

FREEPORT LITTLE LEAGUE

ID#02323005

2019 QUALIFIED SAFETY PLAN



AnneMarie Duckworth
Safety Officer

and

Mike Aviles
League President



Freeport Little League 2019 Safety Plan

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A Note from the Freeport Little League President

Welcome to the Freeport Little League ASAP Safety Plan. The purpose of this document is to emphasize the importance of safety in the Freeport Little League and to identify important safety issues of which all individuals involved should be aware. This document has been developed by Freeport Little League to provide an overview of the procedures, policies, and activities that have been instituted by the League to provide a safe and healthy environment for those participating in our Little League program.

In 1995, Little League Baseball introduced A Safety Awareness Program (ASAP) with the goal of re-emphasizing the position of a Safety Officer to “create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball. This program has been very successful by dramatically decreasing Little League baseball related injuries. This safety plan is qualified by the ASAP program.

The points addressed in this document are required for an approved ASAP compliant Safety Plan. League administrators, coaches, managers, umpires, parents, and players should take safety issues very seriously.

The Safety Officer authors or modifies the League’s Safety Plan, Code of Conduct, Safety Code, and Safety Manual each year, as necessary. Freeport Little League is pleased to have AnneMarie Duckworth to return as our active Safety Officer on file with Little League International for 2019. Teams are invited to participate with AnneMarie in making 2019 Freeport’s safest year ever.

Any questions regarding this plan, Freeport Little League safety, or the ASAP program or safety suggestions can be directed to me or AnneMarie at annemduckworth@gmail.com or on her cell phone at 516-673-3230.

With that, let’s all have a safe and fun year. I look forward to seeing you all on the ball field.

Michael Aviles
President
Freeport Little League

A Note from the Freeport Little League Safety Officer

It is my privilege to be Freeport Little League's Safety Officer again this year. I am looking forward to serving you and making this our safest year yet!

This Safety Plan provides guidelines for increasing the safety of activities, equipment, and facilities through education, compliance and reporting. In support of the attainment of this goal, Freeport Little League also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of the plan.

The combination of these documents outlines specific safety issues and the League's policy or procedure for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in this plan and their Leagues' documents.

Additionally, a copy of the ASAP News newsletter will be emailed to all volunteers and parents on a monthly basis. A copy will also be posted on the Freeport Little League website <http://www.FreeportLittleLeagueNY.com>.

If you have any questions, suggestions or concerns, feel free to contact me at any time.

I'm looking forward to working with you as we enjoy a fun and safe 2018 season.

AnneMarie Duckworth
Safety Officer
Freeport Little League

Safety Plan Distribution

- The Safety Plan will be reviewed by the District Administrator annually.
- League Safety Officer, AnneMarie Duckworth, will file the Safety Plan with Little League Headquarters.
- The Safety Plan is to be distributed in PRINTED FORM to all Coaches, Managers, League Volunteers and the District Administrator.
- Additionally, the Safety Plan will be distributed via email to all Coaches, Managers, League Volunteers, along with any parent or other person who requests a copy.
- The Plan is posted on the League Website under the Safety Plan tab.

Motto, Mission Statement and Pledges

Freeport Little League Motto

“Kids in cleats and off the streets”

No child is ever turned away due to their financial situation. Our motto succinctly states one of the major drives of the League, to see ALL kids actively participating in a positive activity that can keep them engaged and help them to develop in constructive ways. By providing a structured environment that challenges kids physically, mentally and socially, we hope to help them take some small steps to being better adjusted members of the community. We also seek to provide some measure of mentoring and good role models through our coaches and administrators all of which is geared toward helping the kids to grow.

Little League Safety Mission Statement

To provide our children the opportunity to learn the game of baseball in an enjoyable and safe environment in which they will learn the values of teamwork, sportsmanship and fair play.

Little League Pledge

I trust in God.
I love my country and will respect its laws
I will play fair and strive to win.
But win or lose, I will always do my best

Little League Parent Volunteer Pledge

I will teach all children to play fair and do their best.
I will positively support all managers, coaches and players
I will respect the decisions of the umpires.
I will praise a good effort despite the outcome of the game.

Freeport Little League Safety Code

The Board of Directors of Freeport Little League has mandated the following Safety Code. All Coaches, Managers and Team Safety Officers will read this Safety Code and then read it to the players on their team. Signatures are required in the spaces provided on the following form (page 9) acknowledging that the Coaches, Manager and Team Safety Officer understand and agree to comply with the Safety Code and the signed form must be returned to the League Safety Officer.

- Responsibility for Safety procedures is that of EVERY adult member of Freeport Little League.
- Managers, coaches and umpires will have MANDATORY training in first-aid. First aid kits are issued to each team manager and are MANDATORY to have at all games and practices.
- No medication will be taken or given to a child at the facility unless administered directly by the child's parent or guardian. This includes aspirin and Tylenol.
- Each player, manager, coach, umpire and team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only League approved managers and coaches are allowed to practice with teams.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Only League approved managers and coaches will supervise batting cages.
- Games or practices should be held when weather or field conditions are not good, and lighting is inadequate.
- Play area should be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Players and spectators should be alert for foul balls at all times.
- Foul balls batted out of playing area shall be returned to the Umpire, Coach or Manager between innings and should not be thrown over the fence during play.
- During practice and games, all players not at bat or in the field should be quietly sitting on the bench, alert and watching the batter on each pitch.
- Players must not throw rocks, kick dust at others, climb fences in the dugout and around the field, swing from the dugout roof or any other hazardous behavior.

- During warm-up drills players should be spaced so that one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus, endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)
- Managers and Coaches may not warm up pitchers before or during a game.
- Except when runner is returning to a base, head first slides are prohibited.
- During sliding practice, bases should not be strapped down or anchored.
- At NO time should "horse play" be permitted on the playing field.
- Player must not wear watches, rings, pins or metallic items during games and practices. EXCEPTION: Medical Alert jewelry but it must be taped down.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- Only a player at bat may swing a bat. On-deck batters are only permitted to handle a bat upon entering the field for their turn at bat.
- Pitching Machines will be maintained in good working order and must ONLY be operated by an adult Coach or Manager.
- Managers will only use Official Little League balls.
- All team equipment should be stored within the team dugout, or behind fences, and not within the area defined by the umpires as "in play".
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Batters must only use bats that meet the new 2018 bat requirements.
- All male players will wear athletic supporters and cups during games and practices.
- Male catchers must wear the fiber of plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.

- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet.
- Catchers must use a catcher's mitt of any shape, size or weight consistent with protecting the hand.
- Catchers must wear full catcher's gear including athletic cup during practices, games and even when just warming up a pitcher.
- All players are encouraged to wear mouth pieces.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Shoes with metal spike cleats are not permitted. Shoes with molded cleats are permissible.
- Managers will never leave an unattended child at a practice or game.
- No alcohol, smoking or drugs are allowed on the premises. Adults who wish to smoke must be do so outside the park fence.
- There is no running on or jumping from the bleachers.
- Never hesitate to report any present and potential safety hazard to the Safety Officer immediately.

IMPROVE SAFETY AT FREEPORT LITTLE LEAGUE

Do you have a Safety Idea?

Freeport Little League welcomes all ideas to help make our parks safer for our players and their families.

Submit your idea to Freeport Little League by giving it to the Safety Officer, any Board Member or by emailing it to www.freeportlittleleagueny@gmail.com.

If your idea is implemented at the ball parks, your idea will be in next year's Safety Manual so get with your team and send us some ideas.
Thank you for your support in making our Little League SAFER!

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."



I have read or have been read the Freeport Little League Safety Code and promise to adhere to its rules and regulations.

_____	_____
Team Name	Team Division
_____	_____
Print Name of Team Manager	Signature and Date
_____	_____
Print Name of Head Coach	Signature and Date
_____	_____
Print Name of Assistant Coach #1	Signature and Date
_____	_____
Print Name of Assistant Coach #2	Signature and Date
_____	_____
Print Name of Assistant Coach #3	Signature and Date
_____	_____
Print Name of Team Safety Officer	Signature and Date

*This form must be filled out, signed, dated and returned to the Safety Officer before the first game.

Parents' Role in Safety

Most of the existing Little League rules have a basis in safety. Parents can help by setting a good example for all the players. It is important to follow Little League rules for the safety of everyone involved. The managers and coaches are or will be trained in first aid fundamentals and common-sense safety. Please take the time to listen to the manager and coaches, learn these rules and make them common practice any time you practice baseball or softball with your children. Here are a few examples of our League's rules.

Complete a Medical Release. This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems.

No one holds a bat except when going to the plate. Many players bring their own bats to practice and games. Players should keep their bats in their bags, in the dugout or on the ground in front of them until they are needed.

The manager or coach will never leave a player alone at the field. It is very important that parents are on time to pick up the children. It is highly recommended that parents remain at the field during practices and games. If this is not possible, please contact the coach or manager prior to the event to make arrangements.

No alcohol or tobacco on the field. If volunteers must smoke or chew tobacco, please do it away from the players in designated areas. If the players can see you smoke or chew, you are too close!

Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.

It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions about this please contact the manager or League Safety Officer. All information is considered confidential.

Routinely check your child's equipment for safety concerns.

Arrive early. Get to practice and games early to allow for proper warm ups

Help out at practices. The more adults watching out for the children, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

EMERGENCY PHONE NUMBERS

Department	Emergency	Non-Emergency
Police	911	516-378-0700
Fire	911 or 516-377-0400	516-377-2190
Ambulance	911	
Poison Control	800-222-1222	516-542-2323
Freeport Electric	516-377-0146	516-377-2220
Freeport Water		516-377-2379
National Grid gas	911 or 800-490-0045	800-642-4272

EMERGENCY PROCEDURES

The most important help you can provide to a person who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone.

Be sure that you or another caller follows these steps:

- 1) First **dial 9-1-1**.
- 2) **Give the dispatcher the necessary information.** Answer any questions that they might ask. Most dispatchers will ask:
 - The exact location or address of the emergency? Include the town name, nearby intersections, landmarks, etc. as well as the field name and location of the person(s) needing care, if applicable.
 - The telephone number from which the call is being made?
 - The caller's name?
 - What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
 - How many people are involved?
 - The condition of the injured person— i.e., unconscious, chest pains, or severe bleeding?
 - What help is being given (first aid, CPR, etc.)?
- 3) **Do not hang up until the dispatcher hangs up.** The dispatcher may be able to tell you how to best care for the victim.
- 4) **Continue to care for the victim** until professional help arrives.
- 5) **Appoint someone to go to the street and look for the ambulance or fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Freeport Little League

P.O. Box 6061, Freeport, NY 11520
516-543-7183 freeportlittleleague.com

2019 Board Member Contact Information

Title	Name	Cell Phone	Email
President/ Sponsor Chair	Mike Aviles	(516) 543-7183	aviles16@msn.com
Vice President/ Purchasing Agent	Jose B. Pena	(516) 242-8224	joncourt1@hotmail.com
Secretary/Treasurer	Diana Roldan	(516) 492-7961	droidan7982@yahoo.com
Player Agent	Jose L. Pena	(516) 385-0799	jlp00@msn.com
Information Officer	Jennifer LaScala-Gomez	(516) 205-3181	jennla1923@yahoo.com
Coaching & Clinic Coordinator/Golf Outing Chair	Phil Prestamo	(516) 693-3296	philandjoya@gmail.com
Safety Officer/Practice Schedule Coordinator/ Special Events Chair	AnneMarie Duckworth	(516) 673-3230	annemduckworth@gmail.com
Assistant Sponsor Chair	Stephen Duckworth	(516) 673-3231	
<u>Division Representatives:</u>			
T-Ball	Tara Kimlingen	(516) 754-4245	tarak526@gmail.com
Rookies	AnneMarie Duckworth	(516) 673-3230	annemduckworth@gmail.com
8U	Jennifer LaScala-Gomez	(516) 205-3181	jennla1923@yahoo.com
Minors	Dave Pinzon	(347) 231-0355	davepinzon@gmail.com
Majors	Dave Rodriguez	(516) 467-6058	davidrod0817@yahoo.com
Senior Division	Jose L. Pena	(516) 385-0799	jlp00@msn.com

League Safety Responsibilities

President

The President of Freeport Little League is responsible for ensuring that the policies and regulations of the Freeport Little League Safety Officer are carried out by the entire membership to the best of his abilities.

Safety Officer

The Safety Officer coordinates all safety activities including supervision of ASAP, ensures safety in player training, ensures safe playing conditions, coordinates reporting and prevention of injuries, solicits suggestions for making conditions safer, and reports suggestions to Little League International through the ASAP system.

Responsibilities

- Purchase and ensure that each team manager is given a first aid kit.
- Be available to meet with the league's equipment officers to discuss replacement of any defective gear.
- Schedule managers and coaches first aid, fundamentals, and safety training.
- Survey the fields and facilities used by Freeport Little League and turn in a repairs concern report to the Freeport Little League Administrator.
- Prepare the League's ASAP Safety Plan and distribute a Paper Copy to all applicable volunteers including coaches and managers.
- By season's end, compile injury-tracking information and report the findings to the League President along with any suggestions for reducing injury or improving safety.
- Submit a qualified Safety Plan Registration Form to Little League International with the ASAP Plan.
- Submit League player registration data and Coach/Manager data to Little League International with the ASAP Plan.
- Coordinate the individual Team Safety Officers (TSO) in order to provide the safest environment.
- Assist parents and individuals with insurance claims and act as liaison between the insurance company and the parents and individuals.
- Explain insurance benefits to claimants and assist them with filing the correct paperwork.
- Keep a First Aid Log. This log will list which park and field accidents and injuries are occurring, to whom, in which divisions, at what times, and under what supervision, and identify injury trends.
- Act immediately to resolve unsafe or hazardous conditions once a situation has been brought to her attention.
- Make spot checks at practices and games to make sure all managers have their first aid kits and safety manuals.

- Make sure that safety is a monthly Board Meeting topic, and allow experienced people to share ideas on improving safety.

Information Officer

The Freeport Little League Information Officer is responsible for maintaining the Freeport Little League website at www.FreeportLittleLeagueNY.com and updating the safety information and other important information for parents and players on a weekly basis. The Information Officer will upload the ASAP News monthly newsletter to the Freeport Little League website each month at www.FreeportLittleLeagueNY.com. The Information Officer will send a list of all Managers and Players to Little League's datacenter at www.littleleague.org by April 30, 2018.

All other Board Members

The remaining Freeport Little League Members will adhere to and carry out the policies as set forth in this safety manual.

Managers

The Manager is a person appointed by the president of Freeport Little League to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team. The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires. The Manager is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of coaches and the Team Safety Officer (TSO). If a Manager leaves the field, the Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Responsibilities:

- Take possession of this Safety Manual supplied by Freeport Little League.
- Appoint a volunteer parent as Team Safety Officer (TSO). The TSO must be able to be present at all games and practices.
- Attend a mandatory training session on First Aid and fundamentals given by Freeport Little League with his/her designated coaches and TSO.
- Meet with all parents to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.
- Work closely with the Freeport Little League Safety Officer to make sure equipment is in first rate working order.
- Not expect more from their players than what the players are capable of.
- Return the signed Freeport Little League Code of Conduct and the Freeport Little League Safety Code to the Freeport Little League Safety Officer before the first game.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release

protects you if that child should become further injured or ill. There are no exceptions to this rule.

- Make sure that telephone access is available at all activities including practices. It is mandatory that a cellular phone always be on hand.
- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duty delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.
- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players ALERT!
- Maintain discipline at all times
- Be organized.
- Keep players and substitutes sitting on the team 's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think SAFETY FIRST.
- Observe the "no on-deck" rule for batters and keep players behind the fences at all times.
- No players should handle a bat in the dugouts at any time.
- Keep player's off fences.
- Get players to drink a little a lot!
- Not play children that are ill or injured.
- Attend to children that become ill or injured during a game or practice.
- Not lose focus by engaging in conversation with parents and/or passerby's.
- Do cool down exercises with the players (The coach can also do this).
- Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
- Catchers should ice their knees.
- Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- Notify parents if their child has been injured.
- If there was an injury, make sure an accident report was filled out and given to the Freeport Little League Safety Officer.
- Return the field to its pre-game condition, per Freeport Little League policy.

Team Safety Officer (TSO)

(If a Manager does not appoint a TSO, the responsibilities are his/hers)

Responsibilities

- Keep a Safety Log of all injuries that occur on his/her team.
- Inspect players equipment for cracks broken straps on a routine basis.
- Communicate any safety infractions to the Freeport Little League Safety Officer or any other Board Member.
- Help managers and coaches give First-Aid if needed.
- Act as a conduit between parents, managers, the Freeport Little League Safety Officer and the kids.
- Fill out accident reports if an injury occurs.
- Report an injury to the Freeport Little League Safety Officer within 12 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the Freeport Little League Safety Officer for replacements when needed.
- Make sure that this Safety Manual and the First-Aid Kit are present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises signs for signs of stress injury.
- Check equipment for cracks and broken straps.
- Walk the field, remove broken glass and other hazardous materials.
- Fill out the pre-game safety checklist and hand to the umpire.
- Be ready to go into action if anyone should get hurt.
- Watch players to see that they are alert at all time.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the conduit between the Freeport Little League Safety Officer, the team manager, the child and his/her parents.
- Record any safety infractions or injuries in his/her Safety Log.
- Report any injuries to the Freeport Little League Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report and send a copy to the Freeport Little League Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary.
- Follow-up with parents to make sure the child is all right.

Freeport Little League Code of Conduct

The Freeport Little League Board of Directors has mandated the following Code of Conduct. No board member, manager, coach, player, umpire or spectator shall, at any time:

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Coach's / Manager's Role

The Little League manager and coach must be leaders. All must recognize that they hold a position of trust and responsibility in a program that deals with a sensitive and formative period of a child's development.

It is required that the manager and coach have understanding, patience and the capacity to work with children. The manager and coach should be able to inspire respect. Above all else, managers and coaches must realize that they are helping to shape the physical, mental and emotional development of young people.

While an adult with training and background in the game is a desirable candidate for manager or coach, league screening committees should look for other important qualities. Screening of managers, coaches and others at the local league level who have contact with children is also important in attempting to discover those with a history of child abuse.

Children of Little League age are strongly influenced by adults whose ideals and aspirations are similar to their own. The manager/coach and player share a common interest in the game, a desire to excel, and determination to win. Children often idolize their managers and coaches, not because the adult is the most successful coach or mentor, but because the manager and coach are sources of inspiration.

Managers and coaches must be adults who are sensitive to the mental and physical limitations of children of Little League age and who recognize that the game is a vehicle of training and enjoyment, not an end in itself. It has been stated many times that the program of Little League can only be as good as the quality of leadership in the managing and coaching personnel.

Who is responsible for the conduct of the manager and coach? First and foremost, it is the manager or coach themselves. Each of us in Little League must take responsibility for our own actions.

However, as the chief administrator, the president selects and appoints the managers and coaches. As such, no person becomes a manager or coach without the approval of the president. All appointments are subject to final approval by the local league's board of directors.

Only the local Little League board of directors has the authority to remove or suspend a manager or coach. If a parent or anyone else is dissatisfied with a manager or coach, they must present the issue to the local league president and board of directors. Because the local league president and board of directors are closest to the situation, it would be a disservice if Little League Headquarters became involved in disputes or personality conflicts between managers/coaches and parents.

Parent Code of Conduct

The Freeport Little League has implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents MUST read, understand and sign this form. Return the bottom portion to your child's team manager at the first practice.

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

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

- I will not force my child to participate in sports.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will not forget to laugh and have fun myself.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will learn the rules of the game and the policies of the league.
- I will do my best to attend all of my child's games and practices.
- If I am unable to attend a game or practice, I will make arrangements for someone else to stay with my child and not just expect the coach and manager to babysit him/her.
- I will pay attention during games and practices and encourage my child to do his/her best.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I will not lecture my child about mistakes after the game.
- I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
- I will promote the emotional and physical well- being of the athletes ahead of any personal desire I may have for my child to win.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I shall remember that Board Members, Coaches and Managers are VOLUNTEERS and are doing so for the benefit of my child.
- I shall remember that all Board Members, Coaches and Managers must also earn a living and cannot work on Little League all of the time.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- I shall offer my services to help whenever possible.
- I won’t forget that my child only has the chance to be young once, there are no Scouts here today and **BASEBALL IS JUST A GAME!**

I have read or have been read the Freeport Little League Safety Code and promise to adhere to its rules and regulations.

Child’s Name

Team Name and Division

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Your Character Counts

A person that is considered to have good character exhibits attributes such as integrity, honesty, courage, loyalty, fortitude, and other important virtues that promote good behavior and habits. Moreover, character marks who we are as a person, and it also highly influences the choices that we make in our lives. *Show your Players your Character on and off the Field.*

The Six Pillars of Character

The Six Pillars of Character are ethical values to guide our choices. The standards of conduct that arise out of those values constitute the ground rules of ethics. In short, the Six Pillars can dramatically improve the ethical quality of our decisions, and thus our character and lives.

1. TRUSTWORTHINESS

When others trust us, they give us greater leeway because they feel we don't need monitoring to assure that we'll meet our obligations. They believe in us and hold us in higher esteem. That's satisfying. At the same time, we must constantly live up to the expectations of others and refrain from even small lies or self-serving behavior that can quickly destroy our relationships.

Simply refraining from deception is not enough. Trustworthiness is the most complicated of the six core ethical values and concerns a variety of qualities like honesty, integrity, reliability and loyalty.

- Honesty

There is no more fundamental ethical value than honesty. We associate honesty with people of honor, and we admire and rely on those who are honest. But honesty is a broader concept than many may realize. It involves both communications and conduct.

Honesty in communications is expressing the truth as best we know it and not conveying it in a way likely to mislead or deceive. There are three dimensions:

- Truthfulness. Truthfulness is presenting the facts to the best of our knowledge. Intent is the crucial distinction between truthfulness and truth itself. Being wrong is not the same thing as lying, although honest mistakes can still damage trust insofar as they may show sloppy judgment.
- Sincerity. Sincerity is genuineness, being without trickery or duplicity. It precludes all acts, including half-truths, out-of-context statements, and even silence, that are intended to create beliefs or leave impressions that are untrue or misleading.
- Candor. In relationships involving legitimate expectations of trust, honesty may also require candor, forthrightness and frankness, imposing the obligation to volunteer information that another person needs to know.

Honesty in conduct is playing by the rules, without stealing, cheating, fraud, subterfuge and other trickery. Cheating is a particularly foul form of dishonesty because one not only seeks to deceive but to take advantage of those who are not cheating. It's a two-fer: a violation of both trust and fairness

Not all lies are unethical, even though all lies are dishonest. Huh? That's right, honesty is not an inviolate principle. Occasionally, dishonesty is ethically justifiable, as when the police lie in undercover operations or when one lies to criminals or terrorists to save lives. But don't kid yourself: occasions for ethically sanctioned lying are rare and require serving a very high purpose indeed, such as saving a life " not hitting a management-pleasing sales target or winning a game or avoiding a confrontation.

- Integrity

The word integrity comes from the same Latin root as "integer," or whole number. Like a whole number, a person of integrity is undivided and complete. This means that the ethical person acts according to her beliefs, not according to expediency. She is also consistent. There is no difference in the way she makes decisions from situation to situation, her principles don't vary at work or at home, in public or alone.

Because she must know who she is and what she values, the person of integrity takes time for self-reflection, so that the events, crises and seeming necessities of the day do not determine the course of her moral life. She stays in control. She may be courteous, even charming, but she is never duplicitous. She never demeans herself with obsequious behavior toward those she thinks might do her some good. She is trusted because you know who she is: what you see is what you get. People without integrity are called "hypocrites" or "two-faced."

- Reliability (Promise-Keeping)

When we make promises or other commitments that create a legitimate basis for another person to rely upon us, we undertake special moral duties. We accept the responsibility of making all reasonable efforts to fulfill our commitments. Because promise-keeping is such an important aspect of trustworthiness, it is important to:

- Avoid bad-faith excuses. Interpret your promises fairly and honestly. Don't try to rationalize noncompliance.
- Avoid unwise commitments. Before making a promise consider carefully whether you are willing and likely to keep it. Think about unknown or future events that could make it difficult, undesirable or impossible. Sometimes, all we can promise is to do our best.
- Avoid unclear commitments. Be sure that, when you make a promise, the other person understands what you are committing to do.

- Loyalty

Some relationships such as husband-wife, employer-employee, citizen-country can create an expectation of allegiance, fidelity and devotion.

Loyalty is a responsibility to promote the interests of certain people, organizations or affiliations. This duty goes beyond the normal obligation we all share to care for others.

- Limitations to loyalty. Loyalty is a tricky thing. Friends, employers, co-workers and others may demand that we rank their interests above ethical considerations. But no one has the right to ask another to sacrifice ethical principles in the name of a special relationship. Indeed, one forfeits a claim of loyalty when he or she asks so high a price for maintaining the relationship.
- Prioritizing loyalties. So many individuals and groups make loyalty claims on us that we must rank our loyalty obligations in some rational fashion. For example, it's perfectly reasonable, and ethical, to look out for the interests of our children, parents and spouses even if we have to subordinate our obligations to other children, neighbors or co-workers in doing so.
- Safeguarding confidential information. Loyalty requires us to keep some information confidential. When keeping a secret breaks the law or threatens others, however, we may have a responsibility to "blow the whistle."
- Avoiding conflicting interests. Employees and public servants have a duty to make all professional decisions on merit, unimpeded by conflicting personal interests. They owe ultimate loyalty to the public.

2. RESPECT

People are not things, and everyone has a right to be treated with dignity. We certainly have no ethical duty to hold all people in high esteem, but we should treat everyone with respect, regardless of who they are and what they have done. We have a responsibility to be the best we can be in all situations, even when dealing with unpleasant people.

The Golden Rule of do unto others as you would have them do unto you nicely illustrates the Pillar of respect. Respect prohibits violence, humiliation, manipulation and exploitation. It reflects notions such as civility, courtesy, decency, dignity, autonomy, tolerance and acceptance.

- Civility, Courtesy and Decency
A respectful person is an attentive listener, although his patience with the boorish need not be endless (respect works both ways). Nevertheless, the respectful person treats others with consideration, and doesn't resort to intimidation, coercion or violence except in extraordinary and limited situations to defend others, teach discipline, maintain order or achieve social justice. Punishment is used in moderation and only to advance important social goals and purposes.
- Dignity and Autonomy
People need to make informed decisions about their own lives. Don't

withhold the information they need to do so. Allow all individuals, including maturing children, to have a say in the decisions that affect them.

- Tolerance and Acceptance
Accept individual differences and beliefs without prejudice. Judge others only on their character, abilities and conduct.

3. RESPONSIBILITY

Life is full of choices. Being responsible means being in charge of our choices and, thus, our lives. It means being accountable for what we do and who we are. It also means recognizing that our actions matter and we are morally on the hook for the consequences. Our capacity to reason and our freedom to choose make us morally autonomous and, therefore, answerable for whether we honor or degrade the ethical principles that give life meaning and purpose.

Ethical people show responsibility by being accountable, pursuing excellence and exercising self-restraint. They exhibit the ability to respond to expectations.

- Accountability. An accountable person is not a victim and doesn't shift blame or claim credit for the work of others. He considers the likely consequences of his behavior and associations. He recognizes the common complicity in the triumph of evil when nothing is done to stop it. He leads by example.
- Pursuit of Excellence. The pursuit of excellence has an ethical dimension when others rely upon our knowledge, ability or willingness to perform tasks safely and effectively.
- Diligence. It is hardly unethical to make mistakes or to be less than "excellent," but there is a moral obligation to do one's best, to be diligent, reliable, careful, prepared and informed.
- Perseverance. Responsible people finish what they start, overcoming rather than surrendering to obstacles. They avoid excuses such as, "That's just the way I am," or "It's not my job," or "It was legal."
- Continuous Improvement. Responsible people always look for ways to do their work better.
- Self-Restraint. Responsible people exercise self-control, restraining passions and appetites (such as lust, hatred, gluttony, greed and fear) for the sake of longer-term vision and better judgment. They delay gratification if necessary and never feel it's necessary to "win at any cost." They realize they are as they choose to be, every day.

4. FAIRNESS

What is fairness? Most would agree it involves issues of equality, impartiality, proportionality, openness and due process. Most would agree that it is unfair to handle similar matters inconsistently. Most would agree that it is unfair to impose punishment that is not commensurate with the offense. The basic concept seems simple, even intuitive, yet applying it in daily life can be surprisingly difficult.

Fairness is another tricky concept, probably more subject to legitimate debate and interpretation than any other ethical value. Disagreeing parties tend to maintain that there is only one fair position (their own, naturally). But essentially fairness implies adherence to a balanced standard of justice without relevance to one's own feelings or inclinations.

- Process. Process is crucial in settling disputes, both to reach the fairest results and to minimize complaints. A fair person scrupulously employs open and impartial processes for gathering and evaluating information necessary to make decisions. Fair people do not wait for the truth to come to them; they seek out relevant information and conflicting perspectives before making important judgments.
- Impartiality. Decisions should be made without favoritism or prejudice.
- Equity. An individual, company or society should correct mistakes, promptly and voluntarily. It is improper to take advantage of the weakness or ignorance of others.

5. CARING

If you existed alone in the universe, there would be no need for ethics and your heart could be a cold, hard stone. Caring is the heart of ethics, and ethical decision-making. It is scarcely possible to be truly ethical and yet unconcerned with the welfare of others. That is because ethics is ultimately about good relations with other people.

It is easier to love "humanity" than to love people. People who consider themselves ethical and yet lack a caring attitude toward individuals tend to treat others as instruments of their will. They rarely feel an obligation to be honest, loyal, fair or respectful except insofar as it is prudent for them to do so, a disposition which itself hints at duplicity and a lack of integrity. A person who really cares feels an emotional response to both the pain and pleasure of others.

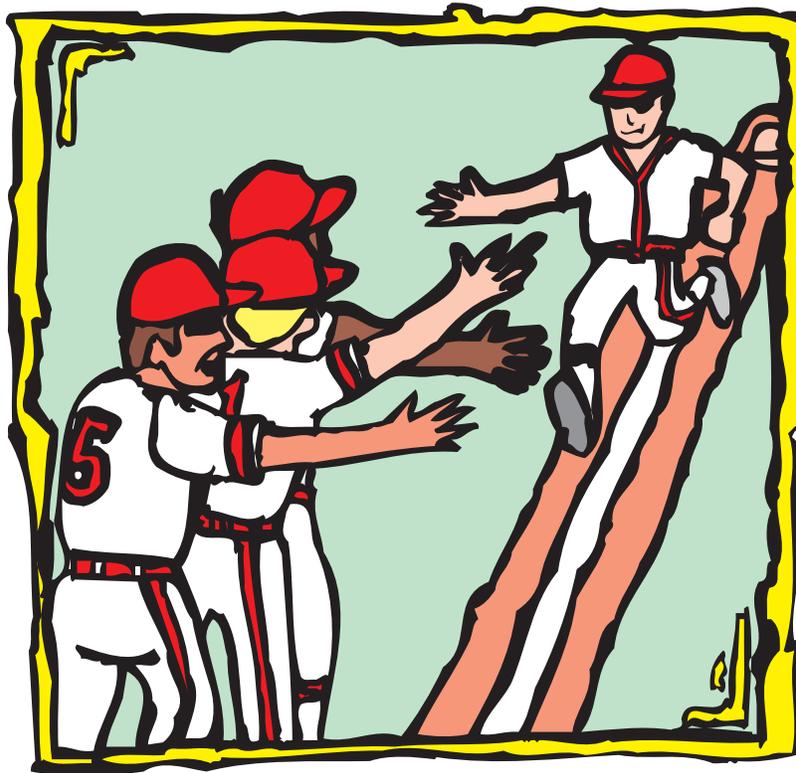
Of course, sometimes we must hurt those we truly care for, and some decisions, while quite ethical, do cause pain. But one should consciously cause no more harm than is reasonably necessary to perform one's duties.

The highest form of caring is the honest expression of benevolence, or altruism. This is not to be confused with strategic charity. Gifts to charities to advance personal interests are a fraud. That is, they aren't gifts at all. They're investments or tax write-offs.

6. GOOD CITIZENSHIP

Citizenship includes civic virtues and duties that prescribe how we ought to behave as part of a community. The good citizen knows the laws and obeys them, yes, but that's not all. She volunteers and stays informed on the issues of the day, the better to execute her duties and privileges as a member of a self-governing democratic society. She does more than her "fair" share to make society work, now and for future generations. Such a commitment to the public sphere can have many expressions, such as conserving resources, recycling, using public transportation and cleaning up litter. The good citizen gives more than she takes.

Keep It Clean!



REMEMBER:

Use good sportsmanship on the field, even to your language.

Regulation XIV – Field Decorum

- a) “The actions of players, managers, coaches, umpires and league officials must be above reproach . . .”
- b) “The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts.”

Volunteer Applications

As of August 1, 2014, very few state statutes mandate background checks for non-school associated activities involving youth sports and athletics. However, certain municipal ordinances and administrative regulations require background checks. Local leagues shall be required to determine the applicability of, and comply with, all state, local and municipal laws, administrative rules and regulations and municipal ordinances regarding background checks including, but not limited to, sex offender registry checks, criminal history records or reports, fingerprinting, certifications or other requirements associated with volunteers, coaches, participants and/or employees. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league's charter by action of the Charter or Tournament committee in Williamsport, Pa.

Local leagues must be aware of the impact and legal ramifications of these crimes when conducting the required annual Little League background checks. Using the statutes in the state of Florida as an example, crimes related to burglary (Section 810.02); theft, robbery or related crimes, if the offense is a felony (Chapter 812); and felonious fraudulent sale of a controlled substance (Section 817.563) will exclude a person from participating in a volunteer organization such as Little League®.

Every person serving in a volunteer leadership position in Freeport Little League shall complete and submit the 2018 Volunteer or Returning Volunteer Application form provided by Little League Headquarters along with a copy of their driver's license, non-driver's ID, passport or any other government issued photo ID. It is MANDATORY that each potential volunteer submit their Social Security Number. Based on the Volunteer Application, Freeport Little League will conduct a nationwide background search including available sex offender registries. Leagues have been instructed that they may avail themselves of the resources on Little League's website and additional through each league's local law enforcement agencies.

Anyone refusing to fill out the Volunteer Application or Returning Volunteer application and provide their Social Security number and a copy of their government issued photo ID is INELIGIBLE to be a league volunteer or Board member in any capacity. A copy of these forms is annexed hereto.

Who must submit to a background check?

- Coaches
- Practice
- Coaches
- Managers
- Team Safety Officer
- Board Members
- Umpires
- Team Parent

Crimes That Exclude a Volunteer from Participating with Little League:

- Aggravated child abuse
- Child abuse/child abuse 2nd degree
- Felony child abuse-serious injury
- First degree child molestation
- Risk of injury to child
- Sexual activity with a child
- Sexual conduct with minor
- Showing obscene material to a minor

Some Criminal Offenses Found in Little League Searches

Aggravated traffic	fighting	registration &
alcohol	fish & game	inspection
animal - cruelty	forgery	resist/obstruct/evade
animal - ordinance	fraud	robbery
assault & battery	impersonating officer	seatbelt & safety related
bad check	injury	sex - miscellaneous
boat & rec. violations	insurance related	sex - violence
burglary	intoxication	stalk/harass/threats
civil rights violations	juvenile/minor	tax related
conspiracy/accessory	participation	terrorism/terroristic
disorderly conduct	leaving the scene	threats
disturbing peace	loiter & prowl	theft
domestic violence	marijuana - distribution	tobacco
driving revoked license	marijuana - possession	trespass
driving without license	moving violation - other	vandalism & property
drugs - distribution	moving violation - speed	damage
drugs - possession	nonsupport child	vehicular related
dui - alcohol &	nonsupport spouse	warrant &
unspecified	perjury & contempt	probation/appearance
dui - drug related	public nuisance	weapons - criminal
endangerment & neglect	receiving/possession	weapons - nonviolent
false statements/report	reckless driving	weapons - use

Individuals with Drug, Assault, Robbery, Murder, Theft, Driving Violations do not appear on a sex offender registry check. It is important to know about these crimes before they are possibly assigned to work with children.

Little League International recommends that leagues consider offenses like these before allowing a volunteer to participate in their program.

A check conducted through local or state law enforcement does not meet the Little League minimum requirement as it checks only local and state records and is not a National Check.

You may have to defend what background check tool you used and who has been checked. Be comfortable with your screening choices.



Little League® Volunteer Application - 2019

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

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

Name _____ Date _____

Address _____ First _____ Middle Name or Initial _____ Last _____

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? Yes No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

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

Driver's License#: _____ State ... _____

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

If yes, describe each in full: _____

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

If yes, describe each in full: _____

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

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

If yes, describe each in full: _____

(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? Yes No

If yes, explain: _____

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

- League Official
- Umpire
- Field Maintenance
- Manager
- Concession Stand
- Coach
- 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/Background

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 16(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 - 2019

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.

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 convicted of or plead no contest or guilty to any crime(s) involving or against a minor?
 If yes, describe each in full: _____ Yes No
2. Have you ever been convicted of or plead no contest or guilty to any crime(s) _____ Yes No
 If yes, describe each in full: _____
(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)? 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? Yes No
 If yes, explain: _____
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 (e)(9) Mandates all districts 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.

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/Background

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.

Little League Child Protection Program

History

- Program has been in place since 1997
- In 2001, Little League provided information on background checks as well as links to searchable sex offender databases. Compliance was voluntary.
- Goal of educating children and volunteers in ways to prevent child abusers from becoming involved in the program
- In the 2002 ASAP program, volunteer applications became mandatory
- In 2003, background checks using state SOR became mandatory by Little League Regulations
- In 2007, background checks using national SOR became mandatory by Little League Regulations.
- In 2017 Little League International requires its member leagues to search the Department of Justice National Sex Offender Registry and conduct a national criminal background check for each volunteer with regular service to the league or repetitive access to children.

Background check information

- Little League pays for the first 125 background checks (reset yearly in Nov.) through First Advantage Criminal Check.
- The First Advantage National Criminal File database that contains hundreds of millions of records, including criminal and sex offender registry records covering 50 states and the District of Columbia, meets the current regulation requirement. Leagues are encouraged to use the First Advantage website, but may also use alternate resources. However, the alternate resources must equal or exceed the services provided by First Advantage.

The Next Phase

- The local league must conduct a nationwide search that contains the applicable government sex offense registry data and criminal background of all coaches, managers, board members and any other persons, volunteers or hired workers, that provide a regular service and/or has repetitive access to, or contact with players and teams.
- Each year Little League International provides 125 free background checks (reset yearly in Nov.). Information on how to utilize this benefit, as well as how to conduct background checks, can be found on the Little League Website at: <http://www.littleleague.org/learn/programs/childprotection.htm>
- A province or country outside the United States the local little league must conduct the more extensive of a county, province or city-wide criminal background check through the appropriate governmental agency unless prohibited by law
- For more information please visit, www.LittleLeague.org or your respective Regional Website

Regulation 1(b)

- As a condition of service to the league, all managers, coaches, Board of Directors members and any other persons, volunteers or hired workers, who

provide regular service to the league and/or have repetitive access to, or contact with players or teams, must complete and submit an official “Little League Volunteer Application” to the local league president.

- Annual background screenings must be completed prior to the applicant assuming his/her duties for the current season. Refusal to annually submit a fully completed “Little League Volunteer Application” must result in the immediate dismissal of the individual from the local league.

Regulation 1(c)8 1 (c) Each league shall:

- 8. Require that all of the following personnel have annually submitted a fully completed official “Little League Volunteer Application” to the local league president, prior to the applicant assuming his/her duties for the current season: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.
- The “Little League Volunteer Application” must be maintained by the president of the local league’s board of directors for all personnel named above, for a minimum of the duration of the applicant’s service to the league for the year. We recommend that the league keep the application for 2 years after they leave service. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league’s charter by the action of the Charter or Tournament Committee in Williamsport.

Regulation 1 (c) 9 1(c) Each league shall:

- Conduct an annual background check on all personnel that are required to complete a “Little League Volunteer Application” prior to the applicant assuming his/her duties for the current season. No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor. A local league may prohibit any individual from participating as a volunteer or hired worker, if the league deems the individual unfit to work with minors.
- If a local league becomes aware of information by any means whatsoever, that an individual, including, but not limited to volunteers, players, and hired workers, has been convicted or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or a guilty plea, to a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Their Protection.... And Yours

- These requirements are being implemented by Little League and your local league to:
- Protect our children and maintain Little League as a hostile environment for those who would seek to do them harm.
- Protect individuals and leagues from possible loss of personal or league assets because of litigation
- Take advantage of current technology and laws that have made background check information accessible to your league.

Guide to the Little League Child Protection Program

The backbone of Little League is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local Board of Directors, and serve at the District level. These people, who live in every U.S. state and more than 80 other countries, make Little League the world's largest and most respected youth sports organization.

We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

The Little League Child Protection Program seeks to educate children and volunteers in ways to prevent child abusers from becoming involved in the local league. Part of that education has been to assist local Little League volunteers in finding effective and inexpensive ways to conduct background checks. Little League regulations now say: "No local league shall permit any person to participate in any manner, whose background check reveals a conviction, guilty plea, no contest plea, or admission to any crime involving or against a minor. All local leagues must take into consideration criminal records when making the determination whether the individual is un-fit to participate in any manner in the league." (Reg. I [c] 9.)

Effective in 2017, the local league within the United States must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records.

Each year, Little League International provides each local league within the United States 125 free criminal background checks administered through First Advantage. First Advantage can be accessed at the following site: LittleLeague.org/Background. Further information on how to utilize First Advantage, as well as how to conduct background checks, can be found on the Little League Child Protection Page at LittleLeague.org. Local Leagues outside of the United States must conduct a comprehensive criminal background check, including checks in the relevant country, as well as that country's provinces/states and municipalities unless otherwise prohibited by laws of the country of which the local league is located.

Local Little League programs are required to annually conduct a background check of Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league

and/or have repetitive access to, or contact with, players or teams. (Reg. I [b], Reg. I [c] 9.)

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

What Can Parents Do?

Most children have been warned about the dangers of talking to strangers. But for many children, sexual molestation is committed by someone they know. In fact, 80 to 85 percent of all sexual abuse cases in the U.S. are committed by an individual familiar to the victim, according to statistics compiled by Big Brothers & Big Sisters of America.

The truth is, child sex offenders can come from every background, every occupation, every race, and every level of education. They may be married, and they may have children of their own. It is dangerous to believe that the only threat is the stranger in a long raincoat, lurking behind a tree.

In fact, the promotion of this myth may contribute to the problem. Sometimes, a child who is molested by a known and “trusted” person will feel so guilty about not reacting the “right” way that he or she never reports the problem.

Sadly, we have all seen too many reports in which teachers, police officers, clergy, youth sports volunteers, etc., trusted by all, have violated that trust and molested children in their care. Of course, this must never be tolerated in Little League or anywhere else.

In many of these situations, the young victims are actually seduced, sometimes over a period of months or even years. The child’s family is lulled into believing the unusual attention being lavished is a bond of friendship between the adult and the child. In fact, the adult abuser often uses gifts, trips, attention and affection as part of a courtship process. Sometimes, the courtship process extends to the child’s parent(s), but the real target is the child.

Often, but not always, the victim of this type of child sex offender is the child of a single parent. In these cases, the single parent sees the child’s adult friend as a surrogate parent – a Godsend. The very opposite is true.

Best Practices for Local Little Leagues and Parents

Generally, a person involved in a local Little League program should not put himself or herself in a one-on-one situation involving a child who is not their own. Of course, some isolated situations may arise where one-on-one situations could take place. However, a one-on-one situation should not be actively sought out by the adult, and should not be an ongoing occurrence.

Generally, a person involved in a local Little League program should not provide unwarranted gifts, trips, attention, and affection to individual children who are not their own. The key word is unwarranted.

Warning Signs of a Seducer

While it remains important to teach young children about the dangers of accepting items from strangers, or talking to them, we should all beware of the danger posed by the “seducer-type” child sex offender.

Each of the individual signs below means very little. Taken as a group, however, the signs MAY point to this type of child sex offender, and should be applied to anyone who has repetitive access to, or contact with, children.

- Provides unwarranted gifts, trips, affection, and attention to a specific child or small group of children
- Seeks access to children
- Gets along with children better than adults
- “Hangs around” children more than adults
- Has items at home or in vehicle specifically appealing to children of the ages they intend to molest, such as posters, music, videos, toys, and even alcohol or drugs
- Displays excessive interest in children (may include inviting children on camping trips or sleepovers)
- Single, over 25 years old (but could be married, sometimes as a “cover,” and could be any age)
- Photographs or video records children specifically
- Lives alone, or with parents
- Refers to children as objects (“angel,” “pure,” “innocent,” etc.)
- Manipulates children easily

What to Watch for in Your Child

We’ve seen the signs that could point to a child sex offender, but what about the signs a child might display when he or she has been sexually abused or exploited?

Some of these symptoms may be present in a child who has been, or is, being sexually abused, when such symptoms are not otherwise explainable: sudden mood swings, excessive crying, withdrawal, nightmares, bed-wetting, rebellious behavior, fear of particular people or places, infantile behavior, aggressive behavior, and physical signs such as pain, itch, bleeding, fluid, or rawness in private areas.

Getting More Information

These items are meant solely as a general guide, and should not be used as the only means for rooting out child sex offenders. Parents can access more information on child abuse through the National Center for Missing and

Exploited Children (a non-profit organization founded by John Walsh); and the U.S. Department of Health and Human Services Child Welfare Information Gateway.

How to Report Suspected Child Maltreatment

The National Center for Missing and Exploited Children offers a cybertipline to submit reports, or asks that you call: 1-800-The-Lost (1-800-843- 5678).

The Child Welfare Gateway advises that if you suspect a child is being maltreated, or if you are a child who is being maltreated, call: 1-800-422-4453.

This hotline is available 24 hours a day, seven days a week. The Hotline can tell you where to file your report and can help you make the report.

Talk to Your Kids; Listen to Your Kids

It is important that you as a parent talk frankly to your children. If a child reports sexual abuse, statistics show he or she is probably telling the truth.

Unfortunately, the sexually molested child often sees himself or herself as the one “at fault” for allowing abuse to happen.

Your children **MUST** know that they can come to you with this information, and that you will support them, love them, and believe them.

If there is an allegation of sexual abuse of a minor, the crime should be reported immediately.

Child Protection Program Q&A

What do we, as a league, have to do to comply so that we can be chartered for the next season?

Since 2003, the local league has been required to have all board members, managers, coaches, and other volunteers or hired workers who provide regular service to the league and/or who have repetitive access to or contact with players or teams to find out the Little League Official Volunteer Application. Additionally, the league has been and is required/ to conduct a background check on each of these individuals.

NEW FOR 2017- A local Little League must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records. Little League Baseball and Softball will require each league to sign an agreement on the charter application that they will comply with Regulation I (b) and I(c) 8 & 9. The leagues are also required to sign a statement on the tournament enrollment form verifying that the process under the regulation has been completed and implemented. Failure to sign the agreement on the charter application will result in the league not being chartered and failure to fulfill the requirement of the regulations will result in the league's status being referred to the Charter/Tournament committee for action to revoke the league's charter and all privileges.

What type of background check is required by the new regulations?

NEW FOR 2017- A local Little League must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records. This criminal records check may provide additional, important information regarding the criminal records of individuals whose crimes do not require that they be listed on a sex offender registry. The background check provider for United States leagues is First Advantage, which can be accessed by going to LittleLeague.org/Background. More information on the Little League Child Protection Program can be obtained by going to LittleLeague.org/childprotection. The first 125 checks through First Advantage are paid for by Little League International and are free to each chartered Little League. If additional checks are necessary, they will cost the league only \$1 per background check conducted.

What type of offenses are we screening for when we conduct a background check?

Local leagues are conducting a nationwide background check that includes sex offender registry data and other criminal records for anyone who has committed any type of offense involving minors. An individual who has been convicted of or plead guilty to charges involving or against a minor, no matter when the offense occurred, must not be permitted to work or volunteer.

Why is Little League changing the background check minimum requirement?

A background check that includes millions of criminal records in addition to national sex offender registry data will provide those individuals making personnel decisions that much more information in determining whether an applicant is acceptable and fit to volunteer, work or participate in any manner within their local league program.

Why First Advantage?

Little League has partnered with First Advantage for many years to provide local Little League programs a criminal background check tool. Through this partnership, each league and District is given 125 free background checks (paid for by Little League International) and any additional checks will only cost \$1 per check. The First Advantage National Criminal File database contains more than 350 million records which include criminal records and sex offender registry records across 50 states and the District of Columbia. This program continues to be a great resource and value to local leagues.

Our League is required by the property owner (city, town, municipality, county, etc.) where we play our games and practices to conduct background checks approved by them on all of our volunteers and/or hired workers before we can use their fields. Are these checks acceptable and do they meet Little League's minimum requirements of Regulation I (c) 8 and 9?

No. Most checks required by these entities are local or state only checks which do not meet the Little League requirements. Also, the local league is responsible for conducting and reviewing the background check data and making their own personnel decisions per the regulations. Although the property owner has the right to determine who uses their facility, any decision they make as a property owner may or may not meet the Little League Regulations.

NEW FOR 2017-A local Little League must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records. Background checks must be completed on all Board Members, managers, coaches and other volunteers or hired workers who provide regular service to the league and/or who have repetitive access to players or teams.

Who in the local league should be responsible to process the background check information?

Little League Baseball and Softball recommends the board of directors appoint the local league president and two other individuals to handle the background checks. These individuals may be from the board or individuals outside the board. For instance, the board of directors may appoint individuals who have significant professional background in this area, such as law enforcement official or individuals with a legal background.

What if an individual has previously had a background check?

Each league must conduct its own background check on the appropriate individuals annually.

What will result in termination of a volunteer under these regulations?

Any background check that reveals a conviction or guilty plea for any crime involving or against a minor must result in immediate termination from the league. Additionally, volunteers who refuse to submit a fully completed Little League Volunteer Application, including their Social Security Number and a government issued photo ID, must be immediately terminated or eliminated from consideration for any position. This includes individuals with many years of service to your league unless the league has used the First Advantage Background Screening tool (available on the Little League website) in previous seasons. Those returning individuals can use the current Little League “Returning” Volunteer Application which does not require the Social Security Number or Date of Birth as those items are already included and redacted in the First Advantage program for returning volunteers.

What if offenses involving or against minors are pending prior to or after appointment to a position in the local league?

We suggest the individual not be appointed or should be suspended from his/her current position pending the outcome of the charges.

What if there are convictions or other offenses NOT involving or against minors?

Even though convictions or other offenses may not be against a minor, the local league board of directors still may deem these individuals as inappropriate and/or unfit and may prohibit him/her from working as a hired worker or volunteer within the league.

Who is to be made aware of the information found on the background check?

The local league president shall only share personal information contained in the volunteer application, background check or other information obtained through the screening process with other members of the board of directors in order to make personnel decisions. If the information obtained through the background check is public record and causes an individual to not be appointed or to be terminated, Little League Baseball and Softball recommends this information be shared with the parents/guardians of the children who have had contact with the individual previously.

Where should these records be maintained and for how long?

The local league president shall retain each volunteer application, background check information, and any other documents obtained on file and maintain the record of a volunteer for at least 2 years after the volunteer is no longer in the league. When it comes time to dispose of these records, they should be destroyed as they contain sensitive information. All actions concerning these records must

comply with any applicable laws. Leagues should also maintain records in the case that the league has taken action or made a decision based upon the information contained in the records. The records should be maintained in a locked and secure area, such as the league president's home and not a club house or similar facility.

What is the timetable for completing the screening of each individual?

The league must complete the annual screening process prior to the individual assuming his/her duties for the current season. This would include the individual submitting a completed volunteer application and the league completing an appropriate background check. The applicant must also submit a government issued photo ID, usually a driver's license, in order for the league to verify that the information on his/her volunteer application is correct, i.e., spelling of name, address, date of birth, etc.

What resources are available through Little League Baseball and Softball to assist this process?

The current Little League Official Volunteer Application is available at LittleLeague.org/Vol/App.

NEW FOR 2017- A local Little League must conduct a nationwide background check utilizing First Advantage or another provider that is comparable to First Advantage in accessing background check records for sex offender registry data and other criminal records. The first 125 checks conducted through First Advantage are paid for by Little League International and are free to each chartered Little League. If additional checks are needed, they will cost the league only \$1 per background check conducted. First Advantage can be accessed by going to LittleLeague.org/Background.

What will it cost my league to implement this initiative?

The first 125 checks conducted through First Advantage are paid for by Little League International and are free to each chartered Little League. If additional checks are needed, they will cost the league only \$1 per check.

When should local leagues begin to conduct background checks on volunteers and hired workers?

In accordance with Little League Regulation I (c) 8 & 9, local leagues must conduct background checks on all volunteers and hired workers prior to the applicant assuming his or her duties for the season. Background checks must be completed on all individuals who are required to complete the "Little League Official Volunteer Application" and who provide a regular service to the league and/or have repetitive access to, or contact with, players and teams. This includes, but is not limited to, managers, coaches, Board of Director members, and other persons or hired workers.

Does this initiative also apply to those individuals that assist the manager and coaches at practices or games?

Yes. Any individual who provides regular service to the league and/or has repetitive access to or contact with players or teams must fill out the Volunteer Application with a Social Security Number, provide a copy of a government issued photo ID, and go through the background check process.

Who is going to coach the team if a screened manager or coach is no longer able to fulfill his/her duties?

Any permanent replacement cannot assume their duties until the volunteer application and background check has been completed. The league may temporarily assign a board member or another screened individual to fill the vacancy until the proper process and appointment has been made.

Should our league wait until the entire screening process has been completed to submit our Charter Application and Insurance Enrollment Form?

No. The appropriate league officers must sign the statement on the form agreeing to adhere to the new regulations requiring the use of the new volunteer application and background screening process as outlined in Regulations I (b) and I (c) 8 &

Once this section is completed the balance of the charter application can be completed and submitted to Little League Baseball and Softball.

As the league president or an official of the local league, how do I explain the need for this initiative? These requirements were implemented in 2002 by Little League and your local league to: Protect our children and maintain Little League as a hostile environment for those who would seek to do them harm. Protect individuals and leagues from possible loss of personal or league assets because of litigation.

Take advantage of current technology and laws that have made background check information accessible to your local league.

TIPS for PROTECTING CHILD ATHLETES from Sexual Abuse

Every child athlete deserves a safe and fun sports experience.
Use these tips to help your child have one.

Make a game plan

Ask these questions to find out if preventing child sexual abuse is a priority for your child's youth-sports program.

- Are background checks performed on **all** staff with access to youth?
- Does staff receive training on recognizing and reporting child sexual abuse? How often?
- Is there a staff code of conduct/ethics? Does it address inappropriate behaviors?
- What is your organization's reporting procedure?

Know the plays

Every youth-sports program should have policies addressing:

Bullying and hazing - There should be a zero-tolerance policy.

Coach-athlete communications - Staff should not communicate with youth about non-sports related matters. Parents should be included in all communications, including those via text message, telephone or social media.

Locker and restrooms - These areas should be supervised by two staff of the same sex as the children using them. Staff should respect children's privacy while supervising them. Parents should have access to the facilities in order to assist young children and those with disabilities.

Supervision - Children should be supervised by at least two staff while at all team activities.

Travel - Staff should not stay in the same hotel rooms as youth.

Get off the bench

Child sex abusers often target youth whose parents appear uninvolved. Help protect your child by being an active participant in his or her athletic experience.

Go to practices and games. You'll be able to get to know the staff and monitor their treatment of children.

Talk to your child about being on the team. If he or she does not like it, find out why. It may indicate a more serious problem or concern.

Help children set boundaries. Teach them they have the right to be treated with respect, even by adults.

Empower youth to say "no." Let them know it's OK to stand up to anyone who makes them feel confused or uncomfortable. Use role-playing scenarios to practice this skill.

Speak up. Address red flag behaviors by speaking with the team's coach. If the issue remains unresolved, discuss your concerns with the organization's administration.

Report. Contact local law enforcement with suspicions of child sexual abuse **immediately**. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678) for additional assistance.

Be a team player. Not all children have someone looking out for them. Bring up red flag behaviors even if your child is not the one being affected.

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 one-on-one time with children such as in private practice sessions.

 Touching children in ways not related to training for the sport.

 Telling youth sexual or inappropriate jokes and stories.

 Commenting on children's appearances when not related to the sport.

For more resources visit www.SafeToCompete.org

SAFE TO COMPETE:

Protecting Child Athletes From Sexual Abuse

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 tell a trusted adult and they'll help make things right! But not everyone is a trusted adult. If an 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. We'll make sure this doesn't happen again."

Take Action

Contact local law enforcement immediately. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.

SAFE TO COMPETE:

Protecting child Athletes From Sexual Abuse

DISCUSSION GUIDE: AGES 11-17

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

What to Talk About

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."

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."

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 tweens 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. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.



Coaches/Managers Fundamentals Training

Freeport Little League ensures proper skill development of participants by providing an innovative Coaching program. This is accomplished by ensuring all volunteer Little League coaches receive instruction from qualified baseball instructors sourced from local baseball training facilities and area high schools.

Coaches and Managers will receive instruction on effectively teaching the fundamental skills involved in playing baseball and in organizing and conducting safe practices and drills.

The League will sponsor 5 clinics. It is MANDATORY that all coaches, assistant coaches and managers attend a minimum of 4 out of the 5 clinics. It is strongly recommended that all first-time coaches, assistant coaches and Managers attend all 5 clinics.

Failure to attend the League training sessions will result in a letter to the Board of Directors of the league of the volunteer failing to attend training and the League will recommend the replacement of that coach or manager.

This program's objectives are to ensure high quality instruction by delivering consistent methods of teaching critical skills as well as ensuring a fun, rewarding experience for youth players.

Clinic Schedule

Date	Place	Time
2/4/19	Bayview Avenue School Gymnasium, 325 West Merrick Road, Freeport, NY 11520	7:30 PM to 9 PM
2/7/19	Bayview Avenue School Gymnasium, 325 West Merrick Road, Freeport, NY 11520	7:30 PM to 9 PM
2/11/19	Bayview Avenue School Gymnasium, 325 West Merrick Road, Freeport, NY 11520	7:30 PM to 9 PM
2/14/19	Bayview Avenue School Gymnasium, 325 West Merrick Road, Freeport, NY 11520	7:30 PM to 9 PM
2/21/19	Bayview Avenue School Gymnasium, 325 West Merrick Road, Freeport, NY 11520	7:30 PM to 9 PM

All clinics will end with a question and answer session.



Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

Call the Ball

Defensive players should be trained early to “call the ball” when going for a catch. Don’t have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

Don’t Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

Rule 7.08: “Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (NOTE: A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not).”

Rule 7.09: “It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . .”

2.00 – Definition of Terms

OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (NOTE: Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don’t allow collisions on the base paths from overly-aggressive play.

Fundamentally Sound Ball

Make sure to teach your coaches the fundamentals of good play, for everyone's safety.

One of the cornerstones of any safety plan is the training your league provides to its volunteers. Every year, the potential is present for new volunteers with minimal experience to step into an important role.

Coaching is a prime example, and this training should be a focus of your league each spring.

If you don't have a standard fundamentals training clinic for your coaches, start one now. Whether you plan one for next year or implement yet this spring, a fundamentals clinic is key to your league providing an environment that is as safe as possible for everyone.

Don't Be Lulled by History

Some leagues make the mistake of thinking because they have not had injuries, they are a "safe" league, and don't need training. Any league's injury rate can be low, either through good luck or because coaches already have a good foundation of skills. But without a set fundamentals clinic to ensure coaches, and so their players, are receiving quality and appropriate skills development, that league's good fortune can quickly evaporate.

Create an outline for the safety and fundamentals topics to be discussed, and make sure your trainer, whether an outside trainer – like a high school / college coach or professional trainer – or an experienced league coach, goes over all of them. The league safety representative can discuss issues not addressed by the trainer, as necessary.

Ideas for Safer Practices

If you can, break up your training to specific divisions of play. This allows the more skill-specific training that is

appropriate by division (Tee Ball, Minors, Little League, Juniors, Seniors, Big League).

Then train your coaches to those appropriate skills for the level of play for the children. An otherwise excellent coach can put players at risk by teaching advanced skills to children who cannot yet correctly perform the skills.

The reverse is also true. If a coach does **not** teach the proper skills, such as sliding or proper catching, players are at risk when they are in game situations and can't perform as they need to, both to play the position/skill and protect themselves. As just one example, facial injuries to defensive players can be reduced by proper hand positions. If a player doesn't have their non-glove hand between the glove and their face, a "bad hop" can do serious damage.

Use Just One Ball

Coaches often get caught up in trying to maximize practice or pre-game infield time to the extent safety is the first casualty. Make sure you emphasize the need to keep safety as a priority, even to the drills the coaches run.

Teach players to focus on the ball, and keep drills at one ball. If a coach introduces two or more balls during a drill, players are put in a situation they never face in a game: having to focus on two balls. If the player watches the wrong ball, it is easy to see after the fact how the player was injured, and unnecessarily so. Make sure coaches understand the danger of multiple balls with any player drill.



Are these players far enough apart that a missed ball won't injure a player involved in a different activity? Proper spacing is an important factor in safe warm-ups for both teams and all players. Don't allow players involved in one drill to be placed too close behind or beside another group, where a hit or throw ball could hit someone not watching that drill.

Use Common Sense

Make sure the drills are age specific and appropriate for the players. Have several coaches watch the players during practice for form, but also safety. If not, when the coach is focused on a specific player, other players are then at risk of unintended actions from unsupervised players (swinging bats, thrown balls, horse-play).

With some planning, your league can provide a high-quality training program that will increase the playing ability of and reduce the injury risk to your players, while providing a safer environment for your players, volunteers, and spectators.

Qualified safety plans must require coaches to attend training once every three years, and for every team to have a representative at each annual fundamentals training. This approach will spread the information out to the coaches, and not just team managers, so all activities are being planned and operated with safety in mind. By spending the time to make your fundamentals training worthwhile for all coaches, and you won't have any difficulty in getting your volunteers to attend.

Learn, Teach the D



*Improve dialog
between
coaches,
players and
parents to
catch arm
injuries earlier.*

You can't be part of baseball and not worry about players' throwing arms. Stories of high school pitchers undergoing surgery to repair damage from overuse injuries are now common, and the micro-traumas responsible likely started before they even took the mound in high school.

Dr. James Andrews brought his message of pitcher protection to the Little League Baseball World Series this year, as part of the unveiling of a new national concern for baseball pitchers' arms.

Recognize Signs Early

If coaches are to avoid overuse injuries, they need to know how to recognize the signs of a developing problem. According to the USA Baseball Medical and Safety Advisory Committee report, "Preventing Overuse Injuries in Youth Baseball," overuse injuries are caused by repetitive stresses on the muscles and supporting structures of youngsters that are not given sufficient time to heal after pitching.

In the study "Elbow Injuries in Young Baseball Players," published in *The Physician and Sportsmedicine*, the damage starts innocuously:

- **Arm Fatigue** – first sign of impending injury;
- **Local Soreness** – if an injury is developing this will follow fatigue; and
- **More Severe Pain** – persisting into the next day (or longer) after initial pain.

A more erect delivery, poor arm positioning/low elbow height, poor or no follow-through, and improper foot positioning are some signs a coach can use to recognize fatigue in the pitcher. Coaches cannot count on the player to tell them when the player's arm is fatigued.

Additional studies have shown that when youth pitch with arm fatigue, they have a much higher risk of surgery later in their careers.

Wear, Tear Progresses Over Time

Many times, a pitcher coming to him requiring surgery will have years of accumulated damage, as the micro-

tears from individual, distinct traumas that never healed properly, Dr. Andrews cautioned. "The coaches say, 'I've never seen a youth injured under my watch,'" Dr. Andrews explained of these early, un-rehabilitated injuries. "You didn't see [an injury], but it saw you."

Authors of "Elbow Injuries in Young Baseball Players," James Whiteside MD, Dr. Andrews and Glenn S. Fleisig Ph.D., wrote that a player may initially indicate an arm injury by saying his arm is "stiff," or he has difficulty "getting loose" or the player may not say anything, and the injury may demonstrate as inaccurate throws producing more pain or other symptoms.

The authors warn that according to their research, players usually only seek medical attention when arm pain impairs the player's throwing or hitting ability. Players recounted that local soreness in the arm began after repeated hard throwing but went away after rest, only to flare up again during throwing.

Ask Player if Pitching is 'Off'

"Coaches and parents can help prevent more serious injuries by investigating when players exhibit abnormal mannerisms while fielding, throwing or batting," the report states. And if the player waits for the injury to be determined a clinical diagnosis, meaning a separation is developing between key parts of the elbow, the amount of time needed for the arm to heal is often season ending, if not worse. Catching the injury early is imperative.

The new position statement on pitching suggests pitchers throw no more than 1000 pitches per season and stay within the limits imposed by their league per game. It also recommends against pitching on more than one team with overlapping seasons.

If a pitcher's arm doesn't get time off from competitive throwing, the stresses put on the pitcher's arm – the micro-tears – could combine to the point that a single throw can cause damage requiring surgery to repair.

Dr. Andrews explained that often pitchers talk about a pop or snap sound in their arm as the injury occurs. But that throw was just "the straw that broke the camel's back," and not a single event that caused injury. "I've said for years that we take better care of our professionals than we do our youth players," Dr. Andrews said in issuing the pitching guidelines. "Those injuries [of older pitchers] don't begin at 26 years of age."

Communicate Outside Pitching

"The number one thing that is becoming more apparent and more of a problem is travel ball, where we have no control over what they pitch. They play Little League on Friday night, and then go... play in a travel league on

Dangers of Overuse Injuries

Friday, Saturday, Sunday, and pack as many games in as they possibly can. And we don't know what they do in these travel leagues. So they come back and pitch, following our rules, after four days rest, but they've already been in a travel ball league where you have no control over what they do," he stated. This leads to arm fatigue and injury, even though the player has met Little League's pitch count requirements, he cautioned. So the coach needs to communicate with the players who are in multiple leagues about when they pitch. The player should alert their travel ball team coach on pitching they've done in Little League, prior to an outside tournament as well.

Treatment and Rehabilitation

The study suggests coaches can follow some simple advice to help reduce the inflammation that hastens the onset of the development of the damage to throwers' elbows: ice. Apply ice for 15 minutes per hour for three or four hours after hard throwing to protect the muscles of the arm, either shoulder or elbow or both. If soreness

develops, take it to the next step: RICE – Rest, Ice, Compression, Elevation. (See page 8 for more.) That can mean stopping play for the player to rest the muscles, either for a few days or longer. Go see a sports physician at the first signs of arm injury to determine the correct course of action, whether simple rest and anti-inflammatory actions (ice, medication) or more extensive treatment.

"Some people criticize the pitch counts," Dr. Andrews stated. "Baseball is a developmental sport, and the players need to start early to learn it. Encourage throwing, but not *competitive* throwing. Year-round competitive throwing is the problem."

Dr. Andrews, medical director at the American Sports Medicine Institute in Birmingham, Ala., is the first surgeon to perform ulnar collateral ligament reconstruction, or, as it is better known, Tommy John surgery. In 2008, he was elected as the 23rd member of the Little League International Board of Directors.

Pitchers Need Rest in Season, Time Off Between Seasons

The American Sports Medicine Institute has issued a position statement to help educate coaches, players and parents about the risks of baseball pitching, and the ways to pitch more safely. Dr. James Andrews, medical director for ASMI, issued the following statement at the Little League Baseball World Series in Williamsport, Pa.

Position Statement for Youth Baseball Pitchers, August 2009

With the rise in elbow and shoulder injuries in youth baseball pitchers, the adult community needs to take steps to prevent these injuries. Research points to overuse as the principle risk factor. Poor pitching mechanics also contribute to injury risk. Another suggested risk factor is poor physical fitness.

Throwing curveballs has been suggested as a risk factor, but the existing research does not support this concern. However, a youth pitcher may not have enough physical development, neuromuscular control and proper coaching instruction to throw a curveball with good mechanics. Throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics.

Thus, the recommendations for preventing injuries in youth baseball pitchers are

- Watch and respond to signs of fatigue. If a youth pitcher complains of fatigue or looks fatigued, let him rest from pitching and other throwing.
- No overhead throwing of any kind for at least two to three months per year (four months is preferred). No competitive baseball pitching for at least four months per year.
- Follow limits to pitch counts and days rest.
- Avoid pitching on multiple teams with overlapping seasons.
- Learn good throwing mechanics as soon as possible. The first steps should be learned, in order: 1) basic throwing, 2) fastball pitching, and 3) change-up pitching.
- Avoid using radar guns.
- If a pitcher complains of pain in his elbow or shoulder, get an evaluation from a sports medicine physician.
- Inspire youth pitchers to have fun playing baseball and other sports. Participation and enjoyment of various physical activities will increase the youth's athleticism and interest in sports.



Curveballs, Catchers and Fatigue

Research needs to continue on links between overuse injuries and two hottest topics.

New research suggests that curveballs aren't as dangerous as some in the medical field have suggested, with stresses similar between the curveball and fastball. But let's not be so quick to accept curveballs for youngsters, warns Dr. James Andrews, orthopaedic surgeon and baseball injuries researcher. Add to that

concern that catchers are joining the growing trend of patients seeing orthopaedic surgeons needing to repair their injured arms.

Dr. Andrews stated that while the most recent studies "can't show in the lab that the curveball causes more damage" than the fastball or other pitches, he does not advocate teaching or throwing curveballs until a player's arm is close to fully developed, at age 13 to 15.

Fatigue Still the Key Risk

"We still believe the two major pitches to throw... are the fastball and the change-up," Dr. Andrews said. "My personal opinion is fatigue is ... the highest risk factor in youth baseball related to injuries. If you can prevent fatigue, then you will have done 95% of what you can do to keep these kids healthy."

"So how does the curveball interact with fatigue? If you are playing competitively... they want to win, and the curveball is a major factor" in winning games, Dr. Andrews said. "Fatigue comes from the inability of a young player to throw the curveball properly with good mechanics. That's the whole key."

Dr. Andrews stated he does not call curveballs "safe" for younger players. "However, if you throw the curveball with good mechanics, there are no greater forces on the shoulder or elbow than throwing the fastball, apparently, from what we can measure in the lab."

He also explained that throwing a curveball requires a great deal of control, and "is not an easy pitch to throw, and certainly not everyone can throw it properly."

Teach Proper Curveball Mechanics

And teaching good curveball mechanics is important, no matter what age, he said. "Do we have knowledgeable coaches teaching these kids the curveball?" Dr. Andrews asked. "We've got to be really careful. When you put a kid in a competitive situation, a championship series, and call for 70% curveballs, what's that going to do to the fatigue factor? Remember, it's a highly neurologically controlled pitch: if the mechanics get off because you're fatigued, and throwing 70% curves, then we're in trouble. So be careful throwing curveballs." Dr. Andrews repeated the caution

from the position statement, that "throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics," he said. "In theory, don't throw curves till you can shave."

Catchers at Increasing Risk

When the most talented and athletic players are catchers, a coach's natural desire is to make that player a pitcher, too. But Dr. Andrews warned that catchers, good catchers who are mirroring every throw from the pitcher as well as being asked to throw long, fast, accurate throws to first, second and third bases are at increased risk of arm fatigue and subsequent injury.

"We're seeing a lot of injuries with catchers. I had a catcher come in from Atlanta, and I did surgery on him. I asked him how he got hurt. He's 15 years of age, and he's not supposed to have an injury [at that age]; but believe me, they're out there all over the place in that age group," Dr. Andrews stated.

He said the player was at a showcase and was asked to throw 100 throws in 200 seconds. Throwing a ball from home to second in 2 seconds is a good throw; and the organizers were timing the catchers on the total they could throw down in 200 seconds. "So he would throw as hard as he could throw, and then reach and they'd put a ball in his hand and do it again, to see how he fell off, what kind of stamina he had," Dr. Andrews related. "And about the 50th throw, he tore his ligament.

"Now that particular situation was almost criminal, and unfortunately what might happen down the road is it might become a criminal offense," he added. "So the timing is right to get this under control, before the federal courts and the state courts and the lawyers get it under control."

Safety Training for Coaches and Managers

Safety Training Meeting

All volunteers, including the Board of Managers, coaches, assistant coaches, managers and Team Safety officers are required to attend the annual Freeport Little League Safety Training meeting. Parents are welcome to attend. This year, the meeting will be held at the April General Meeting on April 25, 2019 at the Freeport Recreation Center at 7:30 PM wherein the Safety Officer will give a presentation explaining the 2019 Safety Plan.

Meeting Agenda

- Turn in any outstanding volunteer forms
- Hand out Safety Manual
- Presentation on the Safety Manual
- Go over Incident reporting forms
- Go over Claim forms
- Pre-game checklist
- Code of Conduct - to be signed and turned in before first game
- Safety Code
- Safety rules
- First Aid Classes and AED training sign up
- First Aid Kits discussion
- Coaches and parents to sign up for ASAP News newsletters at littleleague.org.

Additional Discussions

Proper Warmups

- Coaches, Managers and players should all arrive at least 15 minutes early to games. It is extremely important that all players warm up properly to help avoid injuries.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i .e., playing catch, pepper, swinging bats etc.)
- Managers and coaches will be issued citations, when violations are noted.

Weather Safety

No games or practices should be held under severe weather conditions (especially lightning) or when field conditions are unsafe, including inadequate lighting. It is important for coaches and officials to be diligent with regard to playing conditions. Always err on the side of caution.

Suggestions for Warm-up Drills



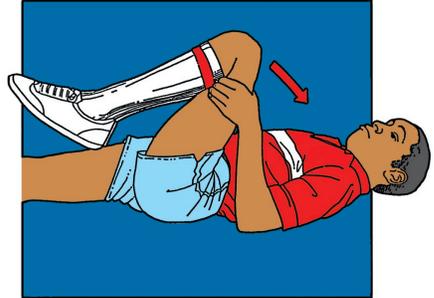
Heel Cord Stretches

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



Head and Neck Circles

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



Low Back Stretches

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



Shoulder Stretches #1

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



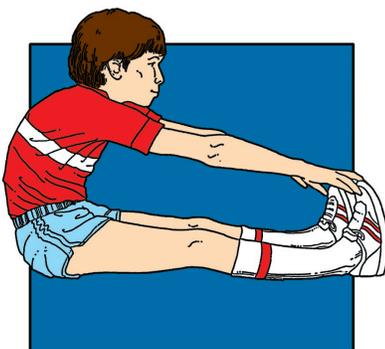
Shoulder Stretches #2

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



Shoulder Stretches #3

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

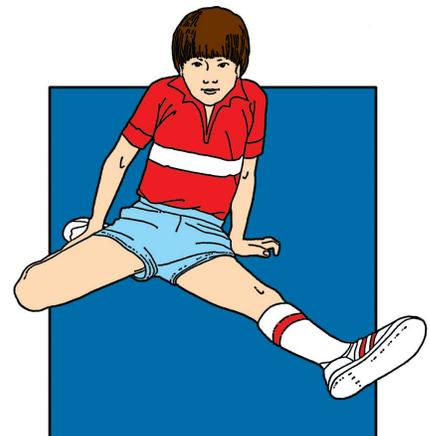


Thigh Stretches #1

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

Thigh Stretches #2

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



- Extreme Heat:
 - Provide lots of water to everyone in the game. It is imperative to keep everyone hydrated.
 - Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning.
 - It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.
 - Watch for signs of heat exhaustion and heat stroke.

- Rainy & Cold Weather:
 - Ensure proper, warm clothing for players.
 - Consult the head umpire for game cancellation as appropriate.
 - If it seems too wet to play ball, it is too wet to play baseball.

- Lightning within 10 Miles:
 - The rule of thumb about lightning is that it is unpredictable and cannot be prevented. If a Manager, a Coach, or an Umpire that feels threatened by an approaching storm, play must be stopped and deliver the players to safety.
 - No place is completely safe, but some places are safer than others are.
 - Large enclosed shelters are the safest.
 - When thunder can be heard, there is immediate risk in that area for lightning strikes.
 - Lightning can strike twice in the same place. If someone is struck by lightning, be aware of the risk while providing first aid to the victim.
 - Stop Game/Practice.
 - Stay away from metal fencing (including dugouts)!!
 - Do not hold a metal bat.
 - Walk, don't run, to car and wait for a decision on whether or not to continue the game or practice.

- Ultra-Violet Ray Exposure:
 - The kind of exposure increases and athlete's risk of developing a specific type of skin cancer know as melanoma.
 - The American Academy of Dermatology estimates that the children receive 80% of their lifetime sun exposure by the time they are 18 years old.
 - Therefore, Freeport Little League will recommend the use of sunscreen with a SPF (sun protection factor) of a least 15 as a means of protection from damaging ultra-violet light.

Meeting will conclude with a question and answers session.



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

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Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

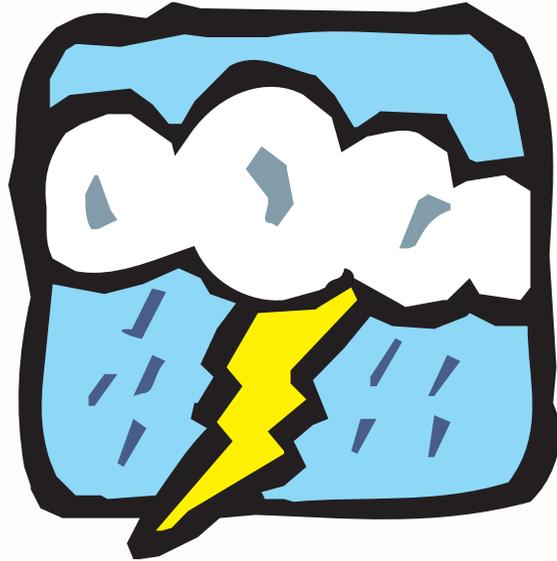
After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, clumsiness, delirium

If You See It, Flee It; If You Hear It, Clear It



REMEMBER:

- **Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings**
- **Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up**
- **Clear fields immediately after thunder has been heard or lightning seen!**

PLEASE WAIT!

- **Wait 30 minutes before returning to play after last sign of lightning activity in your area**
- **Cars shouldn't leave until the game is called, so all players can be accounted for**

Guidelines from the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service

First Aid Training

It is also Freeport Little League's intent for all Board Members, managers, coaches, and assistant coaches to become CPR, AED and First Aid certified no later than April 15, 2019. All volunteers are required to attend such League furnished first aid training at no cost to themselves. If an individual does not complete the training prior to the start of the spring season, they will not be allowed to participate in Freeport Little League in any capacity.

The League may excuse from attending any person who:

- attended such training in the season immediately preceding this one.
- is a licensed medical doctor, registered nurse, practical nurse or licensed paramedic.
- is already certified and can provide a copy of their wallet card and/or certification certificate.

To begin training, please go to www.nationalcprfoundation.com and click on Group Login. Go to the Group Users section and input the Group User Course Code sent to all individuals required to take the course. Click on Group User Login and follow the instructions from there. Upon completion of the course, each individual will be emailed a copy of their certification and their wallet card will be mailed to them. The Board will be alerted once an individual has passed the exam and will also receive a copy of their certification.

First Aid Kits

First Aid Kits are required to be on hand for every game and practice. Freeport Little League supplies each team with a First Aid Kit with the team's equipment bag. If supplies are depleted during the season, contact the Safety Officer or a League Official for replacement supplies.

Team First Aid Kits will include the following:

1. Gauze pads (at least 4 x 4 inches).
2. Two large gauze pads (at least 8 x 10 inches).
3. Box adhesive bandages (band-aids).
4. One package gauze roller bandage at least 2 inches wide.
5. Two triangular bandages.
6. Wound cleaning agent such as sealed moistened towelettes.
7. Scissors.
8. At least one blanket.
9. Tweezers.
10. Adhesive tape.
11. Latex gloves.
12. Resuscitation equipment such as resuscitation bag/airway/pocket mask.
13. Two elastic wraps.
14. Splint.

ASAP news



Continuing the Little League tradition of making it "safer for the kids."

Could YOU Save a Life?

CPR training is a growing part of the annual training that leagues provide to their volunteers, for everyone's protection. Does your league?

This year, ask your board a simple question: If called on, could they save a player or spectator's life? With proper CPR training, more leagues' volunteers are able to answer "yes."

According to the American Heart Association, cardiovascular disease is the number one killer in the U.S., accounting for 1 of every 2.8 deaths in 2005. Almost 2,400 people die of CVD every day, or one American every 37 seconds. Is your league ready for a sudden cardiac emergency?

Winning Program

In 2008, Unicoi County Little League in Erwin, Tenn., took a solid safety plan and took it to the next level to win the national award for having the best league safety plan. Part of that plan included providing cardio pulmonary resuscitation (CPR) and automatic external defibrillator (AED) training for their volunteers.

"This year we offered CPR training to our coaches for the second year," explained Pam Banks, league president. "Last year we had a coach who had a heart attack right after leaving the fields, so everyone



The Unicoi County Little League provided CPR training to its volunteers to enhance their safety preparation last year and this spring; some are shown here learning CPR in 2008.

understands how important this is." Unicoi used an all-day American Red Cross CPR/AED training program.

Volunteers Being Trained

Other leagues are looking at developing similar corps of trained volunteers to be prepared for any emergency. In Destin, Florida, first-year safety officer Shawn Phillips had the complete support of her board when she proposed providing CPR training in conjunction with a new automatic external defibrillator. Destin Little League soon had a great response from those wanting to take the all-day class. "Through our annual safety budget, we were able to fund buying the AED and holding the training," Phillips said. "If I had not had the support of the board, this could not have happened."

Phillips said even though the CPR certification is good for two years, the league will offer the training again next year to increase the number of certified league volunteers.

Encourage By-Stander Action

Studies have found that a majority of heart attack victims were not given CPR from bystanders while the ambulance was en route to the accident site, even though people around the victim had knowledge of CPR techniques. It is important that leagues train their volunteers to be able to perform CPR and give them the confidence to do so if needed.

With the advent of AEDs, more tools are available to leagues to help cardiac victims, young or old. But training is needed to build the skills to successfully perform the steps required and to encourage the volunteers to use the training.

CPR should begin as soon as a cardiac event is recognized, whether to a player or a spectator. And AEDs should be located close enough to have minimum delay in their use, too. Time is crucial in these situations, and every minute does count. Would your volunteers be able to save a life?



AEDs Becoming a Low-Cost, Peace-of-Mind Safety Initiative

Destin Little League Safety Officer Shawn Phillips called local agencies in her town to find a grant to help underwrite the cost of the new AED that the league's board purchased this year.

Automatic External Defibrillators are the new safety equipment in public places; take a tip from Destin Little League and ask locally for programs that might help make this a reality for your league.

“What I did was start making a lot of phone calls,” said first-year Safety Officer Shawn Phillips. She was describing her efforts to find funding for an automatic external defibrillator in her small Florida town, and suggesting a way for others to follow in her league’s path.

A major issue with the publicity surrounding chest trauma causes in the last year, AEDs are a growing trend in public spaces. Little Leagues around the country are coming to terms with their responsibility to be good stewards of the safety of the young people entrusted in their care, as well as the older spectators for whom heart disease is the number one killer.

Players AND Parents May Benefit from AED

“There are parents and grandparents and players out there, and this makes us feel more prepared if something were to happen,” Phillips explained. “At a Pee Wee football game, two local fire fighters told me about an AED program they have. Through the grant program, we were able to buy a Philips AED. This is the same model used by our county’s emergency response units. We’re really thrilled.”

With support from its local board of directors, the Destin Little League purchased the AED, and provided training on its proper use. The League also provided the general CPR training that can be used on its own to save a life. Having an AED that integrates well with the rest of the community is important, as different brands do function slightly differently. Check with your local hospital, fire department, and schools to see if they have AEDs and which brands they use.

Liability Concern Shouldn’t Stop Leagues

Other leagues have called with concerns over liability if they have an AED. Dan Kirby, risk management director

at Little League International, cautions that AEDs have the same requirement for proper use and training of volunteers as other equipment. “People should be trained on AEDs just like they need to be trained on proper use of a pitching machine, a riding lawn mower, or any other piece of equipment the league uses.”

Kirby noted for properly trained volunteers, if they act appropriately, the Good Samaritan Law (which is in place in some form in every state in the country) will generally apply. The four main points of the Good Samaritan Law are as follows: the care was rendered as the result of an emergency, the initial emergency was not caused by the person rendering care, the emergency care was not given in a grossly negligent or reckless manner, and aid was given with permission whenever possible to obtain it.

Kirby pointed out that in our litigious society there is liability in not having one, just as there is for having an AED.

“Leagues need to have good practices in place for any equipment, including an AED. The league needs to ask if they have an appropriate location for storage and access of the unit, if the people are trained appropriately, and assess what is going on locally if they need this piece of equipment,” he noted. “The cost has come down a lot on AEDs, and they are more readily available now.”

AED ‘Very Do-able, Even for Smaller Leagues’

“It is out there. It’s very do-able, even for smaller leagues like ours,” Phillips stated. “If I hadn’t made the phone calls, I wouldn’t have known this was out there.” She credits her board with funding the AED and the training, and she sees this as something other leagues can do, too.

“Any move that enhances their equipment to render help is a good thing,” Kirby summarized. “The more extensive the first aid kit and the training preparing volunteers to use the equipment, the better for the league. These are all good things.”

For more information on AEDs, see the January/February 2008 ASAP News, page 3; and the April 2007 ASAP News, page 2-3; or go to www.robbylevinefoundation.org.

First Aid Clinics

Requirement 6

"Thanks for getting back to me in a timely fashion. The outline would be great!!! I think I will have had the clinic by the time the next newsletter comes out. As far as format and instructors, I am all set. One of the local firefighters is also an EMT. He did the clinic last year. It was a HUGE success. Stoughton Little League has been around for nearly 50 years and we have never had a safety plan. It is amazing how we survived without it! Kudos to Williamsport and Musco Lighting for ASAP's success. I should be able to formulate a clinic with whatever outline you send."

Thank You,
Paul McKeen
Stoughton, MA
District 8

First, you should know Little League is phasing out the Emergency Management Training Program. However, even without the Emergency Management Training Program, you can put together a quality first aid training class to meet the requirements of first aid training for your coaches and managers. You don't have to follow the specifics of any set program, just get the PRICES – Protection, Rest, Ice, Compression, Elevation, and Support (or RICE or PRICE, whatever you use) – idea into participants' heads and talk about the specifics of first aid and injury prevention for specific baseball/softball injuries.

Start with basic terminology (contusion, laceration, etc.), and give the most up-to-date techniques for preventing sports injuries. Help attendees understand and differentiate between mild, moderate and severe injuries and the appropriate actions to take in each category. Teach appropriate first aid techniques for the injuries they will encounter.

Basic issues with baseball/softball would be:

- Contusions
- Muscle pulls and strains

- Over-use injuries
- Sprains
- Fractures
- Injuries to small joints
- Facial injuries
- Injuries to teeth
- Eye injuries
- Insect bites and stings
- Heat illness
- Triage and Emergency Management

Help design an emergency plan for your league when severe injuries occur, and tell the managers/coaches what their role is in that plan:

- Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
 - If necessary, send someone to call 9-1-1 or get an ambulance or EMS.
 - Call the player's parents
 - Send someone to nearest intersection to direct emergency services to your location
 - Review the Medical Release form for any important information/warnings about medical conditions the player may have
- Evaluate the injury:
 - Can player be moved off field?
 - If not, clear area around player and begin examination;
 - If so, move player to sideline for closer examination;
 - Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team

to authorized coach.

- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

You should have medical professionals available either on-site or at most a phone call away — as well as a method to reach them, by cell phone or phone at the field — for severe or life-threatening injuries.

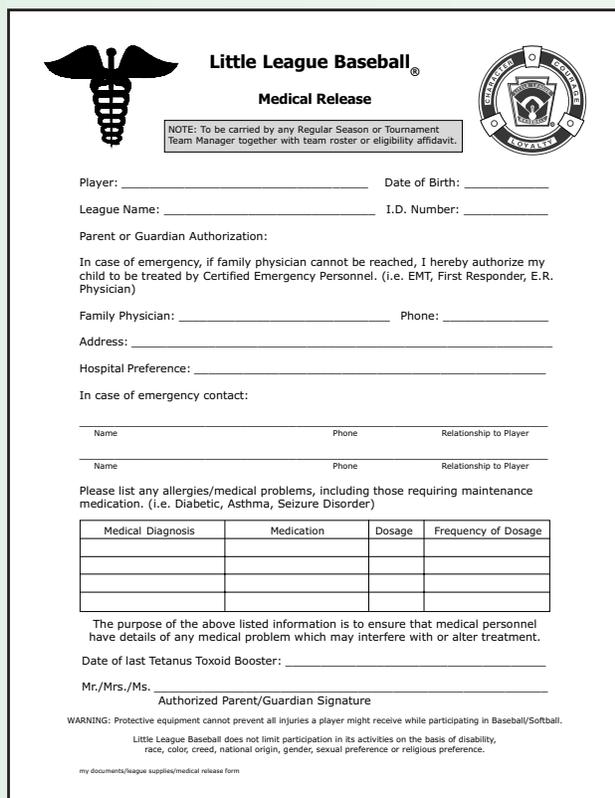
And finally, help the coaches/managers to understand specific techniques to determine whether an injured player is ready to practice and play again; in some cases this may require a doctor's release. The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. The evaluation includes classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate, moving of the injured part.

In evaluating fresh injuries, remember the three types of motion:

- Active motion – Player is able to move the part themselves,
- Active assistive motion – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move), and
- Passive motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the

Medical Release Form



Little League Baseball®
Medical Release

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

Player: _____ Date of Birth: _____
 League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:
 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: _____
 Hospital Preference: _____

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
 Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.
 Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.
 my documents/league supplies/medical release form

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

First Aid Clinics Outline continued from page 2

more immediate and large the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness or any eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Use the PRICES guide for treating injuries:

- P** – Protection
- R** – Rest
- I** – Ice
- C** – Compression
- E** – Elevation
- S** – Support

In conclusion, ask for managers/coaches to consider how to prevent injuries:

- Pre-participation health screenings (at least through a health questionnaire/medical release form asking for health concerns and medications);
- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and

organization of warm-ups, practices and games;

- Careful compliance with all Little League rules, especially those having to do with safety.

This summarizes 62 pages into just a few hundred words, so you're going to want to elaborate on all the proper techniques in dealing with the different injury types and how to treat them effectively, as well as what NOT to do in any given circumstances. And remember, if anyone is ever in doubt to the nature or seriousness of an injury, they should NOT attempt treatment; a health care professional should be consulted immediately.

Finally, remind all managers and coaches to carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.

First Aid Kits: What goes in them?

Requirement 12

"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."

Thanks,
Marc Paladino
(via email)

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

NOTE: Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

ALSO: Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

Here are three good examples of a well-stocked first aid kit:

LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
 - Plastic bags of crushed ice
- Elastic bandages
 - 3, 4 and 6 inch widths
- Sterile dressings
 - 3 by 3 inch individual gauze
 - 2 to 3, 5 by 9 inch pads
 - Telfa or non-stick dressings
 - Eye patches
- Adhesive bandages
 - 3/4, 1 and 2 inch widths
- Bandages
 - Triangular shape and in rolls
- Adhesive tape
 - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
 - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to www.fyrstusa.com to order.

- 1 Reusable ice bag: 9 inches
 - 4 Instant cold packs: 6 by 10 inches
 - 1 Blister Kit
 - 20 Bandages: 1- by 3-inches
 - 6 Large bandages: 2 by 4 1/2 inches
 - 1 Elastic wrap
 - 1 Scissors
 - 20 Antimicrobial skin wipes
 - 10 Blood-off cloth towelettes
 - 20 Latex gloves
 - 1 Antiseptic hand cleaner: 4 ounces
 - 2 Rolls of athletic tape
 - 1 Roll of pre-wrap
 - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

Little League First Aid Kit

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog.

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves

Procedures for Responding to an Injury

Do ...

- Have your first aid kit at all games and practices.
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- Protect yourself against blood-transmitted disease. Use universal precautions when handling blood. Wear gloves and treat every body fluid as if it were contaminated.
- Perform first aid as needed. Know your limitations. Call 911 if necessary.
- Gather all blood contaminated articles and put them in the bag provided in your kit.
- Correctly dispose of Biohazard waste (give to safety officer, do not throw away in a garbage can!)
- Inform parents of injury and what happened.
- Complete an accident/injury report (formally entitled Activities/Reporting form and send it to the League Safety Officer.
- Call the League Safety Officer to report the injury within 24 hours of incident.

Don't ...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures
- Transport injured individuals except in extreme emergencies. Call 9-1-1.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Additional information:

- Injured players requiring professional medical attention must have a doctor's release before returning to participate in practices and games.
- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.

Assist those who require medical attention and remember to ...

- LOOK for signs of injury (Blood, Black-and-blue deformity of joint etc.).
- LISTEN to the injured describe what happened and what hurts if conscious.
- Before questioning, you may have to calm and soothe an excited child.
- FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

Basic First Aid

Cuts and Scrapes

- Stop the bleeding. Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the fresh clot that's forming and cause bleeding to resume. If the blood spurts or continues to flow after continuous pressure, seek medical assistance.
- Clean the wound. Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris remains embedded in the wound after cleaning, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser. These substances irritate living cells. If you choose to use them, don't apply them directly on the wound.
- Apply an antibiotic. After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing process to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
- Cover the wound. Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.
- Change the dressing. Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage. These supplies generally are available at pharmacies.
- Get stitches for deep wounds. A wound that cuts deeply through the skin or is gaping or jagged-edged and has fat or muscle protruding usually requires stitches. A strip or two of surgical tape may hold a minor cut together, but if you can't easily close the mouth of the wound, see your doctor as soon as possible. Proper closure within a few hours minimizes the risk of infection.
- Watch for signs of infection. See your doctor if the wound isn't healing or you notice any redness, drainage, warmth or swelling.
- Get a tetanus shot. Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster within 48 hours of the injury.

Bruises (Also called: Contusion, Ecchymoses, Hematoma)

- A bruise is a mark on your skin caused by blood trapped under the surface. It happens when an injury crushes small blood vessels but does not break the skin. Those vessels break open and leak blood under the skin.
- Bruises are often painful and swollen. You can get skin, muscle and bone bruises. Bone bruises are the most serious.
- It can take months for a bruise to fade, but most last about two weeks. They start off a reddish color, and then turn bluish-purple and greenish-yellow before returning to normal.
- To reduce bruising, ice the injured area and elevate it above your heart.
- See your healthcare provider if you seem to bruise for no reason, or if the bruise appears to be infected.

Nosebleed

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both.

Why do they start, and how can they be stopped?

Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates your nasal chambers.

In middle aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter form of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.

To take care of a nosebleed:

- Sit upright. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding.
- Pinch your nose. Use your thumb and index finger and breathe through your mouth. Continue the pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.

To prevent re-bleeding after bleeding has stopped:

- Don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head higher than the level of your heart.

If re-bleeding occurs:

- Sniff in forcefully to clear your nose of blood clots, spray both sides of your nose with a decongestant nasal spray containing oxymetazoline. Pinch your nose again in the technique described above and call your doctor.

Seek medical care immediately if:

- The bleeding lasts for more than 20 minutes

- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding:

- Act quickly - Have the victim lie down.
- Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
- If bleeding is controlled by direct pressure, bandage firmly to protect the wound. Check pulse to be sure bandage is not too tight.
- If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 9-1-1 immediately.

Bleeding on the Inside and Outside of the Mouth

- To control bleeding inside the cheek, place folded dressings inside the mouth against the wound.
- To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Fracture

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of a major trauma or injury, call 911 or your local emergency number.

Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally).
- Out-of-place or misshapen limb or joint
- Swelling, bruising or bleeding
- Intense pain
- Numbness and tingling
- Limited mobility or inability to move a limb

Take these actions immediately while waiting for medical help:

- Stop any bleeding.
- Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area.
- Don't try to realign the bone.
- Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive. Don't apply ice directly to the skin — wrap the ice in a towel, piece of cloth or some other material.
- Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

Remember ICE:

- "I" is for ice - if possible apply an ice pack or ice cubes to the injured area. This will keep down the swelling and reduce pain.
- "C" is for compression - if the wound is bleeding, apply direct pressure with a clean cloth to reduce blood flow.
- "E" is for elevation - try to keep the injured area as high above heart level as possible. This will reduce blood flow to the injury and minimize swelling.

Choking

Food or small objects can cause choking if they get caught in your throat and block your airway. This keeps oxygen from getting to your lungs and brain. If your brain goes without oxygen for more than four minutes, you could have brain damage or die.

Young children are at an especially high risk of choking. They can choke on foods like hot dogs, nuts and grapes, and on small objects like toy pieces and coins. Keep hazards out of their reach and supervise them when they eat.

To perform the Heimlich maneuver:

Stand behind him or her. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. Keeping your arms off the person's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.

Heimlich maneuver on an unconscious person:

If the person is lying down or unconscious, straddle him or her and place the heel of your hand just above the waistline. Place your other hand on top of this hand. Keeping your elbows straight, give four quick upward thrusts. You may have to repeat this procedure several times until the obstructing object is coughed out.

Heimlich maneuver on a child:

Stand behind the child. With your arms around his or her waist, form a fist with one hand and place it, thumb side in, between the ribs and waistline. Grab your

fist with your other hand. Keeping your arms off the child's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.

Heimlich maneuver on an infant:

Place the infant face down across your forearm (resting your forearm on your leg) and support the infant's head with your hand. Give four forceful blows to the back with the heel of your hand. You may have to repeat this several times until the obstructing object is coughed out. If this does not work, turn the baby over. With two fingers one finger width below an imaginary line connecting the nipples, give four forceful thrusts to the chest to a depth of 1 inch. You may have to repeat this several times until the obstructing object is coughed out.

If you're the only rescuer, perform the Heimlich maneuver before calling 911 for help. If another person is available, have that person call for help while you perform the Heimlich maneuver.

Muscle, Bone or Joint injuries

If any of these conditions exists, call 9-1-1 immediately and administer care to the victim until the paramedics arrive:

- Deformity Bruising Swelling
- Inability to use the affected part
- Bone Fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

Treatment for muscle or joint injuries:

- If ankle or knee is hurt, do not allow victim to walk.
- Apply cold packs to affected area.
- Consult professional medical assistance for further treatment if necessary

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hit's a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

If a player is hit in the chest and appears to be all right, urge the parent to take their child to the hospital.

If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Caring for Shock

Shock is likely to develop to any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Caring for shock involves the following simple steps:

- Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A Victim of shock requires advanced medical care as soon as possible.
- Control any external bleeding.
- Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- Try to reassure the victim

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active.

Allergies are usually treated with prescription medication. If a child is allergic to insect/stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

- Position victim on back while supporting head and neck.
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth. Breathe in until the chest gently rises.
- Check for a pulse at the carotid artery (use fingers instead of thumb).

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

- If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- Continue rescue breathing as long as pulse is present but person is not breathing.

If Victim is not Breathing and Air Won 't Go in:

- Re-tilt person's head.
- Give breaths again.

If air still won't go in:

- place the heel of one hand against the middle of the victim's abdomen just above the navel.
- Give up to 5 abdominal thrusts
- Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- Tilt head back, lift chin, and give breaths again.
- Repeat breaths, thrust, and sweeps until breaths go in.

Infection

To prevent infection when treating open wounds, you must:

- Cleanse...the wound and surrounding area gently with mild soap and water or antiseptic pad: rinse and blot dry with a sterile pad or clean dressing.
- Treat...to protect against contamination apply ointment in your first aid kit
- Cover...to absorb fluids and protect wound from further contamination with Band-Aid, gauze or sterile pad. (Handle only the edges of sterile pads and dressing)
- Tape...to secure with First-Aid tape to help keep out dirt and germs.

Emergency Treatment of Dental Injuries

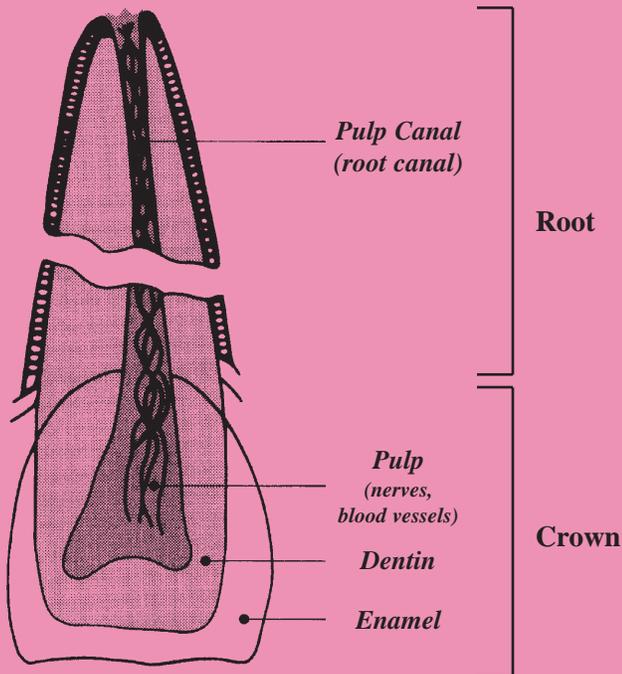
Avulsion (Entire Tooth Knocked Out)

- If a tooth is knocked out, place a sterile dressing in the space left by the tooth. Tell the victim to bite down.
- Dentists can successfully re-plant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.
- Avoid additional trauma to tooth while handling. Do not handle tooth by the root. Do not brush or scrub tooth.
- If debris is on tooth, gently rinse with water.
- If possible, re-plant and stabilize by biting down on a towel. Do only if the athlete is alert and conscious.
- If unable to re-plant, wrap tooth in saline soaked gauze or a cup of water.

Heat Exhaustion

Symptoms may include fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold clammy skin; profuse perspiration.

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 - Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
 - 3rd best - Wrap tooth in saline-soaked gauze.
 - 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
 - 5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

Academy for Sports Dentistry
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT

Treatment:

- Instruct victim to lie down in a cold shaded area or air-conditioned room.
- Elevate feet.
- Massage legs toward heart.
- Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke/Heat Stroke

Symptoms may include extremely high body temperature (106 degrees or higher); hot, red, dry skin, absence of sweating; rapid pulse; convulsions; unconsciousness

Treatment:

- Call 911 immediately
- Lower body temperature with cool wet towels or sheets in a well-ventilated room or use fans and air conditioners until body temperature is reduced.
- DO NOT give stimulating beverages (caffeine beverages) such as coffee, tea or soda.

Mosquitoes

Due to the water and humidity in Freeport, mosquitoes are part of playing baseball in the spring. Please remind your players to apply mosquito spray before your practices and games. Mosquitoes are the worst in the early morning and at dusk.

Treatment:

- Apply ice to insect bites to help with swelling.
- Apply topical cream for itching.

Head Injury

Every year, millions of people in the U.S. sustain head and brain injuries. Some are minor because the skull is quite good at protecting the brain. More than half are bad enough that people must go to the hospital. Serious head injuries can lead to permanent brain damage or death. Symptoms of minor head injuries usually go away without treatment. Serious head injuries need emergency treatment.

Dial 911 or call for emergency medical assistance if any of the following signs are apparent:

- A headache that gets worse or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- An inability to awaken from sleep
- Dilation of one or both pupils of the eyes
- Slurred speech
- Weakness or numbness in the arms or legs

FIGHT THE BITE!



JOIN THE "SWAT TEAM" AGAINST WEST NILE VIRUS

Defend Yourself Against Mosquitoes:

DRAIN standing water around the house weekly since it's where mosquitoes lay eggs, including: tires, cans, flowerpots, clogged rain gutters, rain barrels, toys and puddles.

DUSK & DAWN are when mosquitoes that carry the virus are most active., so limit outdoor activities or take precautions to prevent mosquito bites.

DEET is an effective ingredient to look for in insect repellents. Always follow label instructions carefully.

DRESS in long sleeves and pants during dawn and dusk or in areas where mosquitoes are active.

West Nile Virus disease is rare, but if you have symptoms including high fever, severe headache and stiff neck, contact your health care provider immediately.

Combata la Picadura:

Desague agua estancada alrededor de la casa (en llantas, cubos de basura, macetas, canalones y charcos) pues ahí ponen huevos los mosquitos. Corte la hierba y arbustos y no riegue demasiado.

AL ATARDECER y AMANECER están más activos los mosquitos que portan el virus. Evite actividades afuera o tenga precauciones para prevenir picaduras.

"DEET" es un ingrediente que deben tener los repelentes de insectos para que sean efectivos. Siga las instrucciones.

VISTASE con camisas de manga larga y pantalones cuando esté afuera en la tarde o al amanecer o donde haya muchos mosquitos.

La enfermedad del virus del Nilo Occidental es muy rara, pero si usted tiene los siguiente sintomas como dolor de cuello, fiebre alta y fuerte dolor de cabeza, contacte inmediatamente a su proveedor de servicios

www.fightthebitecolorado.com

Submitted by the Tri-Lakes Athletic Association Little League.

- Loss of coordination
- Increased confusion, restlessness or agitation

Stop any bleeding.

- Apply firm pressure to the wound with sterile gauze or a clean cloth. Don't apply direct pressure to the wound if you suspect a skull fracture.

Watch for changes in breathing and alertness.

- If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

If severe head trauma occurs:

- Keep the person still. Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Don't move the person unless necessary and avoid moving the person's neck.

Concussion

Concussions are defined as any blow to the head. They can be fatal if proper precautions are not taken.

- Remove player from the game.
- See that the victim gets adequate rest.
- Note any symptoms and see if they change within a short period of time.
- Tell the parents about the injury and have them monitor the child after the game.
- Urge parents to take the child to a doctor.
- If the victim is unconscious after the blow to the head, diagnose head & neck injury, DO NOT MOVE the victim. Call 9-1-1 immediately.

Youth Sports Concussion Safety Laws: New York

On September 17, 2011, New York Governor Andrew Cuomo signed into law the state's Concussion Management and Awareness Act, adding the Empire State to the growing list that have enacted strong youth sports concussion safety laws since May 2009. The law, which goes into effect on July 1, 2012, is more specific and comprehensive than other such laws in a number of respects.

Key provisions

- **Education:**
 - Coaches, physical education teachers, nurses, and athletic trainers must complete a concussion training course every other year, which course shall include training on:
 - the definition of concussion
 - signs and symptoms of mild traumatic brain injuries (mTBI); and
 - return to play guidelines
 - A **concussion information pamphlet** must be provided to every student-athletes, their parents, PE teacher, coach, and members of the concussion management team (see below) and every student-athlete who has suffered mTBI, and posted on the Internet websites of the State Education Department and Department of Public Health,
 - **Condition for participation:** Students will not be allowed to participate in interscholastic sports unless and until they and their parent or guardian has signed and returned a statement acknowledging that they have received, read and

understand the pamphlet, which each school district must maintain on file as part of the student's permanent health record.

- **Establishment of concussion management team:** Each school district and non-public school must establish a concussion management team with primary responsibility for implementing the rules and regulations regarding concussion training and the contents of the concussion pamphlet, which shall be comprised of:
 - the athletic director (if any);
 - a school nurse;
 - the school doctor;
 - a coach
 - an athletic trainer; and
 - such other appropriate personnel as designated by the school district.
- **Immediate removal from play where concussion suspected.** The rules and regulations promulgated by the concussion management team must require immediate removal from athletic activities of any student-athlete believed to have sustained mTBI, the reporting of such injury to the Department of Health, and an evaluation of such student pursuant to specific guidelines. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that she has until proven otherwise [the "when in doubt, sit them out" approach experts have long advocated].
- **Symptom free for 24 hours/written medical clearance required before return to play.** Athletes must be symptom-free for not less than 24 hours, have been evaluated by and received written and signed medical clearance from a physician trained in the evaluation and treatment of mTBI, with the authorization kept on file as part of the student's permanent health record.
- **Academic accommodations.** The law mandates that the concussion management team enact rules and regulations providing guidelines for limitations and restrictions on school attendance and activities, consistent with the directives of the student's treating physician.
- **Liability:** The law provides that:
 - no school district, nonpublic school or board of cooperative educational services shall be liable for any personal injury or death of a person due to action or inaction of any other person employed by such district, school or board;
 - no school district, nonpublic school or board of cooperative educational services shall be liable for any personal injury or death of a person due to action or inaction of any other person employed by, volunteering with or under contract with a not-for-profit youth sports program (one or more sports teams in a league organized by or affiliated with a county or recreation department) if:
 - the action or inaction takes place on school district property during the not-for-profit youth sports program;
 - the not-for-profit youth sports program provides proof to the school district, nonpublic school or board of cooperative education prior to using their facilities of:
 - accident and liability insurance coverage from an insurer authorized to do business in New York with at least \$50,000 in coverage for bodily injury or death for a single person and not less than \$100,000 for two or more persons injured in a single incident; and
 - compliance with the district's, school's or board's policy and guidelines for the treatment and management of mTBI and other head injuries.

First-in-the-nation

The New York concussion safety law is more comprehensive and specific than any other in the country in requiring that:

- a parent's acknowledgment of having received, read, and understood the concussion pamphlet be included in their child's permanent health record;
- the written authorization of the health care provider that a student-athlete be allowed to return to play be included in the child's permanent health record;
- guidelines be promulgated by the concussion management team on restrictions on school attendance and activities [Texas is the only other state to require the establishment of concussion management teams];
- a "when in doubt, sit them out" approach be taken when there is any question as to whether an athlete has suffered a concussion or mTBI.
- insulating school boards from liability for bodily injury or death of athletes using school facilities during the course of events run by not-for-profit youth sports programs only where the program has provided proof of insurance and compliance with the district's concussion rules and regulation.

WHEN IN DOUBT Take Them Out!

Fact Sheet for Coaches and Sports Officials

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can occur from a fall, impact to the body, or collision that causes the head and brain to move quickly back and forth. Even a “ding” or “getting your bell rung” can result in a concussion and should be evaluated by a health care professional.

Concussions can happen in any sport, but most often occur in contact sports, such as football, rugby, or ice hockey.

Every year, about 4,000 New York children age 19 and younger are treated at hospitals for sports-related TBIs. Concussions are often treated elsewhere, such as by a school nurse or primary care physician.

HOW DO I RECOGNIZE A POSSIBLE CONCUSSION?

If you observe the following two things, the athlete may have a concussion:

A forceful blow to the head or body that results in rapid movement of the head

AND

Any change in the athlete’s behavior, thinking, or physical functioning

Here are signs and symptoms of a concussion:

SIGNS EXHIBITED BY ATHLETE AND OBSERVED BY COACH/SPORTS OFFICIAL

- Dazed or stunned
- Confusion about game assignment, position, score, and/or opponent
- Forgets sports plays
- Clumsy movement
- Delayed response to questions
- Loss of consciousness (even briefly)
- Behavior or personality changes
- Inability to recall events before or after a hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
- Nausea or vomiting
- Dizziness or balance problems
- Double or blurred vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory loss
- Confusion
- Doesn’t “feel right”

WHAT SHOULD I DO IF I SUSPECT A CONCUSSION?

If an athlete experiences *any* signs or symptoms after a bump or blow to the head, be sure you take these precautions:

1. Remove the athlete from play immediately.

Look for the signs and symptoms of a concussion. If the athlete experiences any of the signs or symptoms, he or she should not be allowed to return to play. When in doubt, sit the athlete out of play.

2. Ensure that the athlete is immediately evaluated by a health care professional.

Do not try to judge the seriousness of the injury for yourself. You can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury.

3. Notify the athlete's parents or caregivers about the possible concussion and give them the fact sheet on concussions. Be sure they know that the athlete should be seen by a health care professional who is experienced in evaluating concussions.

4. Permit the athlete to return to play only after he or she is symptom-free for at least 24 hours and has been evaluated and cleared by a licensed physician.*

A repeat concussion that occurs before the brain heals from a previous concussion can slow recovery or increase the likelihood of having long-term problems. Delaying an athlete's return to play until he or she receives appropriate medical evaluation can help prevent further problems in the future.

**This is a specific guideline stated in the Concussion Management and Awareness Act. Your local school district may have additional guidelines.*

HOW CAN I HELP PREVENT CONCUSSIONS?

As a coach/sports official, you play a vital role in preventing concussions among athletes. And when an athlete does experience a concussion you can protect against further injury with a quick and effective response. Here are steps you can take to keep your athletes safe:

- **Get trained!** Learn how to recognize, monitor, and respond appropriately to athletes who sustain a concussion.
- **Educate athletes and their parents and caregivers about concussions.** Talk with them about prevention as well as the dangers and potential long-term consequences of concussions.
- **Make safety your team's #1 priority.** Ensure all athletes wear the right protective equipment for their sport (like helmets, padding, shin guards, and eye and mouth guards). Protective equipment must fit properly, be in good condition, and be worn consistently and correctly. Teach athletes safe playing techniques and encourage them to follow the rules of the game.
- **Teach athletes and parents that it's not safe to play with a concussion.** Every athlete needs to know how crucial it is to let their coach, athletic trainer, sports official or parent know if they have hit their head or have symptoms of a head injury – even if it means stopping play. Never ignore a head injury, no matter how minor.
- **Prevent possible long-term problems.** Delaying athletes' return to play until they receive appropriate medical evaluation can help prevent problems in the future.

WHEN IN DOUBT Take Them Out!

Follow us on: health.ny.gov | [facebook.com/NYSDOH](https://www.facebook.com/NYSDOH) | twitter.com/HealthNYGov | [youtube.com/NYSDOH](https://www.youtube.com/NYSDOH)
New York State Department of Health

Field and Game Safety Checklist

In Little League Baseball, there's nothing more important than the safety of the players. It's the job of the coaches, field managers and volunteers to make sure they've done everything they can to create a safe playing environment for the young athletes, and proper field maintenance plays a huge role in making this a reality. A poorly maintained baseball field can pose a number of hazards and injury risks for players, putting children in harm's way.

That's why it's a good idea for everyone involved in field maintenance to have access to a comprehensive safety checklist that is used before every game day and practice to ensure a safe, quality playing environment for all involved.

The following is a detailed Little League field safety checklist that you can use to perform a thorough walkthrough of your field before each practice or game.

Start Outside the Playing Area

Field maintenance actually begins outside the playing field. There are many potential hazards for players and fans alike lurking outside those white lines. Here are a few areas of concern you should pay attention to:

- Make sure all bleachers are clean and in good condition. Do the handrails need repair?
- Are there trash cans in the spectator area for garbage?
- If there's an emergency phone at your park, verify that it's working and that any relevant emergency numbers are posted near it.
- Check to ensure all lights are working properly.
- Walk the perimeter of the field to check the condition of the fence, looking specifically for any pointy edges that might be sticking out.
- Identify the nearest safe area/shelter from lightning and severe weather.

Inspect the Infield

The infield is where the majority of play occurs in Little League Baseball. From the pitcher's mound to the baselines to the batter's box, there are many areas that see a lot of activity, so it's important to make sure the infield is in good repair. Here are some essentials to look for:

- Make sure the baselines are level and don't have any holes, ruts or cracks.
- Make sure the backstop does not need repair
- There shouldn't be any lip/soil buildup along the edge of the baselines and grass infield.
- Make sure no additional dirt is needed.
- Ensure the pitcher's mound doesn't have any holes, particularly in front of the pitching rubber and in the landing area.
- Make sure the pitching rubber is level and secured to the ground.
- The batter's boxes should be even and should not any have holes, divots or other hazards.
- Home plate should be level with the surrounding area.
- Batter's Box should be properly marked

- The Foul Lines should be properly marked
- All bases should be clean, level, easy to see, securely in place, and free from any tears.
- Make sure to drag the skinned infield regularly, alternating drag patterns each time.

Walk the Outfield

- Keep grass mowed at a proper level (between 1-2 inches, depending on the kind of grass).
- Look for any puddles or muddy areas that might cause a player to slip.
- Ensure there are no holes, cracks or mounds from pests and animals.
- Walk the area thoroughly for any debris, including rocks, glass, leaves and garbage.

Check the Dugout

- Make sure the fencing has not come apart or any screws or brackets are loose or broken.
- Make sure the bench is in good order, clean and free from debris.
- Make sure the dugout roof is not in need of repair.
- Confirm that the bat racks are in good working order.
- Confirm that the dugout floor is free of urine or fecal matter from animals

Catcher's Equipment

- Is the Shin Guard in good condition?
- Is the Helmet in good condition?
- Is the Face Mask in good condition?
- Is the Throat Protector in good condition?
- Is the Chest Protector in good condition?
- Is the (male) Catcher wearing an athletic cup?
- Does the Catcher have a Catcher's Mitt?

Players

- Do the Batting Helmets fit properly and comply to Little League standards?
- Do the Bats follow the 2018 Bat regulations?
- Do the players have proper fitting Mitts?
- Check the uniforms
- Check the cleats or shoes. Do they comply with Little League standards?
- Have players removed all jewelry?
- Are all (male) players wearing an athletic cup?

Safety Equipment

Some items that are required at all times:

- First Aid Kit
- Safety Manual
- Incident/Injury Tracking Forms



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

Facility Survey

Freeport Little League conducts a formal Facility Survey that is updated on an annual basis and is submitted to the Little League headquarters along with this Safety Plan. A sample is annexed hereto. The basic information is as follows:

Glacken Park

51 Terrace Avenue
Freeport, NY 11520

1 field

Field Dimension Data
60' x 40'

Northeast Park

100 Parsons Avenue
Freeport, NY 11520

1 field

Field Dimension Data
90' x 60'

Randall Park

500 Guy Lombardo Avenue
Freeport, NY 11520

4 fields

Field Dimension Data
60' x 40'

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2019



League Name: _____
 District #: _____
 ID #: _____
 (if needed) ID #: _____
 (if needed) ID #: _____
 City: _____ State: _____

President: _____ Safety Officer: _____
 Address: _____ Address: _____
 Address: _____ Address: _____
 City: _____ City: _____
 State: _____ ZIP: _____ State: _____ ZIP: _____
 Phone (work): _____ Phone (work): _____
 Phone (home): _____ Phone (home): _____
 Phone (cell): _____ Phone (cell): _____
 Email: _____ Email: _____

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			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

SPECIFIC BALLFIELD QUESTIONS

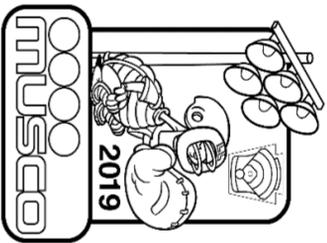
• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.

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 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center.



GENERAL INVENTORY

(For the following questions, if the answer is "No" please leave the space blank.)

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
1. How many cars can park in designated parking areas?	None																						
	1-50																						
	51-100																						
	101 or more																						
	2. How many people can your bleachers seat?	None/NA																					
		1-100																					
		101-300																					
		301-500																					
		501 or more																					
	3. What material is used for bleachers?	Wood																					
		Metal																					
		Other																					
	4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
Yes																							
5. Wood bleachers: Are inspected annually for safety?	Yes																						
	Yes																						
6. Is a safety railing at the top/back of bleachers?	Yes																						
	Yes																						
7. Is a handrail up the sides of bleachers?	Permanent																						
	Cellular																						
8. Is telephone service available?	Permanent																						
	Portable																						
9. Is a public address system available?	Permanent																						
	Portable																						
10. Is there a pressbox?	Yes																						
	Yes																						
11. Is there a scoreboard?	Yes																						
	Yes																						
12. Adequate bathroom facilities available?	Yes																						
	Yes																						
13. Permanent concession stands?	Yes																						
	Yes																						
14. Mobile concession stands?	Yes																						
	Yes																						

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

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																				
	b. Number of teams or games?	Yes																				
	c. Scheduling and/or timing?	Yes																				
	41. Who owns the field?	Municipal																				
42. Who is responsible for operational energy costs?	School																					
	Municipal																					
	League																					
43. Who is responsible for operational maintenance?	Municipal																					
	School																					
	League																					
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?	Municipal																					
	School																					
	League																					
	Other																					
	T-Ball & Minor																					
45. What divisions of baseball play on each field?	Major																					
	Jr., Sr. & Big																					
	Challenger																					
	50 - 70																					
46. What divisions of softball play on each field?	T-Ball & Minor																					
	Major																					
	Jr., Sr. & Big																					
47. Do you plan to host tournaments on this field?	Challenger																					
	Yes																					

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												
2												
3												
4												
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16												
17												
18												
19												
20												

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

League BBQ Safety Procedures

Safely transporting food, precooking and preventing cross-contamination are the major ingredients of barbecue safety.

Anyone cooking or serving food is required to Wash their Hands thoroughly with soap and water before handling any type of food and should always wear plastic gloves.

Chill Foods to Stop Bacteria

When transporting food, either from the grocery store or to a picnic area, keep it cool to minimize bacterial growth. Pack meat, poultry, salads and other perishables in an insulated cooler with ice.

Marinade is a savory acidic sauce in which a food is soaked to tenderize and add flavor. Always marinate meats in the refrigerator, not on the counter. Reserve a portion of the marinade that hasn't touched raw meat for a dip or basting sauce. Don't reuse marinade used on raw meat or poultry unless it has been boiled first to destroy any bacteria.

Take Care with Meat Items

Meats and poultry may be precooked on the stove, microwave or oven to reduce grilling times. If foods are partially precooked, place immediately on the grill to finish cooking. Never partially cook meats and poultry and wait to finish cooking later. If meats and poultry are completely cooked ahead of time and chilled, they may be reheated on the grill to provide a barbecued flavor.

Keep Foods Separate, Clean Up Often

Don't use the same platter and utensils for raw and cooked meats and poultry. Be sure there are plenty of clean utensils and platters to allow separate handling of raw foods and cooked foods. Pack clean, soapy sponges, clothes and wet towelettes for cleaning surfaces and hands. There is an antibacterial soap on the market now that does not need water and would be ideal to carry on a picnic for cleaning platters and utensils.

Cook Foods Thoroughly

Cook everything thoroughly. Rare or medium meat or poultry can harbor harmful bacteria. Fish should always be fully cooked. For greatest safety, ground meat should reach 160° F on a meat thermometer, and poultry should reach 180° F for doneness. Since grilled food often browns very fast on the outside, make a "sample cut" to visually check for doneness. The juices should run clear and meat should not be pink, although meat color is not accurate.

Based on current research findings, eating moderate amounts of grilled meats, fish, and poultry, cooked thoroughly without charring, does not pose a health problem.

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap

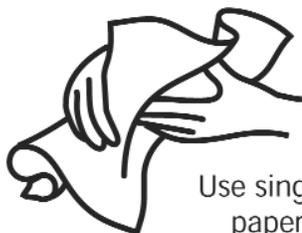


Rinse



Dry

Use single-service
paper towels



Gloves



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.



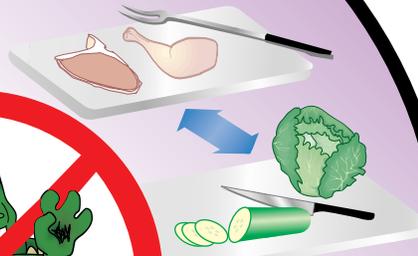
**UMASS
EXTENSION**

FIGHT BAC!

CLEAN
Wash hands
and surfaces
often.



SEPARATE
Don't cross-
contaminate.



CHILL
Refrigerate
promptly.



COOK
Cook to proper
temperatures.



Keep Food Safe From Bacteria

TM



Thermy™ says:

"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA

Resources:

USDA Consumer Information Publication.1996. "Barbecue Food Safety". Food Safety and Inspection Service, USDA Food Safety Publications.1996. <http://www.fsis.usda.gov/OA/pubs/barbecue.pdf>. USDA Meat and Poultry Hotline: 1-800-535-4555 Material written by Mary Abgrall and Scottie Misner, May 1998. Part of Food Safety Tips, College of Agriculture, University of Arizona. Document located at <http://ag.arizona.edu/pubs/health/foodsafety/az1069.html>

Grilling Safety

According to the Insurance Information Institute, back- yard barbecues result in more than 2,000 fires and even three deaths each year. Most problems happen when you fire up a grill that hasn't been used for several months.

Gas grill

Check it over thoroughly before using it. Check for leaks, cracking or brittleness, and clean out the tubes that lead into the burner — look for blockages from spiders or food waste. Make sure the grill is at least 10 feet from any buildings or trees. And never leave the grill unattended.

Also, be careful if you pick up gas canisters... never leave them in a hot car. The heat could cause some of the gas to leak out.

Charcoal grill

Use starter fluid sparingly and never put it on an open flame. And it's always best to have a fire extinguisher nearby... it can stop a fire before it spreads.



Think PASS!

1. Pull Ring

2. Aim at Base of Fire

3. Squeeze Lever

4. Sweep Side to Side

Equipment Safety

The Equipment Manager (Purchasing Agent) is an elected Freeport Little League Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

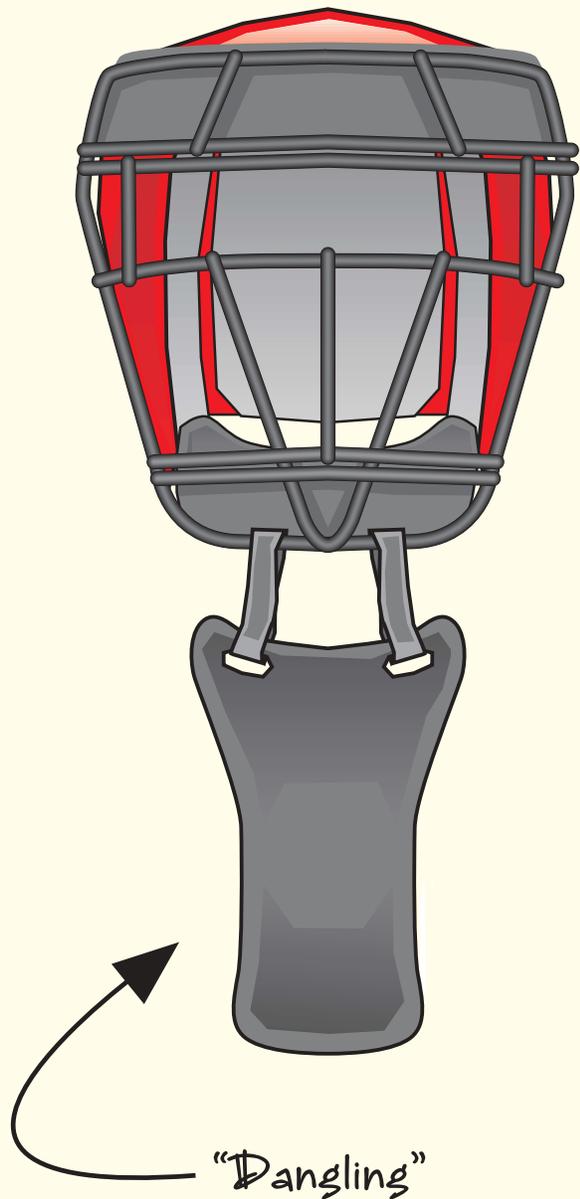
Managers and/or Coaches will contact the League Equipment Manager to replace and defective or ill-fitting equipment right away. If an injury happens due to defective equipment, managers and coaches should indicate that defective equipment was used by the injured player on the accident report.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Freeport Little League Equipment Manager. Safety Manuals must be turned in with the equipment.

- Each team, at all times in the dugout, shall have four (4) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by Freeport Little League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet. All of the above must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

- Bats that are fractured in anyway, must be discarded. Bats with dents are not to be used.
- Only Official Little League balls will be used during practices and games.
- No Wood bats at any time.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Freeport Little League Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the Freeport Little League Equipment Manager.
- Make sure that players respect the equipment that is issued.
- All fields have break-way bases.
- T-ball through 8U will have double first base.
- Backstop padding behind home plate fence.
- Pitching machines are to be set up and operated by ADULT coaches or managers only. This includes feeding the machines and making adjustments.



**Make
Sure
They
Are
Safe!**

REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Low-Impact Balls Help Reduce Injuries By 30%

New USA Baseball Medical/Safety Advisory Committee report suggests leagues could reduce injuries especially in lower divisions by using reduced impact balls.

While there is no way to prevent players from being hit by a ball, using a reduced impact ball would substantially reduce their risk of injury when ball impacts do occur. According to a new report, your league could reduce ball-related injuries by almost one-third in your Minor Divisions by using a reduced impact ball. The report, recently released by the USA Baseball Medical/Safety Advisory Committee, suggests that you should strongly consider adopting reduced impact balls for your Tee-Ball and other Minor League divisions that are focused on skill development.

Study Shows Injuries Largely Caused by Ball Impacts

The committee conducted two national research studies. The first study assessed the injury rate in youth baseball during the years 1987-1996. The second study assessed how effective reduced-impact balls were in preventing injuries during the 1997 to 1999 seasons.

The results of the injury rate study showed a low 1.69 injuries per 1,000 participants. Confirming the results of other studies that have shown ball impact as the number one cause of injury for all levels of Little League play, this study found ball impacts accounted for 52.6% of all injuries.

Breaking down the ball injury numbers, the batted ball accounted for 20% of all injuries, the pitched ball 19%, and the thrown ball 13%. The body parts most injured were the face, teeth, head, knee / ankle, and chest, respectively. These results show that reducing ball impact injuries can provide the most potential benefit in reducing overall injury rates and making your players safer.

Injury Data Shows Reduced Impact Balls Reduce Injuries

For the second study, the committee relied on three sources of national data from Little League: insurance injury reports, participation numbers, and a survey of equipment. The equipment survey was sent as a questionnaire to the safety officer for each of the leagues nationwide and also included telephone follow-ups for the final two years. The participation rate in the survey averaged 97%, making the study one of the most significant sources on injuries in organized youth baseball.

The study concluded that the reduced impact ball decreased ball-related injury risk by 29% for all of the reduced impact balls. The protective effect of the reduced impact balls was statistically significant for the Tee-Ball (5-8) and Minor (7-12) divisions but not in the leagues with the more skilled players.

USA Baseball Medical/Safety Recommends Low-Impact Ball

The USA Baseball Medical/Safety Advisory Committee recommends your league adopt for Tee-Ball and other Minor League divisions reduced impact balls that meet National Operating Committee on Standards for Athletic Equipment standards levels 1 and 2. USA Baseball is the governing body for all baseball in the U.S.

In its conclusion, the committee stressed that switching to a reduced impact ball does not reduce the importance of teaching your players fundamental baseball skills and ball-avoidance techniques for batters. Skill enhancement remains the best and most effective way to prevent ball-related injuries.

Balls Perform Similarly

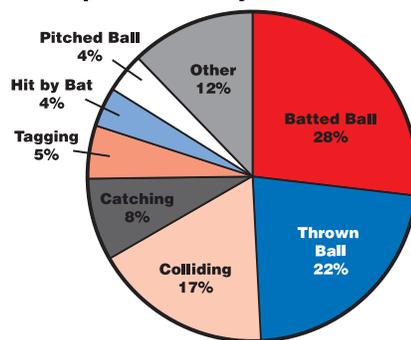
According to a study published by *The Journal of the American Medical Association*, when labels were removed from traditional and reduced impact balls, as both children and adults threw, pitched, and batted the balls, they were unable to detect a difference.

These findings are not surprising, since the reduced impact balls are designed to look and play like a traditional ball, with the same size, weight, liveliness, and surface characteristics. Neither you nor your players should be able to feel a change, and your league's performance will not be altered. You can even switch balls when tournaments begin or when teams move into an older age group with no detriment to the player's skill in using a traditional ball.

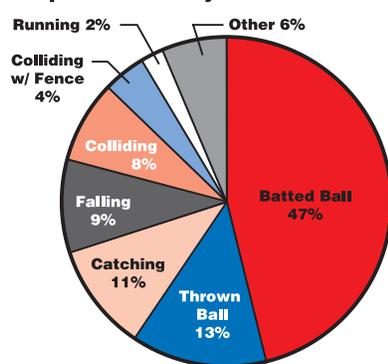
With ball-impact continuing to be the most prevalent cause of injury in Little League, it makes sense to take the advice of USA Baseball and adopt the reduced impact ball for your Tee-Ball and Minor League divisions.

The charts at left show the top causes of injuries to infielders and outfielders in Little League continue to be due to ball impacts.

Top Causes of Injuries to Infielders



Top Causes of Injuries to Outfielders



Little League®, 2004-2006

Bat Regulations as of January 1, 2018

Please note that as of January 1, 2018, the new USA Baseball Bat Standard have been implemented. Little League-approved baseball bats that are approved for use for the 2017 season will no longer be acceptable for use in any Little League game or activity. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com.

Rule 1.10

The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat)

Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball’s Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed $2\frac{5}{8}$ inches for these divisions of play. Additional information is available at LittleLeague.org/batinfo.

Tee Ball:

Under the USABat standard, certified Tee Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All Tee Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the implementation of the new standard can be certified using an Approved Tee Ball Sticker via the USA Baseball Tee Ball Sticker Program (USABaseballShop.com) beginning September 1, 2017.

Minor/Major Divisions:

It shall not be more than 33 inches in length; nor more than $2\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths ($15/16$) inches in diameter ($7/8$ inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed sixteen (16) inches from the small end.

NOTE: Solid one-piece wood barrel bats do not require a USA Baseball logo.

Intermediate (50-70) Division and Junior League:

It shall not be more than 34" inches in length; nor more than $2\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths ($15/16$) inches in diameter ($7/8$ inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed eighteen (18) inches from the small end.

NOTE: Solid one-piece wood barrel bats do not require a USA Baseball logo.

Senior League:

It shall not be more than 36 inches in length, nor more than $2\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths ($15/16$) inches in diameter ($7/8$ inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed eighteen (18) inches from the small end. The bat shall not weigh, numerically, more than three ounces less than the length of the bat (e.g., a 33-inch-long bat cannot weigh less than 30 ounces). All bats not made of a single piece of wood shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color. Aluminum/alloy and composite bats shall be marked as to their material makeup being aluminum/alloy or composite. This marking shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side, and located on the barrel of the bat in any contrasting color.

In all divisions, a non-wood bat must have a grip of cork, tape, or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited.

NOTE 1: Whiffle ball type bats are permissible in all Challenger Divisions.

NOTE 2: The traditional batting donut is not permissible.

NOTE 3: Tee Ball bats may be used in the Challenger Divisions. Under the USABat standard, certified Tee Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All Tee Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the implementation of the new standard can be certified using an Approved Tee Ball Sticker via the USA Baseball Tee Ball Sticker Program (USABaseballShop.com) beginning September 1, 2017.

NOTE 4: Non-wood bats may develop dents from time to time. Bats that have cracks or sharp edges, or that cannot pass through the approved Little League bat ring for the appropriate division must be removed from play. The $2\frac{1}{4}$ -inch bat ring must be used for bats labeled $2\frac{1}{4}$. The $2\frac{5}{8}$ -inch bat ring must be used for bats labeled for $2\frac{5}{8}$.

NOTE 5: An illegal bat must be removed. Any bat that has been altered shall be removed from play.

Please review the following information regarding the new USA Baseball bat standard (USABat) as it relates to informing the public of the new standards for tee ball bats and USA Baseball's Tee Ball Sticker Program.

The USA Baseball Tee Ball Sticker Program is an initiative designed to allow for the continued use of uncertified tee ball bats (26" and shorter) leading up to and following the implementation of the USABat standard on January 1, 2018.

USABat Overview

- Beginning January 1, 2018, participating National Member Organizations, which include the American Amateur Baseball Congress (AABC), Babe Ruth Baseball/Cal Ripken Baseball, Dixie Youth Baseball, Little League Baseball and PONY Baseball, will adopt the USABat standard for youth baseball and tee ball bats.
- Following the implementation of the new standard, only bats certified under USABat featuring USA Baseball's mark will be authorized for play in youth leagues within the participating National Member Organizations (see your league rule book for detailed bat rules)
- For youth baseball bats (lengths 27" and longer), the USA Baseball mark signifies that the bat has undergone lab testing to confirm that it performs at a wood-like standard and has been certified under USABat.
- Retailers and licensed bat manufacturers may begin selling certified baseball and tee ball bats featuring the USA Baseball mark on September 1st, 2017.
- More information on USABat can be found here: [USABat Standard](#)

Tee Ball Bats Under USABat

- Approved tee ball bats (lengths 26" and shorter) under USABat will feature the USA Baseball mark and permanent text which reads: **ONLY FOR USE WITH APPROVED TEE BALLS.**
- Unlike standard youth baseball bats (lengths 27" and longer), tee ball bats are not required to undergo lab testing to receive approval under USABat. However, tee ball bats must feature the USA Baseball mark and accompanying permanent text to be approved for play within the participating National Member Organizations.
- A list of approved tee balls (low compression baseballs) will be available on [USABaseball.com](#)

USA Baseball's Tee Ball Sticker Program

- The USA Baseball Tee Ball Sticker Program is an initiative designed to allow for the continued use of tee ball bats that were manufactured prior to the implementation of the new USABat standard.
- This program will allow individuals and families to purchase approved stickers marked with the USA Baseball logo and language which reads: **ONLY FOR USE WITH APPROVED TEE BALLS.**

Product Information

- The USABat Tee Ball Sticker is a 1.25" X 2" vinyl sticker featuring the USA Baseball logo and permanent text which reads: **ONLY FOR USE WITH APPROVED TEE BALLS.**
- **Stickers will be available for purchase online via USABaseballShop.com beginning September 1, 2017.**
- Each sticker order will be accompanied with an instruction card indicating how to properly apply stickers to tee ball bats.
- Please review the attached Sticker Placement Guide to see how stickers should be applied to unmarked tee ball bats.

About USA Baseball

USA Baseball is the national governing body for the sport of baseball in the United States and is a member of the United States Olympic Committee and the World Baseball Softball Confederation. The organization selects and trains the World Baseball Classic, Olympic, Premier12 and Pan Am teams (and all other USA Baseball Professional Teams); the USA Baseball Collegiate National Team; the USA Baseball 18U, 15U and 12U National Teams; and the USA Baseball Women's National Team, all of which participate in various international competitions each year. The organization is responsible for the continued proliferation and health of the sport, and leads a number of amateur initiatives including PLAYBALL and Pitch Smart. USA Baseball also presents the Golden Spikes Award annually to the top amateur baseball player in the country. For more information, please visit the organization's official websites: USABaseball.com, USABaseball.Education, PLAYBALL.org, PitchSmart.org, GoldenSpikesAward.com and USABaseballShop.com.

Modifying Helmets with Additional Attachments: What You Need to Know

The safety of all our participants is our utmost concern, and, like the vast majority of youth organizations, Little League® requires our batters to wear helmets that meet National Operating Committee on Standards for Athletic Equipment (NOCSAE) specifications and bear the NOCSAE stamp.

As the popularity of helmet attachments (c-flap, etc.) increase throughout baseball and softball, Little League® International has begun to receive inquiries from our families, players, and volunteers as to whether or not they're permitted in Little League play.

Altering a helmet in anyway (drilling holes, removing padding, etc.) may cause a manufacturer to void the NOCSAE certification of that helmet, making it illegal to use in Little League play. If you have altered your helmet or intend to, please contact the helmet manufacturer to determine if altering the helmet will void the NOCSAE certification.

What are helmet attachments?

Helmet attachments are products that are sold separately from helmet, that you, the consumer, are responsible for attaching to the helmet. They include the "c-flap," and similar face guards which is a hard-plastic extension that attaches to the ear-flap of a batter's helmet.

How is this different from a facemask?

A facemask is an attachment that covers the entire face and typically does not require the helmet to be altered by drilling holes into the helmet to attach the facemask. Many manufacturers sell helmets with a facemask already attached that are NOCSAE certified.

Can we use them?

In order to use a helmet attachment in Little League play, the helmet manufacturer must provide a notice indicating that affixing the protector to the helmet has not voided the helmet's NOCSAE certification. That notice must be shown to the umpire prior to the game. Little League International has issued a letter to all youth batting helmet manufacturers for clarification on whether or not adding to their helmets voids their NOCSAE certification.

If the manufacturer's response is not listed below and/or if you have not received a notice, or the notice is not available, helmets with an attachment are not permitted to be used.

What's NOCSAE?

The mission of the National Operating Committee on Standards for Athletic Equipment (NOCSAE) is to commission research in sports medicine and science and establish standards for athletic equipment, where feasible, this includes batters' helmets. Little League International regulations mandate that helmets meet NOCSAE specifications and bear the NOCSAE stamp.

Why can't we use them without manufacturer approval?

According to NOCSAE, adding "products to a helmet previously certified as meeting the appropriate NOCSAE standard will make the certification voidable by the helmet manufacturer. Such additions to the helmet create a new and untested model, as defined in the NOCSAE standards." You can read their release at NOCSAE.org. Little League is asking manufacturers to clarify whether or not their helmets with an added attachment are still NOCSAE certified, and therefore, permitted for Little League use.

Below is a full list of manufacturer responses and guidance on whether or not their helmets are still NOCSAE certified if an attachment has been added to the helmet:

July 19, 2018

Helmet Add-Ons And NOCSAE Certification

All-Star manufactures a number of different baseball and softball batting helmet face guards designed to fit our helmets. These batting helmet face guards are SEI Certified to the NOCSAE Standard which requires both annual 3rd party testing as well as ongoing quality control (QC) impact testing. With the rise in popularity of cheek-flap products, it should be known that no cheek-flap or jaw extension product meets the NOCSAE standard for face protection.

We are introducing a jaw extension for All-Star batting helmets. The JawLine™ will be in stock by the Fall of 2018 (model numbers BHJL-LHB / BHJL-RHB). It mounts to existing hardware in our helmets. No holes are drilled in the shell and no adhesives are used. We have tested our jaw extensions in our QC lab and they do not affect the testing performance of our helmets. We will continue QC test during production to ensure that the batting helmets are not negatively affected by our own add-on and still meet the NOCSAE Batter's Helmet Standard as intended.

If someone chooses to attach a helmet add-on from another company (such as C-Flap) to any of our helmets, it voids our warranty because we cannot accurately assess how all possible add-ons will affect the base helmet model and the player using our helmet. This is particularly true if the add-on requires drilling a hole in the shell or gluing to the shell. Drilling a hole in the shell directly affects a "critical component" of the helmet. Per SEI and NOCSAE, as soon as a critical component is altered, it is a new model that requires 3rd party testing and QC testing of production. We cannot adequately QC test another company's add-ons. As such, altering a critical component voids the NOCSAE Certification of All-Star helmets. Furthermore, we have no control of where a hole is drilled in the shell or what glue/adhesive is used. Both could negatively affect the integrity of the helmet shell and prevent the helmet from performing as intended.

Sincerely,

Stan Jurga Jr.
All-Star Sporting Goods
Director of Product Development



May 22, 2018

Patrick Wilson
Senior Vice President
Little League Baseball and Softball
539 US Highway 15
Williamsport PA 17701-0485

RE: Use of batting face protectors on baseball helmets.

Mr. Wilson:

This is in response to your request from Boombah as a helmet manufacturer to questions about the use of cheek flaps or "C flaps" on batting helmets and how that affects the NOCSAE certification of those helmets. We appreciate your concern for player safety and we share that concern.

Our position is as follows:

As of the date of this letter, there is no NOCSAE standard for these cheek flaps other than as an accessory as set forth in NOCSAE ND001 7.1:

Headgear is worn on the head in an effort to reduce or minimize injury to that portion of the head which is within the specified area of coverage, and shall be constructed to reduce the risk of injury to the wearer's head, and to remain on the wearer's head, during impact. **Optional devices fitted to the headgear/equipment shall be designed so that they are unlikely to cause injury during use.** For example: wire face protectors must not be designed with weld junctions and/or wire terminus ends in the ocular area, such that in the event of a weld separation, the wire ends could come into contact with the ocular area.

Boombah has specifically engineered the Boombah cheek flap to fit on the Boombah DEFCON® helmet. The holes predrilled for a chin strap on the DEFCON® helmets are useable for the Boombah cheek flaps: product codes beginning BDFG. This protects the integrity of the helmet. In addition, it makes them "unlikely to cause any injury during use" in compliance with the NOCSAE standard above.

Use of the Boombah BDFG cheek flap with any helmet other than the DEFCON® helmets, or use of a non-Boombah cheek flap on a Boombah helmet, is strongly discouraged. Use of any adhesive or drilling any additional holes in any helmet is very detrimental to the integrity of that helmet, and will likely violate NOCSAE standards and the manufacturer's warranty for that helmet.

Given that NOCSAE considers the addition of the cheek flap to make this helmet "not identical", we will test our DEFCON® helmets again with the cheek flap attached. Since NOCSAE does not have a cheek flap standard, this will mean testing the helmets again to the same helmet standards they have already passed.

For all of the reasons stated above, Boombah is choosing to NOT void our NOCSAE certification as allowed by the NOCSAE release you quoted. As previously stated, we will do additional testing of the helmets with the cheek flap attached. If in the future, NOCSAE develops standards for cheek flaps, we will also test to those standards.

We have already received customer feedback on the benefits of using the Boombah BDFG flap. It would be a shame to deny your players that extra protection.

Please feel free to contact me if you have any questions or wish to discuss this further.

Very truly yours,

A handwritten signature in black ink, appearing to read "Julie Schlichting", with a stylized flourish extending to the right.

Julie Schlichting
General Counsel
Julie.schlichting@boombah.com

June 25, 2018

Mr. Patrick Wilson
Senior Vice President
Little League Baseball and Softball
539 U.S. Highway 15
P.O. Box 3485
Williamsport, PA 17701-0485

Dear Mr. Wilson,

Due to the extreme mechanical changes that a batting helmet undergoes during the addition of a “c-flap” or other add-on face protector (removal of foam, drilling additional holes into the protective shell, adding hardware) and the uncontrolled means by which these face protectors are applied, CHAMPRO does not approve of the addition of a “c-flap” or other add-on face protector to its batting helmets that are SEI-certified to meet the NOCSAE standard. Any such addition of a face protector or other helmet add-on to our H4 SEI-certified batting helmet will void the certification of the helmet to the NOCSAE standard, along with our warranty.

The only add-on components that are currently approved for use with our H4 SEI-certified batting helmet are the H4FM face protector for baseball and the H4FMS face protector for softball, which are each models that are SEI-certified to meet the NOCSAE standard when paired with an H4 helmet of any size.

Sincerely,

Megan Hunt
CHAMPRO Sports
Product Safety & Compliance Manager

27 July 2018

Mr. Patrick Wilson
Senior Vice-President of Operations and Program Development
Little League International
539 US Highway 15
Williamsport, PA 17701

Re: “C-Flap” and NOCSAE Certification

Dear Pat:

We are in receipt of your letter and email dated 16 May 2018 requesting clarification on NOCSAE certification of Easton helmets to which a player adds a “C-flap”. We provide the following response.

Our position is simple – the addition of any device to one of our helmets voids the SEI certification to the NOCSAE Standard if the user materially alters the helmet in order add the device. Generally, third party c-flaps cannot be properly attached to Easton helmets without modification. As such, their addition, regardless of how attached, voids both our warranty and its SEI certification.

We are aware of a couple of exceptions to the general rule provided above regarding the attachment of third party C-flaps to Easton helmets. The Markwort C-Flap can be properly attached to Easton’s Z7, Z6 and Z6 Elite helmets without modification. Our warranty and SEI certification to the NOCSAE Standard for these helmets remain intact when the Markwort C-Flap is properly attached. Please note, however, that the SEI certification to the NOCSAE Standard only extends to our helmet. NOCSAE does not publish any standard for c-flaps on a stand-alone basis, or when combined with helmets.

Please note, we now offer Easton’s own *Extended Jaw Guard*. Easton’s Extended Jaw Guard can be attached to our Z5 helmet, our Pro X helmet and our Elite X helmet. In all cases, the Extended Jaw Guard can utilize existing holes on these helmets for installation, requiring no modification. The Extended Jaw Guard -- when attached to the Z5, Pro X and Elite X -- will neither impact the warranty nor the SEI certification to the NOCSAE Standard of these helmets. Please note that the Pro X and Elite X helmets will be available for purchase with the Extended Jaw Guard already attached as combined products, or as standalone helmets as well.

We hope this is helpful and provides the requested clarification. Please let us know if you have any questions.

Thank you,

Easton Diamond Sports, LLC

cc: Karl Eckweiler (*via email only*)
Calin Thomas (*via email only*)



May 22, 2018

Patrick Wilson
Senior Vice President
Little League Baseball and Softball
539 US Highway 15
Williamsport PA 17701

Mr. Wilson:

Mizuno batting helmets with an additional face protector including the 'C-Flap' or similar product will void the current NOCSAE standard as written and, thus, the helmet would no longer be approved for play. This would apply to all Mizuno batting helmets.

Mizuno provides an option for additional face protection with our MFM 200 and MFM 600 baseball facemasks, which can attach to our batting helmets. Mizuno batting helmets are tested with the baseball facemask and are NOCSAE certified.

Best regards,

Chad Robertson



Date: June 7, 2018

Rawlings Helmet Flap/Extension Policy

Mr. Patrick Wilson
Senior Vice-President of Operations and Program Development
Little League International
539 US Highway 15
Williamsport, PA 17701

Re: "C-Flap" and NOCSAE Certification

We write this letter requesting clarification from helmet manufacturers regarding their stances on whether or not add-on face protector components, such as a "c-flap", will void NOCSAE certifications. Rawlings Sporting Goods Company, Inc. has a very clear and firm stance on this matter. The addition of any component to a Rawlings helmet that was not sold by Rawlings and advertised as approved for use as contemplated will both void any manufacturer warranty and void the NOCSAE certification. Rawlings cannot properly assess the effectiveness or safety of any such modification or the effects on the integrity of the helmet shell. Any helmet alteration, which includes drilling the shell, effectively creates a new model that would require 3rd party testing to achieve NOCSAE certification.

Rawlings Sporting Goods Inc. manufactures a number of different baseball and softball batting helmet face guards/masks designed to fit our helmets. These batting helmet face guards/masks are SEI Certified to the NOCSAE Standard which requires both annual 3rd party testing as well as ongoing quality control (QC) impact testing.

However, Rawlings is excited to inform you that we intend to offer a flap/extension of our own that will be available for sale in the upcoming months. The name of this accessory attachment will be known as the Mach EXT (Mach Extension). The Rawlings Mach EXT has been specifically designed to fit on our new Mach batting helmet line. The Mach EXT can be attached by aligning the pre-drilled holes on the extension to the pre-drilled holes on the Mach helmet resulting in a combination and attachment method that does not void Rawlings' helmet warranty nor the helmet's NOCSAE certification.

Additionally, Rawlings currently offers a number of different baseball and softball batting helmet face guards and masks designed to fit our helmets. These products are SEI Certified to the NOCSAE Standard.

We hope that this statement is helpful and provides detailed clarification. Please let me know if you have any additional questions or comments.

Respectfully,

Mike Kennedy
Rawlings Sporting Goods Inc.
Manager – Batting Helmets, Protective, Bags



July 19, 2018

Helmet Add-Ons And NOCSAE Certification

Under Armour offers a number of different baseball and softball batting helmet face guards designed to fit Under Armour batting helmets. These batting helmet face guards are SEI Certified to the NOCSAE Standard which requires both annual 3rd party testing as well as ongoing quality control (QC) impact testing. With the rise in popularity of cheek-flap products, it should be known that no cheek-flap or jaw extension product meets the NOCSAE standard for face protection.

We are introducing a jaw extension for Under Armour batting helmets. The Pro Face Guard™ will be in stock by the Fall of 2018 (model numbers UABHPFG-LHB / UABHPFG-RHB). It mounts to existing hardware in our helmets. No holes are drilled in the shell and no adhesives are used. We have tested our jaw extensions in our QC lab and they do not affect the testing performance of our helmets. We will continue QC test during production to ensure that the batting helmets are not negatively affected by our own add-on and still meet the NOCSAE Batter's Helmet Standard as intended.

If someone chooses to attach a helmet add-on from another company (such as C-Flap) to any Under Armour helmets, it voids our warranty because we cannot accurately assess how all possible add-ons will affect the base helmet model and the player using our helmet. This is particularly true if the add-on requires drilling a hole in the shell or gluing to the shell. Drilling a hole in the shell directly affects a "critical component" of the helmet. Per SEI and NOCSAE, as soon as a critical component is altered, it is a new model that requires 3rd party testing and QC testing of production. We cannot adequately QC test another company's add-ons. As such, altering a critical component voids the NOCSAE Certification of Under Armour helmets. Furthermore, we have no control of where a hole is drilled in the shell or what glue/adhesive is used. Both could negatively affect the integrity of the helmet shell and prevent the helmet from performing as intended.

For any further questions, please call 800.777.3810

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To whom it may concern,

In response to the question of whether or not a C-flap would void the NOCSAE certification of EvoShield, Wilson or DeMarini helmets, the answer is yes. In order to meet NOCSAE certification standards as it concerns helmets-any attachment including facemasks, face shields or other attachments, the helmet must be designed and tested to NOCSAE standards with those attachments. Wilson recognizes that there are after-market attachments such as the C-flap that can be attached to some helmets sold on the open market. However, Wilson can only confirm that Wilson, Evoshield and DeMarini attachments and facemasks were certified with our respective helmets.

The best option for protection if facial protection is desired or required is to purchase NOCSAE certified helmets with facemasks or face shields certified with those helmets. Currently, both DeMarini and Evoshield offer several models with certified facemasks. In addition, EvoShield anticipates releasing the XVT batting helmet face shield to be used with the Evoshield XVT batting helmet. We anticipate this product being available on August 1, 2018.

Consumers can call our customer service at 1-800-800-9936 if there are any questions.

Shaun Gilday
Wilson/DeMarini/EvoShield/Louisville Slugger
1 Prudential Plaza
130 E Randolph Street Suite 600
Chicago, IL 60601



Accident Reporting Procedures

The following reporting procedures should be used by all managers, coaches, parents, umpires, and volunteers concerning injuries.

What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest. Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly. The league Safety Officer will log all reported incidents and track as noted below.

When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. Timely reporting of safety violations is a key factor in promptly dealing with safety issues including preventative measures or corrections that may protect a child from harm in the future.

The Safety Officer is:

AnneMarie Duckworth who can be reached at 516-673-3230 Cell or annemduckworth@gmail.com

How to Make the Report

The League will provide hardcopy printouts of the Incident/Injury Tracking Report with all First Aid kits that are provided to every Team as part of the standard issue equipment. This will allow teams to have the form with them for use at all games and practices.

A coach or league official must complete an incident/injury tracking report as soon as possible after the incident occurs and notify the league Safety Officer via phone, text or email asap. The form can either be hand delivered to the Safety Officer or scanned/email to her.

At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Freeport Little League's insurance coverages and the provisions for submitting any claims.

Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to

- (1) check on the status of any injuries, and
- (2) to 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).

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

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 an 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 or Softball game or practice, here is how the insurance works:

- 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.
- 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.

- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - 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.
 - If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date that is 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.

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

League Player Registration Data

Each year, Little League Baseball requests player rosters and coach and manager listings be submitted to the Little League Data Center. Freeport Little League has submitted to Little League Data Center, all player, coach and manager listings available as of March 15, 2019. In 2019, registration is completed online through the League website between October 1, 2018 and March 15, 2019. Between March 16, 2019 and April 30, 2019, players can still be registered but a \$25.00 late fee will be incurred. No players will be registered on or after May 1, 2019. This information will be updated after May 1, 2019 after the spring season begins.