. (No cleats)
- Water bottle - hydrate the night before the parade. Sunblock
- Jacket/raingear (check the weather)
- Take a head count of all participants before, during, and after the parade.
- Teams and groups must stay together at all times prior, during and after the parade until the parents' pick-up the kids at the end of the parade route. It will be crowded, please keep a close eye on the all kids.
- Physical Abilities - If walking in the parade, both adults and youth need to be capable of walking the entire parade route. If special accommodations are needed, please contact SMLL President.

SECTION 17: DISCLAIMER AND ENFORCEMENT RIGHTS

In preparation of this Safety Plan, every effort has been made to offer the most current, correct, and clearly expressed safety information possible. Nevertheless, inadvertent errors in information may occur and the safety information enclosed does not identify all potential situations and/or hazards that could arise at SMLL games and events. The SMLL Board of Directors upholds player and public safety in the highest regards, therefore reserving the right to enforce the rules and safety requirements aforementioned in this Safety Plan in order to do everything possible to prevent personal injuries.

SECTION 18: CONCLUSION

The Board of Directors wishes to thank everyone who helps make the South Mountain Little League to be fun, safe and prosperous organization. Remember, safety is everyone's responsibility and accident prevention is the key to reducing risks on and off the field. If you ever have a question or suggestion, please do not hesitate to contact SMLL Board of Directors. Without your support and suggestions, SMLL would not be the best Little League organization in the State of Arizona. Thank you again for everything you do.

APPENDIX A: FACILITY SURVEY AND MAP

LITTLE LEAGUE BASEBALL® & SOFTBALL

NATIONAL FACILITY SURVEY

2020



League Name: South Mountain Little League

District #: Arizona District 3

ID #: 0403314

(if needed)

ID #: _____

(if needed)

ID

#: _____

City: Phoenix State: Arizona

President: Cristobal Leon

Address: 2732 E. Southgate Ave

Address:

City: Phoenix

State: Arizona ZIP: 85040

Phone (work): (480) 820-9441

Phone (home):

Phone (cell): (602) 466-4989

Email: smllprez@gmail.com

Safety Officer: George Lomeli

Address: 2213 W. Alicia Dr.

Address:

City: Phoenix

State: Arizona ZIP: 85041

Phone (work):

Phone (home):

Phone (cell): (623) 330-1996

Email: glomeli2@cox.net

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

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

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

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2017 Disney® character collector's pin shown at right featuring Cyclone in center field. Or enter data on the ASAP online site through the Little League Data Center.	MAJORS	MINORS	TEEBALL																	
	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:



Please answer the following questions for each field:	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)																			
1. How many cars can park in designated parking areas?	None																				
	1-50																				
	51-100																				
	101 or more	X																			
2. How many people can your bleachers seat?	None/NA																				
	1-100		X	X																	
	101-300	X																			
	301-500																				
	501 or more																				
3. What material is used for bleachers?	Wood			X																	
	Metal	X	X																		
	Other																				
4. Metal bleachers: Ground wire attached to ground rod?	Yes																				
5. Wood bleachers: Are inspected annually for safety?	Yes			X																	
6. Is a safety railing at the top/back of bleachers?	Yes	X																			
7. Is a handrail up the sides of bleachers?	Yes	X																			
8. Is telephone service available?	Permanent	X																			
	Cellular	X	X	X																	
9. Is a public address system available?	Permanent																				
	Portable	X																			
10. Is there a pressbox?	Yes																				
11. Is there a scoreboard?	Yes	X																			
12. Adequate bathroom facilities available?	Yes	X	X	X																	
13. Permanent concession stands?	Yes	X																			
14. Mobile concession stands?	Yes		X	X																	

2017 LL Season

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

2017 LL Season

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

2017 LL Season

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4' feet	215	215	215	4.5	7			7		
2	4' feet	190	190	190	3.5	7			7		
3	4 feet	104	104	104	3.5	4			4		
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by March 31, 2017 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International 539 US
 Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitiesurvey.musco.com> should include it with safety plan submission. 2020
 LL Season

APPENDIX B: MEDICAL RELEASE FORM



Little League, Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by
Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (I.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

Authorized Parent/Guardian Signature

Date

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN
BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious



Little League, Béisbol y Softbol

REVELACIÓN MÉDICA



NOTA: A llevarse a cabo por cualquier Temporada Regular o Dirigente del Equipo del Torneo junto con el roster del equipo o declaración jurada de elegibilidad.

Jugador: _____

Fecha de
Nacimiento: _____

Nombre de la
Liga: _____

Número de
Identidad: _____

Autorización del Padre o Tutor: _____

En caso de emergencia, si no se puede llegar al médico familiar, Yo, por la presente autorizo que mi hijo sea tratado por el Personal de Emergencia Certificado. (es decir, TME, Primeros Auxilios, Médico de Emergencia)

Médico Familiar: _____

Teléfono: _____

Dirección: _____

Hospital de Preferencia: _____

En caso de emergencia contactar a: _____

Nombre

Teléfono

Relación con el Jugador

Nombre

Teléfono

Relación con el Jugador

Por favor liste cualquier alergia/problema médico, incluyendo aquellos que requieran medicamentos permanentes. (es decir, Diabético, Asma, Trastorno de Convulsión)

Diagnóstico Médico	Medicamentos	Dosificación	Frecuencia de Dosificación

El propósito de la información listada arriba es asegurar que el personal médico tenga detalles de cualquier problema médico el cual pueda interferir con o alterar el tratamiento.

Fecha de la última dosis de refuerzo de toxina del tétano: _____

Sr./Sra./Srta. _____ Firma del

Padre/Tutor Autorizado

PRECAUCIÓN El equipo de protección no puede prevenir todas las lesiones que un jugador podría recibir durante la participación en Béisbol/Softbol.

Las Pequeñas Ligas no limita la participación en sus actividades sobre una base de discapacidad, raza, color, credo, origen nacional, género, preferencia sexual o religiosa.

APPENDIX C: VOLUNTEER APPLICATION FORM.

Little League® Volunteer Application - 2020

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

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

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

Name _____ First _____ Middle Name or Initial _____ Last _____ Date _____
Address _____
City _____ State _____ Zip _____
Social Security # (mandatory) _____
Cell Phone _____ Business Phone _____
Home Phone: _____ E-mail Address: _____
Date of Birth _____
Occupation _____
Employer _____
Address _____
Special professional training, skills, hobbies: _____
Community affiliations (Clubs, Service Organizations, etc.): _____
Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program?
If yes, list full name and what level? _____ Yes ☐ No ☐
2. Special Certification (CPR, Medical, etc.)? Yes ☐ No ☐ If yes, list: _____
Driver's License#: _____ State _____ Yes ☐ No ☐
3. Do you have a valid driver's license?
Driver's License#: _____ State _____ Yes ☐ No ☐
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
If yes, describe each in full: _____ Yes ☐ No ☐
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?
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)?
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?
If yes, explain: _____ Yes ☐ No ☐

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

- ☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

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

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/bgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____

on _____

System(s) used for background check (minimum of one must be checked): _____

Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐ Sex Offender Registry Data and National Criminal ☐

Records check, as mandated in the current season's official regulations

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

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

Little League® "Basic" Volunteer Application - 2020

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information.

All fields are required.

Name _____
First Middle Name or Initial Last
Address _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____
Work Phone: _____ E-mail Address: _____
Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
If yes, describe each in full: _____ Yes ☐ No ☐

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)?
If yes, describe each in full: _____ Yes ☐ No ☐
(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)?
If yes, describe each in full: _____ Yes ☐ No ☐
(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs?
If yes, explain: _____ Yes ☐ No ☐

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

- ☐ League Official ☐ Field Maintenance ☐ Concession Stand
☐ Coach ☐ Manager ☐ Other
☐ Umpire ☐ Scorekeeper

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____
System(s) used for background check (minimum of one must be checked): Regulation (c)(9) Mandates all checks include criminal records and sex offender registry records

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

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

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and years (s)): _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/bgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.



South Mountain Little League

CODE OF ETHICS



Please read and initial each item and sign at the bottom

_____ I / WE hereby pledge to provide positive support, care and encouragement for all children participating this season by following this code of ethics.

_____ I / WE will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other sporting events.

_____ I / WE will place the emotional and physical wellbeing of the children ahead of any personal desire to win.

_____ I / WE will insist that the children play in a safe and healthy environment.

_____ I / WE will provide support for coaches and officials working with the league to provide a positive and enjoyable experience for all.

_____ I / WE will remember that the game is for the children and not for the adults.

_____ I / WE will encourage the children to treat other players, coaches, fans and officials with respect regardless of race, sex, creed, or ability.

_____ I / WE will promise to do my/our part to make this a successful season by assisting in any way I can. (Assisting the coach, being a respectful fan, providing transportation)

_____ I / WE will refrain from the use of tobacco, alcohol and abusive language while at the South Mountain Little League baseball field, my/our child's practice site and league Sponsored events

_____ I / WE will promise to do my/our part in assisting to maintain the field and the surrounding areas.

_____ I / WE recognize that violation of the code of ethics may result in revocation of my child's playing privilege.

Parent's Signature

Date

Parent's Signature

Date

Print Name

Child's Name

APPENDIX E: INCIDENT/INJURY TRACKING REPORT FORM

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
- ☐ Junior ☐ Senior ☐ Big League
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
- ☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

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

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)**Type of incident and location:**

- A.) On Primary Playing Field
- ☐ Base Path: ☐ Running or ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
- ☐ Collision with: ☐ Player or ☐ Structure
- ☐ Grounds Defect
- ☐ Other: _____
- B.) Adjacent to Playing Field
- ☐ Seating Area
- ☐ Parking Area
- C.) Concession Area
- ☐ Volunteer Worker
- ☐ Customer/Bystander
- D.) Off Ball Field
- ☐ Travel:
- ☐ Car or ☐ Bike or
- ☐ Walking
- ☐ League Activity
- ☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____

APPENDIX F: ACCIDENT NOTIFICATION INSURANCE FORM

LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS



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

Accident & Health (U.S.)

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

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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: () Business: () Fax: ()	

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	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<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	

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 _____

APPENDIX G: 2020 QUALIFIED SAFETY PROGRAM REGISTRATION FORM