



Tempe Rio Salado Safety Plan

Spring 2021

Board Contact Information

President Eric Rodriguez 520-858-3219

Vice President Jonathan Smith 602-369-6742

Safety Officer Liz Smith 480-326-4784
Equipment/Field Manager Elizabeth Procela 520-208-5496
Website TRSLL.com

Purpose of Tempe Rio Salado Little League Safety Plan

The purpose of this document is to emphasize the importance of safety in Tempe Rio Salado Little League and to identify important safety issues of which all individuals involved should be aware. This document has been developed by TRSLL to provide an overview of the procedures, policies, and activities that have been instituted by the League to provide a safe and healthy environment for those participating in our Little League Baseball program. As part of maintaining awareness of the importance of safety, this document is available via the website at TRSLL.com under TRSLL Info and Safety to all league officials and volunteers during the season.

TRSLL Return to Play Plan

TRSLL will follow the Best Practices plan created by Little League International which compiled resources and direct guidance from the CDC, the World Health Organization (WHO), The Aspen Institute and others to reduce the spread of illness among players, volunteers and spectators.

TRSLL will also follow all current directives and guidance from state and local government in order to mitigate the spread of infection among TRSLL players, volunteers and families.

Volunteers, players and spectators that refuse to comply with the following practices will be prohibited by the league from participating in the 2021 baseball season.

General Guidance

TRSLL will continue to educate players, volunteers and families on the importance of:

- 1) Proper handwashing and hygiene
- 2) Wearing masks on and off the field as needed
- 3) Practicing social distancing, specifically maintaining 6 feet apart
- 4) Staying home if you are ill and what to do if you have been exposed to the infection

On-Field Guidance for players and volunteers

- 1) Handshakes/Personal Contact Celebrations will be prohibited. Instead players and volunteers will be encouraged to tip their hats to show sportsmanship
- 2) Team snacks will be prohibited. Players will be encourage to bring individual drinks and snacks
- 3) Players and volunteers will be required to wear a mask where proper social distancing is not possible. Players and coaches will be required to wear a mask while in the dugout
- 4) Coaches and players will be assigned spots in the dugout or on the bleachers so that they are at least six feet apart. Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.
- 5) Equipment sharing will be prohibited. Personal player bat bags/equipment bags will not be allowed in the dugout. Player equipment will be spaced accordingly outside the dugout to prevent direct contact. Players will have their own individual batter's helmet, glove, bat, and catcher's equipment.
- 6) Sunflower seeds, gum, etc will not be allowed in the dugout or on the playing field to discourage spitting

Game Operation and Umpire Guidance

- 1) Social distancing of six feet will be implemented during all pre-game plate meetings between teams and umpires
- 2) Equipment inspection by the Umpire will occur after players place their individual equipment out in a well-spaced manner. Umpires will avoid direct contact with individual player equipment where possible
- 3) A limited number of volunteers will attend games and practices, there will only be the required team managers/coaches, umpires, and one (1) league administrator (i.e. Safety Officer, player agent, etc.) in attendance.
- 4) Practices will be limited to managers/coaches and players
- 5) Scorekeeping will be done by team coaches or team parent/guardian via GameChanger. Press boxes will be closed in order to maintain proper social distancing among volunteers and spectators.
- 6) Umpires will be permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires will be encouraged to keep a safe distance from players as much as possible.

- 7) Umpires will be asked to rotate baseballs in and out of play on a regular basis.
Spectators will be discouraged from retrieving baseballs hit outside the field of play

Spectator Guidance

- 1) TRSLL administrators will schedule sufficient time between practices and games to facilitate the complete evacuation of individuals from a previous practice or game before the next group enters.
- 2) Players/families/spectators will be instructed not to show up to fields more than 40 minutes before game time. If there is a game or practice prior to an event, families and spectators will be encouraged to stay in their vehicles or at recommended social distances until the start of their game play to prevent overcrowding of spectator spaces and walkways.
- 3) On-field warm-up will be limited as much as is reasonably possible and no more than 30 minutes.
- 4) TRSLL will ensure sure that practices and games follow all local and state directives regarding the number of people allowed to gather in one place and will allow time between practices and games for cleaning and disinfecting common areas
- 5) All spectators will be educated on how to follow best social distancing practices. This includes: staying six feet away from individuals outside their household, wearing a cloth face covering at all times and avoiding direct hand or other contact with players/managers/coaches during play.
- 6) Spectators will be encouraged to bring their own seating and maintain 6 feet of proper social distancing from individuals not in their households. **Spectators that do not comply with proper social distancing and wear proper face coverings will be asked to leave the premises.**
- 7) TRSLL will utilize GameChanger to provide virtual spectating opportunities to limit the number of spectators at games.
- 8) Spectators/ Volunteers/ Players will be asked to avoid socializing on the field and in the parking lot after practices and games
- 9) A spectator/ player/ volunteer with any of the following conditions will be prohibited from attending games and practices: A) Active COVID-19 infection B) Known direct contact with an individual testing positive for COVID-19 C) exhibiting any of the known symptoms listed at www.cdc.gov.

Safety Manual Distribution

As stated above, the safety plan will be available at TRSLL.com. In addition, a hard copy will be distributed to all head coaches prior to opening day. It is recommended that coaches review the safety plan and become familiar with Tempe Rio Salado Little Leagues guidelines on safe play.

Tempe Rio Salado Little League Emergency Plan

The emergency contact information sheet which also contains contact information for league officers and coordinators will be included as part of the Safety Plan that is distributed to coaches as outlined above. Also provided with the contact information are Emergency Contact Procedures to assist in the event of an emergency situation.

Emergency Phone Numbers

911

Non-Emergency Contacts

Tempe Police Department	480-350-8311
Tempe Fire Department	480-858-7200
Tempe Poison Control.	800-222-1222
Tempe Parks and Recreation	480-350-5200
Utilities Water.	480-350-2837
Arizona Child Abuse Hotline.	888-767-2445

Emergency Contact Procedure

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- 1) First dial 9-1-1.
- 2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- The exact location or address of the emergency? Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

Cross-streets are :

- The telephone number from which the call is being made?
- The caller's name?
- What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- How many people are involved?
- The condition of the injured person — i.e., unconscious, chest pains, or severe bleeding?
- What help is being given (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Volunteer Application Process

Managers, coaches, board members and any others, volunteer or hired worker, who provide regular services to TRSLL and/or have repetitive access to or contact with players or teams are required to fill out a current Little League Volunteer Application form and provide a photocopy of a government issued photo identification card for ID verification. TRSLL will conduct a nationwide background check utilizing JDP in accessing records from sex offender registry data and other criminal database records.

Anyone refusing to fill out the Volunteer Application is automatically ineligible to be a league volunteer or member in any capacity.

Anyone convicted of a crime against a minor per Little League regulation 1 (c) 9 is ineligible to be a league volunteer. A copy of these forms and instructions are included within the appendix.

Fundamentals Training

TRSLL requires at least one coach from every team to attend a fundamentals training session. The fundamentals training session will be scheduled in February prior to opening day. The training will include coaching techniques on hitting, sliding, fielding and pitching. Coaches are also encouraged to attend year round fundamentals training. TRSLL will notify volunteers throughout the year of potential fundamental coach training opportunities.

First Aid Training

TRSLL's intent is for all managers, coaches, and assistant coaches to attend a first aid training session prior to the start of the spring season. The minimum requirement is for every manager or coach to attend a First Aid Training session or view an online video training once every three years. This training must be completed by: **Opening Day – March 20, 2021.**

First aid training will follow PRICES (Protection, Rest, Ice, Compression, Elevation and Support). First aid training will also include concussion awareness and prevention. Players who are suspected of having a concussion must be evaluated by a medical professional. The player cannot return to the field until he or she has been given written clearance by a medical professional. Please see the Appendix on more information about concussions.

Coaches are encouraged to identify parents who have first aid/CPR training and utilize their expertise during games and practices. Coaches will have access to each player's medical history via the Medical Release form found in their coaching binder.

Field Inspections

The Field Manager and/or Safety Officer will inspect all TRSLL fields and surrounding areas prior to the 2021 Spring season. In addition, TRSLL team coaches and umpires will be required to review the playing field before each game to look for and correct any unsafe conditions (holes, broken glass, rocks, equipment, etc.) prior to the start of play or practice.

Play or practice should be suspended if the field is deemed unsafe. The Field Manager and/or the Safety Officer should be notified of the field issue so that the issue can be corrected as soon as possible.

Concessions Stand Safety

TRSLI will not operate a limited concession stand this season to help mitigate the spread of Covid 19.

Equipment Inspection

TRSLI Equipment Manager will inspect all equipment prior to the beginning of the new season. TRSLI managers and coaches will continue regular equipment inspections throughout the season. Replacement of defective equipment will be done immediately by contacting the Equipment Manager or any league official. Any equipment deemed unsafe will be destroyed to prevent future use.

Every TRSLI team will be issued appropriate team helmets, bats and catcher gear. Coaches must also inspect individual player gear to make sure it follows Little League standards of safety.

Coaches should note that the official Little League Bat Guidelines changed as of January 1, 2018. Little League-approved baseball bats that were approved for use for the 2017 season will no longer be acceptable for use in any Little League game or activity starting on January 1, 2018. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com.

Accident Reporting and Tracking

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported immediately to the league Safety Officer within 24 to 48 hours of the incident. The parents of any injured player must also be notified immediately. The league Safety Officer will log and track all reported incidents, including "near misses" to use as a proactive tool to evaluate practices and avoid future injuries.

The League will provide hard copy printouts of the "Incident/Injury Tracking Form" in the coaching binders. This will allow teams to have the form with them when traveling to other towns. In addition, copies of this form will be kept in the equipment shed at Clark Park.

The coach must complete an "Incident/Injury Tracking Form" as soon as possible after the incident occurs and submit it to the league Safety Officer.

Within 24 hours following the incident, the Safety Officer will contact the injured party or the party's parents and:

- 1) Verify the information received;

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

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

- 1) Check on the status of any injuries
- 2) Determine if any other assistance is necessary in areas such as submission of insurance forms, etc.

The Safety Officer will continue this process until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again). An Accident Notification Form will be generated and sent to Little League Headquarters in Williamsport and reported to the District Safety Officer when required.

Timely reporting of safety violations is a key factor in promptly dealing with safety issues including preventative measures or corrections that may protect a child from harm in the future.

First Aid Kits

A First-Aid Kit is required to be on hand for every game. A kit will be provided to each coach at the beginning of the season so that they may carry it in their equipment bag. Extra supplies will be available upon request and a "replenishment kit" will be provided in the storage unit at each TRSLL baseball field shed. It is the Coaches or Team Parent's responsibility to ensure that their safety kit is up to date before each game and practice. Please contact the Safety Officer if you require anything that your kit is lacking (ie. replacement bandages, replacement ice packs etc.)

Each kit will include: Instant ice packs, sterile dressings, adhesive bandages, antiseptic wipes, first aid cream and disposable gloves.

Enforcing Little League Rules

TRSLL wants to make baseball a safe and enjoyable experience for all players. Coaches will be given access to the Little League rule book to achieve safe play. Coaches are encouraged to

review the Little League rulebook and follow those rules. TRSLL will inform coaches of any new Little League rule changes. Some important rules to know are:

- Games or practices should not be held under severe weather conditions (especially lightning) or when field conditions are unsafe. It is important for coaches and officials to be diligent with regard to playing conditions. Always err on the side of caution. Follow league policy regarding Lightning Safety, this is included in the Appendix.
- The fields and surrounding areas must be inspected on a regular basis. The field will be reviewed before each game by the umpire and team coaches to look for and to correct any unsafe conditions (holes, broken glass, rocks). Any field or areas used for league practices shall be inspected for unsafe conditions by team coaches prior to all league practices.
- Only players, managers, coaches and umpires are permitted on the playing field during games and practices.
- All bats and loose equipment must be kept off the playing fields. Bat racks should be placed behind screens. Organized equipment can prevent tripping hazards.
- Ensure players have required equipment at all times. This includes catchers warming pitchers up between innings.
- There are no on decks for Majors, Minors, Farm and T-ball divisions.
- All fields are to use bases that disengage from their anchors, as required by Little League.
- "Horseplay" is not permitted on the playing fields or in the dugouts.
- Batters must wear protective helmets during practices and games.
- Catchers must wear a long-model chest protector, protective supporter and cup at all times.
- Warm-up catchers must wear catcher's helmet, facemask, and throat guard while warming up pitchers (skull caps are not permitted). This applies between innings, during bullpen warm-ups and pre-game infield 8 drills. **Adults may NOT warm up a pitcher.** This is a safety issue for both the player and the adult.
- Players who are ejected, ill or injured should remain under coach supervision until released to the parent or guardian.
- After a game or practice, coaches should not leave the area until all players have been picked up.
- Players will be instructed in proper stretching and general sports health maintenance procedures, including proper throwing, fielding and hitting techniques to limit injury.

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- Players must not wear watches, rings, pins, necklaces, jewelry or other metallic items by Little League baseball rule.
 - A runner must slide OR avoid a fielder who has the ball and is waiting to make the tag. Except when returning to base, no head-first slides are permitted. If any coach or parent is unsure of the proper interpretation of the sliding rule please see the Safety Officer or other league officials.
 - Coaches shall instruct all players in safe sliding techniques and how to avoid a pitched ball.
 - Players will be instructed properly on bat safety. No swinging bats where other players are present. A player should not pick up a bat until leaving the dugout to approach the plate.
 - Players should not handle bats while in the dugout.

Player and Coach Data

League Player Registration Data or Player Roster Data, which also includes Coach and Manager Data, will be submitted separately through the Little League Baseball Data Center on or before April 1 by TRSLL officials. This ASAP requirement will help provide coaches with important Little League information and initiatives prior to and during the current playing season.

Safesport Act and Child Abuse Awareness

All TRSLL players deserve to participate in baseball activities free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. TRSLL has adopted Little League International's policies on education, prevention and awareness of the different types of abuse that can occur in sports. It is TRSLL's goal to create a safe and respectful environment, free of abuse and harassment for everyone.

To obtain this goal, all volunteers are encouraged to view the online training video created by USA Baseball and Safesport found at:

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

All volunteers need to be aware of these key points:

- 1) Report any form of suspected child abuse to the proper authorities within 24 hours. And understand that there could be penalties for not reporting suspected child abuse.
- 2) The league will not tolerate retaliation on “good faith” reports of child abuse. If you see something, say something and know that there will be no penalties for reporting suspected abuse.
- 3) One on-one contact with minors should be limited. Spending any amount of time alone with a player should be avoided. In addition, TRSLL recommends coaches encourage players to adopt the buddy system and move in groups of two or more when leaving the dugout during practices and games especially to use the public restroom.

For more information on reporting abuse in Arizona please visit the Department of Child Safety Services at <https://dcs.az.gov/services/suspect-abuse-report-it-now>

Appendix

Major Injuries (Head)

For any major injury to the head or any other part of the player's body, if the parent is not present then it will be up to the coach's discretion to call 9-1-1. (Coaches in their initial parent email and team meeting will also cover this.)

The following steps should be taken in the case of a Major Injury (head):

1. Remove the player from play. Look for the signs and symptoms of a concussion if the player has experienced a bump or blow to the head. Players who experience signs or symptoms of a concussion must not be allowed to return to play. When in doubt, keep the player out of play.
2. Ensure that the player is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. Please follow the “Heads Up Concussion Action Plan” found in the Appendix.

3. Inform the player's parents or guardians about the possible concussion and give them the fact sheet on concussions. Please explain to the parent that a healthcare professional experienced in evaluating concussions should see their child.
4. Allow the player to return to play only with written permission from a healthcare professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the previous injury can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the player's return to the activity until the player receives appropriate medical evaluation and approval for return to play.
5. Fill out the "**Incident/Injury Tracking Form**" found in the Appendix.

Emergency contact Instructions

The most important help you can provide to a person who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Give the dispatcher the necessary information. Answer any questions that they might ask. Most dispatchers will ask:

1. What is the exact location or address of the emergency? Include the town name, nearby intersections, landmarks, etc. as well as the field name and location of the person(s) needing care, if applicable.
2. What is the telephone number from which the call is being made?
3. What is the caller's name?
4. What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
5. How many people are involved?
6. What is the condition of the injured person— i.e., unconscious, chest pains, or severe bleeding?
7. What help is being given (first aid, CPR, etc.)?

Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim until professional help arrives and make sure to appoint someone to go to the street to flag down the ambulance or fire engine. This saves valuable time.

Lightning Safety Procedures

TRSSL follows Little League policy regarding lightning safety with the following guidelines:

- Watch for developing or approaching storms; use all resources (web, TV, radio, etc.) to determine the risk level.
- At the first sound of thunder or visible lightning - CLEAR THE FIELD! A thunderstorm can cast lightning up to 10 miles from the edge of the storm, or about as far as the sound thunder can carry.

WHAT TO DO:

- Go to a large enclosed building, if one is nearby.
- Go to metal-top cars, with windows rolled up if an enclosed building is unavailable.
- Complete a check of the facility for anyone still outdoors.
- Wait at least 30 minutes after the last lightning strike/peal of thunder before returning to play.

WHAT NOT TO DO:

- Don't allow players to remain in the dugouts or spectators to stay in the stands.
- Don't carry metal items (like bats) or walk beside metal fences.
- Don't go to an open-sided shelter; it is not adequate and should not be used.
- Do not leave the facility until directed; wait at designated location(s) until the game is postponed or cancelled.

Lightning Safety Procedures cont.

Make sure all players are accounted for and leaving with approved person(s). If someone is struck by lightning remember:

Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention. Call for help. Have someone call 9-1-1 or your local ambulance service. Give first aid or begin CPR if necessary. If possible, move the victim to a safer place.

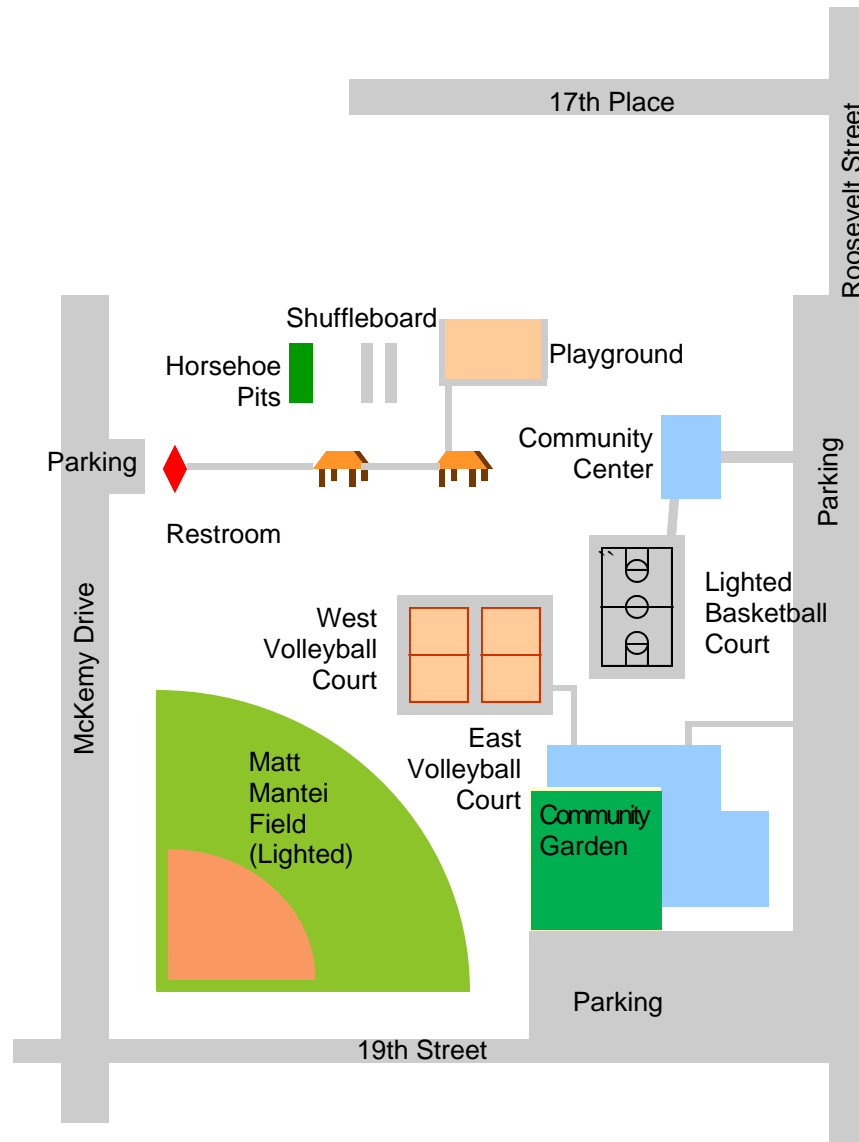
For more information on lightning safety, visit NOAA's website and refer to the attached NOAA flyer regarding lightning safety found in the Appendix.



CLARK PARK

1730 South Roosevelt Street
Tempe, AZ 85281
19th Street & Roosevelt Street
480-350-5200
www.tempe.gov/parks

- No electricity available for Ramadas
- Each ramada accommodates 30

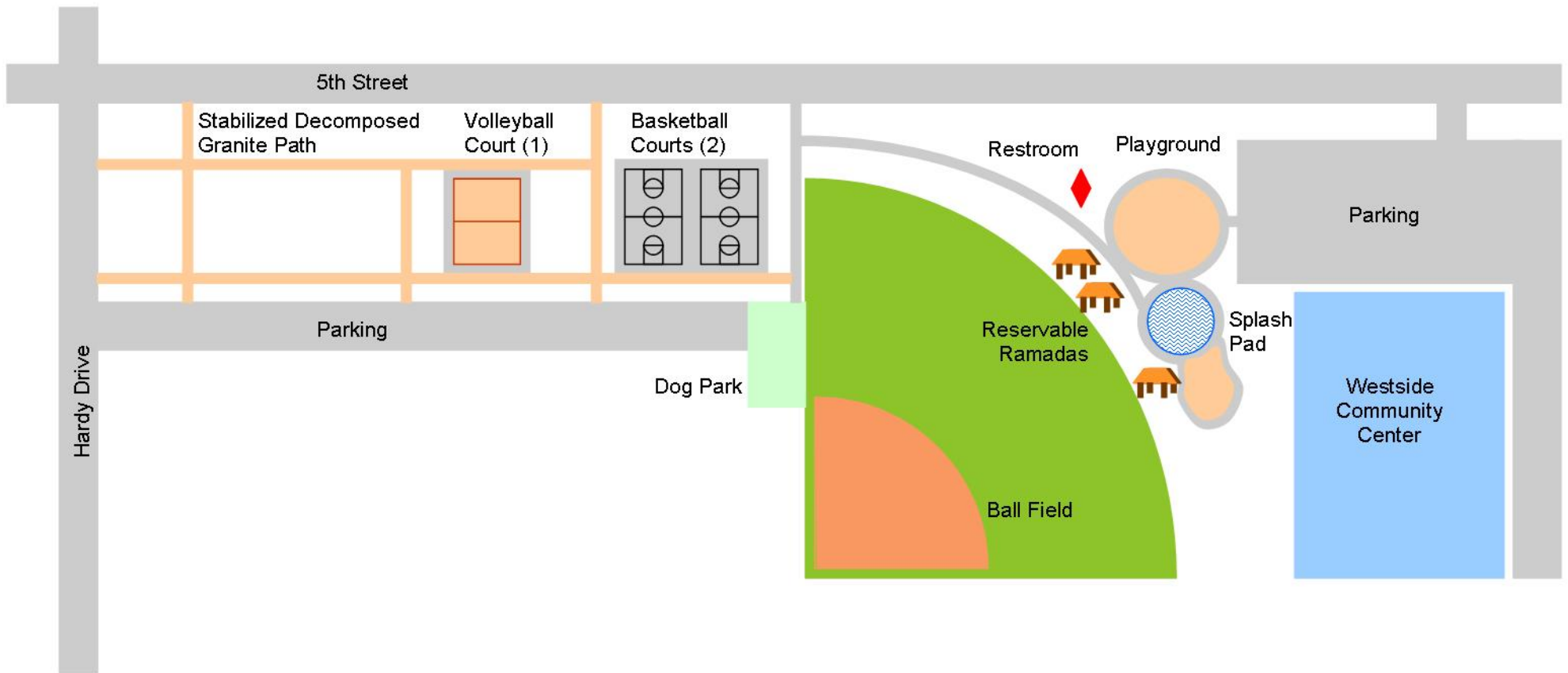




JAYCEE PARK

817 West 5th Street
Tempe, AZ 85281
5th Street & Hardy Drive
480-350-5200
www.tempe.gov/parks

- No electricity available for Ramadas
- Each ramada accommodates 40-50



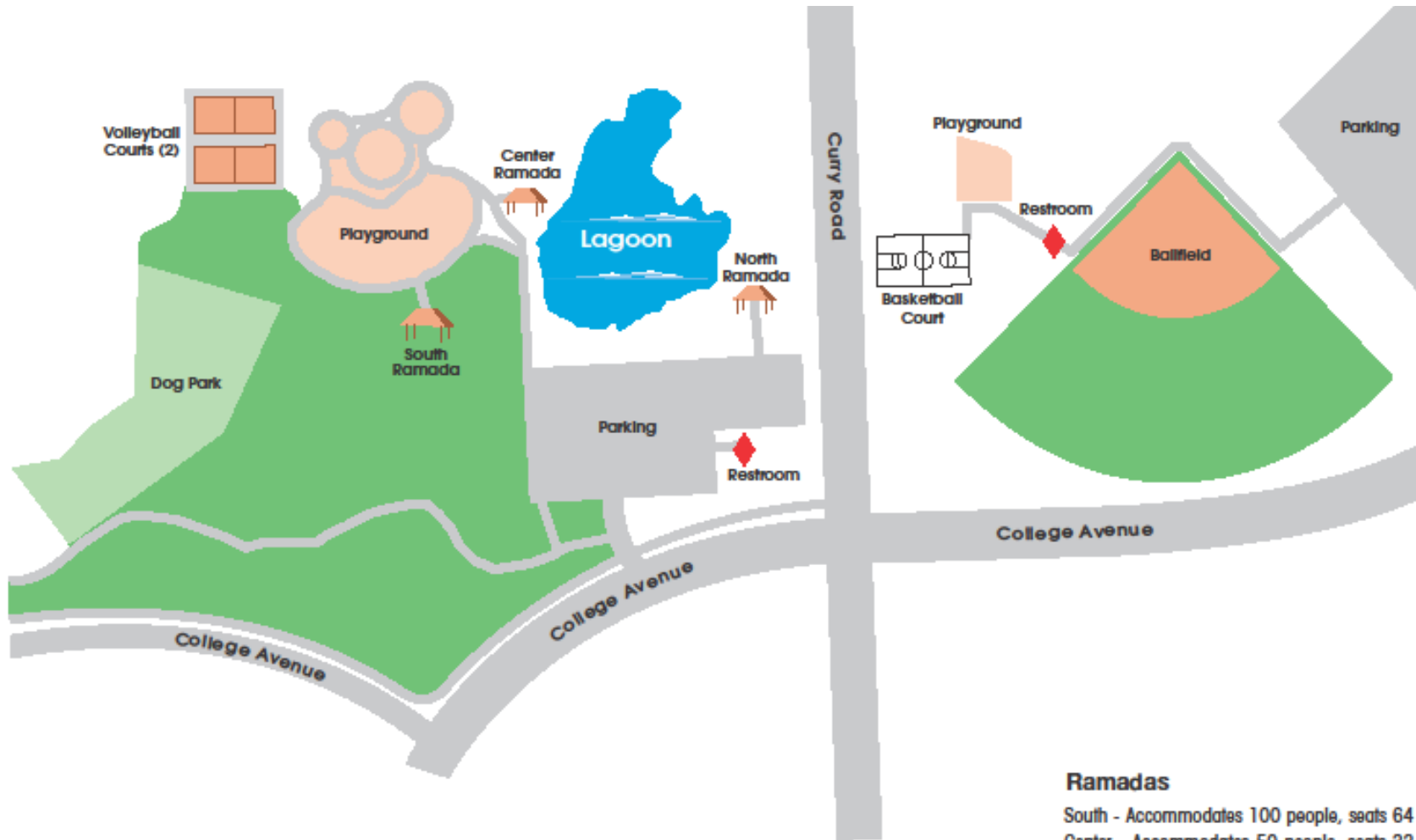


PAPAGO PARK

1000 North College Avenue
Tempe, AZ 85281
Curry Road & College Avenue
480-350-5200
www.tempe.gov/parks



North



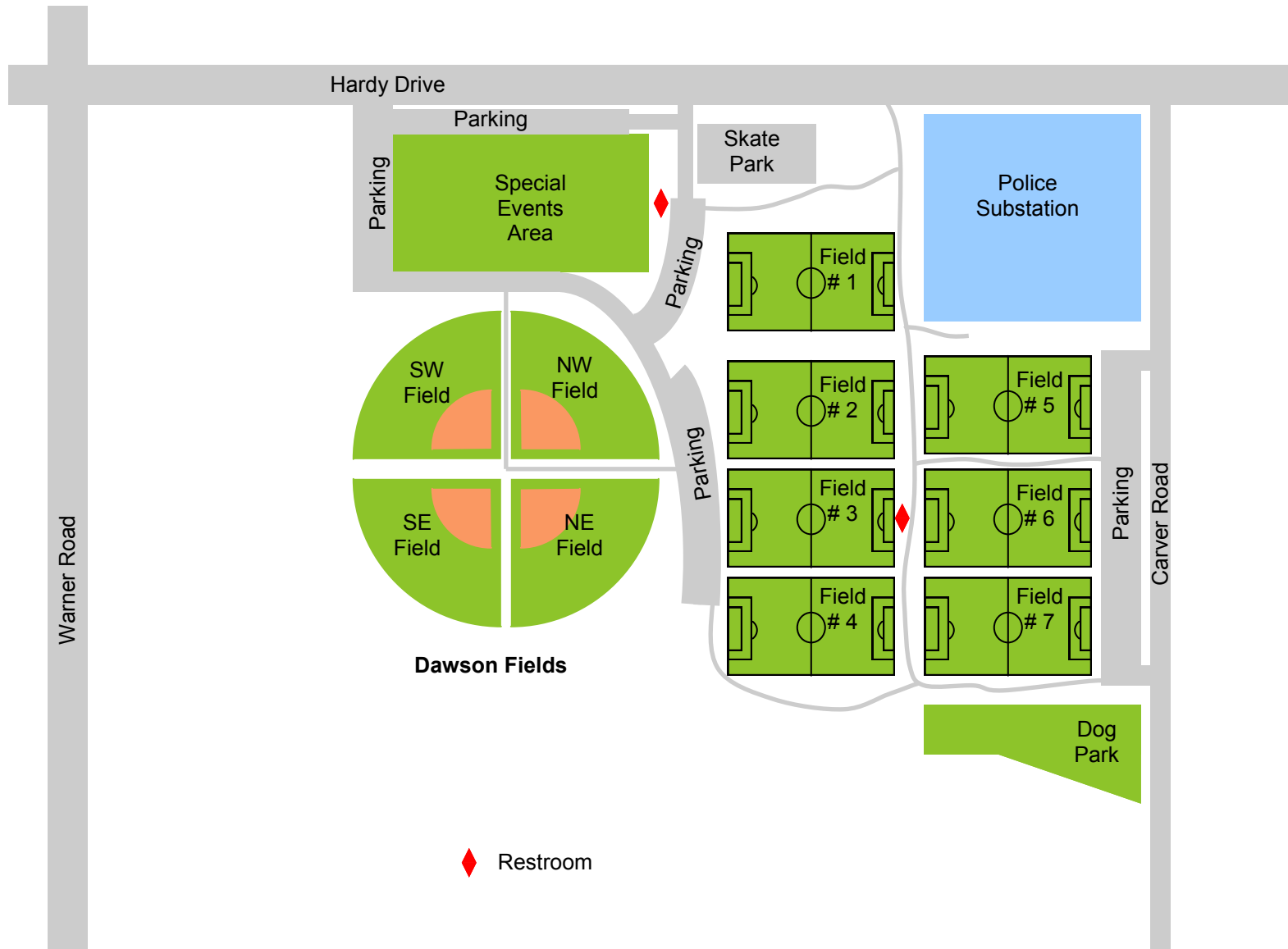
Ramadas

- South - Accommodates 100 people, seats 64
- Center - Accommodates 50 people, seats 32
- North - Accommodates 50 people, seats 32



TEMPE SPORTS COMPLEX

8403 South Hardy Drive
Tempe, AZ 85284
Hardy and Carver Road
480-350-5200
www.tempe.gov/parks





Sports Dehydration Safety Tips

Everything you need to know to keep your kids safe from dehydration when playing sports.

To keep kids in top shape for sports, it's important for them to stay hydrated by drinking plenty of fluids. Dehydration occurs when a body loses more water than it takes in (such as through sweating). When kids don't drink enough water while playing sports, they could be at risk for dehydration, heat exhaustion or even heatstroke.

Bring a Water Bottle and Take Regular Breaks

- Make sure athletes have a water bottle for every practice and game.
- Make sure athletes drink fluids (water is the best option) 30 minutes before the activity begins and every 15-20 minutes during activity. Drinking water after play is equally important.
- Establish mandatory water breaks throughout practices and games – don't wait for a child to tell you he or she is thirsty. Encourage children to stay well hydrated by drinking plenty of water before, during and after play.



Drink Enough Water

- Encourage athletes to drink the right amount of water. The American Academy of Pediatrics (AAP) recommends:
 - 5 oz. for an 88-pound child every 20 minutes
 - 9 oz. for a 132-pound adolescent every 20 minutes
- Kids will know if they're drinking enough water if their urine is clear or the color of lemonade.



While at play, children generate more heat than adults, but also sweat less, which makes them more susceptible to dehydration. It is estimated that more than 9,000 high school athletes are treated for heat illness each year in the United States.



Know the Signs and Symptoms of Dehydration

- The severity of dehydration can vary from mild to more life threatening if left unchecked. There are three levels of dehydration: heat cramps, heat exhaustion and heatstroke.
- Symptoms range from muscle cramping in the calves, back, arms or abdomen (heat cramps) to faintness or dizziness, nausea and rapid heartbeat (heat exhaustion) to collapse, emotional instability and very high body temperature (heatstroke).

Respond Appropriately to Signs of Heat Illness

- If an athlete is dehydrated or suffering from heat exhaustion, call 911 if his or her condition doesn't improve or worsens.
- Move the athlete to shade and cool the body with cold water. Have the athlete drink cool water, remove any equipment and excess clothing and lie down, raising his or her legs about 8-12 inches.
- Make sure the athlete gets checked out by a doctor or medical personnel and is cleared before returning to play.



- If you suspect heatstroke, call 911 immediately and make every effort to cool the athlete.
- Treat heatstroke victims right away by immersing them in cold water before the ambulance arrives. If immersion is not an option, soak the child with cold water from a shower, hose or soaking towel.



For more resources on how to keep your athletes healthy and injury free, go to www.safekids.org/sports.

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

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



CONCUSSION SIGNS AND SYMPTOMS

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

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"

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



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

DON'T GET CAUGHT OUTSIDE

No place outside is safe when a thunderstorm is in the area. Get inside as soon as you hear thunder. Run to a substantial building or hard-topped metal vehicle as fast as you can. If you can't get to a safe building or vehicle:

- ✓ Avoid open areas. Don't be the tallest object in the area.
- ✓ Stay away from isolated tall trees, towers or utility poles. Lightning tends to strike the taller objects in an area.
- ✓ Stay away from metal conductors such as wires or fences. Metal does not attract lightning, but lightning can travel long distances through it.
- ✓ If you are with a group of people, spread out. While this actually increases the chance that someone might get struck, it tends to prevent multiple casualties, and increases the chances that someone could help if a person is struck.

IF SOMEONE IS STRUCK

Cardiac arrest is the immediate cause of death for those who die. Lightning victims do not carry an electrical charge and may need first aid immediately.

- ✓ Call for help. Call 9-1-1.
- ✓ Give first aid. Begin CPR if you are trained.
- ✓ Use an Automatic External Defibrillator if one is available. These units are lifesavers!
- ✓ Don't be a victim. If possible, move the victim to a safer place. Lightning CAN strike twice.

ORGANIZED OUTDOOR ACTIVITIES

It's essential that people in charge of organized outdoor activities understand the dangers of lightning and have a lightning safety plan. Don't be afraid to ask. If you hear thunder, it's time to get to a safe building or vehicle. Speak out!



**LEARN MORE ABOUT
LIGHTNING SAFETY AT:**

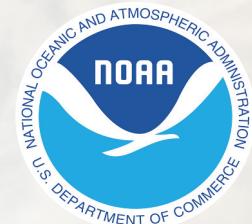
www.weather.gov/lightning

NATIONAL WEATHER SERVICE



LIGHTNING SAFETY

FOR YOU AND YOUR FAMILY



WHEN THUNDER ROARS, GO INDOORS!

Each year in the United States, there are about 25 million cloud-to-ground lightning flashes and about 300 people struck by lightning. Of those struck, about 30 people are killed and others suffer lifelong disabilities. Most of these tragedies can be prevented. When thunderstorms threaten, get inside a building with plumbing and electricity, or a hard-topped metal vehicle!

The National Weather Service collects information on weather-related deaths to learn how to prevent these tragedies. Many lightning victims say they were “caught” outside in the storm and couldn’t get to a safe place. Other victims simply waited too long before seeking shelter. With proper planning, similar tragedies can be avoided.

Some people were struck because they went back outside too soon. Stay inside a safe building or vehicle for at least 30 minutes after you hear the last thunder. While 30 minutes may seem like a long time, it is necessary to be safe.

Finally, some victims were struck inside homes or buildings while they were using electrical equipment or corded phones. Others were in contact with plumbing, outside doors, or window frames. Avoid contact with these electrical conductors when a thunderstorm is nearby!



Stadiums and other outdoor venues should have a lightning safety plan. Photo: NOAA

WHAT YOU MIGHT NOT KNOW ABOUT LIGHTNING

- ✓ **All thunderstorms produce lightning and are dangerous.** Fortunately, people can be safe if they follow some simple guidelines when thunderstorms are forecast.
- ✓ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many lightning deaths occur ahead of storms before any rain arrives or after storms have seemingly passed and the rain has ended.
- ✓ **If you can hear thunder, you are in danger.** Don't be fooled by blue skies. If you hear thunder, lightning is close enough to pose an immediate threat.
- ✓ **Lightning leaves many victims with permanent disabilities.** While only about 10% of lightning victims die, many survivors must live the rest of their lives with intense pain, neurological disabilities, depression, and other health problems.

AVOID THE LIGHTNING THREAT

- ✓ **Have a lightning safety plan.** Know where you'll go for safety and ensure you'll have enough time to get there.
- ✓ **Postpone activities.** Consider postponing activities if thunderstorms are forecast.
- ✓ **Monitor the weather.** Once outside, look for signs of a developing or approaching thunderstorm such as towering clouds, darkening skies, or flashes of lightning.
- ✓ **Get to a safe place.** If you hear thunder, even a distant rumble, seek safety immediately. Fully enclosed buildings with wiring and plumbing are best. A hard-topped metal vehicle with the windows closed is also safe. Stay inside until 30 minutes after the last rumble of thunder. Sheds, picnic shelters, tents or covered porches do NOT protect you from lightning.
- ✓ **If you hear thunder, don't use a corded phone except in an emergency.** Cordless phones and cell phones are safe to use.
- ✓ **Keep away from electrical equipment and plumbing.** Lightning will travel through the wiring and plumbing if your building is struck. Don't take a bath or shower, or wash dishes during a storm.



Lightning discharge on a golf green. Photo: E. Philip Krider

For more information, visit www.weather.gov/lightning



HAVE YOU:

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

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



LITTLE LEAGUE® 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)
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
------	---------------------------



Little League® Baseball and Softball M E D I C A L R E L E A S E



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

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

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

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

Little League®

Béisbol y Softbol

Revelación Médica

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

Jugador: _____ Fecha de Nacimiento: _____

Nombre de la Liga: _____ Número de Identidad: _____

Autorización del Padre o Tutor:

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

Médico Familiar: _____ Teléfono: _____

Dirección: _____

Hospital de Preferencia: _____

En caso de emergencia contactar a: _____

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

Diagnóstico Médico	Medicamentos	Dosificación	Frecuencia de Dosificación

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

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

Sr./Sra./Srta. _____

Firma del Padre/Tutor Autorizado

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

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

Mis documentos/provisiones de la liga/2005/formulario de revelación médica

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____