



**Peoria Girls Softball Little League
League # 00241082**

2011 Safety Program



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Peoria Girls Softball Little League is an ASAP Little League

Dear Managers, Coaches, and Parents:

Welcome to the 2011 season of Peoria Girls Softball Little League!

The PGSLL Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. The commitment to this Safety Manual is proof that we at PGSLL are dedicated to the health, safety and welfare of our softball community. Please read it carefully to familiarize you with our safety fundamentals. Then use the manual as a powerful reference guide throughout the season.

Please remember that safety rests with all of us, the volunteers of Peoria Girls Softball Little League. Always use common sense, never doubt what children tell you and report all accidents or safety infractions when they occur. Now, play ball and play it safe!

Very truly yours,

Marc Brust
PGSLL President

Peoria Girls Softball Little League 2011 Safety Program



Emergency Contact Information

Contact Numbers

CALL 911 IN AN EMERGENCY

League President

Marc Brust – Cell: (623) 377-8859

League Vice-President

Matt Kalcevich – Cell: (480) 202-4450

League Safety Officer

Shannon Moran – Cell: (602) 373-0651

District 2 Safety Officer

Vacant position, refer all matters to Dave Eaton, D2 Administrator

Local Hospitals

Sun Health Boswell Hospital

10401 W Thunderbird Rd, Sun City, AZ 85351

(623) 977-7211

Banner Thunderbird Medical Center

5555 W Thunderbird Rd, Glendale, AZ 85306

(602) 865-5555

Arrowhead Community Hospital

18701 N 67th Ave, Glendale, AZ 85308

(623) 561-7170

Fire Department

Non-Emergency: (623) 773-7279

Police Department

Non-Emergency: (623) 773-8311

Poison Control

(623) 879-6100

PGSLL Safety Program

The mission of the PGSLL is to provide an opportunity for our community's children to learn the game of softball in a safe and friendly environment.

Each team will be issued a Safety Manual and First Aid Kit at the beginning of the season. The manager for each team will acknowledge the receipt of both by signing the Safety Manual and First Aid Kit Acknowledgement in Appendix D. These items must be available at each practice and game.

This Safety Manual will include emergency procedures, Board of Directors contact information, the PGSLL Code of Conduct, Do's and Don't for treating injuries. The D2 Administration will review the PGSLL Safety Program published each year.

PGSLL Volunteer Community

Peoria Girls Softball Little League will be conducting mandatory background checks according to the rules set by the national Little League headquarters.

Individuals having repeated access to children in our league may not manage, coach, volunteer, be a team mom, parent helper, etc., without first having filled out the Little League Volunteer Application (appendix A). No one will be allowed to assume their volunteer positions until they have passed the background check. There will be NO exceptions.

As recommended by Little League headquarters background checks will be conducted by a minimum committee of three individuals which may include: the league President/Vice-President, Board Members, other volunteers who are perhaps employed in a related area (law enforcement/legal). Results of all background checks are confidential and will be retained until the following league year, with the exception that any failures which will be retained permanently for future reference.

Refusal to annually submit a fully completed Little League Volunteer Application and background check will result in the immediate dismissal of the individual from PGSLL activities.

Fundamental Safety

Is responsibility of PGSLL to provide all coaches and managers with the appropriate training which is required by PGSLL and/or Little League.

Team Training Requirement:

- One representative per team per year
- Must certify 1 manager/coach every 3 years
- Must attend each year to be eligible for an All-Star Team (PGSLL/District 2 league requirement)
- Times and Locations will be published on your schedule, All attendance sheets/certifications must be turned into the PGSLL Safety Officer to be kept in PGSLL records.

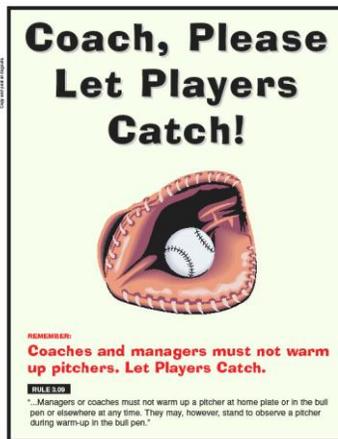
Approved Clinic's for this training in District 2 are:

- The Diamondback Method (Free, offered by the AZ Diamondback's)
- PGSLL Player/Coaches Clinic



- Buckeye Little League Coaches Training
- Holiday Park Little League Coaches Training
- Arrowhead Little League Coaches Training

Coaches and managers are a league's first line of defense when it comes to keeping our players safe from injury. There is no way to keep them completely accident free, but there are many ways to make accidents less likely, most of which are just plain old common sense. Prevention is the goal here.



- ✓ No horsing around in the dugout
- ✓ Make sure catchers are wearing ALL the required equipment
 - ✓ A dangling throat guard is still required No exceptions!
 - ✓ Little League approved helmets are required
 - ✓ Inspect all the equipment again before the game
- ✓ Make sure all the players are rested and ready to play
- ✓ Remind players that there is no "on deck" batter
- ✓ Remind players not to handle bats in the

dugout

- ✓ Make sure all players are healthy before exerting themselves
- ✓ Remind players to keep their fingers out of the fence
- ✓ Keep the dugout gate closed or out of the openings
- ✓ Remind players to stay focused...no talking to spectators
- ✓ Keep control of your team at all times
- ✓ Remove bats from field before next batter is up
- ✓ Teach proper fundamentals of catching, sliding, fielding, catching fly balls, and pitching
- ✓ Consider pitch counts
- ✓ During Practice, bats down unless receiving Instruction, helmets must be worn at all times even during Practice.





DRINK LOTS OF WATER... and watch for heat related problems.

The desert is not a place to be without water! Have it and make the kids drink it! As the temperature outside increase take frequent breaks during practice. Watch your catchers for signs of fatigue with the rising temperatures all that equipment gets very hot.

Warm-ups

Nothing is more important to help prevent injuries than a proper warm up. This should be a regular part of all practices and games. Managers and coaches should stress conditioning early in the season to get the players ready to play. It is important to help build the strength needed to get through the season with little or no injury. Stretching will help with flexibility, and flexibility helps prevent muscle tearing from over exerting a muscle, which has not been properly stretched. Stretching should be done slowly and increased gradually.

Helpful hints:

- Warm ups should include stretching exercises, fly balls, grounders, soft toss at short, medium and long distances, regular throws at short, medium and long distances, and a jog around the field.
- Stretch the following muscle groups: Neck, Back, Shoulders, Arms and elbows, Hamstrings & Calf muscles, Legs and ankles.
- Let the kids lead the stretches. Make it a team effort.
- DO NOT LET THE PLAYERS BOUNCE WHILE STRETCHING (muscle tears can occur)
- Hold stretches at least to the count of ten
- Do not press on a child while he or she is stretching. Do not force them to do more than they are ready for.

- Warm-up pitchers and catchers SLOWLY. REMEMBER: ADULTS MAY NOT WARM UP A PITCHER OR CATCHER.

Suggestions for Warm-up Drills



Heel Cord Stretches

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



Head and Neck Circles

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



Low Back Stretches

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



Shoulder Stretches #1

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



Shoulder Stretches #2

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



Shoulder Stretches #3

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



Thigh Stretches #1

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

Thigh Stretches #2

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



First Aid

Requirement:

- At least one coach or manager from each team must attend every year. All coaches and managers must attend at least once every three years.
- Training to be held at the Pre Season coaches training March 2010

First-Aid means exactly what the term implies -- it is the first care given to a victim. First Aid is usually performed by the first person on the scene and continued until professional medical help arrives, (911 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities.

The average response time on 911 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. Do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The "Good Samaritan Laws" give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 911
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care. Permission to Give Care If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site

Do:

- ✓ Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ✓ Know your limitations.
- ✓ Call 911 immediately if person is unconscious or seriously injured.
- ✓ Look for signs of injury (blood, black-and-blue, deformity of joint etc.)
- ✓ Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ✓ Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- ✓ Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't:

- ✗ Administer any medications.
- ✗ Provide any food or beverages (other than water).
- ✗ Hesitate in giving aid when needed.
- ✗ Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- ✗ Transport injured individual except in extreme emergencies.

See Appendix A for more information regarding First Aid.

Field Safety

Field Safety Check

Prior to every practice/game it is the responsibility of the managers/coaches/umpires to ensure the field does not present any hazards. Please refer to Appendix C for Field Safety Checklist.



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**

Storm and Lightening Procedures

The umpires at Peoria Girls Softball Little League have been instructed in the correct procedures for field evacuation in the event of a lightning storm. If they hear thunder or see lightening they will instruct you to leave the field. Our Little League will err on the side of caution.

All coaches, managers, parents and players WILL listen and obey instructions given by the umpire or designated authority. Do not complain about the situation in front of your team and players. Failure to comply could result in suspension from the game or league.

WALK (DON'T RUN) IMMEDIATELY TO YOUR VEHICLE OR ENCLOSED BUILDING, AND STAY THERE UNTIL GIVEN PERMISSION TO RETURN TO THE FIELD, OR DUGOUT.

DO NOT GO TO THE METAL PARK RAMADAS

DO NOT GO UNDER TREES.

DO NOT PICK UP YOUR METAL BASEBALL BATS

DO NOT STAY IN THE DUGOUTS

DO NOT STAY NEAR FENCES, GATES, LIGHT POLES, METAL BLEACHERS, or BATTING CAGES

DO NOT GO NEAR WATER, OPEN FIELDS OR ANY HIGH AREA IN THE PARK

After the decision has been made to resume play or to cancel the games, all managers, coaches, players, and parents will comply with the decision.

SAFETY IS EVERYONE'S RESPONSIBILITY

Disengage-able Bases

Disengage-able Bases will be used in place of any stationary bases.

A disengage-able base often consists of three major parts:

- ✓ A metal post sunk into the ground and fixed in concrete (just like a traditional system);
- ✓ A rubber mat, bolted to a pole that is inserted into the ground (into the existing post, in most cases);
- ✓ A separate pillow that fits onto the rubber mat.

When a runner slides into a disengage-able base, the pillow has the ability to release from the mat and move with the motion of the runner. But when the disengage-able base is stepped on by a runner crossing the base, or by a fielder, it will stay in place.

PGSLL Facilities

PGSLL will be utilizing the following fields for games and practices.

Rio Vista Community Park
Clarence B Hayes Park
Coyote Hills Elementary School
Cheyenne Elementary School
Desert Harbor Elementary School
Oakwood Elementary School
Frontier Elementary School

Concessions

Peoria Girls Softball Little League does not maintain/manage concession services at any of its locations.

Accident Reporting

Coaches and managers will fill out the enclosed accident report sheet (Appendix E) within 24 hours of any accident involving any umpire, player, coach, manager, or league volunteer. Fill it out completely and return it to the League Safety Officer. Try to describe as nearly as possible (details) how the accident occurred and what was done (rest, bandage, first aid, 911, etc.). Also note the names of any witnesses if possible, the name and numbers of the coaches, and the name and number of the person filing the report

The Safety Officer for the 2011 season is:

Shannon Moran (602) 373-0651
E-mail shannonmoran@cox.net

The Safety Officer will contact the injured person or persons and verify all information received in the initial report within 48 hours of receiving the accident report in writing or by phone. League Safety Officer shall obtain from the injured person a written report from the hospital, emergency room, Doctor's office, etc. and shall inform the injured party or their guardians, of the League's insurance coverage and the procedures to file a claim. (Forms and Instructions are located in Appendix F). Further information regarding Little Leagues insurance coverage can be found in Appendix I.

Contact between the League Safety Officer and the injured party must be maintained until such time as all insurance claims have been filed and/or closed. League Safety Officer should continue to call occasionally to check on the injured party and determine whether a Doctor's release is necessary.

Any injury in which the player (injured party) is necessarily absent from play for more than three days requires a medical release. Any injury involving a cast requires a medical release. (No player coach, manager, etc. may take the field while wearing a cast.) Any injury requiring X-Rays requires a medical release.

REMEMBER

All accidents must be reported to the safety officer within 24 hours

Code of Conduct

The Peoria Girls Softball Little League has mandated the following Code of Conduct. All managers, coaches, and volunteers will read this Code of Conduct and sign in the space below, acknowledging that he/she understands and agrees to comply with the Code of Conduct.

Peoria Girls Softball Little League Code of Conduct:

No board member, manager, coach, volunteer, player or spectator shall, at any time:

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

In addition to the above the following rules must be followed at all times:

- Speed Limit of 5 mph in roadways and parking lots while attending any Peoria Girls Softball Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within the Peoria Girls Softball Little League complexes.
- No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the Peoria Girls Softball Little League complexes.
- No Playing in parking lots at any time.
- No Playing on and around lawn/maintenance equipment.
- No Profanity allowed in any parking lot, field, or common areas within the Peoria Girls Softball Little League complexes.
- No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complexes.
- No throwing balls against dugouts or against backstop.
- No throwing rocks or climbing fences.
- Only a player on the field and at bat may swing a bat (Ages 5 - 12).
- Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.
- During the game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in the dugouts and around the stands.
- All gates to the field must remain closed at all times.
- After players have entered or left the playing field, gates should be closed and secured.

Failure to comply with the above may result in expulsion from the Peoria Girls Softball Little League field or complexes.

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

Peoria Girls Softball Little League 2011 Safety Program



Additional First Aid Information

Conscious Victims

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

- ✓ Talk to the victim and to any people standing by who saw the accident take place.
- ✓ Check the victim from head to toe, so you do not overlook any problems.
- ✓ Do not ask the victim to move, and do not move the victim yourself.
- ✓ Examine the scalp, face, ears, nose, and mouth.
- ✓ Look for cuts, bruises, bumps, or depressions.
- ✓ Watch for changes in consciousness.
- ✓ Notice if the victim is drowsy, not alert, or confused.
- ✓ Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- ✓ Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- ✓ Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- ✓ Ask the victim again about the areas that hurt.
- ✓ Ask the victim to move each part of the body that doesn't hurt.
- ✓ Check the shoulders by asking the victim to shrug them.
- ✓ Check the chest and abdomen by asking the victim to take a deep breath.
- ✓ Ask the victim if he or she can move the fingers, hands, and arms.
- ✓ Check the hips and legs in the same way.
- ✓ Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- ✓ Look for odd bumps or depressions.
- ✓ Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- ✓ Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.

- ✓ When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- ✓ When the victim feels ready, help him or her stand up.

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is Unconscious. Call 911 or Assign someone to call and report the emergency immediately then report back to you.

Checking an Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, begin administering CPR if you are not a certified in CPR locate someone who is and assist them in any way possible.

Making the Call

When to call:

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Is having a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head neck or back.
- Has a possible broken bone.

If you have any doubt at all, call 911 and request paramedics.

Also call 911 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

The most important help that 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 when calling 911.

- 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.
 - ✓ The telephone number from which the call is being made.
 - ✓ The caller's name.
 - ✓ What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - ✓ How many people are involved.
 - ✓ The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - ✓ What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
- Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Choking

In adults, choking is often the result of inadequately chewed food becoming lodged in the throat or windpipe. Solid foods such as meat are frequently the cause. Panic accompanies choking. The choking victim's face often assumes an expression of fear or terror. At first the victim may turn purple, the eyes may bulge, and he or she may wheeze or gasp.

If the person can cough freely, has normal skin color and can speak, he or she is not choking. If the cough is more like a gasp and the person is turning blue, he or she is probably choking. If in doubt, ask the choking person if he or she can talk. If the person can speak, then the windpipe is not completely blocked and oxygen is reaching the lungs. If this is the case do nothing at this time.

If choking is occurring, begin to perform the Heimlich maneuver.

Be sure to explain what you are about to do before you start.

To perform the Heimlich maneuver on someone else:

- Stand behind the choking person and wrap your arms around his or her waist. Bend the person slightly forward.
- Make a fist with one hand and place it slightly above the person's navel.
- Grasp your fist with the other hand and press hard into the abdomen with a quick, upward thrust. Repeat this procedure until the object is expelled from the airway.



To perform the Heimlich maneuver on yourself:

- Position your own fist slightly above your navel.
- Grasp your fist with your other hand and bend over a hard surface — a countertop or chair will do.
- Shove your fist inward and upward.

Clearing the airway of a pregnant woman or obese person:

- Position your hands a little bit higher than with a normal Heimlich maneuver, at the base of the breastbone, just above the joining of the lowest ribs.
- Proceed as with the Heimlich maneuver, pressing hard into the chest, with a quick thrust.
- Repeat until the food or other blockage is dislodged or the person becomes unconscious.

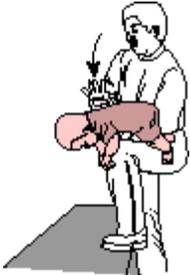
Clearing the airway of an unconscious person:

- Position the person on his or her back, look inside the mouth and sweep the area with your finger to see if you can remove the blockage.
 - If not, kneel over the person and apply upward thrusts to the upper abdomen.
 - Repeat the process as necessary. Look inside the mouth again and sweep the area with your finger to try to remove the blockage. Then kneel over the person and apply upward thrusts to the upper abdomen.



Clearing the airway of a choking infant:

- Assume a seated position and hold the infant facedown on your forearm, which is resting on your thigh.
- Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.

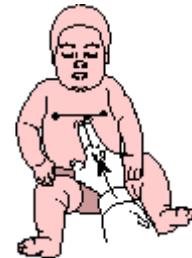


- If this doesn't work, hold the infant face up on your forearm with the head lower than the trunk. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.

- If breathing doesn't resume, repeat the back blows and chest thrusts. Call for emergency medical help.

- If one of these techniques opens the airway but the infant doesn't resume breathing, mouth-to-mouth resuscitation.

- Alternate method: Lay the infant face down on lap, head lower than trunk, and firmly supported. Perform 4 back blows, turn infant as a unit to the supine position, and perform 4 chest thrusts.



airway
begin

your

supine

The universal sign for choking is a hand clutched to the throat, with thumb and fingers extended. If a person displays this sign, dial 911 or call for emergency medical assistance. Don't leave the person unattended.

If some food "goes down the wrong pipe," the coughing reflex often will resolve the problem. If it doesn't, you'll need to help the victim remove the airway obstruction.

To prepare yourself for such situations, learn the Heimlich maneuver in a certified first-aid training course.

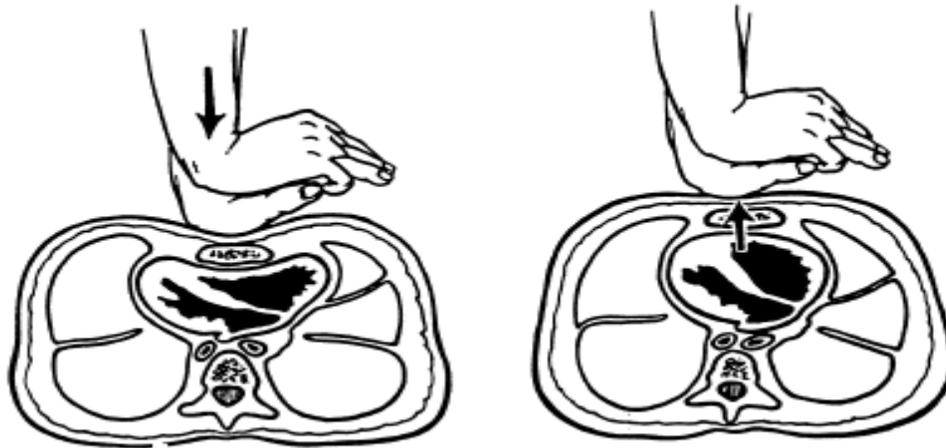
CPR

Tap and shout to see if the person responds. If no response:

1. Position the person so you can check for signs of life by laying the person flat on their back on a firm surface and extending the neck.
2. Open the person's mouth and airway by lifting the chin forward
3. Determine whether the person is breathing by simultaneously listening for breath sounds, feeling



- for air motion on your cheek and ear, and looking for chest motion.
4. If the person is not breathing, pinch his or her nostrils closed, make a seal around the mouth and breathe into his or her mouth twice. Give one breath every five seconds — 12 breaths each minute — and completely refill your lungs after each breath.
 5. If there are no signs of life — no response, movement or breathing — begin chest compressions. Place your hands over the lower part of the breastbone, keep your elbows straight and position your shoulders directly above your hands to make the best use of your weight.
 6. Push down 1 1/2 to 2 inches at a rate of 80 to 100 times a minute. The pushing down and letting up phase of each cycle should be equal in duration. Don't jab down and relax. After 15 compressions, breathe into the person's mouth twice.
 7. After every four cycles of 15 compressions and two breaths, recheck for signs of life. Continue the rescue maneuvers as long as there are no signs of life.



To perform CPR on a baby:

1. Cover the mouth and nose with your mouth.
2. Give one breath for every five chest compressions.
3. Compress the chest 1/2 to 1 inch at least 100 times a minute, using only two fingers.

When to stop CPR:

- ✓ If another trained person takes over CPR for you.
- ✓ If Paramedics arrive and take over care of the victim.
- ✓ If you are exhausted and unable to continue.
- ✓ If the scene becomes unsafe.

The above is just a brief description of CPR intended to refresh those who have been properly trained. To learn CPR, take a first-aid training course.

Many organizations, such as the Red Cross and the American Heart Association, sponsor such courses.

Accident Reports

Coaches and Managers will fill out the enclosed accident report sheet (Appendix E) within 24 hours of any accident involving any umpire, player, coach, manager or league volunteer. Fill it out completely and return it to the League Safety Officer. Try to describe as nearly as possible (details) how the accident occurred and what was done (rest, bandage, first aid, 911 etc.). Also note the names of any witnesses if possible, the name and number of the coaches and the name and number of the person filling the report.

The Safety Officer for the 2011 season is:

Shannon Moran – (602) 373-0651

E-mail: shannonmoran@cox.net

The safety officer will contact the injured person or persons and verify all information received in the initial report within 48 hours of receiving the accident report in writing or by phone. Safety Officer shall obtain from the injured person a written report from the hospital, emergency room, Doctor's office etc. and shall inform the injured party or their guardians of the League's insurance coverage and the procedures to file a claim. (Forms and Instructions are located in Appendix F) Further information regarding Little League insurance coverage can be found in Appendix G.

Contact between the League Safety Officer and the injured party must be maintained until such time as all insurance claims have been filed and/or closed. League Safety Officer should continue to call occasionally to check on the injured party and determine whether a Doctor's release is necessary.

Any injury in which the player (injured party) is necessarily absent from play for more than three days requires a medical release. Any injury involving a cast requires a medical release. (No player, coach, manager etc. may take the field while wearing a cast.) Any injury requiring x-rays requires a medical release.

REMEMBER

All accidents must be reported to the safety officer within 24 hours.,

Appendix A



Manager/Coach Application 2011 Peoria Girls Softball Little



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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____

E-mail Address _____

Date of Birth _____ Social Security _____

Occupation _____ Employer _____

Employer Address _____

Do you have a valid driver's license: Yes No

Driver's License #: _____ State _____

Special Certification (i.e. CPR, Medical, etc.): _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

Do you have any child[ren]/relatives that you would like to participate on your team? _____

Which Peoria Elementary School is closest to your residence? _____

Have you coached with the City of Peoria before? Yes No

If yes, what sport(s) _____

Have you EVER been arrested (since you turned 18)? Yes No

If yes, please explain _____

Have you EVER been convicted of any violations of federal, state, local or military law or statute? O Yes O No

If yes, please explain _____

Have you ever been refused involvement by any youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Circle all that apply)

League Official	Manager	Coach
Umpire	Scorekeeper	Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 Softball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Softball, 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 _____

Systems used for background check (minimum of one must be circled):

Sex Offender Registry Criminal History Records *Choicepoint

**Please be advised that if you use Choicepoint and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from Choicepoint 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.*

APPENDIX B



Peoria Girls Softball Little League 2011 Code of Conduct Acknowledgement

I have read the Peoria Girls Softball Little League Code of Conduct and promise to adhere to its rules and regulations.

Team Name and Division

Print Name

Signature

Date

- Manager
- Coach
- Parent Volunteer

APPENDIX C

Field Safety Checklist

COACHES: PLEASE CHECK THE FIELD BEFORE EVERY PRACTICE AND/ OR GAME

HAVE YOU CHECKED FOR?

FIELDS:

- 1. DEBRIS ON THE FIELD (remove it)
- 2. BASES INSTALLED CORRECTLY
- 3. CHECK PITCHING RUBBER
- 4. ROCKS ON FIELDS
- 5. HOLES IN FENCE
- 6. NO WILDLIFE ON FIELDS
- 7. UNSAFE CONDITIONS

DUGOUTS:

- 1. NO SHARP EDGES ON BENCHES OR IN DUGOUT
- 2. WATER FOR GAMES
- 3. GATES CLOSE PROPERLY
- 4. NO WILDLIFE IN DUGOUTS
- 5. CLEAN AND FREE OF DEBRIS

A PROBLEM EXISTS ON:

Field description or number:

Field location:

Reported on: (date)

Reported By:

Description of the problem:

APPENDIX D

<h2>Safety Program and First Aid Kit Acknowledgement</h2>

Each team will be issued a Safety Manual and First Aid Kit at the beginning of the season. The manager or the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

Concession stands will have a First Aid Kit and a Safety Manual in plain sight at all times.

The Safety Manual will include emergency services, phone numbers for all board members, the PGSLL Code of Conduct, Do's and Don'ts of treating injured players. The First Aid Kit will include the necessary items to treat an injured player until professional help arrives, if needed (see First Aid section).

I have received my Safety Manual and First Aid Kit and will have it present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

Team Name and Division

Print Manager Name

Manager Signature

Date

APPENDIX E

Peoria Girls Softball Little League Incident Tracking Report

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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) Big League (16-18)
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
 Base Path: Running or Sliding
 Hit by Ball: Pitched or Thrown or Batted
 Collision with: Player or Structure
 Grounds Defect
 Other: _____
- B.) Adjacent to Playing Field
 Seating Area
 Parking Area
C.) Concession Area
 Volunteer Worker
 Customer/Bystander
- D.) Off Ball Field
 Travel:
 Car or Bike or
 Walking
 League Activity
 Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

APPENDIX F

Little League Liability Claim Form

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 NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

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 Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been 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. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

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 occurs.

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
 539 US Route 15 Hwy
 P.O. Box 3485
 Williamsport, Pennsylvania 17701-0485
 (570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International		(LEXINGTON USE ONLY)	
		CN	
Insured	Name of League	League I.D. Number (Used as location code)	
	Name of League Official (please print)	Position in League	
	Address of League Official (Street, City, State, Zip)	Phone No. (Res.)	
		Phone No. (Bus.)	
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Arising out of Operations conducted at		Accident occurred at (Street, City, State, Zip)
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)		
Who owns Premises		Person in charge of Premises	
Coverage Data	Limits	Elevator:	Products:
	BI/PD: Med. Pay: None	Yes	Yes
	Policy Number	Policy Dates: Begin: End:	
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Damage	Name of Owner	Description of Property	
	Address (Street, City, State, Zip)	Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repair		
Insured Person and Injuries	Name	Phone No. (Res)	
	Address (Street, City, State, Zip)	Occupation	Age
	Employers Name and Address		<input type="checkbox"/> Married <input type="checkbox"/> Single
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address	
Description of Injury			
Where was the injured taken after accident?		Probable length of Disability	
Witnesses:	Name, Address, Phone Number		
	Name, Address, Phone Number		
	Name, Address, Phone Number		
Date of Report:	Signature of League Official:	Position in League	

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



APPENDIX G

Little League Accident Notification Form

LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

CHARTIS

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 Fax: 570-328-9280

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.

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

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

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

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

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

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (16-18)	<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

APPENDIX H

Little League 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 eligibility affidavit.

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

Date of last Tetanus Toxoid Booster: _____

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

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

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

APPENDIX I



What Parents Should Know About Little League Insurance

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

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

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

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy. We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.