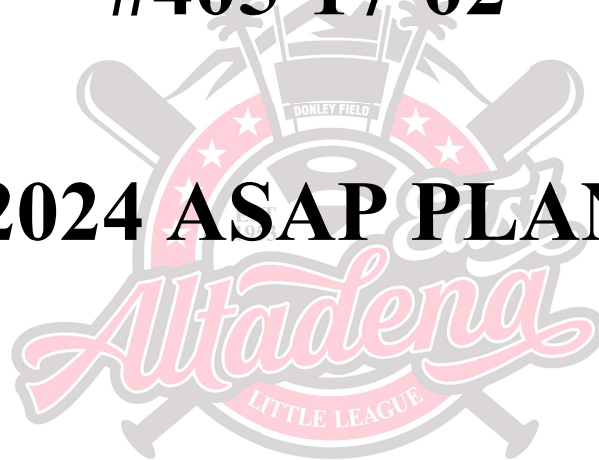


# **EAST ALTADENA LITTLE LEAGUE**

**#405-17-02**

**2024 ASAP PLAN**



**Safety Officer  
Dan Rasmussen  
626-644-6798  
safety@eall.org  
[www.eall.org](http://www.eall.org)**

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## **EAST ALTADENA LITTLE LEAGUE MISSION STATEMENT**

The safety of the children, parents, fans, and volunteers involved with the East Altadena Little League (“EALL”) is our priority. This safety plan is designed to help prevent injuries and assist the BALL in responding to injuries.

Prevention is the focus of every manager, coach, board member, parent, and player. All EALL participants should view each situation from the perspective of "Is it safe?" With this perspective, we can continue to have injury-free events and enjoy the great sport of baseball.

### **SAFETY OFFICER**

The 2024 EALL League Safety Officer, Dan Rasmussen, is on file with Little League International Headquarters. This year’s board members are listed in Appendix A.

### **PLAN DISTRIBUTION**

The Safety Manual and the ASAP will be distributed to all staff, including coaches and board members. The concession portion of the manual will be distributed to concession workers, equipment policies to the facilities crew, and first aid to managers and coaches. Paper copies will be kept in common areas for all volunteers. Printed copies of the plan will be distributed for individuals to carry with them to the areas where their duties are performed.

The plan will be posted on the EALL website for parent/player reference. All adults are encouraged to register for Little League E-News and visit the EALL site at eall.org. Additional safety messages will be provided via email, meetings, and the EALL website. Prior to distribution, the District Safety Officer will review the plan. The District Safety Officer will receive a copy of the final plan.

### **EMERGENCY CONTACT INFORMATION**

EALL does not have a designated landline telephone at Longfellow Elementary or Donley Field. Therefore, managers, coaches, and/or parents should contact emergency services at 9-1-1 in an emergency. You will get routed through CHP when you dial 9-1-1 from a cell phone. Managers and coaches are required to have a cell phone on the field during practices and games.

**Direct emergency responders to Donley Field at E. Rio Grande Street / Catalina Avenue, Pasadena, CA 91104.**

### Other Emergency Contact Information

Contact	Number or Address
<b>Emergency</b>	<b>9-1-1</b>
Pasadena Police Department (non-emergency)	626-744-4241
Pasadena Fire Department (non-emergency)	626-744-4675
Poison Control	800-876-4766
Paul Nerenberg (League President)	617-529-3930
Dan Rasmussen (League Safety Officer)	626-644-6798
Donley Field	Rio Grande St/Catalina Ave. Pasadena, CA 91104
Longfellow Elementary	1065 E. Washington Blvd. Pasadena, CA 91104

## VOLUNTEER APPLICATION FORM

EALL uses JDP to complete background checks for the League. Each coach collects individual volunteer information and submits the information to the safety officer. The League's Safety Officer processes the information through JDP. JDP sends an email to allow the volunteer to complete the background check online. The safety officer verifies all information with a government-issued photo identification card. The Safety Officer will keep all applications for the year of service. Once the year is over, all applications and results will be shredded.

See Appendix B for the Volunteer Application Form.

See Appendix C for a summary of the background checks submitted this year.

## MEDICAL RELEASE FORMS

Team Managers shall keep a completed Medical Release form for each child on the team. Medical Release forms must accompany the team to every game and practice. In case of an emergency, render first aid and call 9-1-1.

See Appendix D for the Medical Release Form.

## FUNDAMENTAL AND FIRST-AID TRAINING

Fundamentals training and First-Aid Training were provided to coaches and managers through emails, zoom meetings, and in-person training. In addition, EALL has safety and first-aid training resources available for any of its members. The meetings covered the current COVID-19

protocols and provided additional information regarding concussions. At least one representative from each team attended the training. Attendance is documented and will be tracked year-to-year. Coaches and managers were instructed on basic first-aid, heat illness, concussions, stopping play for weather, proper warm-ups, equipment, and running safe practices and games. All coaches and managers were provided supplemental first aid training in CPR.

See Appendix E for a list of all members who were provided with regular updates and participated in training.

## **FIELD INSPECTIONS**

The play area should be inspected frequently and before each game, and practice for holes, damage, stones, glass, and other foreign objects. Prior to each game, the home coach, visiting coach, and umpire will walk the field, checking for hazards.

See Appendix F for our annual Facility Survey, completed on-line.

## **CONCESSION STAND SAFETY PROCEDURES**

### **Concession Stand**

- All persons working in the concession stand are required to wash their hands immediately upon entering the concession stand, after using the restroom, and immediately after handling uncooked meat or other potentially hazardous food. Use of gloves, deli tissue, or serving utensils is recommended.
- All concession stand workers must be trained to safely use all concession stand equipment.
- Only authorized and on-duty persons are allowed in the concession stand.

### **Personnel**

- An adult must be on duty whenever the concession stand is open for business.
- All adults must complete training in the safe use of all appliances and machines and in the safe handling of food in the concession stand.
- Only authorized personnel may be in the concession stand. Players and/or team representatives picking up post-game drinks must wait outside the concession stand.
- No persons with a communicable disease or illness will be allowed to work in the concession stand.

## **Food Handling**

- All personnel must wash their hands with antibacterial soap prior to beginning work in the concession stand and any time they re-enter the concession stand after leaving.
- Prior to preparing food, all countertops and utensils must be cleaned.
- Prior to and after handling prepared foods, personnel must wash their hands with antibacterial soap.
- Utensils are food-specific, and separate utensils must be used for individual items, i.e., hot dog tongs are to be used only for hotdogs, and chip tongs are to be used only for chips.
- Raw meat items must be kept frozen until ready to prepare.

## **REGULAR EQUIPMENT INSPECTION**

The league Equipment Chairperson will inspect all equipment and replace any worn or unsafe equipment prior to distributing it to the managers. Prior to practice or game use, coaches and umpires will inspect equipment. In all cases where any equipment needs to be discarded, the defective equipment must be destroyed.

## **INJURY REPORTING PROCEDURES**

Managers, coaches, parents, umpires, and volunteers should use the following procedures for injury reporting.

### **What to report**

An incident that requires any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league Safety Officer. The terms “medical treatment” and/or “first-aid” should include even passive treatments such as the evaluation and diagnosis of the extent of the injury.

*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 as soon as possible.*

### **When to report**

All such incidents described above must be reported and submitted in writing to the League Safety Officer ***within 48 hours*** of the incident.

## **How to Report**

Incidents resulting in injury must be reported to the league Safety Officer within 48 hours. The manager, coach, board member, or other appropriate individual present at the time of the rendering of medical treatment or first aid must complete the Accident Notification Form and Incident/Injury Tracking Report Form.

See Appendix G for the Little League Baseball and Softball Accident Notification Form.  
See Appendix H for A Safety Awareness Program's Incident/Injury Tracking Report Form.

## **FIRST-AID KITS**

Each team is provided a first aid kit, several cold compresses, and a safety folder. Each folder contains an accident reporting form, all medical releases, the EALL Code of Conduct, and a safety manual. The kits are to be in the possession of the manager/coach for all EALL activities, including, but not limited to, practices, games, batting practice, etc. In addition, the concession stand, equipment room, and lower field equipment locker have extra first-aid supplies and cold compresses. The manager/coach should also contact the League Safety Officer if an injury occurs or extra first-aid supplies are needed.

## **SAFETY CODE DEDICATED TO INJURY PREVENTION**

- Safety procedures are primarily the responsibility of adult members of EALL but should be regularly communicated to all players.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires must attend the league's First Aid Training Seminar. First-aid kits are issued to each team manager, and additional kits are in the concession stand, equipment room, and lower field equipment locker.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play areas should be inspected frequently and before each game for holes, damage, stones, glass, and other foreign objects. Prior to each game, the home coach, visiting coach, and umpire will walk the field, checking for hazards.
- All team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as "in play."

- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- 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.
- A procedure for retrieving foul balls batted out of the playing area should be established.
- During practice and games, all players should be alert and watch the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warmups 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.)
- Equipment should be inspected regularly for the equipment's condition and for a proper fit. Prior to use, coaches and umpires will inspect the equipment. The coach and/or umpire will ensure proper disposal if any equipment is damaged.
- Batters must wear Little League-approved protective helmets, which must meet NOCSAE standards, during batting practice and games. All players aged 9 and younger are required to wear batting helmets that have a protective facemask.
- Catchers must wear a catcher's helmet, catcher's mitt, mask, throat guard, long-model chest protector (Major Division and below), shin guards, and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
- Managers should remind all male players to wear protective cups and supporters for practices and games.
- Headfirst slides are prohibited except when the runner returns to a base.
- Bases should not be strapped down or anchored.
- At no time should "horseplay" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Players must not wear watches, rings, pins or metallic items during games and practices. The catcher must wear a catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings, in the bullpen during a game, and during practices.



- On-deck batters are not permitted.
- Use of protective cups and mouth guards for players, especially infielders, will be encouraged.
- Players will be encouraged to use faceguards.
- Any child returning from an injury that caused them to be absent from League activities for a period of 7 consecutive days must bring a doctor's release authorizing the child to return to practice.
- All managers and coaches will understand and adhere to Little League Rules and Regulations (Exemptions: BALL local rules identify exceptions to the Little League Rules and Regulations. In those instances, BALL rules will be followed).

## **PITCH COUNT PROGRAM**

To prevent “overuse injuries” with our pitchers, all EALL managers are responsible for ensuring the guidelines below are not exceeded for each pitcher.

Studies have shown that children who do not adhere to pitch count limitations develop soreness and problems that could worsen as they age. We will adhere to the pitch count limitations detailed below.

### **Major and Minor (AAA) League:**

- No pitcher shall pitch more than 75 pitches in any single event (practice or game).

The Minor AA guidelines below for rest periods are strongly encouraged. However, in no situation shall the Little League regulation VI be exceeded for rest days.

### **Minor AA League and Farm:**

- If a player pitches 58-70 pitches in a game, three (3) calendar days of rest must be observed.
- If a player pitches 39-57 pitches in a game, two (2) calendar days of rest must be observed.
- If a player pitches 20-38 pitches in a game, one (1) calendar day of rest must be observed.
- If a player pitches 1-19 pitches in a game, no calendar days of rest are required.

## **COMMUNICABLE DISEASE PROCEDURES**

While the risk of one participant infecting another with HIV/AIDS during league activities is slim, other blood-borne infectious diseases can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but are not limited to, the following:

- Bleeding must be stopped, the open wound covered, and if there is an excess amount of blood on the uniform, it must be changed before an athlete may continue to participate.
- Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct athletic care until the condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines to immediately control bleeding when handling bloody dressings and other articles containing body fluids.

## **COVID-19**

There are no current guidelines directly from Little League for the 2024 season. However, out of an abundance of caution and a priority on player safety, the following section has been kept in this year's ASAP.

Since COVID-19 was declared a pandemic in March 2020, there have been unfathomable impacts on our families, communities, and lives. For millions of people, Little League® is where their community comes alive, and returning to the baseball and softball field has provided positive, meaningful opportunities throughout this difficult era.

As volunteers look to operate their local Little League programs around the world, Little League International strongly encourages you to take the following into consideration:

- It is highly encouraged that each league and district adhere to the guidelines set forth by their respective state and local government and health officials in terms of public gatherings, organized youth sports, and sporting events when determining how and when to return to Little League activities. Leagues should contact their state and local health authorities and other municipalities for guidance prior to resuming any Little League activities.
- In the event that a local league would like to consider additional requirements for its players, volunteers, and fans (for example, mandating masking for all participants, requiring vaccines to volunteer or play, etc.), these items should be carefully considered and voted on by the Board of Directors, and then communicated to all league members. Leagues are also strongly encouraged to include their COVID-19 mitigation plan in their annual A Safety Awareness Program (ASAP) Plan. Please note that Little League International does not require local Little League programs to adopt additional mitigation efforts outside of any requirements from state and local government and health officials. Little League International strongly encourages leagues, families, and volunteers to make every effort to follow the recommendations from the CDC, World Health Organization, and state and local health officials, including vaccination, to help mitigate the spread of COVID-19.
- District Administrators and District Staff should work with all their leagues to understand and communicate COVID-19 mitigation efforts, especially for leagues who participate in interleague play, combined teams, District Travel, and the International Tournament so that league personnel (administrators, coaches, parents, etc.) understand any differences in mitigation guidelines at different leagues throughout the season.

## **REASONABLE AND CONSISTENT EXPECTATIONS**

### **What Do We Expect From Players?**

- Be on time for practices and games.
- Always do your best.
- Be cooperative and respectful.
- Respect not only others but yourself, as well.
- Be positive with your teammates.
- Try not to become upset at their own mistakes or those of others. We will all make our

share of mistakes.

- Support one another.
- Understand that winning is only important if you can accept losing. Both are essential parts of any sport.

### **What Do We Expect from Coaches and Managers?**

- Be on time for all practices and games.
- Be as fair as possible in giving playing time to all players.
- Teach the fundamentals of the game.
- Be positive and respect each child as an individual.
- Set reasonable goals for each player and for the team.
- Teach players the values of winning and losing.
- Be open to ideas, suggestions, and help from others.
- Not raise his/her voice toward any opposing team member or umpires. Any confrontation will be handled respectfully, quietly, and individually.

### **What Do We Expect From Parents And Families?**

- Come out and enjoy the game. Cheer to make all players feel important.
- Allow the coach to run the team.
- Try not to question the coach in his/her leadership or coaching decisions. All players will make mistakes, and so will coaches.
- Do not yell at managers, coaches, players, or umpires. We are all responsible for setting positive examples for the children participating in the program. If we eliminate negative comments, the children can play without unnecessary pressure and learn the value of sportsmanship.
- If you have specific concerns about a coach or a manager, please do not vocalize your concerns in front of the players or fans. Instead, please speak to the coach, manager, or a board member privately to discuss your concerns.

- Finally, don't expect most of the children playing Little League baseball to have strong skills. We hear all of our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

## **STANDARDS AND REQUIREMENTS FOR COACHES,**

### **UMPIRES, AND VOLUNTEERS**

- All managers, coaches, umpires, and volunteers must complete a standard Little League Volunteer application prior to being considered for a manager, coach, umpire, or volunteer position.
- All applications will be forwarded to the league Safety Officer for review and background check prior to participating in any Little League activities.
- All managers, coaches, umpires, and flagged volunteer applications will be reviewed and voted upon by the Board.
- The safety of the players and the trust of the parents/guardians are of utmost importance. As such, East Altadena Little League reserves the right to reject any application without comment.
- A copy of this ASAP will be available to every manager, coach, umpire, volunteer, and parent upon request. Copies of the Safety Code and Code of Conduct will be provided to every manager. It will also be posted on the League's website. Each manager must complete and sign a form stating that he/she has received, reviewed, understands and agrees to abide by the Safety Code and Code of Conduct prior to being considered for a manager or coach position.
- Any complaint or allegation against a manager, coach, volunteer, or umpire will be referred to the Safety Officer for review and investigation. The Safety Officer will report the results of said investigation and any recommendations to the Safety Committee. The Safety Committee is authorized to take whatever action it deems necessary, including removal, without the approval or knowledge of the full board.
- EALL reserves the right to remove any manager or coach or to discontinue using any umpire or volunteer without comment.
- Every manager and coach must attend and complete an approved coaching clinic before being considered for a manager or coaching position. East Altadena Little League will issue Coaching Certifications based on the level of training received by each coach.
- Every umpire will be required to complete an approved District umpire clinic.

- Every manager, coach, and umpire (if appropriate) will be required to attend a manager's clinic prior to each season if a session was not attended in the previous two seasons.
- In case of rain, the coaching staff should evaluate the strength of rain and the conditions of the field. Stop the practice if the playing conditions become unsafe - use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

## **SAFETY IS EVERYONE'S JOB**

- Prevention is the key to avoiding or reducing accidents and injuries.
- Report all hazardous conditions to the Safety Officer or President immediately.
- Don't play on unsafe fields or with unsafe equipment.
- Be sure players are fully equipped with proper safety equipment.
- Check your team's equipment thoroughly and often.

## **RECOMMENDED SAFETY IDEAS FROM EALL**

- The current ASAP will be posted on the website.
- The *Parent Code of Conduct* is outlined in the ASAP and posted on the EALL website. (See Appendix I for Parent Code of Conduct)
- Umpires will be invited to attend all safety training.
- At registration, all adult volunteers will receive information about LLB E-News. Links to the LLB are available through the EALL website.
- Warning tracks in the outfield are used to protect outfielders.
- Protective/padded fence tops are used to protect fielders.
- Fencing/netting is used to protect spectators from foul balls on the lower field.
- Back guardrails and side rails are on taller bleachers (see field survey).

## **TEAM DATA**

League player registration, player roster, and coach and manager data were 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.



## APPENDIX A: 2024 Board Members

	Name	Email Address
<b>Elected Officer Positions</b>		
President	Paul Nerenberg	president@eall.org
Vice President	Daryl Allen	vp@eall.org
Secretary	Cara Meyer	secretary@eall.org
Treasurer	Brianne Wiese	treasurer@eall.org
Player Agent	Ted Miller	theodorermiller@gmail.com
Information Officer	Cara Meyer	webadmin@eall.org
Safety Officer	Dan Rasmussen	safety@eall.org
Coaching Coordinator	Brian Sprock	grounds@eall.org
Vice President, Upper Divisions	Ted Miller	theodorermiller@gmail.com
Vice President, Lower Divisions	Patrick Purcell-Jones	patrick.purcelljones@gmail.com
<b>Appointed Positions</b>		
Concession Manager	Laura Lund (non-board member)	snackshack@eall.org
Equipment Manager	Albert Barajas	albbarajas@gmail.com
Fundraising Coordinator	Chase Kim	fundraising@eall.org
Futures Tournament Director	Dave Poehler	dpoehler@gmail.com
Grounds Manager	Brian Sprock	grounds@eall.org
Opening Ceremony Chair	Opening - Jessica Davis	jldavis37@gmail.com
Closing Ceremony Chair	Closing - vacant	
Photography Manager	Naomi Svensson	naomi.svensson@gmail.com
Registrar	Cara Meyer	registrar@eall.org
Scheduler	Ben Wu	scheduling@eall.org
Social Media Coordinator	Denton Biety	social@eall.org
Team Parent Liaison	Amanda Williamson	teamparents@eall.org
Umpire-in-Chief	Ben Wu	scheduling@eall.org
Uniform Coordinator	Naomi Svensson	uniforms@eall.org
Yearbook Coordinator	Cara Meyer	secretary@eall.org
<b>Additional Board Members</b>		
David Eaves		david.eaves@gmail.com
Scott Sakai		scott_sakai@yahoo.com





# Little League® "Basic" Volunteer Application – 2024

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 meets the standards of Little League Regulation 1(c)(9). Visit [LittleLeague.org/LocalBCheck](http://LittleLeague.org/LocalBCheck) for more information.

All RED 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# \_\_\_\_\_

- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_ Yes  No   
 (If volunteer answered yes to Question 1, the local league must contact Little League International.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_ Yes  No   
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_ Yes  No   
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?  
 If yes, explain: \_\_\_\_\_ Yes  No   
 (If volunteer answered yes to Question 4, the local league must contact Little League Security International.)

5. In which of the following \_\_\_\_\_ participate? (Check one \_\_\_\_\_ Coach  
 would you like to \_\_\_\_\_ or more) \_\_\_\_\_ Umpire  
 \_\_\_\_\_ League Official \_\_\_\_\_ Field Maintenance

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING). Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address \_\_\_\_\_

# APPENDIX B: VOLUNTEER FORM

Special professional training, skills, hobbies: \_\_\_\_\_  
 Special Certifications (CPR, Medical, etc.): \_\_\_\_\_  
 Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_  
 Previous volunteer experience (including baseball/ softball and years (s)): \_\_\_\_\_

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

- Manager \_\_\_\_\_  
 Scorekeeper \_\_\_\_\_  
 Concession Stand \_\_\_\_\_  
 Other \_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and 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, its 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) \_\_\_\_\_ Date \_\_\_\_\_  
 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.

**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/Suspended List)\*  
**OR**  
 National Criminal Database check  U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List  
 National Sex Offender Registry

\*Please be advised that if you use JDP and there is a name match in the low 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.**

Proof of completion of Abuse Awareness Training for Adults provided to league

## APPENDIX C: JDP BACKGROUND CHECKS

First	Middle	Last	Email	Association
Daryl	P	Allen	vp@eall.org	League Official
David		Almodovar	David.almodovar@t-mobile.com	Coach/Manager
Aren		Andreasian	Rn982@yahoo.com	Coach/Manager
Albert		Barajas	albbarajas@gmail.com	Coach/Manager
Candice		Beltran	candicehb11@gmail.com	Other
Denton	C	Biety	dentonbiety@gmail.com	Coach/Manager
Marie	C	Capriccio	mariecw@gmail.com	Concession Stand
Christopher	Wayne	Chatellier	Christopher.chatellier@gmail.com	Concession Stand
Michael		Conklin	mconklin101@gmail.com	Coach/Manager
Christopher	Gerald	Cordone	chris@fsb-ent.com	Concession Stand
Emily	Marie	Cummins	emily.m.cummins@gmail.com	Concession Stand
Kyle	Douglas	Cummins	kyle.cummins@gmail.com	Coach/Manager
Jessica		Davis	jldavis37@gmail.com	Coach/Manager
Philip	Anthony	Del Rio	philip.delrio@me.com	Coach/Manager
Jason	Robert	DeLaCruz	jasonrobertdelacruz@gmail.com	Coach/Manager
Carrie		Demesme-Anders	starrmonkey17@gmail.com	Concession Stand
Rosa		Dominguez	domingezr@gmail.com	Concession Stand
David	Michael	Eaves	david.eaves@gmail.com	League Official
Oona		Flaherty	oona22@gmail.com	Coach/Manager
María	J	Garcia	peacejazmin@yahoo.com	Coach/Manager
Gabriel		Gomez	ddysol@gmail.com	Coach/Manager
William	A	Griffith	griffith.bill@gmail.com	Coach/Manager
Laura	Ann	Gross	Lgrossvc@aol.com	Concession Stand
Jason	Daniel	Haniuk	jhzone@mac.com	Coach/Manager
Matthew		Hivner	matthewhivner@gmail.com	Coach/Manager
Laurel		Holst	Laurelholst@gmail.com	Concession Stand
Peter	P	Huang	pph1000@gmail.com	Coach/Manager
Ariel	Afriat	Hyman	arihymantv@gmail.com	Coach/Manager
Elizabeth	G	Hyman	liz.g.hyman@gmail.com	Concession Stand
Sosse		Kevorkian	sosseb@hotmail.com	Concession Stand
Chase	S	Kim	ck1292@hotmail.com	League Official

Heather	A	Knutson	heatherknutson@gmail.com	Coach/Manager
Syna		Kuttothara	sponnezhan@gmail.com	Concession Stand
Tara	Fumiko	Lam	taralam@usc.edu	Concession Stand
Robert		Lund	Robertallenlund@gmail.com	Coach/Manager
Christine		Ma	christinema2000@hotmail.com	Concession Stand
Gary	Mardiros	Megregian	g2meg@sbcglobal.net	Coach/Manager
Cara	Lynn	Meyer	somethingclever100@gmail.com	League Official
Aaron		Miller	ajm201@me.com	Coach/Manager
Theodore	R	Miller	theodorermiller@gmail.com	Coach/Manager
Ebow	A	Morgan	akweimor@outlook.com	Coach/Manager
Paul	S	Nerenburg	paul.nerenburg@gmail.com	League Official
Andrew	David	Olsen	Andyolsen02@gmail.com	Coach/Manager
David	Henry	Poehler	dpoehler@gmail.com	Coach/Manager
Joe		Ponnezhan	ponnezhanv@gmail.com	Coach/Manager
Patrick		Purcell-Jones	patrick.purcelljones@gmail.com	Coach/Manager
Daniel	H	Rasmussen	danras79@gmail.com	League Official
George		Ritter	Georgeritteraveson@gmail.com	Concession Stand
Scott	T	Sakai	scott_sakai@yahoo.com	Coach/Manager
Emily		Sanislo	emilycohen618@gmail.com	Concession Stand
Patricia	A	Schindler	patschndlr@aol.com	Concession Stand
Brian	T	Sprock	grounds@eall.org	Field Maintenance
Joshua	Terry	Svensson	josh.svensson@gmail.com	Coach/Manager
Naomis		Svensson	naomi.svensson@gmail.com	League Official
Sophia		Tatlyan	sophiatatlyan@aol.com	Coach/Manager
corina	monique	valenzuela	corinavalenzuela91@yahoo.com	Coach/Manager
Nathan	Joseph	Whitaker	Nathan.whitaker@lw.com	Coach/Manager
Adam	Christopher	Wierman	adamwierman@gmail.com	Coach/Manager
Brianne	Marie	Wiese	Bree.wiese@gmail.com	Concession Stand
Daniel	John	Wiese	the.dan.wiese@gmail.com	Concession Stand
Walton	R	Williamson	walton.williamson@gmail.com	Coach/Manager
Amanda	Suzanne	Williamson	Asbronstad@gmail.com	Coach/Manager
Hillary		Wright	Revdochilly@gmail.com	Coach/Manager
Ben	Y	Wu	tinder01@gmail.com	Coach/Manager
Katherine		Wylie	katherinewylie@gmail.com	Scorekeeper

# APPENDIX D: MEDICAL RELEASE FORM



## LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

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

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

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

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

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Legal Guardian Signature
Date: \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## APPENDIX E: FUNDAMENTALS AND FIRST AID

### TRAINING ATTENDEES

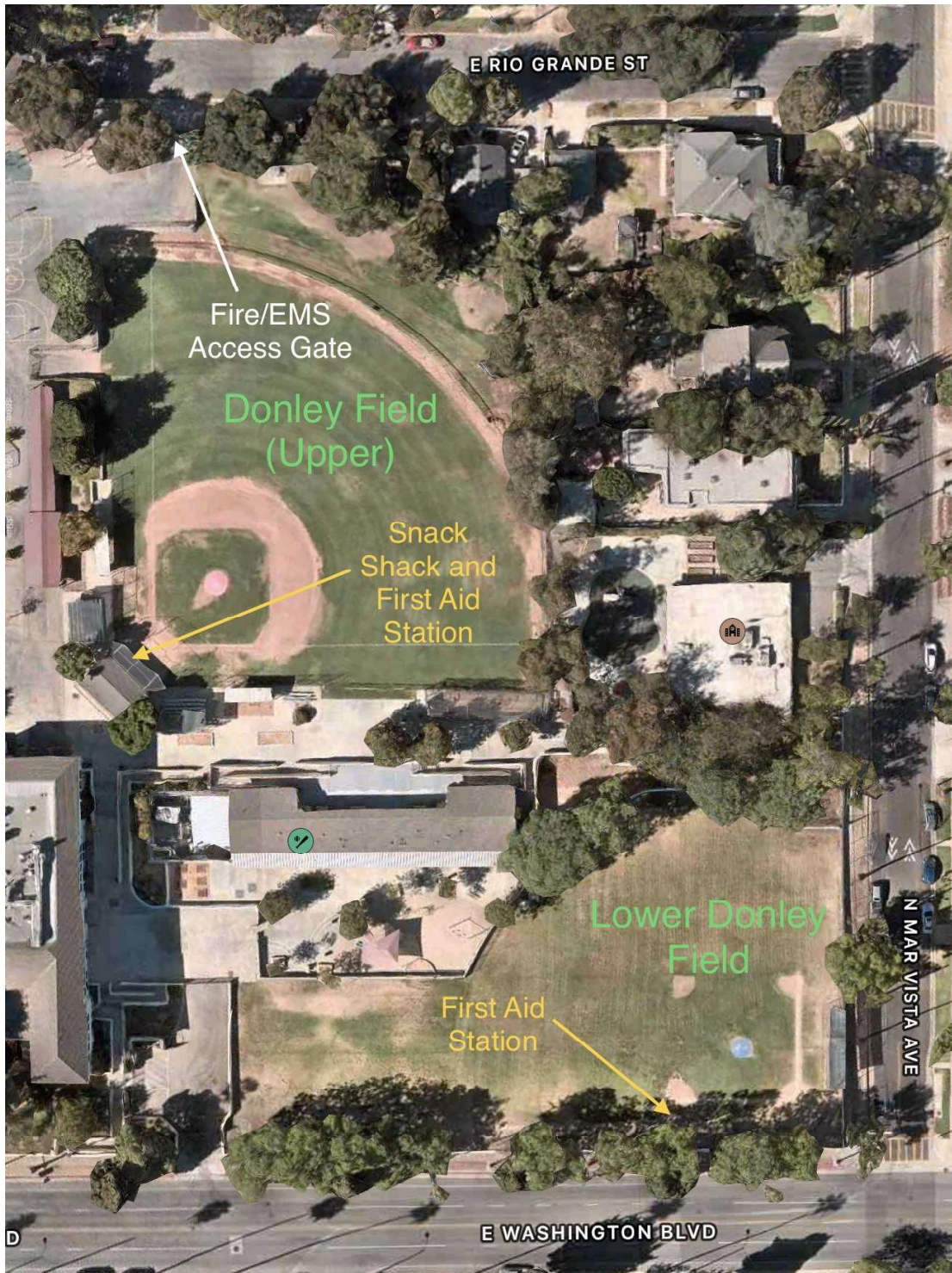
Division	Team Name	Manager	Manager Phone	Manager Email	Assistant Coaches	Asst. Coach Email
Majors	<b>EA Majors</b>	Albert Barajas	626-372-0658	<a href="mailto:albbarajas@gmail.com">albbarajas@gmail.com</a>	Ben Wu, Rod Yoo	<a href="mailto:tinder01@gmail.com">tinder01@gmail.com</a> , <a href="mailto:rcy31777@gmail.com">rcy31777@gmail.com</a>
AAA Minors 1	<b>Orioles</b>	Chris Cordone	917-821-7655	<a href="mailto:chris@fsb-ent.com">chris@fsb-ent.com</a>	Dan Rasmussen, Jason Haniuk	<a href="mailto:jhzone@mac.com">jhzone@mac.com</a> , <a href="mailto:danras79@gmail.com">danras79@gmail.com</a>
AAA Minors 2	<b>Blue Jays</b>	Patrick Purcell-Jones	310-210-0313	<a href="mailto:patrick.purcelljones@gmail.com">patrick.purcelljones@gmail.com</a>	Josh Svensson, Brian Andersen	<a href="mailto:josh.svensson@gmail.com">josh.svensson@gmail.com</a> , <a href="mailto:bla234@me.com">bla234@me.com</a>
AA Minors 1	<b>Braves</b>	George Ritter	251-753-2156	<a href="mailto:georgeritteraverson@gmail.com">georgeritteraverson@gmail.com</a>	Denton Biety	<a href="mailto:dentonbiety@gmail.com">dentonbiety@gmail.com</a>
AA Minors 2	<b>Dodgers</b>	Chase Kim	626-375-1522	<a href="mailto:ck1292@hotmail.com">ck1292@hotmail.com</a>	Chris Chatellier, Tyler White	<a href="mailto:christopher.chatellier@gmail.com">christopher.chatellier@gmail.com</a> , <a href="mailto:tylercwhite@gmail.com">tylercwhite@gmail.com</a>
A Farm 1	<b>Trash Pandas</b>	Gabriel Rivas Gómez	619-917-8139	<a href="mailto:ddvsol@gmail.com">ddvsol@gmail.com</a>	Matthew Hivner	<a href="mailto:mattwhivner@gmail.com">mattwhivner@gmail.com</a>
A Farm 2	<b>Space Cowboys</b>	Scott Sakai	808-382-9469	<a href="mailto:scott_sakai@yahoo.com">scott_sakai@yahoo.com</a>	Dave Poehler	<a href="mailto:dpoehler@gmail.com">dpoehler@gmail.com</a>
Tee Ball 1	<b>River Bandits</b>	Dan Wiese	626-319-3360	<a href="mailto:wiesefamilybills@gmail.com">wiesefamilybills@gmail.com</a>		
Tee Ball 2	<b>Mud Hens</b>	Erik Arakawa	562-833-6064	<a href="mailto:erik.r.arakawa@gmail.com">erik.r.arakawa@gmail.com</a>	Lavance Ray	<a href="mailto:laraymusic@gmail.com">laraymusic@gmail.com</a>

Tee Ball 3	<b>River Cats</b>	<b>Andy Olsen</b>	347-453-2874	<a href="mailto:andyolsen02@gmail.com">andyolsen02@gmail.com</a>		
Tee Ball 4	<b>Timber Rattlers</b>	<b>Mike Park</b>	323-313-2393	<a href="mailto:mikepark105@gmail.com">mikepark105@gmail.com</a>		
Tee Ball 5	<b>Mighty Mussels</b>	<b>Katie Anway</b>	612-709-8399	<a href="mailto:katieanway@gmail.com">katieanway@gmail.com</a>	<b>Russell Anway</b>	<a href="mailto:russellhranway@gmail.com">russellhranway@gmail.com</a>



## APPENDIX F: FACILITY SURVEY

The East Altadena Little League facility survey was updated via the Little League Data Center at [www.littleleague.org](http://www.littleleague.org).



# APPENDIX G: 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
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(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 TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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



**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

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

# APPENDIX H: INCIDENT/INJURY TRACKING FORM

**For Local League Use Only**

**Activities/Reporting**

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

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

**Incident occurred while participating in:**

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

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

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

Type of injury: \_\_\_\_\_  
 \_\_\_\_\_

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

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

**Type of incident and location:**

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

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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDIX I: PARENT CODE OF CONDUCT

## **Sport Parent Code of Conduct**

We, the \_\_\_\_\_ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility 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.

### ***Preamble***

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:***

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. 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.
6. 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.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. 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.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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.

\_\_\_\_\_  
Parent/Guardian Signature

## APPENDIX J: A SAFETY AWARENESS PLAN

### REGISTRATION FORM

ASAP submittal confirmation to be added here once approved ASAP has been successfully submitted through the Little League Data Center.

