



2023 Safety Manual

Butte, Montana

Montana District 2

League ID 314905

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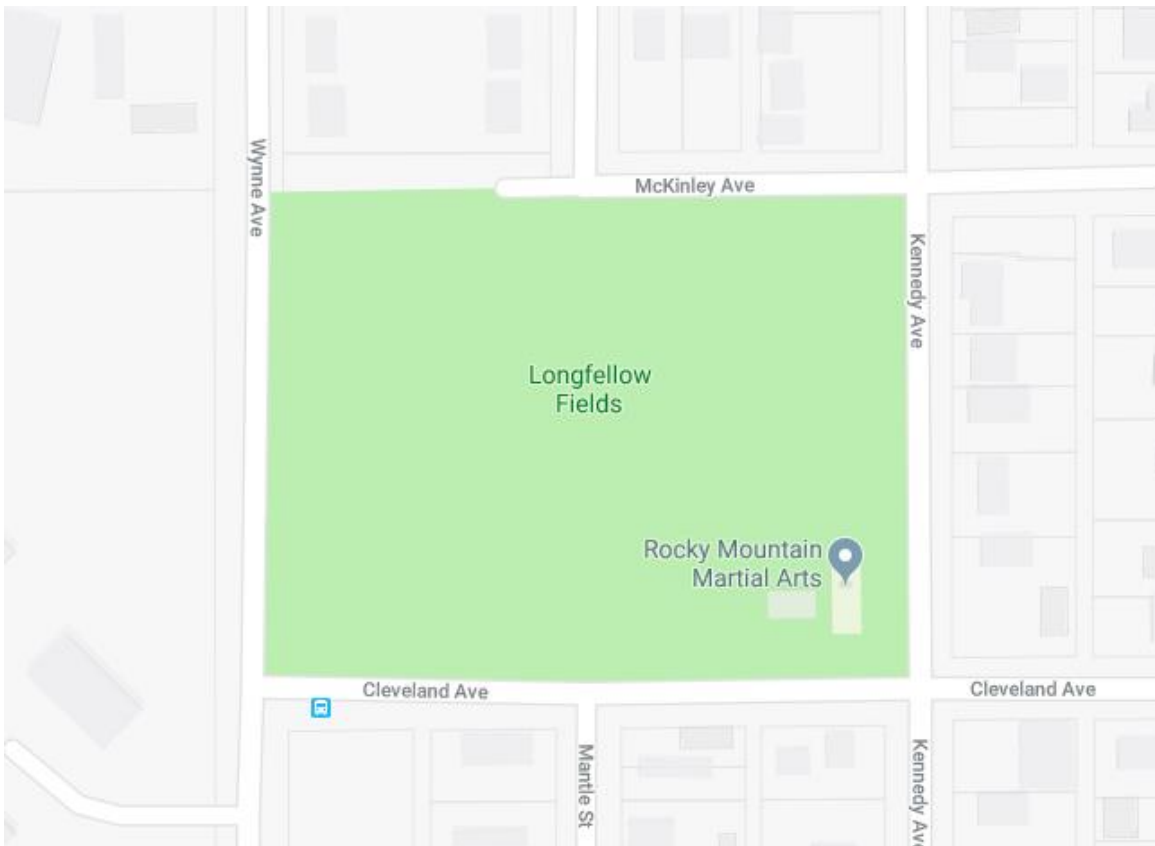
MISSION

Our mission is to create a city- wide girls softball program. The goal of the program is to provide quality instruction at all levels while focusing on sportsmanship, teamwork, competitiveness, and fair play. The league will be committed to fostering the love of the game in a positive, competitive environment.

FACILITIES

In cooperation with Park and Recreation Department of Butte-Silver Bow, Copper City Softball Little League uses the following facility:

Longfellow Complex (Cleveland Street and Kennedy Ave)



Information about the conditions and features of these facilities are available in the League Facility Survey.

BOARD OF DIRECTORS/EMERGENCY CONTACT INFORMATION

2023 Copper City Little League Board of Directors			
Position	Name	Cell	Email
President	Kate McGree	406-490-9824	mcgreekate@gmail.com
Vice President	Jaimee Richards	406-498-6907	jaimeerichards@outlook.com
Secretary	Amy Babb	406-490-8128	babby59701@gmail.com
Treasurer	Craig Tippett	406-491-0494	ctippett@newlandpc.com
Player Agent	Kelci Thatcher	406-565-0483	kthatcher00@hotmail.com
Safety Officer	Jaison Carriger	406-490-8296	jaison46@gmail.com
	Kensie Dallaserra	406-498-5529	mdallaserra@universalathletic.com
	Alicia Kachmarik	406-490-3761	aliciawheeler@gmail.com
	Josh Hettick	406-491-4219	headly218@gmail.com
	Amber Killoy	406-491-7002	amkilloy@gmail.com
	Sara Stepan	406-850-4537	thatchersarah@yahoo.com
	Jaci Hanley	406-533-5966	jacihanley1@hotmail.com
	Rebecca Schwartzmiller	406-498-1732	rlrobinson07@gmail.com
	Luke Stajcar	406-491-7511	Lukestajcar@gmail.com
	Shaine Tomsheck	406-498-5324	stomsheck@universalathletic.com
	Melissa Johnson	406-490-5231	broph12@yahoo.com
	Amanda Badovinac	406-533-5894	abadovinac@mttech.edu
	Dani Greer	406-490-8615	greerdani@yahoo.com
	Brooke Samson	406-390-4866	Samsonbrooke@gmail.com

Emergency Contact Procedures

1. Dial 911
2. Give dispatcher the necessary information when asked. Some common questions include

Field Location: Longfellow Fields. Cross streets of Cleveland Ave., Wynne Ave., Kennedy Ave.

What Happened?

How many people are involved?

Your name and number in case you get disconnected?

Status of victim including aid being administered

3. DO NOT HANG UP. Send someone to look for emergency Personnel

Page is posted in Clubhouse and Concession stand

VOLUNTEER BACKGROUND CHECKS

Any person that interacts with players will need a background check. This will include Coaches, Managers, Parent Helpers, Umpires, etc.

When registering, the ability to sign up as a volunteer is available. Data collected through Blue Sombrero is used to conduct background checks and track volunteers. Any person volunteering for Copper City Little League needs to create an account and register with the league.

Information provided by users when registering for volunteer positions is automatically sent to JDP for background processing. Status of volunteers are kept within the league database within Blue Sombrero.

For any volunteers not in the system, they will be required to fill out the Little League Volunteer form shown in Appendix B of this document and provide it to a board member for processing. Blank forms will be available in the clubhouse.

FUNDAMENTALS

Copper City Softball believes that one of the best ways to prevent injuries and accidents is to have the players be taught proper fundamental skills of softball. All Managers and coaches are required to attend a fundamentals clinic hosted by the league. Several different experts have served as instructors.

This year's fundamentals workshop is scheduled for April 16th and will include First Aid, Concussion and AED training.

FIRST AID and CONCUSSION POLICY

Copper City Softball believes that preventing and being able to respond to medical situations is the cornerstone of any safety plan. Whether it be on the field or off the field, leagues can help not only prevent accidents, but educate youngsters in fundamental safety concepts that can help them safe on and off of the field. CCSLL managers are required to take one practice before games begin to discuss bicycle and motor transportation, bullying, and tobacco avoidance. The speed limit on CCSLL facilities is 10 mph as it is posted by county officials. CCSLL requires that all umpires, managers and coaches attend a first aid/accident prevention clinic in order to stay current with first aid procedures. Clinic will be held on April 16th at CCSLL facility. Each team is issued a first aid kit and is required to have it at all practices and games. First aid kits are also available at all facilities.

An AED, or automated external defibrillator, is used to help those experiencing sudden cardiac arrest. It's a sophisticated, yet easy-to-use, medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm. AED will be available at the clubhouse facility. AED training will be provided to coaches at annual safety clinic on April 16th.

Electronic weather detector application WeatherBug should be used by league officials and coaches to monitor weather during practices and games. Suspension of activity is required when the storm is detected at 3 to 8 miles away. Games will be suspended for 20 minutes to ensure the storm has moved out. Children should be removed from metal dugouts and seek shelter while in delay.

CONCUSSION POLICY

A concussion is a type of traumatic brain injury that interferes with the normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull because of a blow to the head or body. The blow does not need to be directly to the head for a concussion to occur. What may appear to be only a mild jolt or blow to the head or body can result in a concussion. It is now known that young athletes are particularly vulnerable to the effects of a concussion and that a concussion has the potential to result in short or long-term changes in brain function, or in some cases, death. There is no such thing as a minor brain injury. Any suspected concussion must be taken seriously and acted upon immediately. Recognition and Management If an athlete exhibits any signs, symptoms, or behaviors that make you suspicious that he or she may have had a concussion, that athlete must be removed from all physical activity immediately! Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death.

Concussion training is available online through the Centers for Disease Control at

<https://www.cdc.gov/headsup/youthsports/training/index.html>

Each head coach and each board member will be required to submit a copy of the certificate once completed and must be done before the first game of the season.

The handout in Appendix A will be given to all parents to raise awareness of concussions. The form is also available at

https://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf

CONCUSSION PROTOCOL

Managers, coaches, umpires, and league officials are not expected to be able to “diagnose” a concussion. That is the role of an appropriate health-care professional. However, you must be aware of the signs, symptoms, and behaviors of a possible concussion, and if you suspect that an athlete may have a concussion, then the following procedure must be enacted immediately:

1. Immediately remove the athlete from game/practice/physical activity.**
2. Complete the CCSLL Concussion Checklist immediately upon removal from game/practice/physical activity. Turn completed form into appropriate CCSLL official. If the health status of the athlete warrants immediate medical assistance/attention (seizure, loss of consciousness, etc.) call 911 immediately and then complete a concussion checklist when the situation allows you to do so.
3. The signs, symptoms, and behaviors of a concussion are not always immediately apparent after a bump, blow, or jolt to the head or body and may develop over a few hours. An athlete should be observed following a suspected concussion and should never be left alone.
4. Inform the athlete’s parents or guardians about the possible concussion and inform them that CCSLL policy mandates that the athlete must be evaluated by an appropriate health-care professional and will not be allowed to return to practice or games until an appropriate health-care professional says they are symptom free and medically clears them to resume physical activity.
5. Manager/coaches will not allow athlete to resume practice/games/physical activity until they are provided a written release by the athlete’s health care provider. Verbal indication of release by parent/guardian is not acceptable – written release must be provided and this in turn must be into appropriate league official to be filed with other documentation of incident.

** In the event that a manager or coach becomes aware (i.e., disclosure by parent/guardian/ player) that a player has been involved in a non-league activity that is known to have actually caused a concussion or is of such a nature as to cause concern – the manager /coach is to restrict league activity until such time as the player is examined and released by an appropriate health care professional to return to full physical activity. When in doubt, sit them out!

Important to Remember: If an athlete returns to activity before being fully healed from an initial concussion, the athlete is at risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term problems. In rare cases, a repeat concussion can result in severe swelling and bleeding in the brain that can be fatal. Athletes must know that they should never try to “tough out” a suspected concussion. Teammates, coaches, umpires, and parents/guardians should never encourage an athlete to “play through” the symptoms of a concussion. In addition, there should never be an attribution of bravery to athletes who do play despite having concussion signs or symptoms. The risks of such behavior must be emphasized to all members of the team, as well as coaches and parents.

REPORTING INJURIES

1. Report incident immediately to League Official
2. Fill Out Accident Claim form. Forms are available in Appendix A of this Document, or at the clubhouse.
3. Once completed by Parent and League, form will be submitted to Little League International.

FACILITIES AND EQUIPMENT

Managers, Coaches, and Umpires are required to inspect equipment on a regular basis. The League Safety Officer will inspect equipment prior to each season. Managers, coaches, and umpires will inspect equipment prior to each game. Equipment not fit for use will be destroyed so that an individual can't use them again to prevent someone to use it without league knowledge. Breakaway bases are used on all fields. In addition, the league equipment supervisor will also manage the storage sheds at the facilities to ensure they are organized, and maintenance equipment is safely stored.

Managers, coaches, and umpires must inspect the field prior to use. League officials must also inspect facilities as well. Inspections of league officials, managers, coaches, and umpires' areas essential to their use.

Items included in either inspection by league officials, managers, coaches, and umpires include:

1. Holes, damages, rough, or uneven spots.
2. Slippery areas and long grass.
3. Glass, rocks, and other debris and foreign objects.
4. Unsafe conditions around backstop and pitcher's mound.
5. Warning track condition.
6. Dugout conditions before and after games. Teams are required to clean the dugout after use.
7. Availability of telephone.
8. Area around the bleachers is free of debris.
9. Garbage clean-up
10. Establishing who is in charge of the facility that game.

11. Restroom conditions.

12. Concession stand inspection.

Disengage-able bases will be used on all fields. The speed limit for all cars at all facilities is 5 mph. Items such as mouthguards, faceguards for helmets, and pitcher heat protectors are available for players, parents, managers, or coaches that requests them. Parents are welcome to make suggestions to the President or Safety Officer at any time. All adults are encouraged to sign-up for Little League E-News in order to keep up with current practices, suggestions, and trends in safety development for participants.

STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by CCSLL and apply to anyone who has been issued a key by CCSLL to use those facilities.

1. Keys are available through the President who keeps record of key disbursements. All keys must be returned at the end of the season.
2. All individuals with keys to CCSLL equipment and storage sheds are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
3. All individuals are responsible to read operating instructions for all equipment prior to use. (I.e. lawn mowers, weed whackers, lights, scoreboards, pa systems, etc.)
4. All chemicals or organic materials stored in CCSLL sheds shall be properly marked and labeled as to its contents. Material Safety Data Sheets will be available for all materials requiring them. Sheets will be stored in office as well as where the chemical is stored.
5. All chemicals organic materials stored within these sheds will be separated from areas used to store machinery and gardening equipment to minimize the risk of puncturing storage containers.
6. Any witnesses "loose" chemicals organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.
7. Cleaning supplies will not be stored in concession areas.
8. Adults are responsible to clean storage shed after each use.

CONCESSION STAND PROCEDURES

CCSLL recognizes the important role that concession stands have in supporting the overall program. It is essential for concession stand procedures to provide safe items to league supporters.

Procedures will be posted at all concession stands.

1. Menus are very simple to minimize cooking equipment and maintenance. Food items must come from approved sources. Control of items is supervised by league from purchase to sale. Safety Officer must approve menus.
2. Thermostats are used to maintain proper levels of cooked materials. Foods must be properly stored at the correct temperature.
3. Reheating food items is not practiced. Potential left over potentially hazardous foods must be discarded each night.

4. Proper cooling facilities (under 41 degrees) must be available if food is to be stored.
5. Hand washing is the first line of defense in preventing food borne diseases.
6. Foods that have potential allergic implications (ie nuts) must be labeled and knowledge of contents understood by worker.
7. Workers that are healthy are the only ones that will prepare foods. Use of protective gloves and hair covering items must be available.
8. Disposable utensils are recommended. Utensils that must be washed need to be washed in hot soapy water, rinsed in clean water, and air dried. Use of chemical or heat sanitizing equipment is also recommended.
9. Ice for injuries needs to be placed in plastic bags and stored separately. Avoid touching ice with hands.
10. Wiping cloths are to be stored in a bucket of sanitizer and changed every two hours.
11. Food and utensils need to remain covered to protect from insects. Frequent sweeping of floors is also effective way of preventing insects.
12. Food needs to be stored at least six inches above the ground.
13. Workers under the age of 14 must be supervised by an adult.
14. Proper smoke detectors and fire extinguishers are installed in each concession stand.

PLAY BY THE RULES

CCSL operates under the Official Rules and Regulations of Little League Softball. Local rules that are provided by such rules will be provided in writing to the managers, coaches, and umpires. The league is dedicated to recruiting and providing education for umpires. Training includes using resources such District Consultants and Regional Umpire Schools when appropriate dedication is established. Managers, Coaches, Umpires are required to attend annual rules clinic conducted by District Umpire Staff. The clinic this year will take place on April 18th at CCSLL field facilities from 2PM to 4PM. It is essential that deviation from the rules as a significant number of the rules are established in order to make the game safer. These include, but aren't limited to

- scheduling procedures
- no on-deck batters
- coaches not allowed to warm up pitchers (including standing at the backstop)
- Use of disengaging breakaway bases.

ADDRESSING COMPLAINTS & GRIEVANCES

As in any competitive situation, there are always times that individuals will disagree with the decisions made by an organization and its leaders. A truly safe program allows for those disagreements to be heard in a safe, non-threatening manner. As an entity that employs volunteers, the organization must respect due process rights of individuals involved in decisions of the organization. Thus, a method of bringing forward complaints is necessary in order to protect the due process and dignity of individual members, as well as providing a safe method by which members can relate their feelings on decisions, etc. without turning into a crisis situation. Referring to the League Code of Ethics will be of great assistance to league personnel throughout a grievance situation and should be referred to during the process.

The first step of any grievance is to attempt to handle the situation unofficially through mediation. Note: All player complaints are represented through the Player Agent who speaks on behalf of players. The complaining party is required to contact the individual directly to verbally voice the complaint. If no solution is found, the division director may be brought into conversation. If no solution is found, the President may be contacted. Both parties must contact the President to ensure the need for his or her involvement. If the President cannot mediate the situation to a solution, he or she will ask the complaining individual to put the complaint in writing in which the complaint will be heard at next Board meeting or at special meeting if the President feels the issue is of dire attention. All complaints must be in writing to be heard by the Board. The Board of Directors will then listen to complaint as well as responses from other parties and offer solutions. The League Constitution spells out timelines for resolving these complaints. Complaints about personality conflicts will not be heard by the Board unless it shows negative impact on the kids shows negative impact on the kids.

APPENDIX

APPENDIX A: LITTLE LEAGUE BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

League Name				League I.D.	
PART 1					
Name of Injured Person/Claimant		SSN	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 (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) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <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"/> 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
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APPENDIX B: LITTLE LEAGUE VOLUNTEER APPLICATION FORM-2022

Little League® "Basic" Volunteer Application – 2023

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit LittleLeague.org/localBGcheck for more information.

All RED fields are required.

Name: _____
First Middle Name or Initial Last

Address: _____
 City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
 If yes, describe each in full: _____ Yes No
 (If volunteer answered yes to Question 1, the local league must contact Little League International.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)?
 If yes, describe each in full: _____ Yes No
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?
 If yes, describe each in full: _____ Yes No
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?
 If yes, explain: _____ Yes No
 (If volunteer answered yes to Question 4, the local league must contact Little League International.)
- In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concession Stand
 Coach Manager Other _____
 Umpire Scorekeeper

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

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Services Organizations, etc.):

Previous volunteer experience (including baseball/softball and years (s)):

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/ligo.state.laws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)(9) for all background check requirements

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

* Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____