



# LITTLE LEAGUE

ASAP SAFETY PLAN 2023

Ontario Eastern Little League



## **Little League Safety Plan Requirements:**

### **1. League Safety Officer**

The Name and Contact Information of the current Ontario Eastern Little League Safety Officer, as on file with Little League Headquarters, is Virginia Martinez-Nicholson.

### **2. Distribution of the ASAP Safety Plan**

Ontario Eastern Little League will distribute a copy of the ASAP Safety Plan to all Managers, Board Members and District Administrator. A copy will be kept in the Snack Bar and Scorekeeper Room.

#### **Emergency Contacts:**

|   |              |
|---|--------------|
| <b>Police/ Fire/ Medical Emergency</b>              | <b>911</b>   |
| Police Non-Emergency (Ontario Police Dispatch)      | 909-395-2001 |
| Fire Non-Emergency                                  | 909-395-2002 |
| California Poison Control                           | 800-222-1222 |
| • League President Graham Zovich                    | 909-202-1285 |
| • League Vice President Greg Del Fante              | 909-228-5187 |
| • League Player Agent Judith Lomeli                 | 562-360-3944 |
| • League Safety Officer Virginia Martinez-Nicholson | 714-420-6871 |

#### **Injury Procedures**

1. Provide basic first aid as appropriate per your training.
2. Call '911' Emergency Medical Services (EMS) if necessary.
3. Contact the player' s parent or guardian and advise Board Member on Duty
4. Contact Safety Officer Virginia Martinez-Nicholson 714-420-6871
5. If EMS was called, provide the player's medical release form.
6. Ensure responsible adult (Manager, Coach, Board Member and/or family member) remains with the player at all times if transported to the hospital.
7. Complete an Injury Report Form for all injuries and an Accident Claim Form for any that require professional medical treatment or possible serious injuries. (Appendix E)
8. Submit all forms to the Safety Officer via board member on duty, email or in person.

### **3. Volunteer Background Check Requirements:**

Ontario Eastern LL requires all volunteers to submit a completed Little League Volunteer Application (Appendix A) along with a copy of a government-issued photo identification card. The application and Photo ID shall be kept with the League President in a confidential file for the year of service and used to screen for sex offenders through the Department of Justice nationwide sex offender registry.

### **4. Manager and Coach Requirements**

1. Complete a Manager/coach volunteer application.
2. Meet the volunteer background check requirements.
3. Managers must be at least 21 years old.
4. Coaches must be at least 16 years old.
5. Attend the Manager Meeting and the Basic First Aid Class (At least one manager or coach from each team must attend the Class)
6. Concussion Training
7. All managers and coaches must be approved by the league's Board of Directors.

### **5. First Aid and Concussion Training**

#### **First Aid Training**

Ontario Eastern Little League will provide First Aid training at the start of the Season. 1 Manager or 1 coach must attend this training once every Year.

#### **Concussion Training**

It is also highly recommended that all coaches/managers receive concussion training. Free concussion training is available at [www.nfhslearn.com](http://www.nfhslearn.com). Every manager must attend this training once every year, Certificates of completion must be submitted to the Vice President prior to start of the season. (Appendix B)

## **6. Field Inspection**

Manager/Coaches will be required to walk /inspect the fields prior to practices and games. Umpires will also be required to walk the field for hazards before each game. See Facility and Field Inspection Checklist in Appendix C.

## **7. Facility Survey**

Ontario Eastern Little League has completed and updated our 2023 Facility Survey online.

## **8. Concession Stand Safety**

- Menu shall be posted & approved by the Safety Officer and the League President.
- Concession Safety Procedures will be posted in several locations in concession stand.
- Attached is a copy of The Ontario Eastern Little League Concession Stand Safety Procedures (Appendix D)

## **9. Equipment Safety**

- The League Safety Officer will inspect all equipment in the pre-season.
- Managers/Coaches will inspect equipment prior to each game
- Umpires will be required to inspect equipment prior to each game.

## **10. Implement Prompt Accident Reporting**

Ontario Eastern will use the provided “Preliminary Accident Report” from the Ontario Eastern Little League website and will provide completed Accident forms to the following individuals (identified in Section 3 above) within 24-48 hours of the incident:

- League Safety Officer
- League President
- League Vice President
- League Player Agent
- Please see copy of Preliminary Accident Report Form in Appendix E.

## **11. First Aid Kits**

- A Basic First Aid Kit and ice pack will be distributed to each Team Mom
- The Kit shall be brought to all practices and games.
- Team Mom is responsible for restocking Kit by contacting Virginia Martinez-Nicholson, Safety Manager
- Extra Ice Packs will be located in first aids kits in the Equipment and Scorekeeper's room.
- Larger first aid kits and CPR Masks are located in the equipment room and scorekeeper room near the entrances.
- AED (Automatic External Defibrillator) located in Scorekeeper room

## **12. Key Safety Rules**

- Little league rule books will be distributed to Managers at the start of the season.
- Managers and coaches must enforce all rules at games and practices.
- Managers and coaches must abide by the "Code of Conduct Policy"

Ontario Eastern Little League will require All TEAMS to enforce ALL Little League Rules, including Proper Equipment for catchers.

### **Key safety rules include:**

- a. No on-deck batters
- b. Observing bat safety (e.g., swinging only in batter's box)
- c. Batting helmets on at all times when batting
- d. Coaches will not warm up pitchers**
- e. Bases will disengage on all field
- f. No horse-play

## **13. Qualified Safety Plan Registration Form**

Ontario Eastern Little League understands that its Safety Plan Will Not be shown as received without the inclusion of this form.

**14. League Player Registration Data, Player Roster Date, and Coach/Manager Date**

League Player Registration Data or Player Roster Date and Coach/Manager Date must be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org). This is a mandatory requirement for an approved ASAP plan.

**15. Excessive Heat Precautions**

Excessive Heat can be common during the season for Ontario Eastern LL.

The following precautions will be taken during practices and games to protect players.

- Players will be encouraged to apply sunscreen of at least 30 SPF to protect their skin
- Players will be encouraged to drink water every 10 to 15 minutes to stay hydrated.
- Coaches/Managers will be advised to pay close attention to player behavior to ensure that they are not getting over heated.
- It is highly advised that no practice or game shall occur while the sun is up, and the temperature is above 105 degrees.

# Appendix A- Volunteer Application



## Little League® Volunteer Application – 2022

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

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

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

All red fields are required.

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

1. Do you have children in the program?  
 If yes, list full name and what level? \_\_\_\_\_ Yes ☐ No ☐  
 2. Special Certification (CPR, Medical, etc.)? If yes, list: \_\_\_\_\_ Yes ☐ No ☐  
 3. Do you have a valid driver's license?  
 Driver's license# \_\_\_\_\_ State \_\_\_\_\_ Yes ☐ No ☐  
 4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_ Yes ☐ No ☐  
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)  
 5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_ Yes ☐ No ☐  
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)  
 6. Do you have any criminal charges pending against you regarding any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_ Yes ☐ No ☐  
 (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization's ineligible list? Yes ☐ No ☐  
 If yes, explain: \_\_\_\_\_  
 (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)  
 In which of the following would you like to participate? (Check one or more.)  
☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand  
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other \_\_\_\_\_  
 Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:  
**Name/Phone** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStates.html](http://LittleLeague.org/BgStates.html)  
 AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks(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):  
**Review the Little League Regulation 1(c)(9) for all background check requirements**  
☐ JDP (includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)\*  
 OR  
☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List  
☐ National Sex Offender Registry

\*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 only rely on the JDP results. If a name match is identified from JDP in a state where only name match searches can be performed, you should only rely on the JDP results. If a name match is identified from JDP in a state where only name match searches can be performed, you should only rely on the JDP results. If a name match is identified from JDP in a state where only name match searches can be performed, you should only rely on the JDP results.

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

Last Updated: 10/11/2021



# HEADS UP CONCUSSION



## SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### › SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### › SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"



## ACTION PLAN

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - › Be back to doing their regular school activities.
  - › Not have any symptoms from the injury when doing normal activities.
  - › Have the green-light from their health care provider to begin the return to play process.

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



For more information and to order additional materials **free-of-charge**, visit: [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP).

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



## Facility and Field Inspection Checklist

Name: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Holes, damage, rough or uneven spots
- Slippery Areas, long Grass
- Glass, rocks, and other debris & Foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning Track condition
- Dugout(s) condition before and after games
- Make sure telephones are available
- Areas around Bleachers are free of debris
- General garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession stand inspection

Notes/Hazards:

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Signature: \_\_\_\_\_

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

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

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

#### 12. Food Storage and Cleanliness.

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

#### 13. Set a Minimum Worker Age.

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

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

# Volunteers Must Wash Hands

## HOW



## WHEN

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

### Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

### Wear gloves.

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

### If you wear gloves:

- ▶ wash your hands before you put on new gloves

### Change them:

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

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



**UMASS  
EXTENSION**



# Appendix E- Preliminary Accident Report Form



## LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)  |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SCHEDULED GAME   |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> TRAVEL TO        | <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL FROM      |   |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TOURNAMENT       |   |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> OTHER (Describe) |   |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     |   |   |
|   | <input type="checkbox"/> BIG (14-18)                  |   |   |   |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

|      |   |
|------|---|
| Date | Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.) |
|      |   |
| Date | Claimant/Parent/Guardian Signature  |
|      |   |

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

|                            |                                 |   |
|----------------------------|---------------------------------|---|
| Name of League             | Name of Injured Person/Claimant | League I.D. Number  |
| Name of League Official    |                                 | Position in League  |
| Address of League Official |                                 | Telephone Numbers (Inc. Area Codes)<br>Residence: (    )<br>Business: (    )<br>Fax: (    ) |

Were you a witness to the accident? ☐ Yes ☐ No  
Provide names and addresses of any known witnesses to the reported accident.

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

| POSITION WHEN INJURED                    | INJURY   | PART OF BODY                         | CAUSE OF INJURY                                  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> 01 1ST          | <input type="checkbox"/> 01 ABRASION                 | <input type="checkbox"/> 01 ABDOMEN  | <input type="checkbox"/> 01 BATTED BALL          |
| <input type="checkbox"/> 02 2ND          | <input type="checkbox"/> 02 BITES                    | <input type="checkbox"/> 02 ANKLE    | <input type="checkbox"/> 02 BATTING              |
| <input type="checkbox"/> 03 3RD          | <input type="checkbox"/> 03 CONCUSSION               | <input type="checkbox"/> 03 ARM      | <input type="checkbox"/> 03 CATCHING             |
| <input type="checkbox"/> 04 BATTER       | <input type="checkbox"/> 04 CONTUSION                | <input type="checkbox"/> 04 BACK     | <input type="checkbox"/> 04 COLLIDING            |
| <input type="checkbox"/> 05 BENCH        | <input type="checkbox"/> 05 DENTAL                   | <input type="checkbox"/> 05 CHEST    | <input type="checkbox"/> 05 COLLIDING WITH FENCE |
| <input type="checkbox"/> 06 BULLPEN      | <input type="checkbox"/> 06 DISLOCATION              | <input type="checkbox"/> 06 EAR      | <input type="checkbox"/> 06 FALLING              |
| <input type="checkbox"/> 07 CATCHER      | <input type="checkbox"/> 07 DISMEMBERMENT            | <input type="checkbox"/> 07 ELBOW    | <input type="checkbox"/> 07 HIT BY BAT           |
| <input type="checkbox"/> 08 COACH        | <input type="checkbox"/> 08 EPIPHYSES                | <input type="checkbox"/> 08 EYE      | <input type="checkbox"/> 08 HORSEPLAY            |
| <input type="checkbox"/> 09 COACHING BOX | <input type="checkbox"/> 09 FATALITY                 | <input type="checkbox"/> 09 FACE     | <input type="checkbox"/> 09 PITCHED BALL         |
| <input type="checkbox"/> 10 DUGOUT       | <input type="checkbox"/> 10 FRACTURE                 | <input type="checkbox"/> 10 FATALITY | <input type="checkbox"/> 10 RUNNING              |
| <input type="checkbox"/> 11 MANAGER      | <input type="checkbox"/> 11 HEMATOMA                 | <input type="checkbox"/> 11 FOOT     | <input type="checkbox"/> 11 SHARP OBJECT         |
| <input type="checkbox"/> 12 ON DECK      | <input type="checkbox"/> 12 HEMORRHAGE               | <input type="checkbox"/> 12 HAND     | <input type="checkbox"/> 12 SLIDING              |
| <input type="checkbox"/> 13 OUTFIELD     | <input type="checkbox"/> 13 LACERATION               | <input type="checkbox"/> 13 HEAD     | <input type="checkbox"/> 13 TAGGING              |
| <input type="checkbox"/> 14 PITCHER      | <input type="checkbox"/> 14 PUNCTURE                 | <input type="checkbox"/> 14 HIP      | <input type="checkbox"/> 14 THROWING             |
| <input type="checkbox"/> 15 RUNNER       | <input type="checkbox"/> 15 RUPTURE                  | <input type="checkbox"/> 15 KNEE     | <input type="checkbox"/> 15 THROWN BALL          |
| <input type="checkbox"/> 16 SCOREKEEPER  | <input type="checkbox"/> 16 SPRAIN                   | <input type="checkbox"/> 16 LEG      | <input type="checkbox"/> 16 OTHER                |
| <input type="checkbox"/> 17 SHORTSTOP    | <input type="checkbox"/> 17 SUNSTROKE                | <input type="checkbox"/> 17 LIPS     | <input type="checkbox"/> 17 UNKNOWN              |
| <input type="checkbox"/> 18 TO/FROM GAME | <input type="checkbox"/> 18 OTHER                    | <input type="checkbox"/> 18 MOUTH    |  |
| <input type="checkbox"/> 19 UMPIRE       | <input type="checkbox"/> 19 UNKNOWN                  | <input type="checkbox"/> 19 NECK     |  |
| <input type="checkbox"/> 20 OTHER        | <input type="checkbox"/> 20 PARALYSIS/<br>PARAPLEGIC | <input type="checkbox"/> 20 NOSE     |  |
| <input type="checkbox"/> 21 UNKNOWN      |  | <input type="checkbox"/> 21 SHOULDER |  |
| <input type="checkbox"/> 22 WARMING UP   |  | <input type="checkbox"/> 22 SIDE     |  |
|  |  | <input type="checkbox"/> 23 TEETH    |  |
|  |  | <input type="checkbox"/> 24 TESTICLE |  |
|  |  | <input type="checkbox"/> 25 WRIST    |  |
|  |  | <input type="checkbox"/> 26 UNKNOWN  |  |
|  |  | <input type="checkbox"/> 27 FINGER   |  |

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO  
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

|      |                           |
|------|---------------------------|
| Date | League Official Signature |
|------|---------------------------|