



PALMDALE LITTLE LEAGUE

Safety Plan 2025



FEBRUARY 10, 2025

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Safety Policy

Palmdale Little League (PLL) is dedicated to providing a safe environment for our players, fans, officials, and volunteers. Palmdale Little League supports and encourages any suggestions from any source concerning methods to improve the safety of our program. In accordance with the PLL safety commitment, the following rules of conduct are expected to be followed by all in attendance during PLL activities.

Code of Conduct

- Please obey all posted signs and follow them as appropriately deemed necessary. **ALWAYS BE ALERT FOR FOUL BALLS AND ERRANT THROWS.**
- No horseplay throughout the walkways or league areas.
- No playing in equipment/grounds-keeping, tower areas.
- No playing in score booths.
- No swinging of bats in walkway areas.
- No soft toss against fences.
- Only a player on the field and at bat may swing a bat (Ages 5–12).
- Only a player on the field and at bat or in designated on deck circle may swing a bat (Ages 13 and up).
- No alcohol is allowed on any PLL grounds or parking lots.
- No smoking of any kind is allowed on any PLL grounds, this includes electronic cigarettes.
- No profanity is allowed on any PLL grounds or parking lots.
- No children under the age of 14 permitted to work in the snack bar nor will be permitted inside the snack bar at any time during operating hours.
- During the game, players must remain in the dugout in an orderly fashion.
- After a game, each team must clean their dugout of trash.
- All gates to fields must remain closed during game times.
- No climbing on fences, walls, or bleacher areas.
- Absolutely no bullying.
- At all times, treat each other with respect.

FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN EXPULSION FROM THE PLL BASEBALL AND SOFTBALL GROUND

Safety Officers

Palmdale Little League (PLL) includes the position of Safety Officer as an active and equal board member. Part of the Safety Officer's duties include maintaining the Safety Manual, investigating accidents, safety training, and recommending solutions to unsafe conditions. The Safety Officer will complete the Little League Facility Survey and qualified safety plan registration form each year for submittal to Little League Baseball Headquarters. The Safety Officer's name shall be included on the PLL charter application or on the PLL program registration form.

Each year the Safety Officer shall, in conjunction with the Board of Directors, perform the following activities:

- Evaluate and re-stock first aid supplies at the clubhouse.
- Provide each manager with a basic first aid kit for use at games and practices.
- Evaluate the suitability of catcher's equipment for all divisions.
- Evaluate the suitability of umpire's equipment.
- Evaluate the suitability of batting helmets.
- Evaluate the snack bar including the deep fryer and ventilation system.
- Evaluate the chain link fence on all fields.
- Evaluate the condition of the dugouts and bullpen areas.
- Evaluate the condition of the pitching mounds.
- Evaluate the dirt/brick dust for all fields.
- Evaluate the lighting conditions for all fields.
- Evaluate the safety of the bleachers.

Manual Review

Prior to the beginning of each season, the Safety Manual will be distributed to each board member for review. Recommendations by members for improvement or additions to the manual will be discussed at a scheduled board meeting. The manual will be updated to include any agreed changes. The manual will be distributed to each Manager/Coach, available to any member of PLL upon request and a copy maintained at the clubhouse.

Emergency Phone Numbers

A list of emergency phone numbers such as police, fire, and medical will be posted by the telephone in the snack bar. In addition, the telephone numbers of board members will also be available in the snack bar and provided in all Manager and Coach packets. A board member will always be present at the fields during scheduled games.

Emergency Services Dial 911

Los Angeles County Sheriff: Palmdale 661-947-2111

Los Angeles County Fire: Palmdale 661-272-2400

Child Protection Hotline: 800-540-400

2024/2025 PLL Board of Directors

Board Position	Full Name	Phone Number	Email
President	Alfonso Ruelas	818 681-9114	alfonso@ruelas.org
Vice President (Baseball)	Angel Dominguez	661 406-6773	angeldominguez44@gmail.com
Vice President (Softball)	Nelson Solares	442 342-5757	nsolares76@gmail.com
Treasurer	Cynthia Escobedo	661 202-0902	escobedo83@gmail.com
Secretary	Ed Aguirre	661 433-3542	edward.aguirrejr@yahoo.com
Player Agent (Baseball)	Cynthia Escobedo	661 202-0902	escobedo83@gmail.com
Player Agent (Assistant)	Joanna Andrewski	661 860-1400	

UIC	Denis Sobalvarro	661 537-4143	Coach_Denis@myyahoo.com
Safety Officer	Marlene Arteaga	562 551-0376	marlenearteaga2010@yahoo.com
Coach Coordinator	Crystal Dominguez	661 361-4281	crystal pll@yahoo.com
Purchasing Agent	Norma Martin	818 300-1992	norma2578@gmail.com
Purchasing Agent Uniforms	Glizeth Martinez	818 632-6794	pll.gliz06@gmail.com
Score Keeper	Luz Quiroz	661 202-0037	lQUIROZ05@gmail.com
Concession Manager	Denita Roberts	310 261-5398	denitawhitt2@yahoo.com
Field Maintenance Manager	Edward Hernandez	310 809-2324	Eddies_num1@yahoo.com
Grounds Keeper	Chris Cisneros	661 728 8533	artdelacisneros@gmail.com

Auxiliary Members

Position	Full Name	Phone Number	Email
Field Maintenance			
Field Maintenance			
Field Maintenance			
Grounds Keeper			
Aux			
Aux			

Safety Budget

Although there is no separate allocated budget for safety, all requests for safety-related expenses will be given the full attention of the board. If approved, the expenses for safety items will come out of the general QHLL funds. Items annually included in the General Budget are First Aid Kits for each team, First Advantage Background checks for all volunteers and a Misc. Budget allocation for equipment upgrades needed for the league to maintain player safety.

Background Checks

All managers, coaches, board members, umpires, and other persons with repeated contact with children are required to complete The Little League Volunteer Application Form and agree to a nationwide sex offender registry and Criminal background check. (Copy of Volunteer form is in the attachment section) The league Safety Officer will keep copies of the applications. The background checks will be conducted through First Advantage each year.

Fundamental Training

Among the topics included at the Manager's meeting prior to the start of their first practice are safety and first aid. The Safety Officer will give a presentation on safety issues including equipment, accident

reporting, and conducting a safe practice. An experienced coach or manager will discuss proper techniques for warming-up, sliding, pitch avoidance, and other game related safety issues. An experienced EMT or other professional will discuss the fundamentals of first aid. This meeting is mandatory for every Manager each year and all coaches are required to attend this training at least once every two years. Dates and Locations for meeting is located on the official League Calendar (Copy of calendar is also attached in the attachment section) All managers shall be provided with the Little League Rule Book, the local rules, the Safety Manual, player's medical releases, and copies of the Accident Reporting Form. Managers are expected to become familiar with the Safety Code for Little League, located in the

back of the rulebook.

First Aid Training

First-aid training will be available to all managers and coaches during the mandatory Rules Meeting. Dates and Locations for meeting is located on the official League Calendar (Copy of calendar is also attached in the attachment section) Managers and at least one (1) coach will be required to attend. The first-aid training requirement can be waived if a manager or coach can provide a copy of a valid Red Cross first-aid certificate. If the certificate expires before the end of the playing season the Manager may not use the certificate in lieu of the first aid training.

First-Aid kits will always be kept on each field. A first-aid kit will also be available in the PLL office. Managers will be required to have Players Medical Release forms and first-aid kits at each practice or team function.

Concussion Training

Pursuant to Assembly Bill 2007, all Board Members, Officials, Managers and Coaches will receive Concussion Training prior to interactions with their players at practice or games. They will complete the CDC Heads Up training and provide the League with their certificate of completion certifying that they will comply with the recommendations of the program. Additionally, each Parent will receive and certify that they have been provided the Parent Athlete Concussion Information sheet and return it to the league acknowledging the signs and symptoms as well.

Umpire Training

Umpires will be trained in safety related topics. These include proper catching equipment, batting helmets, and field inspection. Prior to each game, the umpires shall inspect equipment to verify that it is up to safety standards. Unsafe equipment shall be removed. The umpire shall inspect the field to verify that no unsafe conditions are present. Umpires are trained in the Safety Code for Little League located in the back of the rulebook. Umpires and managers will enforce the rule that the catcher must wear a mask with dangling throat protector during games, infield practice, or while warming up a pitcher.

Field Inspection

The umpires shall inspect the field prior to each game. All managers, coaches, and players are encouraged to report any field safety hazards to the umpire or a board member. The teams are

instructed to report any safety concerns they may find to the Board Member on duty during field maintenance.

Snack Bar

Written procedures for opening and closing the snack bar are posted in the snack bar. Safety procedures are available at the snack bar. A first aid kit is located in the snack bar.

Equipment

The Equipment Manager is on the board of PLL. The Equipment Manager will inspect all equipment prior to distribution to the team. Teams should contact the Equipment Manager for any equipment that needs replacing. Umpires will inspect all league and player equipment before each game.

Accident Reporting

All accidents and injuries occurring at practice or games should be reported on the Accident Report Form. A copy of this form is included in Attachments of this plan. Forms are given to each manager and are also available at the PLL office. The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident.

Safety Problem Reporting

The Safety Problem Report shall be used to document any safety problems or concerns discovered by any participant of PLL. The form will be available at the PLL office. The form should be submitted to the Safety Officer who will investigate and recommend a correction to the problem. Once action is taken, the correction will be inspected by the Safety Officer or other Board Member. A copy of this form is included at the back of this plan.

Board Member of Duty

PLL Board Member will be on duty at all times to supervise the activities at the park. The following is a partial list of duties of the Board Member on duty.

Opening

- Unlock snack bar, score booths, fields, and equipment towers.
- Assist snack bar with preparations (nacho cheese, chili, grill, deep fryer, adding inventory).
- Ensure snack bar workers are familiar with the operation of the snack bar.
- Ensure that a liner is in each trashcan.
- Check bathrooms for cleanliness and supplies.
- Ensure money is available in the snack bar to make change.

Closing

- Lock snack bar, score booths, fields, and equipment towers.
- Assist snack bar with Clean up (nacho cheese, chili, deep fryer, and grill).
- Empty trashcans. Assure that a liner is in each can.
- Ensure bathrooms and snack bar are clean and ready for the next day.
- Ensure money is available in the snack bar to make change for the next day

- Turn off the field, bathroom, score booths and snack bar lights.

General Duties

- Oversee all game activities on the field.
- Ensure that umpire assignments are fulfilled and assist with filling any absences.
- Empty trash cans as necessary.
- Ensure bathrooms are functioning and stocked.
- Ensure money is periodically dropped into the snack bar safe.
- Turn on the lights at dusk and inside the bathrooms.
- Oversee and monitor activities going on and off the field (skateboarding, fence climbing, etc.)
- Guide and assist parents with general administrative issues/questions as brought to your attention.
- Answer and handle phone calls.
- Enforce all local rules (game time limits, curfew, etc.)

First-Aid/Safety Reminders

- Do not attempt to move an injured player until a complete check has been conducted and it is safe to do so.
- Look for signs of injury (blood, black and blue, bruising, swelling or deformity of a joint).
- Listen to the injured describe what happened and what they feel. Reassure them and try to keep them calm.
- Get the proper assistance that is needed and treat as indicated in the first aid kit manual.
- Always do warm up drills prior to practice or games.
- Have the players dress appropriately for the weather.
- Do not administer medication.
- Always keep all players' Medical Clearance Forms with you at all practices and games.
- Do not leave children unattended at practice or games.
- Report injuries as soon as possible with all the necessary information.
- Be aware that some players have asthma and be certain that they have their inhalers with them. Talk to the parents to ensure the child knows how to use them correctly.

Submit League Team Registration/Roster Data

League player registration data or player roster data and coach and manager data will be submitted via the Little League Data Center at www.LittleLeague.org.

2024/2025 PLL Calendar Events

1. 1st In office Registration - December 27th, 2024
2. 2nd In office Registration and paperwork collection – January 18th, 2025
3. 1st Baseball and Softball tryouts - January 11th, 2025
4. 2nd Baseball and Softball tryouts - January 18th, 2025
5. Managers/Coaches Meeting - February 22nd, 2025
6. Umpiring Clinic - February 1st, 2025
7. Scorekeeping Clinic – February 17th, 2025
8. Opening Day - March 1st, 2025, 9:00AM Followed by Games

9. Picture Day - April 6th, 2025

Appendix A: Volunteer Application



Little League® Volunteer Application – 2024

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 or an outside background check provider that meets the standards of Little League Regulations 1(c)9. 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: _____
 (Answering 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 _____
 System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)9 for all background check requirements

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

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

Only attach to this application copies of background check reports that reveal convictions of this application.
 Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

Appendix B: Medical Release



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



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

Player: _____ Date of Birth: _____ Gender (M/F): _____
Parent (s)/Guardian Name: _____ Relationship: _____
Parent (s)/Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____
Address: _____ City: _____ State/Country: _____
Hospital Preference: _____
Parent Insurance Co.: _____ Policy No.: _____ Group ID#: _____
League Insurance Co.: _____ Policy No.: _____ League/Group ID#: _____

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

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____
Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Appendix C: Concussion Information Sheet

CONCUSSION Information Sheet

HEADS UP
CONCUSSION

What Is a Concussion?

A concussion is a type of traumatic brain injury that causes a temporary change in the way your brain works. It causes the brain to move inside the head, which can damage brain cells and even tear blood vessels in the brain and surrounding tissue.

How Can I Help Keep My Children or Teens Safe?

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

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chance of getting a concussion.
- Talk to your children or teens about concussions and tell them what to do if they think they have one. Talk with them about their concerns, emphasize the importance of reporting concussions and taking them seriously.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens what to expect from a practice or game.
- When appropriate for the sport or activity, teach your children or teens that they should not play if they think they have the chance of the first serious type of brain or head injury. However, there is no "concussion-proof" helmet. So even with a helmet, it's important for children and teens to avoid hits to the head.

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

To learn more, go to www.cdc.gov/HEADSUP

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

How Can I Spot a Possible Concussion?

Children and teens who play or report one or more of the right symptoms listed below—or complain they just "don't feel right"—may have a concussion or other serious brain injury. They may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Confused about where they are or what happened or appears confused about the game, score, or opponent.
- Wobbly or off balance.
- Answers questions slowly.
- Shows inappropriate or uncharacteristic behavior.
- Shows mood, behavior or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Children and Teens

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

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

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

If your child or teenager continues to feel symptoms after the injury, or if you see any of the following danger signs, call 911 or take your child or teen to the emergency room right away. If after a bump, blow, or fall to the head or body, your child or teen has one or more of these danger signs:

- One pupil larger than the other.
- Decreased or inability to wake up.
- A headache that gets worse and does not go away.
- Confusion, drowsiness, weakness, numbness, or one-sided coordination.
- Repeated vomiting or nausea, convulsions or seizures, shaking or loss of balance.
- Loss of consciousness (not just a brief loss of consciousness). If your child or teen has a loss of consciousness, should the child be seen by a doctor.

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

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

1. Remind your child or teen to play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should work with a health-care provider to determine when it is safe to return to play. If your provider says it is safe, make sure your child or teen follows the provider's advice.
3. Advise your child or teen's health-care provider for written instructions on how to care for your child or teen when they can play again. Make sure to have your child's health-care provider and teacher or coach review these instructions.

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

To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADSUP app to get concussion information at your fingertips. Download the app for free on the App Store or Google Play.

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

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Coach or Teacher Name Printed: _____ Date: _____

Coach or Teacher Signature: _____

Medical Professional Name Printed: _____ Date: _____

Medical Professional Signature: _____

Appendix D: Incident/Injury Reporting

For Local League Use Only		A Safety Awareness Program's Incident/Injury Tracking Report
Activities/Reporting		
League Name: _____ League ID: _____ Incident Date: _____		
Field Name/Location: _____ Incident Time: _____		
Injured Person's Name: _____ Date of Birth: _____		
Address: _____ Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
City: _____ State: _____ ZIP: _____ Home Phone: () _____		
Parent's Name (If Player): _____ Work Phone: () _____		
Parents' Address (If Different): _____ City: _____		
Incident occurred while participating in:		
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD		
B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70)		
<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League		
C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event		
<input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____		
Position/Role of person(s) involved in incident:		
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second		
<input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout		
<input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____		
Type of injury: _____		
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____		
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____ (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:		
A.) On Primary Playing Field B.) Adjacent to Playing Field C.) Off Ball Field		
<input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel:		
<input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or		
<input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure C.) Concession Area <input type="checkbox"/> Walking		
<input type="checkbox"/> Grounds Defect <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity		
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> 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: _____		

Appendix E: Accident Notification Form

<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">LITTLE LEAGUE, BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM</p> <p style="text-align: center;">INSTRUCTIONS</p> <p>Accident Form (A-2)</p> <p>1. This form must be completed by parents of children in under 18 years of age and a league official and forwarded to Little League or National Union office. Please attach this form to the medical record and copy to the insurance department. Initial medical treatment must be rendered within 30 days of the Little League accident.</p> <p>2. Hospital bills including description of service, date of service, procedure and diagnosis codes for medical treatment must be submitted to the insurance company within 30 days of the accident. The insurance company shall not be liable for hospital bills received more than 12 months from the date of medical expense are incurred.</p> <p>3. Please attach the original copy of the insurance card, identification of benefits or Notice Letter of Denial for each change directly to Little League Headquarters, even if the changes do not exceed the deductible of the primary insurance program.</p> <p>4. Policy provides benefits for eligible medical expenses incurred within 90 days of the accident, subject to Excess Coverage and Deductible.</p> <p>5. Selected medical/dental benefits may be available for necessary treatments incurred after 90 days. Refer to insurance brochure for details.</p> <p>6. Accident form must be fully completed including medical history section (B-5) for processing.</p> <p>League Name: _____ League ID: _____</p> <p>Name of Insured Person/Citizen: _____ (A-2) Date of Birth (mm/yy/yy): _____ Age: _____ Sex: _____ (F) Female (M) Male</p> <p>Name of Insured/Citizen: If minor _____ (A-2) _____ (A-2) _____ (A-2) _____ (A-2) _____ (A-2) _____ (A-2)</p> <p>Address of Insured: _____ Address of Person/Citizen, if different: _____</p> <p>The Little League Winter Accident Policy provides benefits in excess of benefits from other insurance companies up to a \$10 deductible per injury per insured person for employees and family members. Please CHECK the appropriate boxes below. If YES, attach instruction 1 above.</p> <p>Does the insured Person/Citizen have any insurance through: Employer Plan <input type="checkbox"/> Yes <input type="checkbox"/> No School Plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State of Accident: _____ Date of Accident: _____ Type of Injury: _____</p> <p>Describe exactly how accident happened, including playing position at the time of accident: _____</p> <p>Check all applicable responses in each column:</p> <table border="0"> <tr> <td>BASEBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>FOOTBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> <tr> <td>SOFTBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>WRESTLING: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> <tr> <td>GYMNASTICS: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>SWIMMING: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> <tr> <td>TAU/END SEASON: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>OTHER: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> <tr> <td>YOUTH: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>YOUTH: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> <tr> <td>SENIOR: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> <td>SENIOR: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT</td> </tr> </table> <p>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.</p> <p>I further certify that I am not intentionally attempting to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement. Any statement on this form is a statement of fact.</p> <p>I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person who may treat me for my injuries to release to the insurance company information concerning my health, to the extent necessary to do so for Little League and/or National Union's Insurance Company of Princeton, Pe. It is understood copy of this authorization shall be forwarded to offices and held as the original.</p> <p>Date: _____ Name: _____ (Parent/Citizen Signature) (In a ten parent household, both parents must sign this form.)</p> <p>Date: _____ Name: _____ (Parent/Citizen Signature)</p> </div>	BASEBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	FOOTBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	SOFTBALL: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	WRESTLING: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	GYMNASTICS: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	SWIMMING: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	TAU/END SEASON: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	OTHER: <input type="checkbox"/> COACH/LEADER (8-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	YOUTH: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	YOUTH: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	SENIOR: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	SENIOR: <input type="checkbox"/> COACH/LEADER (13-18) <input type="checkbox"/> PLAYER <input type="checkbox"/> TRAVELER <input type="checkbox"/> OFFICIAL EVENT	<p>For Residents of California: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p> <p>For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conspires for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars.</p> <p>For Residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conspires for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p>For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 2px;">PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)</th> </tr> <tr> <th style="width: 33%;">Name of League</th> <th style="width: 33%;">Name of Insured Person/Claimant</th> <th style="width: 33%;">League ID Number</th> </tr> </thead> <tbody> <tr> <td>Name of League Official</td> <td colspan="2">Position in League</td> </tr> <tr> <td>Address of League Official</td> <td colspan="2">Telephone Numbers (inc. 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