



2024 SAFETY PLAN

Yreka Little League

League # 4050116



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Mission Statement

Yreka Little League (YLL) aspires to be an outstanding educational-athletic organization that provides a high-quality experience, in which we strive to provide every athlete with:

- Coaching modeled on the principles of the Little League Double-Goal Coach
- A fun experience playing the game
- The bonding and rewards of teamwork regardless of performance
- Teachable moments on "life lessons" that have value beyond the playing field
- An opportunity for skill development and understanding of game strategies
- Modeling of respect for rules, opponents, officials, teammates, and self
- A safe place to learn and contribute within our community

We recognize coaches make this possible, so we provide all coaches with the tools to succeed as Little League Double-Goal Coaches. We are committed to creating a culture in which coaches, parents, fans, umpires and athletes work together to achieve our mission.

A Letter from the Safety Officer

To Yreka Little League Managers, Coaches, Umpires and Volunteers:

Yreka Little League's highest priority is for the safety of our youth. Prevention is the key to reducing accidents. At Yreka Little League, we are committed to encouraging and providing a safe environment. In order to succeed, we need your commitment to become Safety Advocates for Yreka Little League.

Yreka Little League actively participates in Little League's A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball." Little League rules are safety oriented and will be enforced to the best of our ability.

The purpose of this manual is to provide important safety information to those involved with Yreka Little League. While specifically written for Managers and Coaches, the information contained in this document can be a useful resource for all participants of Yreka Little League. This manual will be distributed digitally, posted in the Ringe Snack Shack/Board room as well as on our League website (yrekalittleleague.com). Please take the time to review this manual in its entirety.

We request your assistance, and guidance in making Yreka Little League a great program. If you have any concerns, or suggestions for improvement, please email us at yrekalittleleague@gmail.com, or call me at 916-677-9496. For additional information, visit our website at yrekalittleleague.com.

We want to hear from you!

Thank you for your commitment to Yreka Little League.

Thank you,

Tim Kisling

2024 YLL Safety Officer



Yreka Little League

Coaches Code of Conduct



As a coach/representative of the Yreka Little League (YLL). I understand that I am a role model at all times on and off the field. I will conduct myself in a professional manner when dealing with all YLL matters. Below is a Code of Conduct that entails but is not limited to the following behaviors and actions. By signing and initialing below I acknowledge this Code and agree to these terms:

I will remember that children participate to have fun and that the game is for the youth, not adults. _____

I will model for my athletes and parents good sportsmanship by showing respect and courtesy to officials, opposing coaches and team, and spectators at every game, practice and other sporting event. _____

I will not encourage or allow any kind of unsportsmanlike conduct with any official, opposing coach, athlete, or parent such as booing and taunting or refusing to shake hands. Profanity of any kind will not be allowed in any parking lot, field (game or practice) or anywhere players or parents may overhear. _____

I will refrain from the use of alcohol or drugs in any parking lot, field, or common areas within the Yreka Little League Complex, or while as a representative of the Yreka Little League. _____

I will refrain from smoking or the use of tobacco products of any kind (including spit tobacco) in any common area within the Yreka Little League complex, or while as a representative of the Yreka Little League. _____

I will learn the rules of the game and policies of the league. _____

I will give constructive feedback to my athletes, in a manner that will help with their development as players. _____

I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire to win. _____

I understand that as a HOME team, we are responsible for preparing the field for games and ensuring that the field is cleaned-up and properly secured. _____

I will return all YLL equipment and uniforms in a timely manner; at or before closing ceremonies. With the exception of All-Star Managers. _____

I will respect the officials and their authority during games; and will NEVER argue or attempt to intimidate an umpire, scorekeeper or game coordinator. _____

I understand that according to the Little League Official Regulations and Playing Rules Section 9.02: "Any umpire's decision which involves judgment, such as, but not limited to, whether a batted ball is fair or foul, whether a pitch is a strike or a ball, or whether a runner is safe or out, is final. No player, manager, coach or substitute shall object to any such judgment decisions." _____

I understand that it is required that all my coaches, assistants and volunteers who are involved in three or more activities with the players must fill out and complete a volunteer application and submit to the League; and will not be able to continue helping until this is done. _____

I understand that the League is offering the opportunity of a Coach's Clinic with Harmony Bats. By attending, and taking advantage of this opportunity I am showing my desire to learn and improve for the better of myself, the League and my athletes. _____

Coach's Name (Print)

Division Coaching

Coach's Signature

Date

Emergency Contacts

- In case of emergency, first **CALL 911**

Give a description of the problem and the location of the emergency, your name and phone number. Stay on the phone with the dispatcher. Provide care until help arrives. Utilize the resources, tools, and personnel around you.

- Fairchild Medical Center
 - General line – (530)-842-4121
 - Emergency Room direct line – (530)-841-6292
- Yreka Police Department – (530)-841-2300
- Yreka Fire Department – (530)-841-2383
- Mt. Shasta Ambulance – (530)-926-2665

Reference the ‘Accident Reporting Procedures’ section on page 14 for more information.

Board Member Contacts

Name	Email	Phone	Position(s)
Brandon Fawaz	fawazfarming@sisqtel.net	530-524-0354	President
Dave Maplesden	maplesdendavid44@icloud.com	530-340-5765	Vice President
Jaclyn Fawaz	jmfawaz1@gmail.com	925-207-0255	Scott Valley Vice President
Sarah Mitrovitch	sarahkimball@gmail.com	530-864-3223	Secretary
Krysta Hughes	khughes@skskiyoucoe.net	530-598-1987	Treasurer
Tim Kisling	harlyguy2008@hotmail.com	916-677 9496	Safety Officer
Jessica Shaw	jshaw96097@yahoo.com	530-713-5660	Concessions Coordinator
Kirstin Bigler	Itskiiirstin@icloud.com	530-905-1260	Yreka Player Agent
Jenny Zink	tazzyd007@gmail.com	530-570-4557	Scott Valley Player Agent
Jess Bray	mhjesstravis@yahoo.com	530-340-0981	Coach Coordinator
Prairie Temple	prairietemple@gmail.com	530-905-1855	Information Officer
Natalie Rizzardo	Siskiyou5@outlook.com	530-598-1987	Fundraising Officer
Samantha Shannon	samantha.n.shannon@gmail.com	530-598-1625	Equipment Officer
Ted Rivers	trivers55@gmail.com	530-261-0659	Umpire In Chief
John Durney	rmdy@thegrid.net	530-905-0295	Board Member
Keshia Hall	khall@yrekausd.net	530-643-3293	Board member

Volunteer Application & Background Check Requirements

Managers, coaches, board members, and any other persons, volunteers or hired workers who provide regular service (16 hrs/month or 32 hrs/season) to the league and/or have repetitive access to, or contact with youth must fill out application form, provide government-issued photo ID, and consent to a nationwide background check.

This year, Yreka Little League is utilizing the Sports Connect platform which supports the integrated ability to complete a volunteer application, conduct national background checks through JDP, and upload ID and additional training certificates within one online portal.

In addition to the volunteer applicant requirements mentioned above, new requirements for volunteers have been implemented. These include:

Live Scan Background Check

Abuse Awareness for Adults Training

[USA Baseball](#) or [Child Abuse Mandated Reporter Training Project](#)

Sudden Cardiac Arrest Training

[Sudden Cardiac Arrest Training](#)

Concussion Awareness Training

[Concussion Awareness Training](#)

Diamond Leader Training

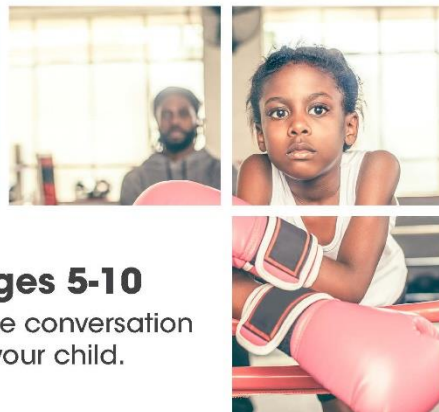
[Diamond Leader Training](#)

A valid First Aid/CPR Training Certification

Background Check Requirements Explained

Little League Regulation I (C) 8 & 9 requires a nationwide check that includes applicable sex offender registry and criminal data. A background check must be conducted each year of volunteer service. Any background check that reveals a conviction or guilty plea for any crime involving a minor must result in immediate termination from the league.

Discussion Starters about Youth Safety



Discussion Guide: Ages 5-10

It's never too early to start the conversation about personal safety with your child.

What to Talk About

TRUSTED ADULTS

Trusted adults are people a child can count on to make them feel safe, listen, and help.

TELL THEM

"If anything ever makes you feel sad, scared, confused, or uncomfortable, you can always talk to a trusted adult and ask for help! If any adult says or does something to make you sad, scared, confused, or uncomfortable, you should tell another trusted adult about what happened."

CHECKING FIRST

Kids are often trusting of offers from adults, but it's important that they check first with parents or guardians before accepting anything from or going anywhere with someone – even coaches or teammates' parents.

TELL THEM

"It's important that I know where you are and who you are with. Check first with me before going anywhere, helping anyone, or accepting anything."

IT'S OK TO SAY "NO!"

Children may not feel comfortable objecting to an adult who makes them feel sad, scared, confused, or uncomfortable, especially if they are made to feel that way by someone they know and may have trusted, like a coach or teammate.

TELL THEM

"It's OK to say 'No!' to anyone, even an adult, who makes you feel sad, scared, confused, or uncomfortable. If someone touches you in a way that makes you feel uncomfortable you can say 'no' and 'stop'. If that ever happens tell me or another trusted adult about what happened."

How to Talk About it

TACKLE THE TOUGH STUFF

The idea of discussing personal safety with younger children can be hard, especially safety issues involving sexuality. Children in various sports often find themselves being positioned, caught, assisted, "spotted", or otherwise in appropriate physical contact with coaches. By having open conversations with children about their bodies and the types of appropriate touch, you empower children with the knowledge they need in order to recognize any inappropriate physicality from adults.

TELL THEM

"There are parts of your body that your bathing suit covers that are private. If anyone touches you there or anywhere else that makes you feel uncomfortable, tell them to stop and tell me or another trusted adult."

IT'S ALL IN THE APPROACH

Kids are more likely to be open and honest with adults when they know they can count on them to listen attentively and react calmly. When discussing personal safety, it's important not to overwhelm or scare younger children. Try to keep the tone of discussion calm and conversational. If a child ever discloses an incident of abuse, do your best to respond in a measured and calm manner.

TELL THEM

"Telling me was the right thing to do. My job is to help keep you safe."

TAKE ACTION

Contact local law enforcement immediately. You should also contact the supervisors of the sporting program or the dedicated reporting tool for abuse – this may be a phone number or online platform. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.



Learn Red Flag Behaviors

While these warning signs do not always indicate abuse, they do cross appropriate athlete-coach boundaries.

- ▶ Singling youth out for special attention or gift giving.
- ▶ Spending isolated one-on-one time with children such as in private practice sessions where others are not present.
- ▶ Touching children in ways not related to training for the sport.
- ▶ Telling youth sexual or inappropriate jokes and stories.
- ▶ Inappropriate comments on appearances.



The **US Center for SafeSport** accepts all reports of sexual abuse within the U.S. Olympic and Paralympic Movement. If you have reasonable suspicion of sexual misconduct or harassment, child abuse (including child sexual abuse), or intimate relationships involving an imbalance of power, report [online](#) or call **833-SUS-SAFE**.

[SafeToCompete.org](#)

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[SafeToCompete.org](#)

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Discussion Guide: Ages 11-17

Discussing personal safety is increasingly important as tweens and teens grow more independent.

What to Talk About

CHECKING IN

Youth are often trusting of offers from adults, but it's important that they check first with parents or guardians before accepting anything from or going anywhere with someone – even coaches or teammates' parents.

TELL THEM

"It's important that we communicate about where you are and who you are with. Check in with me before changing plans or going somewhere."

PHYSICAL CONTACT

From stretching exercises to tackling drills, different sports require varying degrees of physical contact between athletes and coaching staff. Talking to adolescents about appropriate touch is important in helping them recognize any inappropriate contact by peers or adults.

TELL THEM

"You have the right to tell anyone who touches you in a way that makes you feel uncomfortable to stop."

POWER DYNAMICS

Child sexual abuse victims are often emotionally linked to their abusers, and these abusers are often authority figures. Coaches, training staff, and even team captains often wield a great deal of authority over younger athletes. This may deter victims from disclosing abuse in fear that they may lose their place on a team, be harmed, discredited, or otherwise retaliated against.

TELL THEM

"No one has the right to threaten or coerce others. If they do, tell a trusted adult about what happened."

How to Talk About it

DON'T EXAGGERATE

Teens may dismiss the message and real risks if they hear sensational stories.

TALK OFTEN

It can be hard to engage older children and teens in serious conversations about their personal lives, safety, and other tough topics. You might strike out the first time you try to have these conversations but keep trying! The more often you discuss safety, the easier it gets.

KEEP EMOTIONS IN CHECK

If a young person ever discloses a suspicion or incident of abuse, do your best to respond in a measured and calm manner. Reassure them that reporting the abuse was the right thing to do, and reaffirm that you are there to support them.

TAKE ACTION

Contact local law enforcement immediately. You should also contact the supervisors of the sporting program or the dedicated reporting tool for abuse – this may be a phone number or online platform. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.



Learn Red Flag Behaviors

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[SafetoCompete.org](https://www.SafetoCompete.org)

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League Training Programs

First Aid Training

First Aid training for volunteers who do not hold a valid training card is provided via online training through the [National CPR Foundation](#).

Alternatively, in-person First Aid/CPR training is provided through [Northern Siskiyou EMS](#). Contact Darrell Frost at (530)-598-0794 for more information.

Fundamentals Training

Yreka Little League Provides baseball fundamentals training for Manager, Coaches and Athletes through Harmony Bats Training Clinics. These clinics are scheduled prior to season commencement and provide a comprehensive training and drills for each respective audience.

Additionally, Yreka Little League umpires annually attend yearly district umpire training clinics held in February each season.

Field Safety

Coaches are required to walk/inspect the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game.

Coaches Checklist



HEY COACH, HAVE YOU:

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

Umpires Checklist

Umpire Guidelines

North Issaquah, Washington, Little League

Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"

Field Inspection Checklist

Date: _____

Coaches, Managers, Board Members

Yes

No

- | | | |
|-----|-----|---|
| ___ | ___ | Walk the fence line prior to each game and practice looking for hazards and debris. |
| ___ | ___ | All bases lying flat with no raised edges. Dugouts free of debris. |
| ___ | ___ | Backstop inspected for holes and damage. |

Snack Shack

- | | | |
|-----|-----|---|
| ___ | ___ | Exterior inspected for vandalism or other damage. |
| ___ | ___ | Water lines and drains inspected for leaks. |
| ___ | ___ | First Aid supplies in order. |
| ___ | ___ | Umpire Closet in order. |

Public Areas

- | | | |
|-----|-----|---|
| ___ | ___ | Garbage Cans empty with liners installed. |
| ___ | ___ | Stands free of debris and hazards. |
| ___ | ___ | Press Box inspected. |
| ___ | ___ | Bathrooms cleaned and stocked. |
| ___ | ___ | Is corrective action needed? |

Correction Done: _____

Signed: _____

Forward this report to the Safety Officer

Storage Shed Procedures

The following procedure is for all Yreka Little League (YLL) sheds and storage areas and applies to anyone who has been issued keys and or the combination to locks by YLL:

- All individuals who access YLL sheds should be aware of their responsibilities for the safe storage of rakes, shovels, bases, etc.
- Before you use any machinery located in the sheds, please locate and read all safety procedures.
- All chemicals and organic materials stored in YLL sheds will be clearly marked for easy identification.
- Any spilled materials in the shed will be cleaned up immediately and disposed of in the proper manner.
- If you are unable to identify a spilled substance, notify the Safety Officer immediately, stay clear of the substance, and do not allow anyone else to enter the area of the spill.

Accident Reporting Procedure

What to report

An incident that causes any player, manager, coach, umpire, or volunteer to receive first aid and/or medical treatment must be reported to the League's Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report

All such incidents described above must be reported to the League's Safety Officer within 24 hours of the incident. The League's Safety Officer, Tim Kisling, can be reached at the following:

Phone: (916)677-9496

Email: yrekalittleleague@gmail.com

How to make a report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

League Safety Officer's Responsibilities

Within 24 hours of receiving the Accident Notification Form, the League's Safety Officer will contact the injured party or the party's parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Create and manage an injury report.

- Check on the status of the injured party; and
- If the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.), the Safety Officer will advise the parent or guardian of the Little League insurance coverage and its provisions for submitting claims.

PLEASE NOTE: If an injured player required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.), then a written clearance from the player's physician is required prior to being allowed to return to practices or games. The clearance should be provided to both the team manager as well as the League Safety Officer.

If the extent the injuries are more than minor in nature, the League's Safety Officer shall:

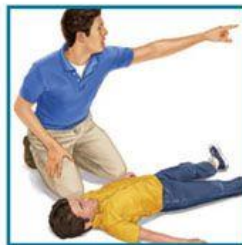
- Periodically call the injured party to check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e. no further claims are expected, and/or the individual is participating in the League again).
- Review and complete where necessary the Incident/Injury Tracking form and route to the appropriate officials.

AED Use

In the case of cardiac event, there is an Automated External Defibrillator (AED) inside the Ringe Field snack shack.

Child CPR w/AED

Heartsaver® Child CPR AED



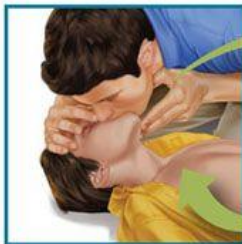
Tap and shout

Yell for help. Send someone to phone 911 and get an AED



Look for no breathing or only gasping

*Push hard and fast.
Give 30 compressions*



Open the airway and give 2 breaths

Repeat sets of 30 compressions and 2 breaths



If you are alone after 5 sets of 30 compressions and 2 breaths, phone 911, and then resume sets of 30:2

When the AED arrives, turn it ON and follow the prompts

Accident Insurance Claim Documents

Letter to Parents



Yreka Little League
P.O. Box 25 Yreka, CA 96097



Re: WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

Dear Parents and Guardians:

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball.

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is a excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 International, 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 after the 52-week time limit when:
 - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin/plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum

limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

- b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500, or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

Sincerely,

Yreka Little League

Little League Insurance Claim Form Instructions

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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

Little League Insurance Claim Form



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (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)	
	<input type="checkbox"/> BIG (14-18)			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Incident/Injury Tracking Report Form

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
Field Name/Location: _____ Incident Time: _____
Injured Person's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: ☐ Male ☐ Female
City: _____ State _____ ZIP: _____ Home Phone: () _____
Parent's Name (If Player): _____ Work Phone: () _____
Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to 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: _____

Concession Stand Safety

All volunteers of Yreka Little League snack shacks should adhere to best practices for safe food handling. This includes frequent hand washing, proper food preparation and handling techniques, and facility upkeep. A first aid kit is to be kept at all field locations in the respective snack shack.

Concession Stand Safety Tips

Concession Stand Tips

SAFETY FIRST

Requirement 9

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

1. Menu.

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

2. Cooking.

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

3. Reheating.

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

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

4. Cooling and Cold Storage.

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

5. Hand Washing.

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

6. Health and Hygiene.

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

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

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

10. Wiping Cloths.

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

11. Insect Control and Waste.

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

12. Food Storage and Cleanliness.

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

13. Set a Minimum Worker Age.

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

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

Volunteers Must Wash Hands

HOW



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

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



Equipment Inspection Procedures

The Yreka Little League Safety Officer will inspect all playing equipment in the pre-season.

Mangers/Coaches will inspect equipment prior to each game. League Officials, Managers and Coaches will destroy and discard any damaged equipment to prevent future use. Each equipment bag includes a first aid kit that should accompany the team at each practice and game.

Equipment Checklist Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- ☐ Athletic supporter – all male players
- ☐ Metal, fiber, or plastic type cup – all male catchers
- ☐ Catcher's helmet and mask, with "dangling" throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- ☐ Catcher's mitt – all baseball catchers
- ☐ Chest protector and leg protectors – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- ☐ Helmet meeting NOCSAE standards – all batters, base runners, and players in coaches boxes
- ☐ Helmet chinstrap – all helmets made to have chinstrap (with snap buttons, etc.)
- ☐ Regulation-sized ball for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- ☐ Regulation-sized bat – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- ☐ Non-wood bats must have a grip of cork, tape, or composite material, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- ☐ 1st, 2nd and 3rd bases that disengage from their anchors
- ☐ Pitcher's plate and home plate
- ☐ Players' benches behind protective fences
- ☐ Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- ☐ Metal, fiber, or plastic type cup – any player, esp. infielders
- ☐ Pelvic protector – any female, esp. catchers
- ☐ Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- ☐ Game-Face Safety Mask – any player, esp. infielders
- ☐ Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- ☐ Helmet – adults in coaches boxes
- ☐ Helmet with Face Guards or C-Flap meeting NOCSAE standards – all batters, esp. in younger divisions
- ☐ Mouth guard – batters, defensive players
- ☐ Goggles/Shatterproof glasses – any player, esp. those with vision limitations
- ☐ Batters vest/Heart Guard/Heart Shield/Female Rib Guard – any batter
- ☐ Regulation-sized reduced impact ball

OPTIONAL FIELD EQUIPMENT

- ☐ Double 1st base that disengages from its anchor
- ☐ Baseball mound for pitcher's plate
- ☐ Portable pitchers baseball mound with pitcher's plate
- ☐ Protective/padded cover for fence tops
- ☐ Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Arco

Spring 2009 **5**

Little League Rule 1.17 – Catcher Gear

In past seasons, there has been confusion about Rule 1.17.

The section I am referring to is the safety requirement that all catchers MUST have a "dangling" type throat protector attached to the mask of the catcher's helmet. We have observed catcher's helmets without any type of "dangling" throat protector, as well as throat protectors secured so tightly to the lower frame bar that they cannot move or "dangle" to protect the catcher's throat. We have observed them secured so that the throat protector is sticking straight out at a 90-degree angle, providing no protection for the catcher's throat area. The above mentioned instances are not acceptable and must be corrected immediately.

The "dangling" throat protector should be properly and securely attached so that when the catcher looks up or his/her head is tilted upward that the throat protector will be able to remain down so that the catcher's throat area has some protection. A ball (from a foul or from a pitch in the dirt) or even a bat could possibly come up under the catcher's helmet and cause a severe injury.

To be properly attached, the "dangling" type throat protector should be securely attached from one-fourth of an inch to no more than three-fourths of an inch below the lowest bar or frame of the catcher's mask. The throat protector should swing freely and smoothly under the mask when tapped with a finger while holding the catcher's mask/helmet in the hand.

The "dangling" style throat protector is required on any and all types of catchers' helmets/masks in all divisions of Little League Baseball and Softball. So, whether you have the standard frame, the extended frame, the hockey style, etc., the "dangling" throat protector is required.

Yes, even on the extended frame masks – because when a catcher tilts his/her head upward, the frame goes with it – exposing the throat. That is, unless there is a properly positioned "dangling" throat protector in place.

This is a mandatory safety requirement and MUST be strictly enforced at all times by managers, coaches, league officials and umpires. There is NO reason or excuse, (and we have heard them all) for not having a properly attached "dangling" throat protector on all catcher's helmets/mask. The children's safety and well-being MUST always be foremost in all that we do in Little League.

It is not worth the risk.

So, PLEASE, help us to make sure that every catcher's helmet/mask in your league's equipment (whether league-purchased or parent-purchased) has a properly attached "dangling" style throat protector to protect the children from any injury or harm.

Reach out to the Yreka Little League Safety Officer or Equipment Manager with questions, concerns, or equipment needs.