2014 SAFETY PLAN INFORMATION

Albany Little League’s commitment to safety;

Our league will annually publish a current Safety Plan. This plan is distributed to every manager, coach and parent volunteer before any practices or games take place.

Our Safety Officer is:

Allison Wren

Allison can be reached at (510)499-0657
0r through email at:
allisonmarywren@me.com

PUBLISH PROMENENTLY AT ALL LEAGUE FACILITIES
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

OUR MISSION STATEMENT
Albany Little League is a Non-profit Organization run by Volunteers of our community who are committed to the children and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage and respect for one another and authority, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy citizens. We will provide an opportunity for our community’s children to learn the game of Baseball in a safe and friendly environment.

SAFETY PROGRAM MISSION
The mission of our league’s safety program for 2014 is to maintain a high degree of safety awareness to ensure our league is safe for the players. In addition, this document communicates what is expected from all Coaches, Players, Volunteers and Parents. It is the policy of our league to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.

Little League Policy and CA District 4
One of the reasons for Little Leagues’ wide acceptance and phenomenal growth is that it fills an important need in our free society. As our program expands, it takes, more and more, a major part in the development of young people. It instills confidence and an understanding of fair play and the rights of other people.

Many of our younger children may develop slower than others are given an opportunity not only to develop their playing skill but to learn what competition and sportsmanship are all about. All who take part in our program are encouraged to develop a high moral code along with their improvement in physical skills and coordination. These high aims are more for the benefit of the great majority of children rather than the few who would otherwise come to the top in any competitive athletic endeavor.
You can never eliminate all of the possible injuries, however having a plan and using preventive safety precautions increase the odds for injury-free involvement in baseball.

**Four “E’s” of Safety**

**EDUCATION** refers to the important matter of including suitable safety precautions in instructions, training, communications, drill work and follow-up.

**EQUIPMENT** applies to the safe upkeep and use of physical property, fields, personal protective equipment, bleachers, bats, balls, etc.

**ENTHUSIASM** is the key to selling this important ingredient called safety, which can prevent painful and disabling accidents.

**ENFORCEMENT** should be applied more as an incentive for skillful ball playing rather than as disciplinary action. Far better results can be obtained by praise and recognition than by forcing players into line. Tactful guidance must be backed by firmness and justly used discipline.

**DEFINING AND UNDERSTANDING TERMS IN THIS DOCUMENT**

**ACCIDENT** is a sudden, undesirable and unplanned occurrence often resulting in bodily injury, disability and/or property damage.

**ACCIDENT CAUSE** is an unsafe condition, situation or act that may result directly in or contribute to the occurrence of an accident.

**CORRECTIVE ACTION** is the positive steps or measures taken to eliminate, or at least minimize, an accident cause.

**HAZARD** refers to a condition or a situation that could cause an accident.

**INJURY** is the physical harm or damage often resulting from an accident.

**INSURANCE CLAIM** refers to the right of a parent, as in the case of accident insurance to have eligible medical expenses resulting from an accidental injury connected with a game or scheduled practice paid by the appropriate insurance company.

**TYPE OF ACCIDENT** is a phrase used to describe an unintentional, sudden incident that can be identified so effective counter measures may be taken. Examples are: struck by, tripped, fell, collision with, caught between, etc.

**AN UNSAFE ACT** refers to unintentional human failure or lack of skill that can lead to an accident. It is one of the two general accident causes, the other being an unsafe condition.

**AN UNSAFE CONDITION** is an abnormal or faulty situation or condition which may cause an accident. Its presence, particularly when an unsafe act is committed, may result in an accident. It is a recognized that the area personnel and facilities available for the operation of a Little League will dictate the structure of an effective safety program. These safety guidelines are presented as a goal toward which the adults who administer a league can work. The effectiveness of their efforts to prevent accidents will be measured more by their sincerity of purpose than by the amount of money and preponderance of volunteer effort at their disposal.
SAFETY MANUAL AND FIRST AID KITS

Each Manager, Coach, Player Agent, and League Official will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

Two chemical ice packs of physical therapy quality will be issued to each team at the beginning of the season. Others are available at all times in the concession stands.

Each home team dugout will have a First Aid Kit and a Safety Manual in plain sight at all time in.

The Safety Manual will include maps to hospitals and other emergency services, phone numbers for all Board Directors, the League 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 need be.

----------------------------------------------------------------------------------------------------------------------------------

(Detach Section below and return to the League Safety Officer)

I have received my 2013 League Safety Manual and my team First Aid Kit and will have them both 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. I realize it my responsibility to ensure that my First Kit is always properly stocked in coordination with my Player Agent.

Print Manager’s Name ___________________________ Team Name / Division ___________________________

Manager’s Signature ___________________________ Date ___________________________
FIRST AID

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

**Definition**
First aid is the immediate, necessary, temporary, emergency care given for injuries. First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives.

At no time should anyone administering First-Aid go beyond his or her capabilities.

**Selection and Qualifications of First Aiders**
At least one coach per team will receive first aid training prior to the start of the season. It is impractical to have a completely trained and experienced first aid person on duty at all times. However, our league will make every effort should be made to have several alternate first aid trained persons available. These persons will be trained in the basic requirements of first aid treatment, and their duties will keep them at the league’s fields.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have first aid trained individual briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.

Know your limits!
The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

**First Aid-Kits**
First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team’s equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Little League event where children’s safety is at risk.

Inventory your kit weekly. To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the League’s Safety Officer.
First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

The First Aid Kit will come in a plastic white and red box and include the following items:

3 Instant Ice Packs  
6 Antiseptic Wipes  
2 Large Bandages 2”x4”  
20 Band-Aids 1”x3”  
1 Cloth Athletic Tape  
1 Roll of Gauze  
1 Scissors  
1 Tweezers  
1 Plastic Kit

2 Plastic Bags for Ice  
1 Roll of Gauze  
2 Large Non-stick Bandages  
2 Antiseptic Cream Packs  
2 Eye Pads  
2 Burn Cream Packs  
1 Pair of Latex Gloves  
2 Sterile Gauze Pads

Additional First-Aid Kits will be available in the major/minor field snack bar and dugouts. Materials from these additional Kits may be used in emergency situations. Do not borrow supplies from these kits to replenish materials in the Team’s Kit.

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 9-1-1.
- 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** 9-1-1 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.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

9-1-1 EMERGENCY NUMBER

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.

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
3. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
4. The telephone number from which the call is being made.
5. The caller’s name.
6. What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
7. How many people are involved.
8. The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
9. What help (first aid) is being given.
10. 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.
11. Continue to care for the victim till professional help arrives.
12. 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.

When to call - If you have any doubt at all, call 9-1-1 and requests paramedics.

If the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 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 their vomiting or passing blood?
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones?

Calls from cell phones to 911 go to an area California Highway Patrol (CHP) dispatch center. The Dispatchers there then transfer callers to the right agency based on where the caller says is and the type of emergency, so be clear that you have a medical emergency.
Also Call 9-1-1 for any of these situations:

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

When treating an injury, remember:

- Protection
- Rest
- Ice
- Compression
- Elevation
- Support

Each coach will have with them at each practice and game a copy of each player’s medical release form which contains emergency phone numbers, doctor and hospital information.

**Notification of Family**

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment, their family be notified as soon as possible.

**Follow-Up on First Aid Cases**

1. A thorough investigation will be made to find the cause(s) of an accident and action started to prevent reoccurrence.
2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person’s name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
3. Any player under the care of a doctor is required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.
ALBANY LITTLE LEAGUE  
2014 SAFETY PLAN

Our Police Department Emergency Number -  
510) 525-7300 or 911-Albany  
510) 981-5911 or 911-Berkeley

Our Fire Department Emergency Number –  
(510) 528-5770 or 911-Albany  
10) 981-5911 or 911-Berkeley  
10) 237-3231 or 911-El Cerrito

Our Closest Hospital Number -  
510) 428-3000 – Children’s Oakland  
510) 204-4444 – Alta Bates
IMPORTANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Miller</td>
<td>President</td>
<td><a href="mailto:jmskip@gmail.com">jmskip@gmail.com</a></td>
<td>510-528-3053</td>
</tr>
<tr>
<td>David Preuss</td>
<td>Executive VP</td>
<td><a href="mailto:davidlpreuss@gmail.com">davidlpreuss@gmail.com</a></td>
<td>510-414-4467</td>
</tr>
<tr>
<td>Brian Lukas</td>
<td>VP, Operations</td>
<td><a href="mailto:Dr4bb@aol.com">Dr4bb@aol.com</a></td>
<td>510-525-3219</td>
</tr>
<tr>
<td>Robert Seeds</td>
<td>Secretary</td>
<td><a href="mailto:rseeds@gpsllp.com">rseeds@gpsllp.com</a></td>
<td>510-548-3693</td>
</tr>
<tr>
<td>Erika Black</td>
<td>Bursar</td>
<td><a href="mailto:nilagrila@aol.com">nilagrila@aol.com</a></td>
<td>510-967-9296</td>
</tr>
<tr>
<td>Eddy Kleinhans</td>
<td>Player Agent</td>
<td><a href="mailto:edwardkleinhans@yahoo.com">edwardkleinhans@yahoo.com</a></td>
<td>510-559-9234</td>
</tr>
<tr>
<td>Jessica Getz</td>
<td>Treasurer</td>
<td><a href="mailto:getjir@yahoo.com">getjir@yahoo.com</a></td>
<td>510-647-9752</td>
</tr>
<tr>
<td>Jennifer Hansen-Romero</td>
<td>Fundraising Chair</td>
<td><a href="mailto:jhansenromero@yahoo.com">jhansenromero@yahoo.com</a></td>
<td>510-290-8078</td>
</tr>
<tr>
<td>Allison Wren</td>
<td>Safety Director</td>
<td><a href="mailto:allisonmarywren@me.com">allisonmarywren@me.com</a></td>
<td>510-558-7084</td>
</tr>
<tr>
<td>Eugene Romero</td>
<td>Chief Umpire</td>
<td><a href="mailto:allchiefump@yahoo.com">allchiefump@yahoo.com</a></td>
<td>510-551-4328</td>
</tr>
<tr>
<td>Robb Bittner</td>
<td>Assistant Chief Umpire</td>
<td><a href="mailto:robb.bittner@gmail.com">robb.bittner@gmail.com</a></td>
<td>415-250-3394</td>
</tr>
<tr>
<td>Frank Knowles</td>
<td>Scheduler</td>
<td><a href="mailto:jfk-home@comcast.net">jfk-home@comcast.net</a></td>
<td>510-504-2973</td>
</tr>
<tr>
<td>Eddy Kleinhans</td>
<td>Majors commissioner</td>
<td><a href="mailto:edwardkleinhans@yahoo.com">edwardkleinhans@yahoo.com</a></td>
<td>510-559-9234</td>
</tr>
<tr>
<td>David Blum</td>
<td>A commissioner</td>
<td><a href="mailto:spenceranderika@gmail.com">spenceranderika@gmail.com</a></td>
<td>510-714-2563</td>
</tr>
<tr>
<td>Damon Jordan</td>
<td>AA commissioner</td>
<td><a href="mailto:doreado@hotmail.com">doreado@hotmail.com</a></td>
<td>510-512-6537</td>
</tr>
<tr>
<td>Darrin Banks</td>
<td>Tball commissioner</td>
<td><a href="mailto:darrinbanks@ymail.com">darrinbanks@ymail.com</a></td>
<td>925-997-6044</td>
</tr>
<tr>
<td>Kendra Knowles</td>
<td>Rookie commissioner</td>
<td><a href="mailto:knowlesclan@comcast.net">knowlesclan@comcast.net</a></td>
<td>510-504-2972</td>
</tr>
<tr>
<td>Mike Roberts</td>
<td>Equipment Manager</td>
<td><a href="mailto:wongroberts@gmail.com">wongroberts@gmail.com</a></td>
<td>510-815-1162</td>
</tr>
<tr>
<td>Caroline Keller</td>
<td>Newsletter Editor</td>
<td><a href="mailto:kellercaroline@hotmail.com">kellercaroline@hotmail.com</a></td>
<td>510-558-8182</td>
</tr>
<tr>
<td>Dave Monk</td>
<td>Website</td>
<td><a href="mailto:dmonkster@gmail.com">dmonkster@gmail.com</a></td>
<td>510-919-7324</td>
</tr>
<tr>
<td>Laurie Roberts</td>
<td>Volunteer Coordinator:</td>
<td><a href="mailto:trumom@mac.com">trumom@mac.com</a></td>
<td>510-528-3169</td>
</tr>
<tr>
<td>Darrin Banks</td>
<td>AAA Commissioner</td>
<td><a href="mailto:darrinbanks@ymail.com">darrinbanks@ymail.com</a></td>
<td>510-558-7084</td>
</tr>
<tr>
<td>Jack Miller</td>
<td>Juniors Commissioner</td>
<td><a href="mailto:jmskip@gmail.com">jmskip@gmail.com</a></td>
<td>510-528-3053</td>
</tr>
<tr>
<td>Christine Treadway</td>
<td></td>
<td><a href="mailto:ctreadway@berkeley.edu">ctreadway@berkeley.edu</a></td>
<td>510-541-0686</td>
</tr>
<tr>
<td>Rune Iversen</td>
<td>Intermediate Commissioner</td>
<td><a href="mailto:runeiversen@gmail.com">runeiversen@gmail.com</a></td>
<td>510-517-8012</td>
</tr>
<tr>
<td>Jon Ely</td>
<td></td>
<td><a href="mailto:ajely@juno.com">ajely@juno.com</a></td>
<td>510-527-1676</td>
</tr>
<tr>
<td>David Dempster</td>
<td></td>
<td><a href="mailto:ddempster@comcast.net">ddempster@comcast.net</a></td>
<td>510-848-1427</td>
</tr>
<tr>
<td>Roger Carlsen</td>
<td></td>
<td><a href="mailto:rogercarlsen@msn.com">rogercarlsen@msn.com</a></td>
<td>510-684-1433</td>
</tr>
</tbody>
</table>

DISTRICT OFFICIALS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ted Boet</td>
<td>District 4 Administrator</td>
<td>925-367-3216</td>
<td><a href="mailto:lcad4da@gmail.com">lcad4da@gmail.com</a></td>
</tr>
<tr>
<td>Geoffrey Shiu</td>
<td>Asst. District 4 Administrator</td>
<td>510.882.6917©</td>
<td><a href="mailto:MIB17@comcast.net">MIB17@comcast.net</a></td>
</tr>
<tr>
<td>Cary Dyer</td>
<td>ADA Safety</td>
<td>925-584-6693</td>
<td><a href="mailto:Batterup1978@comcast.net">Batterup1978@comcast.net</a></td>
</tr>
</tbody>
</table>
DRUG AWARENESS

A drug is any substance that alters the body’s chemistry. Drug abuse and addiction can happen to anyone, at any age. Drugs abuse does not respect the age of its victim.

National Statistics indicate the Alcohol is one of the most widely used drug substances in the world. Alcohol use and binge drinking among our nation’s youth is a major public health problem.

Additionally, the numbers of youth experimenting and using illicit drugs is increasing. The non-medical use of prescription drugs among youth is on a steady incline.

Coaches and parents should be alert to the warning signs of warning signs for youth *:

1. Drop in academic performance
2. Lack of interest in personal appearance
3. Withdrawal, isolation, depression, fatigue
4. Aggressive, rebellious behavior
5. Hostility and lack of cooperativeness
6. Deteriorating relationships with family
7. Change in friends
8. Loss of interest in hobbies and/or sports
9. Change in eating/sleeping habits
10. Evidence of drugs or drug paraphernalia (e.g., needles, pipes, papers, lighters).
11. Physical changes (e.g., runny nose not from cold, red eyes, coughing, wheezing, bruises, needle marks)

Source D.A.R.E.
Common Sense Drug Awareness Practices

1. Coaches, parents, and players should never provide or exchange any drug. Typically, for a headache or similar condition, players or coaches will seek a headache medication from parents, bystanders. Complications and liability can occur in the individual’s reaction to the drug. *Coaches should never provide or procure any drug to a player, PERIOD.*

2. Coaches must lead by example, the use of tobacco and alcohol in the presence of players sends a message.

3. Be Alert! Watch for occurrences that do not make sense. Such as: unusual persons hanging around the field, player absences from field for a period of time followed by a return with a burst of energy of attitude, drug paraphernalia and prescription bottles.

4. Rapid changes in mood, high-low swings, changes in and sometimes withdrawal from team activities.

5. Discuss with team, in conjunction with parents, the hazards of “sports doping” and performance enhancing drugs.

6. Be aware of all physician prescribed drugs that the players should be taking. Many players have asthma and require medicine, ensure that the players and parents have planned to how this will be address and that you understand their treatment plan.

7. Discuss, do not Ignore. Not every warning sign indicates drug use or abuse. Raise any concerns focused on the noticed behavior and not on the suspicion of the cause. Open communications among parents, players and coaches is the key.
Our Facilities: Albany Village Fields
Majors, Minors, Rookie and Snack Shack
Corner of 10th Street and Monroe Street in Albany
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

Our Facilities: Ocean View Field
T-Ball and Intermediate
900 Buchanan Street, Albany CA 94706
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

Our Facilities: Memorial Field
Juniors
1325 Portland Ave, Albany 94706
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

Our Facilities: Cougar Fields
Minors
1259 Brighton Avenue, Albany 94706
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

Our Facilities: Gilman Softball Field
Challengers
400 Gilman Street, Berkeley 94710
Albany Little League CODE OF CONDUCT

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

<table>
<thead>
<tr>
<th>Trustworthiness</th>
<th>Respect</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairness</td>
<td>Caring</td>
<td>Good citizenship</td>
</tr>
</tbody>
</table>

The highest potential of sports is achieved when competition reflects these “six pillars of character.” I therefore agree:

1. I will never lay a hand upon, push, shove, strike, or threaten to strike an official, coach or player.
2. I will not force my child to participate in sports.
3. I will remember that children participate to have fun and that the game is for youth, not adults.
4. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
5. I will learn the rules of the game and the policies of the league.
6. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, by demonstrating positive support for all players, coaches, officials and spectators at every game, practice and all league events.
7. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
8. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
9. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
10. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
11. I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
12. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
13. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
14. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
15. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
16. I will not gamble or wager on any play or outcome of any game with anyone at any time.
17. I will not be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books or reporting, rankings, or any other league published procedures.
18. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
19. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
20. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Little League Rule 9.01(f) Umpires may order both teams into their dugouts and suspend play until such time as League Officials deal with unruly spectators. Failure of League Officials to adequately handle an unruly spectator can result in the game remaining suspended until a later date.

Please note that Little League has a zero tolerance policy. We make every effort to create a happy, wholesome atmosphere where the children can play.

I agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
- Verbal warning by official, head coach, and/or head of league organization, or a written warning,
- Parental game or season suspension with written documentation of incident kept on file by organization involved,
- Game forfeit.

THE CODE OF CONDUCT MUST BE REVIEWED AND SIGNED BY A PARENT OR LEGAL GUARDIAN BEFORE GRANTING LEAGUE MEMBERSHIP.

Print Name: ___________________________ Signature: ___________________________

Date: ______________

Circle: Parent or Guardian
LEAGUE SAFETY CODE

The Board of Directors of our Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then discuss it with the players on their team.

- Responsibility for safety procedures belongs to every adult member of our Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting Cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each Snack Bar.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
- Shoes with metal spikes or cleats are not permitted, except at the Junior Baseball Level and above. Shoes with molded cleats are permissible.
Reduced impact balls will be used at all levels below the Major Division, to include the Challenger’s Division.

Disengage-able bases are mandatory for ALL league fields.

Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)

No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)

Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.

Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.

Managers and coaches will never leave an unattended child at a practice or game.

No children under the age of 15 are permitted in the Snack Bar.

Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.

Speed Limit is 5 miles per hour in roadways and parking lots surrounding our fields.

**NO ALCOHOL OR DRUGS ALLOWED AT ANY OF OUR FACILITIES OR FIELDS, ANY TIME.**

*No medication* will be taken at the facility unless administered directly by the child’s parent. This includes aspirin and Tylenol.

No playing in the parking lots at any time.

No playing in construction areas at any time. This includes the sand bins.

No playing on and around lawn equipment, machinery at any time.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

• **NO SMOKING ALLOWED AT ANY OF OUR FACILITIES OR FIELDS.**
  
  No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.

  No throwing rocks.

  No climbing fences.

  No swinging on dugout roofs.

  No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.

  Observe all posted signs.

  Players and spectators should be alert at all times for foul balls and errant throws.

  All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

  Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.

  Use crosswalks when crossing roadways. Always be alert for traffic.

  The schools and businesses adjacent to our facilities and fields are off limits at all times.

  No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

  There is no running allowed in the bleachers.
SAFETY RESPONSIBILITIES

The President:
The President of our league is responsible for ensuring that the policies and regulations of the League’s Safety Officer are carried out by the entire membership to the best of his abilities.

Safety Officer:
The main responsibility of the Safety Officer is to develop and implement our League’s safety program. The Safety Officer is the link between the Board of Directors of our Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The Safety Officer’s responsibilities include:
Coordinate with the Team Safety Officers to provide the safest environment possible for all.

- Preparing and updating the League’s Safety Plan.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in all concession stands and the clubhouse and re-stocking the kits as needed.
- Make Little League’s “no tolerance with child abuse” clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instructing Snack Bar workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling and attending First-Aid Clinics and CPR/AED training classes for managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs on the our fields and facilities including No Parking signs, No Smoking signs, No Pets Allowed, cautionary signs etc..
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.
The League Members:
The League Members will adhere to and carry out the policies as set forth in this safety manual.

The League Information Officer:
The League Information Officer is responsible for maintaining the web site and updating the safety information on a weekly basis.

Managers and Coaches:
The Manager is a person appointed by the president to be responsible for the team’s actions on the field, and to represent the team in communications with the umpire and the opposing team.

(a) The Manager will always be responsible for the team’s conduct, observance of the official rules and deference to the umpires. Remember coaches are Role Models.
(b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).
(c) If a Manager leaves the field, that Manager will designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Pre-Season:
Managers will:
- Take possession of the current Safety Manual and the supplied First-Aid Kit.
- Appoint a volunteer parent as Team Safety Officer (TSO).
- The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the main complex.
- Attend a mandatory training session on First Aid given by the League with his/her designated coaches and TSO.
- Have a team meeting to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A coach coordinator can be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.
**Season Play:**

**Managers will:**
- Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the **fundamentals** of the game to players.
  - (a) Catching fly balls
  - (b) Sliding correctly
  - (c) Proper fielding of ground balls
  - (d) Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that **prevention** is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

**Pre-Game and Practice:**

**Managers will:**
- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can’t play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. (**See Conditioning Section**)  
  
  1. Calf muscles  
  2. Hamstrings  
  3. Quadriceps  
  4. Groin  
  5. Back  
  6. Shoulders  
  7. Elbow/forearm  
  8. Arm shake out  
  9. Neck  

Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.
- Light tosses short distance.
- Light tosses medium distance.
- Light tosses large distance.
- Medium tosses medium distance.
- Regular tosses medium distance.
- Field ground balls.
- Field pop flies
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

During the Game
Managers will:
- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat.
- No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert.
- Maintain discipline at all times.
- Be organized.
- Keep players and substitutes sitting on the team’s bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the “no on-deck” rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep player’s off fences.
- Keep players out of bullpen unless they are pitcher and catcher in the proper gear getting warmed up to enter the game.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby’s.

If a Manager has not appointed a Team Safety Officer then he or she must assume those responsibilities.

Post Game
Managers will:
- Do cool down exercises with the players.
  1. Stretching as noted above.
  2. Light jog
  3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  4. Catchers should ice their knees.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and our local league.
- Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- If their was an injury, make sure an accident report was filled out and given to the League Safety Officer.
- Return the field to its pre-game condition, per League policy.

If a manager knowingly disregards safety, he/she will come before the League’s Board of Directors to explain his or her conduct.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

Hey Coach

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
Coach, Please
Let Players Catch!

REMEMBER:
Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09
“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”
Don’t Swing It

...Until You’re Up to the Plate!

Don’t let this happen to you, or to a teammate.

REMEMBER:
Don’t pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

“1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.”
Umpires

Pre-Game
Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and have the Little League’s seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from home team.
- Use the FIELD SAFETY CHECK LIST (included in the appendix of this safety manual) to document that all of the above was carried out.

During the Game:
During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post Game:
After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the League Safety Officer by telephone and in writing.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

League Field Supervisor:
The Field Supervisor is responsible to ensure the fields and structures used by the League meet the safety requirements as set forth in this manual.

League Equipment Officer:
The League Equipment Officer is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn’t fit properly.

Team Safety Officer (TSO):
The TSO is a Role model to younger children, Defender of safety, Liaison between the team and the League Safety Officer, Hero when taking safety seriously prevents injuries.

Pre-Season

In the pre-season, the TSO must:
- Acquire this Safety Manual from the team manager and read it.
- Call the League Safety Officer and introduce yourself.
- Attend the Emergency Medical Clinic with your team manager.
- Have parents fill out Emergency Medical Treatment Consent and Contact forms and return them to you. (photocopy sample in the appendix)
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc. Fill out a medical history form on each child (see sample in appendix)
- Find out if a child is taking any kind of medication.
- Report your findings in a written summary and submit it to the League Safety Officer.
- Safety Officer for his/her records.

During the Season

During the season, the TSO will:
- Keep a Safety Log of all injuries that occur on his or her team.
- Report weekly as part of a Safety Committee to the League Safety Officer even if nothing is wrong.
- Inspect players’ equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the League Safety Officer or any other Board Member.
- Have parents fill out “driving permission slips” if transporting a child to a game or practice is necessary.
- Help managers and designated coaches give First-Aid if needed.
- Act as a conduit between parents, managers, the League Safety Officer and the kids.
- Fill out accident reports if an injury occurs, Report an injury to the League Safety Officer within 12 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the League Safety Officer for replacements when needed.
Pre-Game

Before the game starts the TSO will:
- Make sure that this Safety Manual and the First-Aid Kit are present.
- Maintain a copy of the current Safety Manual.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field remove broken glass and other hazardous materials.
- Be ready to go into action if anyone should get hurt.

During the Game

During the game the TSO will:
- Watch players to see that they are alert at all time.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the conduit between the League Safety Officer, the team manager, the child and his or her parents.

Post-Game

After the game the TSO will:
- Record any safety infractions or injuries in his/her Safety Log.
- Report any injuries to the League Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (see appendix) and send a copy to the League Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary (Claim form is in the appendix with all necessary insurance information).
- Follow-up with parents to make sure the child is all right.

If a Manager has not appointed a Team Safety Officer then he or she must assume those responsibilities.

Post-Season Play

All Star Play:
Everybody’s responsibilities remain the same throughout the post season. This includes TOC and All Stars.
Emergency Medical Releases:
Insurance riders are needed if any practices, games or events involving baseball, on or off the
our complex take place before or after the regularly scheduled season and “All Star” post
season. Insurance riders are also necessary if non-Little League teams practice, play games,
or hold tournaments at the League’s facility.

SAFETY FIRST!
BE ALERT!
CHECK PLAYING FIELD FOR HAZARDS
PLAYERS MUST WEAR PROPER EQUIPMENT
ENSURE EQUIPMENT IS IN GOOD SHAPE
MAINTAIN CONTROL OF THE SITUATION
MAINTAIN DISCIPLINE
BE ORGANIZED
KNOW PLAYERS’ LIMITS
AND DON’T EXCEED THEM
MAKE IT FUN!

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

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

- The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion.

Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching
- Stretch necks, backs, arms, thighs, legs and calves.
- Don’t ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don’t allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

Hints on Calisthenics
- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout.
This summer’s Olympics are putting the spotlight on the world’s best athletes in Athens. But these top-flight athletes all know that performance is determined by preparation before ever stepping on the field.

Using as role model for returning to her local Little League, Michele Smith, two-time Gold Medal winner with the USA Softball team, follows some of the best training regimens and shares that knowledge. “It is just as important to take care of your body off the field as on it,” Michele said. “If you’re in good condition, you have better reactions to hit the ball faster and farther.”

Being in shape is just good sense for playing your best. But did you know recent studies also show that athletes that are in good physical condition experience fewer injuries than those who aren’t?

**Keys to conditioning:**
- Fitness conditioning
- Weight conditioning
- Pliometrics
- Agilities drills
- Core strength training

But Michele notes you should not get too serious too early with conditioning for the younger players. Most kids 5-8 years old are getting all the exercise they need to build their muscles to play by playing, and don’t need conditioning workouts.

Graduate the amount and intensity of workouts for the age of the participants. Again, just developing good, moderate training habits with the players will help them as they grow.

**Fitness conditioning**

For fitness training, Michele stresses fundamental exercises that everyone can do like jogging, biking aerobics and anything that gets the cardio-vascular system pumping blood. Sustaining elevated heart and lung functions helps the body prepare for hard exercise, like games, and increases the body’s ability to function at this increased activity level for longer periods. Fitness training also is beneficial for weight management, for more sedentary players.

**Weight conditioning**

Weight training should be undertaken only for those 12 years of age or older, as younger bodies are still growing and developing. Placing too much stress on growth plates and other fragile areas through weight training can cause developmental injuries.

For the older athlete, weight training offers increased lean body mass for higher metabolism and healthier, stronger muscles. All major muscle groups should be worked: chest, arms, shoulders, back and legs.

**Examples:**
- Chest — bench press, flies
- Arms — biceps curls, triceps extensions
- Shoulders — military press, dips, shrugs
- Back — rows, pull-downs
- Legs — squats, leg curls, leg extensions

**Pliometrics**

This is explosive training to increase the player’s bounding abilities, and overall speed and energy. While many weight programs train the muscles for slow, strong movement, pliometrics trains the muscles to have faster, explosive force, especially important in the pitching motion.

**Examples:**
- Single leg bounds — hopping up and down on one leg
- Standing broad jumps — jump forward
- Lateral jumps — jump to the sides
- Vertical jumps — jump straight up
- Jump-tucks — jump up and pull knees to chest

**Agilites training**

These are important to strengthening connective muscles, those around ankles and knees especially. Agility drills help develop “fast twitch” muscles, which allow changes in direction, quick hands, and also “builds body awareness in spatial
relationship,” Michele explained, meaning the player understands better where they are on the field and where to move to reach the ball or tag a base.

Examples are foot drills like running a dual line of tires, doing the karaoke step (cross-over step running sideways), as well as hand drills for catching and tossing the ball quickly.

Core strength training

“The core (abdominals and back) is important for body strength in playing ball since players push off the ground in throwing, fielding, running and especially hitting and pitching,” said Michele. “The player is transferring their strength and movement from the upper body to the lower body and vice versa in all these movements.”

Good basic exercises for the core are: sit-ups, crunches and leg elevations, and “super-mans” or hyper-extensions for the back (reverse sit-ups).

“If you’re in good condition, you’re going to be better able to play late in the game,” Michele stressed. “Or when you hit that deep triple, you won’t gas going around second and get thrown out.”

The seasons of conditioning:

• Off-season: Have them hit the training and/or weight room 3 days a week, combined with cardio-vascular workouts more extensively to build strength and endurance. Do the core training workout every day, and combine the plyometrics workout with weight training for older athletes.

• Pre-season: Getting ready — workout of field two times a week. Michele points out that if you are practicing with your team three days a week, you will want to have the players do some aerobic activity two additional days, to build endurance.

• In season: The team is playing more, so you want them to stay consistent and maintain their fitness level, so exercising one to two times a week is sufficient.

Remember, proper workouts include warm-ups and cool down periods. Don’t rush your players into exercise without getting their blood pumping and core body temperature elevated, Michele stressed. And when they are done, make sure they stretch out and cool down so they don’t have muscle problems after the workout.

For more information on warm-ups and cool downs, check out the last issue of the ASAP News for Michele’s article on these topics.

Finally, Michele notes you need to help your players make good decisions on proper nutrition, since their bodies need good sources of meats, grains, fruits and vegetables to be strong and sustain their activity level.

Michele Smith

Olympic Gold Medalist pitcher for the USA Softball Team, has a B.S. in Health Wellness, Movement Sciences and Pre-Med at Oklahoma State University.
Stretching with Michele Smith
Two-time USA Softball Olympic Gold-Medalist

Children are naturally flexible, with young muscles still growing and developing, so your coaches may not think stretching is very important. But take it from two-time USA Softball Olympic Gold-Medalist Michele Smith, a proper pre- and post-workout routine can help care for the muscles that allow the players to take the field.

Dynamic Warm-Up
“I encourage coaches to begin any practice or game with a dynamic warm-up,” Michele stated. For younger players, 10 minutes total of blood-pumping, body-moving activity can help raise the body’s core temperature and loosen up muscles for the practice or game. Older players may need 15 minutes of warm-up. These are not static stretching exercises, but active dynamic warm-ups.

Start by having players run from foul pole to foul pole, then do some agility exercises:
- High knees (short jog, lift knees high),
- Butt kicks (short jog, try to kick feet backwards up toward bottom),
- Karaoke run (crossover steps laterally),
- Jumping jacks (standard),
- Arm windmills (forward and reverse),
- Neck circles (left & right, full rotation).

“The goal is to work on all the body parts: trunk, arms, legs and neck,” Michele said. “Muscles stretch more easily if the body is warmed up properly before you stretch.”

If muscles are still tight after the dynamic warm-up, then do some specific stretching for the area. Pitchers especially, but all players need to really work on their shoulder muscles, to make sure they are loose before throwing. And coaches should be reminded to have their players do stretching and warm-up exercises any time they have been idle for a period.

Michele pointed out that planning can help reduce the amount of stretching needed. Some coaches have players warm up their arms, do a few defensive drills, stand around waiting to hit and then start back throwing. Instead, start players hitting, then go to throwing drills, making sure they stretch out their arms before throwing. It saves time stretching and saves injuries to arms. But warm up and stretch the trunk before hitting, too, or players risk injuries like groin pulls. Ask Mike Piazza of the New York Mets how easy it is to overcome a pulled groin.

Then Cool Down
After a practice or game, don’t just send your kids home. Michele noted that muscles need to be worked a little to get new oxygen in, to remove the waste by-products of exercising.

“Have players run a lap around the field, then sit in a circle and stretch muscles to get fresh blood in them, and help strengthen them.”

She suggests arm windmills, neck circles and hurdler’s stretches for the quads and glutes (thighs and bottom). Twisting exercises that stretch the side muscles and back are also good. Here’s one: Sit on the ground, placing the foot of a bent leg on the opposite side of an outstretched leg’s knee, and twist your torso across the upright knee. Then switch legs and twist the other way.

“A good cool down will help cool the muscles and slow the heart rate,” Michele said. “It’s important not to over-stretch in the cool down phase,” she noted, since the muscles are being relaxed. If any sore spots are found during stretching, apply ice.

Michele said warm ups are a good time for players to visualize what they will be doing: hitting, pitching, throwing out base runners, etc. Cool downs are a time to reflect on the practice on what went well, and what may need improvement. But above all, these tips can keep players playing, and not sidelined with muscle injuries.

“If you’re injured, you can’t play the sport you love,” Michele pointed out. “We need to warm up and cool down to prevent injuries. Young kids are so flexible, they don’t realize they can pull muscles. So for younger players, this is as much about instilling good routines for the players for later life.”
Our League strictly follows the Little League pitching rules.

Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.

The Little League® Pitch Count Regulation Guide for Parents, Coaches and League Officials
"What They Are Saying About Little League's Pitch Count Regulation..."

"This is one of the most important injury-prevention steps ever initiated in youth baseball by the leader in youth baseball. It is certain to serve as the youth sports injury prevention cornerstone and the inspiration for other youth organizations to take the initiative to get serious about injury prevention in youth sports." – Dr. James Andrews, medical director and the world's foremost authority on pitching injuries at the American Sports Medicine Institute

"We, as scouts, like fresh arms and cringe when we hear of players throwing 100-plus pitches. You can teach players with fresh arms and mold them. Older players, or players who have thrown a lot, simply don't adapt well to change and have a greater chance of being injured." – Jimmy Lester, scout for the Pittsburgh Pirates

"Following the pitch count rule made our managers teach the fundamentals and start to develop more pitching at a younger age." – Jeff Keller, manager of the 2007 Northwest U.S. Champion Murrayhill (Ore.) Little League team

"It's too early to see kids having elbow and shoulder surgery at 17 and 18 years old. I vote for doing the best we can to take care of them, and that's why I support this program." – Mike Mussina, Major League Baseball pitcher

"By the time (the Marlins) sign a player, I've done extensive medical background work. A lot of guys have already had specific problems with their arms because coaches don't seem to realize that there are only a certain number of throws a player has in him." – Matt Anderson, scout for the Florida Marlins

"Naturally, this rule will make coaches develop more pitching. I've said all along, a pitcher's arm has a certain number of throws in it before it gives out. Little League is for fun no matter how you look at it. It's not about throwing a player's arm away to win a game." – Randy Morris, manager of the 2006 Little League Baseball World Championship team, Columbus (Ga.) Little League

"I think Little League going to a pitch count is awesome. I think since players in pro baseball are on pitch counts, that tells you something. Teams want their pitchers to be healthy and have something left. I can't imagine a Little League coach's argument against that." – Dale Murphy, former Major League player

"Over the course of the regular season and into tournament play is when you will see the benefits of counting a player's pitches. By keeping pitch numbers down in April and May, these players will be better pitchers in June and July." – Jamie Reed, athletic trainer for the Texas Rangers

"Little League has a rich history of pioneering baseball safety innovations. As the world's largest organized youth sports program, Little League is proud to take a leadership position in youth sports safety." – Stephen D. Keener, president and chief executive officer, Little League Baseball
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

PITCH COUNT

Pitch count does matter.

Every year, at our annual First-Aid clinic, we provide warnings to our future managers and coaches about pitching injuries and how to prevent them. In the major leagues, a pitcher is removed after approximately 100 pitches.

A child cannot be expected to perform like an adult!

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicedial (“Knobby” bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15! Similarly on the outside of the elbow the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. The American Sports Medicine Institute has completed a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries.

DATA HAS SHOWN THE FOLLOWING:

- A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
- A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
- In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- A slider increased the risk of both elbow and shoulder problems.

Managers and Coaches should look to their players’ future and make an effort to protect their elbows against the tragedy of Avascular Necrosis.
THE PITCH COUNT REGULATION
The following is the text of the new regular season Pitch Count Regulation for all levels of Little League Baseball.

2012 Little League Baseball Regular Season and Tournament Rules

Recent rule changes adopted by the Little League International Board of Directors will bring pitching rules for tournament baseball in line with the regular season rules. The changes were made after many district administrators and local Little League volunteers had requested the pitching rules become more consistent.

“A few years ago, scientific studies showed epidemic increases in youth pitching injuries and pointed to overuse as the primary factor,” Dr. James Andrews, Chairman of the American Sports Medicine Institute and a member of the Little League International Board of Directors, said. “Little League baseball should be congratulated as the leader in addressing this issue by introducing pitch count limits. This has led to increased awareness at all levels including players, parents, coaches, and other youth league organizations, and hopefully, a decrease in number of injuries. The current changes adopted by Little League should help further the ability of kids to enjoy and advance in baseball without serious overuse injuries.”

The most noticeable change to the rules was adopted in the area of rest required between pitching appearances, for tournament play. The new rule eliminates the game required in between pitching appearances while increasing the number of days of rest. Adoption of the new rules makes the pitching regulations the same for tournament and regular season play.

Previously, for example, a 12-year-old pitcher in the regular season who threw the maximum 85 pitches in a day was required to have either three calendar days of rest and one game (or four days of rest and no game, at the option of the local league), before pitching again. In 2012, that same pitcher will simply be required to have four days of rest.

Previously, for tournament play including the Little League Baseball World Series, a 12-year-old pitcher who threw 85 pitches would need two days of rest, and one game, before pitching again. In 2012, that pitcher will be required to have four days of rest, same as during the regular season. As in previous years, as the number of pitches decreases, the number of days of rest also decreases incrementally.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

2013 Pitch Count Regulations

<table>
<thead>
<tr>
<th>Ages</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 - 18</td>
<td>105 pitches per day</td>
</tr>
<tr>
<td>13 - 16</td>
<td>95 pitches per day</td>
</tr>
<tr>
<td>11 -12</td>
<td>85 pitches per day</td>
</tr>
<tr>
<td>9 - 10</td>
<td>75 pitches per day</td>
</tr>
<tr>
<td>7 - 8</td>
<td>50 pitches per day</td>
</tr>
</tbody>
</table>

Pitchers league age 14 and under must adhere to the following rest requirements:

If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.
If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
If a player pitches 31 -45 pitches in a day, one (1) calendar day of rest must be observed.
If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs:

1. That batter reaches base;
2. That batter is put out;
3. The third out is made to complete the half-inning.

At Major divisions and below, a pitcher may not pitch in more than one game in a day. A pitcher once removed from the mound may not return as a pitcher in the same game;

In the Junior/Senior/Big League Divisions, a pitcher remaining in the game, but moving to a different position, can return as a pitcher any time in the remainder of the game, but only once per game. In the Big League Division, a player may be used as a pitcher in up to two games in a day.)

A player who has thrown more than 40 pitches on a given day may not be utilized as a catcher for the rest of that day. A player who has been utilized as catcher in four or more innings in a day is ineligible to pitch for the rest of that day (being the catcher for one pitch in an inning constitutes catching in that inning).

Each league must designate the scorekeeper or another game official as the official pitch count recorder.
The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).

The umpire-in-chief will inform the pitcher’s manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible. Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.

In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the "calendar week" with regard to pitching eligibility.

**How we will Track Pitches**: The Little League Pitch Count Log found in Appendix G will be used to track pitches.
Curveballs, Catchers and Fatigue

Research needs to continue on links between overuse injuries and two hottest topics.

New research suggests that curveballs aren’t as dangerous as some in the medical field have suggested, with stresses similar between the curveball and fastball. But let’s not be so quick to accept curveballs for youngsters, warns Dr. James Andrews, orthopedic surgeon and baseball injuries researcher. Add to that concern that catchers are joining the growing trend of patients seeing orthopedic surgeons needing to repair their injured arms.

Dr. Andrews stated that while the most recent studies “can’t show in the lab that the curveball causes more damage” than the fastball or other pitches, he does not advocate teaching or throwing curveballs until a player’s arm is close to fully developed, at age 13 to 15.

Fatigue Still the Key Risk

“We still believe the two major pitches to throw… are the fastball and the change-up,” Dr. Andrews said. “My personal opinion is fatigue is… the highest risk factor in youth baseball related to injuries. If you can prevent fatigue, then you will have done 95% of what you can do to keep these kids healthy.”

“So how does the curveball interact with fatigue? If you are playing competitively… they want to win, and the curveball is a major factor” in winning games, Dr. Andrews said. “Fatigue comes from the inability of a young player to throw the curveball properly with good mechanics. That’s the whole key.”

Dr. Andrews stated he does not call curveball is “safe” for younger players. “However, if you throw the curveball with good mechanics, there are no greater forces on the shoulder or elbow than throwing the fastball, apparently, from what we can measure in the lab.”

He also explained that throwing a curveball requires a great deal of control, and “is not an easy pitch to throw, and certainly not everyone can throw it properly.”

Teach Proper Curveball Mechanics

And teaching good curveball mechanics is important, no matter what age, he said. “Do we have knowledgeable coaches teaching these kids the curveball?” Dr. Andrews asked. “We’ve got to be really careful. When you put a kid in a competitive situation, a championship series, and call for 70% curveballs, what’s that going to do to the fatigue factor? Remember, it’s a highly neurologically controlled pitch: if the mechanics get off because you’re fatigued, and throwing 70% curves, then we’re in trouble. So be careful throwing curveballs.”

Dr. Andrews repeated the caution from the position statement, that “throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth’s ability to master fastball mechanics,” he said. “In theory, don’t throw curves till you can have.”

Catchers at Increasing Risk

When the most talented and athletic players are catchers, a coach’s natural desire is to make that player pitcher, too. But Dr. Andrews warns that catchers, good catchers who are mirroring every throw from the pitcher as well as being asked to throw long, fast, accurate throws to first, second and third bases are at increased risk of arm fatigue and subsequent injury.

“We’re seeing a lot of injuries with catchers. I had a catcher come in from Atlanta, and I did surgery on him. I asked him how he got hurt. He’s 15 years of age, and he’s not supposed to have an injury at that age,” but believe me, they’re out there all over the place in that age group,” Dr. Andrews stated.

He said the player was at a showcase and was asked to throw 100 throws in 200 seconds. Throwing a ball from home to second in 2 seconds is a good throw; and the organizers were timing the catchers on the total they could throw down in 200 seconds. “So he would throw as hard as he could throw, and then reach and they’d put a ball in his hand and do again, to see how he fell off, what kind of stamina he had.” Dr. Andrews related. “And about the 50 throw, he tore his ligament.”

“Now that particular situation was almost criminal, and unfortunately what might happen down the road is it might become a criminal offense,” he added. “So the timing is right to get this under control, before the federal courts and the state courts and the lawyers get it under control.”
Composite Bats

Composite baseball bats incorporate a recent advancement in the technology of aluminum baseball bats for high school and collegiate players. In general, composite bats are constructed with the same aluminum exterior as standard aluminum baseball bats, but have a "woven" graphite wall on the inside.

Even though composite baseball bats have a different design compared to standard aluminum bats, they still must meet the same specifications as the standard aluminum baseball bat. To be suitable for high school and collegiate play, they must meet weight, dimension, and BESR (Ball Exit Speed Ratio) requirements.

On Dec. 30, 2010, Little League International announced it had expanded its moratorium on the use of composite bats to all of its baseball divisions, including the Little League (Majors) division, effective immediately.

Currently, there is a moratorium on all composite bats at the Little League Baseball (Majors) Division and below divisions; it does not apply to any division of softball.

The moratorium covers all games and practices only and follows a similar moratorium approved in July 2010 by the National Federation of High School Associations (NFHS), based on a recommendation from its Baseball Rules Committee. The NFHS Board enacted a rule to prohibit the use of composite bats until they can produce consistent compliance with the standards through the life of the bat.

Waivers of the moratorium may be considered by Little League International in certain circumstances. For 2012, a manufacturer may apply for a waiver of the moratorium for a particular model of composite bat if all of the requirements for a waiver, as established by Little League International, are satisfied. Composite bats that are certified by an approved independent testing laboratory as meeting the current BESR and the Accelerated Break-In (ABI) procedure will be eligible for the waiver in 2012.

Not covered under the Little League moratorium are wood bats, metal bats, or bats that have composite materials in the handle only. A composite bat is one that has a metal shell, but a woven composite of fibers on the inside of the barrel portion of the bat.

Little League International has begun compiling a list of bat models that have received waivers of the moratorium. Check the site below for the current approved list:

http://www.littleleague.org/learn/equipment/approvedcompbats.htm
Proper HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they’re physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled.

The California Climate reaches the 100’s during our season. Unfortunately, children get hotter than adults during physical activity and their body’s cooling mechanism is not as efficient as adults. If fluids aren’t replaced, children can become overheated.

We usually think about dehydration only in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months.

Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it’s January or July, thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don’t feel thirsty. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It’s economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.
**Drinking Guidelines For Hot Day Activities**

**Before:** Drink 8 oz. immediately before exercise
**During:** Drink at least 4 oz. every 20 minutes
**After:** Drink 16 oz. for every pound of weight lost

**Dehydration signs:** Fatigue, flushed skin, light-headed
**What to do:** Stop exercising, get out of sun, drink
**Severe signs:** Muscle spasms, clumsiness, delirium

© 1996 Little League Baseball® and Musco Lighting, Inc.
COMMON SENSE

Playing safe boils down to using common sense.
For instance, if you witnessed a strange person walking around the any of our facilities who looked like he/she didn’t belong there you would report the incident to a Board Member.

There will always be a Board Member on site (see the telephone number list in the beginning of this manual to identify them or check the display cases outside the clubhouse).

The Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of common sense
You witness kids throwing rocks or batting rocks on the complex. They are having fun but are unknowingly endangering others. Don’t just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster’s Dictionary definition of common sense
Native good judgment; sound ordinary sense.

In other words, to use common sense is to realize the obvious.

Therefore, if you witness something that is not safe, do something about it!
And encourage all volunteers and parents to do the same.
EQUIPMENT

The Equipment Officer is an elected Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager’s responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The Equipment Officer will promptly replace damaged and ill fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Equipment Officer. First-Aid kits and Safety Manuals must be turned in with the equipment.

Each team, at all times in the dugout, shall have seven (5) protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Make sure helmets fit.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
ALBANY LITTLE LEAGUE
2014 SAFETY PLAN

- Bats with dents, or that are fractured in any way, must be discarded.

- Only Official Little League balls will be used during practices and games.

- No wood bats are allowed at any time.

- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Officer.

- Make sure that players respect the equipment that is issued.

- Pitchers can not wear multi-colored gloves.

- Replace all questionable equipment immediately by notifying the Player Agent or Equipment Officer.
WEATHER

Most of our days in the Bay Area are warm and sunny but there are those days when the weather turns bad and creates unsafe weather conditions.

Rain:
If it begins to rain:
1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:
The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm’s overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm’s leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can HEAR, SEE OR FEEL a THUNDERSTORM:
1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent’s or designated driver’s cars and wait for your decision on whether or not to continue the game or practice.
Hot Weather:
One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players take drinks of water when coming on and going off the field between innings. (Drinking fountains are located in all dugouts)
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

Ultra-Violet Ray Exposure:
This kind of exposure increases an athlete’s risk of developing a specific type of skin cancer known as melanoma.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

Therefore, the League recommends the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.
EVACUATION PLAN

Severe storms, lightning, earthquakes and fire are all possible in Northern California. For this reason, the League must have an evacuation plan.

- At that time all players will return to the dugout and wait for their parents to come and get them.

- If a player’s parent is not attending the game, the Manager will take responsibility for evacuating that child.

- Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.

- Drivers will then proceed slowly and cautiously out of the parking lots, observing the 5 MPH speed limit.

- Once outside the parking lots, drivers will observe the posted speed limits.

Earthquake Safety Tips

There are 7 major fault lines for Northern California. As we know, you do not have to be directly on a fault line to be impacted by seismic activity. We are all used to the tremors, shakes and after-shocks at home, work and school. Recapping A little knowledge and a few precautionary measures can enormously increase chances of surviving an earthquake - or any other type of hazard. Education and preparedness are key.

Before any Earthquake Activity:

Learn how to survive during the ground motion. Most earthquakes are over in seconds so knowing what to do instinctively is very important.

During a practice talk to your players about earthquake safety to: 1) the actions that should be taken by the team when an earthquake occurs, 2) the safe places on a field to go 3) how to gather after the earthquake.
During the Earthquake:

If you are indoors, stay there and move to a safe location in the room such as under a strong desk, a strong table, or along an interior wall. Protect yourself from falling objects and be located near the structural strong points of the room. These should be marked inside all league properties. Avoid taking cover near windows, large mirrors, hanging objects, heavy furniture, heavy appliances or fireplaces. If you are in the snack shack, immediately cooking, turn off the stove, fryers and take cover.

If you are on the playing field, immediate move to an open area where falling objects are unlikely to strike you. Move away from places to avoid such as inside the dugouts, buildings, near fences and backstops, power lines, and move away from trees.

If you are driving, slow down and stop on the side of the road. Stay in your car and avoid stopping on or under bridges and overpasses, or under power lines, trees or large signs.

After the Earthquake:

Check for injuries; attend to injuries if needed, help ensure the safety of people around you.

Check for damage. If you smell or hear a gas leak, get everyone outside and open windows and doors. Report any leak to the fire department. If the building is badly damaged or you smell gas, leave it. If you can do it safely, turn off the gas at the meter.

REMEMBER, IF A MANAGER HAS NOT APPOINTED A TEAM SAFETY OFFICER THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.
STORAGE SHED PROCEDURES

The following applies to all of the storage sheds and further applies to anyone who has been issued keys by the League to use these sheds.

⇒ The League’s Vice President of Operations will only issue keys to all equipment sheds.

⇒ A record shall be kept of all individuals possessing keys.

⇒ Keys will be returned to the Vice President Of Operations immediately once someone ceases to have responsibilities for equipment sheds.

⇒ All storage sheds will be kept locked at all times.

⇒ All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...

⇒ Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.

⇒ All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.

⇒ Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.

⇒ Keep products in their original container with the labels in place.

⇒ Use poison symbols to identify dangerous substances.

⇒ Dispose of outdated products as recommended.

⇒ Use chemicals only in well-ventilated areas.

⇒ Wear proper protective clothing, such as gloves or a mask when handling toxic substances.
MACHINERY

Tractors, mowers and any other heavy machinery will:

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication)
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed garages if not in use.
1. Never make adjustments or repairs with the engine running.

2. Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.

3. Never carry passengers.

4. Do NOT mow in reverse.

5. **ALWAYS** look down and behind BEFORE and WHILE backing.

6. Remove rocks, tree limbs, cans, etc. before mowing.

7. **Always** check the oil in the mowers before use.

8. **ONLY** adults operate mowers. **NO** children/others allowed to ride along with operator of riding mowers.

9. Please report damage or trouble with the mowers so they can be repaired.

10. You MUST wear safety glasses when using weed eater.

*Modified from Peru, Ind., Little League safety plan*
GENERAL FACILITY

- All bleachers will have safety rails.
- All dugouts will have bat racks.
- The backstops will always be padded and painted green for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood slivers.
- Hazardous Areas are marked.
- Home plate, batter’s box, bases and the area around the pitcher’s mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- After all games, Managers will volunteer parents to pick up trash and other materials that could lead to accidents at the field and surrounding areas.
SNACK BAR SAFETY

- No person under the age of fifteen will be allowed behind the counter in the concession stands.

- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.

- Cooking equipment will be inspected periodically and repaired or replaced if need be.

- Propane tanks will be turned off at the grill and at the tank after use.

- Food not purchased by the League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.

- Cooking grease if used will be stored safely in containers away from open flames.

- Cleaning chemicals must be stored in a locked container.

- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.

- All Snack Bar workers are to be instructed on the use of fire extinguishers.

- All Snack Bar workers will attend a training session in the **Heimlich maneuver.**

- A fully stocked First Aid Kit will be placed in each Snack Bar.

- The Snack Bar main entrance door will not be locked or blocked while people are inside.
Volunteers Must Wash Hands

**HOW**

- **Wet**
  - Warm water

- **Wash**
  - 20 seconds
  - Use soap

- **Rinse**

- **Dry**
  - Use single-service paper towels

- **Gloves**

**WHEN**

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

**Wash after you:**
- Use the toilet
- Touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- Interrupt working with food (such as answering the phone, opening a door or drawer)
- Eat, smoke or chew gum
- Touch soiled plates, utensils or equipment
- Take out trash
- Touch your nose, mouth, or any part of your body
- Sneeze or cough

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

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

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

**Wear gloves**

When you have a cut or sore on your hand
When you can’t remove your jewelry

*If you wear gloves:*
- Wash your hands before you put on new gloves

*Change them:*
- As often as you wash your hands
- When they are torn or soiled
ACCIDENT REPORTING PROCEDURE

What to report -
An incident that causes any player, manager, coach, umpires, or volunteer to receive medical treatment and/or first aid must be reported to the League’s Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report -
All such incidents described above must be reported to the League’s Safety Officer within 24 hours of the incident.

The League’s Safety Officer, NAME, can be reached at the following:
Phone: 510-499-0657
Email: allisonmarywren@me.com

The League’s Safety Officer’s contact information will be posted at all times on the main message board outside the clubhouse.

How to make a report -
Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:
- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Team Safety Officer’s Responsibility -
The TSO will fill out the Incident/Injury Tracking and submit it to the League’s Safety Officer within 24 hours of the incident. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the League’s Safety Officer. (A copy follows and the actual form can be found in the Appendix F) Accidents occurring outside the team (i.e., spectator injuries, and third party injuries) shall be handled directly by the League’s Safety Officer.
League Safety Officer’s Responsibilities -
Within 24 hours of receiving the Accident Investigation Form, the League’s Safety Officer will contact the injured party or the party’s parents and;

- Verify the information received;
- Obtain any other information deemed necessary;
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor’s visit, et.) will advise the parent or guardian of the Little League insurance coverage and the provision for submitting any claims.

If the extent the injuries are more than minor in nature, the League’s Safety Officer shall:

- Periodically call the injured party to check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered “closed” (i.e., no further claims are expected and/or the individual is participating in the League again).
- Review and complete where necessary the Incident/Injury Tracking form and route to the appropriate officials.
### ALBANY LITTLE LEAGUE 2014 SAFETY PLAN

<table>
<thead>
<tr>
<th>League Name:</th>
<th>League ID:</th>
<th>Incident Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Field Name/Location:</th>
<th>Incident Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Injured Person’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State</th>
<th>ZIP:</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Name (If Player):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents’ Address (If Different):</th>
<th>City:</th>
</tr>
</thead>
</table>

**Incident occurred while participating in:**

<table>
<thead>
<tr>
<th>A.)</th>
<th>B.)</th>
<th>C.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Baseball</td>
<td>☐ Challenger</td>
<td>☐ Challenger</td>
</tr>
<tr>
<td>☐ Softball</td>
<td>☐ T-Ball (5-8)</td>
<td>☐ Tryout</td>
</tr>
<tr>
<td>☐ Major (9-12)</td>
<td>☐ Minor (7-12)</td>
<td>☐ Travel to</td>
</tr>
<tr>
<td>☐ Junior (13-14)</td>
<td>☐ Senior (14-16)</td>
<td>☐ Travel from</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A.)</th>
<th>B.)</th>
<th>C.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Batter</td>
<td>☐ Baser Runner</td>
<td>☐ Umpire</td>
</tr>
<tr>
<td>☐ Pitcher</td>
<td>☐ Pitched or</td>
<td>☐ Coach/Manager</td>
</tr>
<tr>
<td>☐ Pitched or</td>
<td>☐ Thrown or</td>
<td>☐ Spectator</td>
</tr>
<tr>
<td>☐ Batted</td>
<td>☐ Running or</td>
<td>☐ Volunteer</td>
</tr>
<tr>
<td>☐ First Base</td>
<td>☐ Short Stop</td>
<td>☐ Other (Describe):</td>
</tr>
<tr>
<td>☐ Second</td>
<td>☐ Left Field</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Third</td>
<td>☐ Center Field</td>
<td>☐ Other (Describe):</td>
</tr>
<tr>
<td>☐ Right Field</td>
<td>☐ Right Field</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Dugout</td>
<td>☐ Right Field</td>
<td>☐ Other (Describe):</td>
</tr>
<tr>
<td>☐ Dugout</td>
<td>☐ Right Field</td>
<td>☐ Other (Describe):</td>
</tr>
</tbody>
</table>

**Type of injury:**

<table>
<thead>
<tr>
<th>☐ Other:</th>
</tr>
</thead>
</table>

**Was first aid required?**

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

**Was professional medical treatment required?**

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

**Type of incident and location:**

<table>
<thead>
<tr>
<th>A.)</th>
<th>B.)</th>
<th>C.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On Primary Playing Field</td>
<td>☐ Adjacent to Playing Field</td>
<td>☐ Concession Area</td>
</tr>
<tr>
<td>☐ Base Path:</td>
<td>☐ Seating Area</td>
<td>☐ Volunteer Worker</td>
</tr>
<tr>
<td>☐ Running or</td>
<td>☐ Parking Area</td>
<td>☐ Customer/Bystander</td>
</tr>
<tr>
<td>☐ Sliding</td>
<td>☐ Car or</td>
<td>☐ Walking</td>
</tr>
<tr>
<td>☐ Hit by Ball:</td>
<td>☐ Bike or</td>
<td>☐ League Activity</td>
</tr>
<tr>
<td>☐ Pitched or</td>
<td>☐ D.)</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Thrown or</td>
<td>☐ Off Ball Field</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Batted</td>
<td>☐ Travel:</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Collision with:</td>
<td>☐ Seating Area</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Player or</td>
<td>☐ Walking</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Structure</td>
<td>☐ Concession Area</td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

| ☐ Grounds Defect | ☐ Volunteer Worker |
| ☐ Other: | ☐ Customer/Bystander |

<table>
<thead>
<tr>
<th>☐ Other:</th>
</tr>
</thead>
</table>

68
Please give a short description of incident: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Could this accident have been avoided? ☐ Yes ☐ No
If Yes, How: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Prepared By/Position: __________________________________________ Phone Number: (_____) __________

Signature: __________________________________________ Date: ________________

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. Use the AIG Accident Notification Form (Appendix F)

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, fax a copy both forms to District Safety Officer Alan Hatcher (925) 693-0062 for District files. All personal injuries should be reported to Williamsport as soon as possible.
Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

Little League Insurance Policy is designed to supplement a parent’s existing family policy.

Explanation of Coverage:

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 and Softball 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 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.

A copy of the claim forms can be found in Appendix F.
Filing a Claim

When filing a claim, (forms available on-line at www.littleage.org or from your league safety officer) all medical costs should be fully itemized. 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 must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. “Accident damage to whole, sound, normal teeth as a direct result of an accident” must be stated on the form and bills. Forward a copy of the insurance company’s response to Little League Headquarters. Include the claimant’s name, League ID, and year of the injury on the form.

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.

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.

Claims must be filed with the League’s Safety Officer. He/she forwards them to

Little League Baseball, Incorporated,  
PO Box 3485,  
Williamsport, PA, 17701.

Accident Claim Contact Numbers: Phone: 570-327-1674 Fax: 570-326-9280

The League’s Safety Officer will send a copy of the claim to the District 4 Safety Officer Cary Dyer, at

ADA District 4 Safety Officer  
1846 Santa Fe Street  
Oakley, Ca. 94561

Contact the League’s Safety Officer for more information.

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

Volunteers are the greatest resource Little League has in aiding children’s development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons. To protect or children, our league performs a national check of all Sex Offender Registries. The Little League Volunteer Application Form use is required for background checks. We complete checks on all managers, coaches, league officials, umpires, elected members, and anyone with repetitive contact of players.

Consider this:

Big Brothers/Big Sisters of America defines child sexual abuse as “the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual.” So abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening. Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen.

Like all safety issues, prevention is the key. Our Little League has a three-step plan for selecting caring, competent and safe volunteers.

Application: To include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.

Interview: Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.

Reference Checks: Make sure the information given by the applicant is corroborated by references.

Sex Offender Registries Checks: Checks are completed annually on all managers, coaches, league officials, umpires, elected members, and anyone with repetitive contact of players.

Fiction and Fact

“Sex abusers are dirty old men.” Not true.
While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

“Strangers are responsible for most of the sexual abuse.” Fact
That 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

“Most sex abusers suffer from some form of serious mental illness or psychosis.” Not true.
The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

“Most sex abusers are homosexuals.” Also not true.
Most are heterosexual.

“Children usually lie about sexual abuse, anyway.”
In fact, children rarely lie about being sexually abused. If they say it, don’t ignore it.

“It only happens to girls.”
While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

**Reporting**
In the unfortunate case that child sexual abuse is suspected, you should immediately contact the League’s President, or a Board Member if the President is not available, to report the abuse. The League along with district administrators will contact the proper law enforcement agencies.

**Investigation**
The League will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League’s liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

**Suspending/Termination**
When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.
**Immunity from Liability**

According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

**Make Our Position Clear**

Make adults and kids aware that Little League Baseball and our local League will not tolerate child abuse, in any form.

**The Buddy System**

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

**Access**

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It’s not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

**Lighting**

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

**Toilet Facilities**

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the “buddy system” here.
TRANSPORTATION

Before any manager or designated coach can transport any child, other than his/her own, anywhere, he or she must:

- Have a valid California Driver’s License.
- Have signed permission slips from parents before children are transported. (see sample in appendix section).
- Not carry more children in their vehicle than they have seat belts for.
- When transporting a child who ages are 5 & 6 that they placed within the CA approved child seat.
- Make sure that the vehicle is in good running order and that it would pass a CHP vehicle safety inspection if spontaneously given.
- Not drive in a careful or reckless manner.
- Not drive under the influence of alcohol, drugs, or medication.
- Obey all traffic laws and speed limits at all times.
- Never transport a child without returning him/her to the point of origin.