



Laguna Beach Little League California District 55

2025 Safety Plan

League ID #405-55-06



Laguna Beach Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

“Dedicated to safety in our league”

Laguna Beach Little League 2024-2025 Board of Directors

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2025 League Training Dates and Times

Skills Check:	1/11/25	Thurston	8a-4p
Manager's Training:	2/1/25	Riddle Field	8a-1p
Safety Training:	2/1/25	Riddle Field	1p-2p
Umpire Training:	2/1/25	Riddle Field	2p-4p

Each team will receive a paper copy of this safety manual. Managers and or team safety officers should have a copy of the safety manual at all league functions. Volunteer umpires should be attending safety training.

2025 League Player Registration/Roster/Coach and Manager Data Submission Policy

Laguna Beach Little League will submit league rosters to the Little League Data Center at www.littleleague.org/datacenter this will include team name, division, players, coaches, managers and volunteers within 2 weeks after draft.

Draft Date: January 14-16, 2025

Data Submission Date: on or before March 1, 2025

Copies of all rosters will be emailed to the District 55 Player Agent.

Laguna Beach Little League will post an electronic copy of this plan to our website for all league members. This safety plan is reviewed at the annual safety training that is held with our managers and coaches. A paper copy is provided to each team to carry with them always. All our board members have been trained and have reviewed this safety manual. Please send Laguna Beach Little League any suggestions that can be implemented to improve the safety for our Little League family.

Emergency Phone Numbers

Police Emergencies	911
Non threat Emergency	311
Fire	911
Non-Emergency	(949) 497-0701
Animal Control	(949) 497-0701
LB Parks and Rec	(949) 497-0716

Area Hospitals and Urgent Care

Mission Hospital LB 31872 S Coast Hwy Laguna Beach, CA 92651	(949) 499-1311
Mission Hospital 27700 Medical Center Road Mission Viejo, CA 92691	(949) 364-1400
Hoag Medical Group 370 Ocean Ave. Laguna Beach, CA 92651	(949) 557-0610
Surfside Urgent Care 32341 Coast Hwy Laguna Beach, CA 92651	(949) 715-7278

Little League Code of Conduct

- No alcohol allowed in any parking lot, field or common areas within a city or county field or complex.
- No playing in parking lots at any time.
- No profanity please.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of playing fields.
- No throwing balls against dugouts or backstops. Catchers must be used for all batting practice sessions.
- No throwing of rocks.
- No climbing fences.
- Extreme care must be used when holding a bat. No warm-up swings or on deck batters at Majors and below. Intermediates and above must be alert of the area around them when swinging a bat.
- Players and spectators should be alert at all times for foul balls and errant throws.
- During a game, all players must remain in the dugout area in an orderly fashion at all times. There must be a coach in charge of the dugout and the players at all times.
- After each game and practice, each team is responsible for cleaning up the dugout and playing area.
- No children under the age of 13 are allowed inside the snack bar area.

Failure to comply with these rules will result in action by the Board of Directors.

Background Checks

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application form and provide a copy of their photo identification. The minimum requirements for these background investigations includes a nationwide criminal search, a search of the National Sex Offender Registry, and a review of the U.S. Center for SafeSport's Centralized Disciplinary Database and USA Baseball's List of Ineligible Participants. In order to provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by the board of directors. Background checks will be completed annually for all volunteers.

Abuse Awareness Training

All volunteers are required to complete the Little League Abuse Awareness training as part of completing the annual Little League Volunteer application process. The training must be completed before any individual can assume any duties for the current season. The training shall be done annually for all volunteers.

LiveScan

In accordance with California AB 506, Laguna Beach Little League requires all Regular Volunteers (age 18 or older) who have more than 16 hours a month (or 32 hours per year) of contact with a youth to complete a Live Scan background check (the digital version of inked fingerprinting).

Policy on Prohibition of One-on-One Contact Between Adult Volunteers and Minors

The purpose of this policy is to ensure the safety and well-being of all participants in our Little League program. We are committed to providing a safe environment for minors, free from the risks associated with one-on-one interactions between adult volunteers and minors.

This policy applies to all adult volunteers, including coaches, assistants, board members, and any other individuals serving in a volunteer capacity with our Little League program.

Policy Guidelines:

1. No One-on-One Contact

Adult volunteers are prohibited from being alone with a minor in any situation where they cannot be observed by another adult. This includes, but is not limited to, meetings, conversations, practices, and games.

2. Use of the Two-Adult Rule

At least two adult volunteers must be present during any interaction with a minor. This rule applies to practices, games, transportation, and any League-related activities.

3. Meetings and Conversations

All meetings or conversations with a minor must take place in a public setting or an area that is easily observable by others. If a private discussion is necessary, it should be conducted with another adult volunteer present.

4. Electronic Communication

Electronic communication between adult volunteers and minors, including emails, texts, and social media messages, should include a parent or guardian or another adult volunteer. No private or one-on-one electronic communication is permitted.

5. Transportation

Adult volunteers are not permitted to transport minors without another adult present. If a parent or guardian is not available, efforts should be made to ensure that at least two minors are present with the adult volunteer.

6. Reporting

Any violations of this policy must be reported immediately to the Little League Safety Officer or designated authority. Failure to comply with this policy may result in disciplinary action, including removal from volunteer duties.

All adult volunteers are expected to adhere strictly to this policy. Regular training on safety procedures and appropriate interactions with minors will be conducted to reinforce the guidelines outlined above.

This policy will be reviewed annually to ensure it remains current and effective in safeguarding the well-being of minors involved in our Little League program.

Safety Officer's Responsibilities

Within 48 hours of receiving an injury report, the Safety Officer will contact the injured party or the party's parents/guardian and:

1. Verify the information received
2. Obtain any other information deemed necessary
3. Check on the status of the injured party and
4. In the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League Insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call and check on the status of the injuries and to 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).

Team Safety Officer Responsibilities

- Review safety manual.
- Always have a cell phone at the fields.
- Report injuries to the League Safety Officer.
- Inspect first aid kit weekly.
- Obtain additional items for the first aid kit from the LSO.
- Replace Accident and Injury tracking forms from the LSO or from our web site.
- Contact the League Safety Officer with any questions or concerns.

Laguna Beach Little League Safety Code

We are dedicated to Safety within Our League

- Responsibility for Safety Procedures should be that of an elected Safety Officer on the Board.
- Arrangements should be made in advance of all games and practices for emergency medical service.
- Managers, coaches and umpires should have training in first-aid. First aid kits are issued to each team manager and are located at each concession stand.
- No game or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate. Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Play areas should be inspected frequently for holes, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as “in play”.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or team’s manager and coaches.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watch the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by and thus endanger spectators (i.e. playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of equipment as well as

- Catchers must wear a catcher's helmet mask, throat guard, shin guards and protective cup with athletic supporters for all practices and games.
- Majors and below, head first slides are only permitted when returning to base.
- During sliding practice bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses".
- Players must not wear watches, rings, pins or metallic items during games and practices except an item that alerts medical personnel to a specific condition.
- Metal cleats allowed at the Intermediate, Junior and Senior Levels.

Some Friendly Rule Reminders

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be use (rule 1.10)
- The traditional batting donut is not permissible (rule 1.10)
- Any part of a pitcher's undershirt or T-shirt exposed to view shall be of a solid color. The pitcher's undersleeves, if exposed, shall not be white or grey. A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. (rule 1.11(a)(3))
- Pitcher shall not wear sweat bands on his/her wrists (rule 1.15)
- Players must not wear jewelry, except jewelry that alerts medical personnel of a specific condition. Hard items to control hair are permitted. (rule 1.11)(j))
- Catcher must wear a catcher's mitt (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCSAE stamp, No painting or stickers on helmets (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted (rule 1.17)
- Each team is allowed three coaches in the dugout
- There must be one coach in the dugout at all times (rule 4.05)
- No on deck batters are allowed in the majors and below (rule 1.08)

Manager's Safety Checklist

Before the season starts

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. It needs to be someone who is at all the games and has a cellular phone. It can be an assistant coach.

Prior to each game

Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.

- ✓ Check the team equipment for any problems. Report any equipment problems to the equipment manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

If medical attention is required

- ✓ Utilize communicable disease procedures.
- ✓ Utilize emergency safety procedures.
- ✓ Notify Parents/Guardians. (Always have medical release forms with you)
- ✓ Complete accident notification form.
- ✓ Fill out part 1 and have the parent/Guardian sign the form.
- ✓ Notify the Safety Officer within 48 hours. Do it while the accident is fresh in your mind.

Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Don't play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.

Concussion, Sudden Cardiac Arrest and Opioid Addiction Prevention Protocols

The California Health and Safety Code sections 124235 and 124236 requires:

- 1) Factsheets/education material to be distributed annually for concussion, sudden cardiac arrest and opioid addiction; all players and parents/legal guardians are required to provide signatures in acknowledgement of received and read these factsheets
- 2) Each coach, administrator, and referee, umpire, or other game official of the youth sports organization to successfully complete the concussion and head injury and sudden cardiac arrest prevention education at least once.

The following website offers additional information regarding California concussion and sudden cardiac arrest law:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=124235.&lawCode=HSC

CDC Heads Up website:

<https://www.cdc.gov/headsup/>

Communicable Disease Procedures

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouthguards and other articles containing body fluids.

Some Important Safety Do's and Don'ts

DO...

- Reassure and aid children that are injured, frightened or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Contact a parent immediately when a problem occurs that requires medical attention.
- Know your limitations.
- Carry your first aid kit to all practices and games.
- Make sure it is replenished when needed. Contact the safety officer or your division Rep.
- When administering first aid, remember to: Look, Listen and Feel
 - LOOK** for signs of injury (blood, bruised, deformity of bone)
 - LISTEN** to the injured person describe what happened and what hurts. Before questions, you may have to calm and soothe an excited child.
 - FEEL** gently and carefully check the injured area for signs of swelling or grating of broken bone.
- Make sure you have your players' Medical Release forms at every game and practice.
- Assign a parent who is at all the games to be your safety representative. This person should have a cellular phone and can assist you in case of an accident.
- Have plenty of water available for players at the games and practices.

DON'T...

- Administer any medications.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures. (CPR, First Aid, etc...)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer or League President immediately.

Accident Reporting Procedure

What to Report: Any incident that causes a player, manager, coach or umpire to receive medical treatment or first aid must be reported to the Safety Officer. This means any injury ranging from minor to serious must be reported.

When to Report: All such incidents as described above must be reported to the Safety Officer within 48 hours of the incident.

The Safety Officer is: Michele Maniaci
949/280-2741
safetyofficer@beachbaseball.com

How to Make a Report: A manager must use the **Incident/Injury Tracking Report Form** to report an incident to the Safety Officer. He/she may either 1) complete and then email the **Injury Report Form** form to the Safety Officer or 2) contact the Safety Officer first with any questions or concerns and then complete and email the form.

At a minimum the **Incident/Injury Tracking Report Form** should include:

1. The name and address of the injured person.
2. The date, time and location of the incident.
3. A detailed description of the incident .
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone number of any witnesses.

Incident/Injury Tracking Report Form can be found in the Safety Packet. If your safety parent is there, he/she may assist you in getting the front of the form filled out. A call or email should be made to the Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a \$50 deductible.

Incident/Injury Tracking Report Form can be replaced by contacting the Safety Officer, or downloaded from the league's website. Extra Injury Report Forms may also be found in the concession stand.

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

First Aid Kits

Each team is provided with a league issued first aid kit. Each kit includes the following:

- (10) Adhesive sterile bandage
- (2) Extra-large adhesive sterile bandage
- (2) Non-adherent pads 2 x 3
- (2) Gauze pad 12-ply 3 x 3 sterile
- (1) Adhesive tape
- (2) Instant cold compress 4 x 4
- (3) Triple antibiotic ointment
- (3) Antiseptic towelette
- 1/8 oz. Burn Cream
- (3) Sting relief wipes
- (1) Tweezers

****Teams are required to carry first aid kits to games and practices.**

Storage Procedures

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

1. All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
2. Before you use any equipment located in the shed (lights, scoreboards, etc.) please locate and read the written operating procedures for that equipment.
3. All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
4. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

Hydration

Managers are required to bring water to each practice and game. Players are encouraged to bring bottled water or sports drinks.

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water is the preferred beverage for hydration. Water has many critical functions in the body that are important for performance; they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose clothes.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy, stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

How is it treated?

Emergency medical treatment is necessary. If you think someone has heat stroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet, and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.

Lightning Facts and Procedures

Consider the following facts:

- The average lightning strike is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

Rule of Thumb: The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether or not play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called. **ONLY AN UMPIRE CAN CALL A GAME!**

Where to Go: No place is safe from lightning threats, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

Where not to go: Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider if moving the victim cause any more injury? If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

Concession Stand Guidelines

Every worker must be instructed on these guidelines before they are allowed to work.

Wash your hands regularly:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.

- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using a paper towel, instead of your bare hands.

Wash your hands in this fashion before you begin work and especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

- Menu... smaller is better. No salads, cut up fruit or vegetables, no food prepared at home.
- Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
- Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
- All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and the lid should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**
- **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
- Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
- Food handling: Avoid hand contact with raw food, ready-to-eat foods and food contact surfaces. Use a utensil and/or gloves.
- Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) hot soapy water, (2) rinsing in clean water, (3) chemical or heat sanitizing, (4) air drying.

- Ice that is used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice, never use hands.
- Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.)
- Insect control and waste: Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from an approved source.
- Keep food stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

THE TOP SIX CAUSES FOR ILLNESS

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance of service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.

Inspection of Equipment

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Manager's coaches and umpires are required to inspect equipment prior to use.
- Bad equipment will be removed and destroyed. Destroyed equipment must be reflected on the league's assets report.

Pre-game field and equipment inspection checklist

Manager's Name:

Field:

Date:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home plate Intact			Dangling throat guard		

Bases Secure			Helmets		
Pitcher's Mound safe			Catcher's mitt		
Batter box lined/level			Chest Protector		
Infield fence repair			Shin guards		
Outfield fence repair			Dugouts	Yes	No
Foul lines marked			Fencing needs repair		
Infield need repairs			Bench needs repair		
Outfield need repairs			Trash Cans		
Warning Track			Clean up is needed		
Coaches boxes lined					
Free of foreign objects			Spectator Area	Yes	No
Grass surface even			Bleachers need repair		
			Protective screens ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking area safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats inspected			First-aid Kit each team		
Face Mask (Minor/Mjrs)			Medical Release forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
			Drinking Water		

Turn this form into your division manager and report any issues to the Safety Officer.

Active Shooter & How To Respond

When An Active Shooter Is Within Your Vicinity

1

Quickly assess & determine the most reasonable way to save your life & others lives.

- **Evacuate:** Have a escape route. Families may be separated.
- **Hide out:** Hide our of view from the active shooter.
- Lock or block doors.
- Keep quiet and try to remain calm.
- Call 911 when it is safe to do so.
- Wait for Law Enforcement.
- **Take Action:** As a last resort if your life is in danger.
- Attempt to incapacitate the active shooter.
- Use the items you have around you.

2

How to respond when law enforcement arrives on the scene.

- Remain Calm and follow officers instructions.
- Raise your hands in the air and keep them visible at all times.
- Avoid screaming and yelling.
- Do not ask officers for help during the evacuation process. They are their to secure the premises.
- Law Enforcement will provide a meeting location to reunite with family members.

3

Baseball fields and parks are open areas. Stay alert!

- Talk to your children. In the event of a active shooter families may be separated.
- League officials, managers and coaches be aware that players and parents may look to you to lead.
- Call 911 when it is safe to do so and provide as much information as possible. Location of shooter, number of shooters, physical description, location ext.
- Recognize potential signs and alert law enforcement.

For Local League Use Only

Activities/Reporting

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

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (10-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form. I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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



Little League® Volunteer Application – 2025

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



This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

Visit LittleLeague.org/LocalBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No

If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

Review the Little League Regulation 1(c)(9) for all background check requirements

- JDP Background Check Completed (Includes review of the US, Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

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

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

- Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness

Last Updated: 12/4/2024