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# PALMDALE LITTLE LEAGUE

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Safety Plan 2025



FEBRUARY 10, 2025

MAILING ADDRESS: P.O. BOX 900732, PALMDALE CA 93590

FIELD ADDRESS: 37716 55TH STREET EAST, PALMDALE CA 93552

[safety@palmdalelittleleague.org](mailto:safety@palmdalelittleleague.org)

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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	<a href="mailto:alfonso@ruelas.org">alfonso@ruelas.org</a>
Vice President (Baseball)	Angel Dominguez	661 406-6773	<a href="mailto:angeltdominguez44@gmail.com">angeltdominguez44@gmail.com</a>
Vice President (Softball)	Nelson Solares	442 342-5757	<a href="mailto:nsolares76@gmail.com">nsolares76@gmail.com</a>
Treasurer	Cythina Escobedo	661 202-0902	<a href="mailto:escobedoj83@gmail.com">escobedoj83@gmail.com</a>
Secretary	Ed Aguirre	661 433-3542	<a href="mailto:edward.aguirrejr@yahoo.com">edward.aguirrejr@yahoo.com</a>
Player Agent (Baseball)	Cythina Escobedo	661 202-0902	<a href="mailto:escobedoj83@gmail.com">escobedoj83@gmail.com</a>
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	lmquiroz05@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](http://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 18<sup>th</sup>, 2025
3. 1st Baseball and Softball tryouts - January 11<sup>th</sup>, 2025
4. 2nd Baseball and Softball tryouts - January 18<sup>th</sup>, 2025
5. Managers/Coaches Meeting - February 22nd, 2025
6. Umpiring Clinic - February 1st, 2025
7. Scorekeeping Clinic – February 17<sup>th</sup>, 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.		
<p>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 <a href="http://LittleLeague.org/Local@check">LittleLeague.org/Local@check</a> for more information.</p> <p><b>A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.</b></p> <p><b>All RED fields are required.</b></p> <p>Name _____ Date _____ First Middle Name or Initial Last</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p><b>Social Security # (mandatory)</b> _____</p> <p>Cell Phone _____ Business Phone _____</p> <p>Home Phone: _____ E-mail Address: _____</p> <p>Date of Birth _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Address _____</p> <p>Special professional training, skills, hobbies: _____</p> <p>Community affiliations (Clubs, Service Organizations, etc.): _____</p> <p>Previous volunteer experience (including baseball/softball and year): _____</p> <p>1. Do you have children in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list full name and what level? _____</p> <p>2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License#: _____ State _____</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe each in full: _____ (If volunteer answered yes to Question 4, the local league must contact Little League International.)</p> <p>5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe each in full: _____ (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)</p> <p>6. Do you have any criminal charges pending against you regarding any crime(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe each in full: _____ (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)</p>		<p>7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ (If volunteer answered yes to Question 7, the local league must contact Little League International.)</p> <p>In which of the following would you like to participate? (Check one or more.)</p> <p><input type="checkbox"/> League Official <input type="checkbox"/> Umpire <input type="checkbox"/> Manager <input type="checkbox"/> Concession Stand <input type="checkbox"/> Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other _____</p> <p>Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:</p> <p><b>Name/Phone</b> _____</p> <p>_____ _____ _____</p> <p><b>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: <a href="http://LittleLeague.org/BackgroundCheck">LittleLeague.org/BackgroundCheck</a></b></p> <p>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.</p> <p>Applicant Signature _____ Date _____</p> <p>If Minor/Parent Signature _____ Date _____</p> <p>Applicant Name (please print or type) _____</p> <p><b>NOTE:</b> 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.</p> <div><p><b>LOCAL LEAGUE USE ONLY:</b></p><p>Background check completed by league officer _____ on _____</p><p>System(s) used for background check (minimum of one must be checked):</p><p><b>Review the Little League Regulation 1(c)(9) for all background check requirements</b></p><p><input type="checkbox"/> JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)* <b>OR</b> _____</p><p><input type="checkbox"/> National Criminal Database check <input type="checkbox"/> U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List</p><p><input type="checkbox"/> National Sex Offender Registry</p><p><small>*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.</small></p><p><b>Only attach to this application copies of background check reports that reveal convictions of this application.</b></p><p><input type="checkbox"/> Proof of completion of Abuse Awareness Training for Adults provided to league</p></div> <p><small>Last Updated: 10/25/23</small></p>

## Appendix B: Medical Release



### Little League® Baseball and Softball MEDICAL RELEASE



**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 \_\_\_\_\_

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



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

**What Is a Concussion?**

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

**How Can I Help Keep My Children or Teens Safe?**

Sports are a great way for children and teens to stay healthy and develop their skills in school. To help lower your children's or teens' chance of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and making them known to the coach.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the head or neck being injured or hurt.

Remember, there is no "safe" sport or game. To work with a helmet, it is 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 one game than the whole season.

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

### HEADS UP CONCUSSION

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

**How Can I Spot a Possible Concussion?**

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

**Signs Observed by Parents or Coaches:**

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

**Symptoms Reported by Children and Teens**

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

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

A rare complication of concussion may happen on the head after a bump, blow, or jolt to the head or body and can require the emergency department right away. If after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Decreased or no ability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or loss of coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/blackout) full. Even a brief loss of consciousness should be taken seriously.

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

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

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

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should see a health care provider and only return to play with permission from a health care provider who is experienced in treating for concussion.
3. Ask your child or teen's health care provider for written instructions on helping your child or teen return to school. You can give the note home to your child or teen's school nurse and teacher, and return to play instructions to the coach and/or athletic trainer.

Don't try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury but you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

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

You can also download the CDC HEADSUP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.



**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.** Detach this section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

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

Attorney Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

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

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## Appendix D: Incident/Injury Reporting

### 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 being allowed in a game or practice.)

#### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for 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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix E: Accident Notification Form

## LITTLE LEAGUE, BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League World City, Inc. P.O. Box 3440  
15101 Route 10, Waynesburg, PA 15395  
**Accident Claim Contact Number:**  
Phone: (724) 325-3333

**Accident 1 (Team 1-2):**

- You must be completed by parents of (children under 18 years of age) and a League official who is licensed in Little League Headquarters within 30 days after the accident. All portions of this form should be made and kept in the stampbook. Initial member benefits should be completed within 30 days after the accident by the League official.
- Reported date including description of accident, date of service, products and diagnosis code(s) for medical supplies and/or other compensation related to claim for benefits are to be provided within 60 days after the accident date. In event that such proof be submitted later than 60 days from the date the incident occurred, insurance must be provided.
- In other insurance a parent, guardian or claimant must receive notice of the Expiration of Benefits or Withdrawal of Consent for the member's insurance coverage, and if the claimant is not the parent or guardian of the injured member, the claimant must be notified by the League official.
- Provide benefits for eligible medical expenses incurred within 90 days of the accident, subject to Excess Coverage and financial limitations of the League.
- Unsettled medical expenses may be available for recovery following receipt of (1) written notice to insurance to include settlement or coverage claim, (2) League Headquarters within one year of claim.
- Accident Claim Form must be fully completed, including Social Security Number (SSN) for processing.

**For Residents of California:**  
Any person who knowingly provides a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement as stated in Penal Code.

**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 material false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a criminal insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed the dollar amount and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**  
Any person who knowingly provides a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement as stated in law.

**League Name:** \_\_\_\_\_ **League ID:** \_\_\_\_\_

**Name of Injured Person/Children:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Area Code:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Area Code:** \_\_\_\_\_

**Address of Claimant:** \_\_\_\_\_ **Address of Participant(s), if different:** \_\_\_\_\_

**Name of League Official:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address of League Official:** \_\_\_\_\_

**Telephone Numbers (In: Area Codes):** \_\_\_\_\_  
**Residence:** { }  
**Business:** { }

**Was you a witness to the accident?** ☐ **Yes** ☐ **No**

**Check the names and addresses of any known witnesses to the reported accident:**

**Check the boxes for all appropriate items below. All test one in each column must be selected.**

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 ASSISTANT	<input type="checkbox"/> 01 ABRASSION	<input type="checkbox"/> 01 ARM	<input type="checkbox"/> 01 BASEBALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANGLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 CATCHER	<input type="checkbox"/> 05 CRASH	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 HITTING
<input type="checkbox"/> 06 FIELDER	<input type="checkbox"/> 06 DELOCOMATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DYSMEMBRAMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 FLYING
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 FRACTURE	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOY	<input type="checkbox"/> 09 FALLOUT	<input type="checkbox"/> 09 FALLOUT	<input type="checkbox"/> 09 PITCHING
<input type="checkbox"/> 10 DUCKOUT	<input type="checkbox"/> 10 IMPRISON	<input type="checkbox"/> 10 FOOT	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEAD INJURY	<input type="checkbox"/> 11 HEAD/ARM OBJECT	<input type="checkbox"/> 11 HEAD/ARM OBJECT
<input type="checkbox"/> 12 ONFIELD	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 NECK	<input type="checkbox"/> 13 TRIPPING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PLUNGE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 SCALD	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SPECTATOR	<input type="checkbox"/> 17 STRIKE	<input type="checkbox"/> 17 NECK	<input type="checkbox"/> 17 OTHER
<input type="checkbox"/> 18 TROSCAKEEPER	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	<input type="checkbox"/> 18 MOUTH
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 OTHER	<input type="checkbox"/> 19 UNKNOWN
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 FATALITY/FRAGILE	<input type="checkbox"/> 20 NOSE	<input type="checkbox"/> 20 NOSE
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 SHOULDER	<input type="checkbox"/> 21 SHOULDER
<input type="checkbox"/> 22 WARMING UP	<input type="checkbox"/> 22 WARMING UP	<input type="checkbox"/> 22 SIDE	<input type="checkbox"/> 22 SIDE
		<input type="checkbox"/> 23 TEETH	<input type="checkbox"/> 23 TEETH
		<input type="checkbox"/> 24 TESTICLE	<input type="checkbox"/> 24 TESTICLE
		<input type="checkbox"/> 25 WREST	<input type="checkbox"/> 25 WREST
		<input type="checkbox"/> 26 UNKNOWN	<input type="checkbox"/> 26 UNKNOWN
		<input type="checkbox"/> 27 FINGER	<input type="checkbox"/> 27 FINGER

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

**Check all applicable responses in each column:**

<input type="checkbox"/> 01 BASEBALL	<input type="checkbox"/> 02 UNUSUAL (SS, SS, SS)	<input type="checkbox"/> 03 PLYER	<input type="checkbox"/> 04 TRIPPING	<input type="checkbox"/> 05 SPECIAL EVENT
<input type="checkbox"/> 06 SOFTBALL	<input type="checkbox"/> 07 TALL	<input type="checkbox"/> 08 OVERHEADING	<input type="checkbox"/> 09 PRACTICE	<input type="checkbox"/> 10 OTHER (EVENTS)
<input type="checkbox"/> 11 CHALLENGER	<input type="checkbox"/> 12 IMPROV	<input type="checkbox"/> 13 OFFICIALS/UMPIRES	<input type="checkbox"/> 14 SCHEDULED GAME	<input type="checkbox"/> 15 OFFICIALS/UMPIRES
<input type="checkbox"/> 16 TWO-ON-ONE	<input type="checkbox"/> 17 LITTLE LEAGUE	<input type="checkbox"/> 18 PLAYERS/UMPIRES	<input type="checkbox"/> 19 TRAVEL	<input type="checkbox"/> 20 OTHER (EVENTS)
	<input type="checkbox"/> 21 OFFICIALS/UMPIRES	<input type="checkbox"/> 22 TRAVEL	<input type="checkbox"/> 23 TRAVEL	<input type="checkbox"/> 24 OTHER (EVENTS)
	<input type="checkbox"/> 25 OTHER (EVENTS)	<input type="checkbox"/> 26 OTHER (EVENTS)	<input type="checkbox"/> 27 OTHER (EVENTS)	<input type="checkbox"/> 28 OTHER (EVENTS)
	<input type="checkbox"/> 29 OTHER (EVENTS)	<input type="checkbox"/> 30 OTHER (EVENTS)	<input type="checkbox"/> 31 OTHER (EVENTS)	<input type="checkbox"/> 32 OTHER (EVENTS)

**Consent:** I hereby certify that I have read the contents of all parts of this form and in the best of my knowledge and belief the information contained is complete and correct as stated herein.

**Consent:** I hereby certify that I am aware for any person to intentionally defraud or knowingly falsify a fraud application or invoice by submitting an application or filing a claim containing a false or fraudulent statement, (see Remarks) on account of insurance, that such person is guilty of a crime and may be subject to fines and confinement as stated in law.

**Consent:** I hereby certify that I am aware for any person to intentionally defraud or knowingly falsify a fraud application or invoice by submitting an application or filing a claim containing a false or fraudulent statement, (see Remarks) on account of insurance, that such person is guilty of a crime and may be subject to fines and confinement as stated in law.

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