

# **GATE CITY**

**– LITTLE LEAGUE –**

**2024 Safety Plan**



For Managers, Coaches, Players and Parents

League ID # 346-01-09

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## Gate City Little League Safety Mission Statement

“Safety is Everyone’s Responsibility”

As Gate City Little League enters the 2024 season, I would like to thank everyone that helped make 2023 a successful season. Without our great volunteers we wouldn’t be able to provide baseball, T-ball, and softball to our great community. We also wouldn’t be able to do it without the parents and children who also help make our league what it is today.

Gate City Little League is actively participating in the Little League, A Safety Awareness Program (ASAP), whose mission is “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball.”

The purpose of this Safety Plan is to provide important safety information to Gate City Little League. While specifically written for Managers and Coaches the information contained in this document can be a useful resource for all participants of Gate City Little League. Please take the time to review this manual in its entirety. No matter the situation the board of directors’ top priority is to ensure the safety of our children.



We request your assistance and guidance in making Gate City Little League a safe program for our children. If you have any concerns, suggestions, or questions please contact the President of Gate City Little League Gabe Calton (276) 690-0171, our safety officer Brad Lewis (423) 361-3801, or any other Board member.

As we kickoff the 2024 season at Gate City Little League, we would like to thank each of you for your commitment and dedication to the league. Together we can make this year successful and a great opportunity for the children of the Gate City Little League community!

Safety is our #1 Priority,

A handwritten signature in black ink that reads "Gabe Calton".

**Gabe Calton – President**  
Gate City Little League

## 1. League Safety Officer

Gate City Little League (GCLL) has an active safety officer– Brad Lewis. As safety officer, Brad Lewis is a member of the Gate City Little League Board of Directors as listed on page 5 in this Safety Plan and is on file with Little League Headquarters. As Safety Officer for the 2024 Gate City Little League season, Brad will play a vital role in helping ensure the League is following all the state and local guidelines in place for our youth sports and ensuring everything we do has safety as our top priority.

## 2. Safety Plan Distribution

Gate City Little League will publish and distribute electronic copies (paper copies will be available by request) of the approved Safety Plan to the following people:

- Gate City Little League Board of Directors
- Approved Managers and Coaches
- Umpires
- District Administrator

Gate City Little League will also have a copy of the safety plan readily available in the following locations:

- On our website at [www.gatecitylittleleague.org](http://www.gatecitylittleleague.org)
- In the Baseball Concession Stand and Press Box
- In the Softball Concession Stand and Press Box

## 3. Emergency and League Contact Numbers

All managers and coaches shall use “911” for all on field emergencies requiring ambulance, police, or fire. Managers and coaches shall keep player emergency contact information with them at all times, and have a working cell phone available during practice and games.



### Gate City Little League Emergency Contact Numbers

#### EMERGENCY DIAL 911

Gate City Police Department	(276) 386-9111
Scott County Sheriff's Department	(276) 386-9111
Gate City Fire Department	(276) 386-3611
Scott County Life Saving Crew	(276) 386-3571
Poison Control Center	(800) 222-1222
Scott County Health Department	(276) 386-1312

 **Area Hospitals**

**Holston Valley Medical Center**  
130 West Ravine Rd  
Kingsport, TN 37660  
(423) 224-4000

**Indian Path Community Hospital**  
2000 Brookside Dr.  
Kingsport, TN 37660  
(423) 857-7000

 **Urgent Care**

**Ballad Health Urgent Care - Kingsport**  
111 West Stone Dr., Ste. 110  
Kingsport, TN 37660  
(423) 224-3701

**Holston Medical Group (HMG) Urgent Care**  
105 West Stone Dr., Suite 1F  
Kingsport, TN 37660  
(423) 230-2420

## Gate City Little League 2024 Board of Directors

	POSTION	PHONE	EMAIL
Gabe Calton	President	(276) 690-0171	gabe.calton@gmail.com
Brook Shepard	Vice-President	(276) 594-6349	tarheel_fan_5@yahoo.com
Leslie Hensley	Secretary	(423) 863-5053	lhensley2912@gmail.com
Allison Lewis	Treasurer	(423) 361-2649	alewis3303@gmail.com
Brad Lewis	Safety Officer	(423)-361-3801	blewis3303@gmail.com
Tara Koval	Player Agent	(423) 742-0106	auntgoddess@hotmail.com
Justin Hensley	Coaching Coordinator	(423) 765-5103	justindhensley@hotmail.com
Amanda Calton	Board Member	(276) 594-0056	amanda.calton1@gmail.com
Tirzah Rumley	Board Member	(276) 594-5579	tirzahlane101@gmail.com
Nate Clark	Board Member	(423) 360-4235	nathanclark1986@gmail.com
Jordan Est Tepp	Board Member	(276) 591-6752	jordan.est Tepp11@gmail.com
Taylor Lane	Board Member	(276) 690-4461	taylorsext on2016@gmail.com
Kim Fleenor	Board Member	(276) 690-8237	kfleenor09@gmail.com
Daniel Fleenor	Board Member	(423) 274-4229	<a href="mailto:mxdanno820@gmail.com">mxdanno820@gmail.com</a>
Jimmy Shepard	Board Member	(423) 418-0664	

## 4. Facility Map



## 5. Background Checks

Gate City Little League will use the Official Little League International Volunteer Application for 2024 to screen all our volunteers. Background Checks will be required for all volunteers, including, but not limited to:

- Board Members
- Managers
- Coaches
- Umpires
- Any other volunteer as deemed necessary by Gate City Little League Board of Directors with repetitive direct access to children.

The purpose of the background check is to ensure that children are protected from anyone who has committed a sexual offense against a minor. Gate City Little League will utilize JDP (<http://www.jdp.com/>) in accessing background check records for sex offender registry data and other criminal records.

The League President or Safety Officer will conduct the background checks. When using JDP Social Security Numbers are required. The preferred method to conduct the volunteer's background check is using the JDP QuickApp. The user will complete the Little League "Basic" Volunteer Application that only takes the minimal user information. Once the League President or Safety Officer have this form, they will enter the information in the JDP QuickApp and JDP will send an email with a secure link to complete the background check. By doing this the League will not have access to the user's personal information. If a user does not have access to an email or chooses not to use the JDP QuickApp the volunteer will complete the Little League Volunteer Application entering personal information which includes the users Social Security number. Once entered into JDP the League President or Safety Officer will redact the social security number and other personal information on the paper copy with a marker for added protection. The League President will retain these confidential forms for the year of service.

Prior to the start of the season, anyone who wishes to volunteer will be required to complete a 2024 volunteer application and submit a photocopy of their driver's license or other government issued identification to verify their identity. A copy of the government issued identification is **REQUIRED** to be submitted with either the "Basic" Volunteer Application or the Volunteer Application.

Anyone who refuses to fill out a volunteer application is ineligible to be a league member.

**Starting in 2024, along with the Little League Volunteer Application and annual background check, volunteers MUST complete Abuse Awareness Training for Adults annually (See section 18 for more information). Training must be completed before any individual can assume any duties for the current season!**

***The 2024 New Little League Volunteer Application and the Little League "Basic" Volunteer Application is attached in Appendix A.***

## 6. COVID-19 Guidelines

### **COVID-19 Guidelines for Gate City Little League - 2024**

COVID-19 is something that Gate City Little League will evaluate and revise our response as appropriate per state and local guidelines throughout the year. Any changes will be communicated directly to the League and its volunteers. For current information on COVID-19, please visit the Centers for Disease Control and Prevention's (CDC) Coronavirus Disease 2019 (COVID-19) website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

All Gate City Little League managers, coaches, umpires, league officials, and families must review and adhere to these guidelines to ensure the safety of all. COVID-19 is an ever-changing situation so, Gate City Little League will continue to update these guidelines as information is further developed around COVID-19 mitigation. Managers, coaches and league officials must read and agree to these guidelines and sign the Gate City Little League COVID-19 Liability Release Waiver. All families with a player participating in 2024 Gate City Little League Season will also be required to read and agree to these guidelines as well as sign Gate City Little League COVID-19 Liability Release Waiver (located at the end of these guidelines).

### **I. GENERAL GUIDANCE**

The best way to prevent illness is to avoid being exposed, and the following activities can prevent the spread:

- Maintain good social distance.
- Wash your hands often with soap and water. If soap isn't available, use a hand sanitizer that contains at least 60% alcohol.
- Routinely clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a cloth face covering when around others.
- People who are sick or have a fever should stay at home. Players should notify team manager.



- If you have been exposed to someone with COVID-19, please take the necessary precautions to stay away.
- Parents should take their child's temperature before each practice/game to ensure no fever is present. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 **SHOULD NOT** attend any Gate City Little League activity until cleared by a medical professional.
- If while at practice/game a player starts to show any of these symptoms' parents will be asked to remove their child for the health of the others.
- Gate City Little League will follow **ALL** contact tracing and quarantine rules as performed by the Virginia Department of Health.
- If a manager/coach or player tests positive for COVID-19 Gate City Little League may pause activities for those they deem necessary to stop the spread. This can include player, manager/coach, entire team, or if needed a pause in all league activities.

***Appendix B provides several informational COVID-19 Documents for both Coaches and Parents.***

## 7. Fundamentals Training

Gate City Little League conducts coach's clinics in March prior to the season. In addition, some Gate City Little League coaches may attend other District 1 coach's clinics when available. The purpose of this training is to teach the fundamentals of the game. This meeting will also allow us to ensure all volunteers understand any COVID protocols that maybe in place at the start of the season. Managers and coaches are also encouraged to visit Little League University at [www.littleleagueu.org](http://www.littleleagueu.org) for valuable information and training. At least one manager or coach from each team should try to attend this meeting. Every manager/coach must attend this training once every 3 years. This meeting is tentatively scheduled for February 12<sup>th</sup> at 6:00PM, 2024. If for some reason this date has a conflict the League will communicate out the actual date and time if this date changes.

## 8. First-Aid, CPR, and AED Training

Gate City Little League will offer basic First-Aid, CPR, and AED training to the Board of Directors, Managers and Coaches, and any other volunteers. It is Mandatory that at least one Manager/Coach from each team attend the provided training. Every manager/coach must attend this training once every 3 years. We will incorporate this training in with the Fundamentals Training that will be held tentatively on February 12th, 2024. If for some reason this date has a conflict with the instructor the League will communicate out the actual date and time if this date changes.



## 9. Walk Fields for Hazards Prior to Play



Gate City Little League requires coaches to walk/inspect the fields before each practice or game. Umpires are also required to walk/inspect the field before each game. Managers/Coaches and Umpires should note and repair any issue that is found during the walk/inspection that poses a hazard to participants. An inspection form is available to document issues that are in need of fixing.

**Gate City Little League's Facility and Field Inspection Checklist is attached in Appendix C.**

### Weather Conditions

- **Lightning**



Halt play and seek shelter immediately in a large enclosed building or fully enclosed metal vehicle if the time between a lightning flash and the sound of thunder is thirty (30) seconds or less, if caught in the open place feet together, squat down, and cover ears (to prevent eardrum damage). Dug Outs are not a safe place, so children need to be evacuated and gotten to a safe place. Practice/Game cannot restart until it's been 30 minutes from the last lightning/thunder. This 30-minute restarts with each lightning/thunder occurrence.

- **Cold**



No practice or games will be conducted when the temperature is below 45° F. Any game started will continue to completion even if temperature falls below the 45° F mark, unless it is deemed a safety risk to do so by the League President, Vice President, or Safety Officer.

- **Heat**



Anytime temperature is above 90° F, or the relative humidity is above 95%, a halt for rest and fluids should occur after the 3<sup>rd</sup> inning. Encourage players to bring their own drinks and drink small amounts frequently during the game. Any player exhibiting signs of heat related illness (cramps, fatigue, light headedness, nausea, vomiting, or headache) should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, seek prompt medical aid.

- **Rain/Mud**



Playing on muddy fields with wet equipment places the players at risk and creates hazardous playing conditions. When in doubt the League will reschedule the game.

## 10. Facility Survey

Gate City Little League President and Safety Officer will complete and submit the 2024 Annual Little League Facility Form. This survey allows the league to find and correct facility concerns as well as identify future plans for the league. This survey has been completed on the fields of Gate City Little League by President Gabe Calton, Safety Officer Brad Lewis and has been submitted online.

## 11. Concession Stand Safety Procedures

Gate City Little League will make every effort to ensure the concession stands are open for the games during the season if deemed acceptable by state and local guidelines. Only healthy workers will be allowed to be in the concession stand with a limit of how many can be working to help adhere to social distancing. Workers will utilize proper handwashing and will clean and sanitize the concession stand frequently with an approved sanitizer. Only adults should be in the concession stand. Concession stands tips and hand washing tips are shown below in the images.

### Concession Stand Tips

#### SAFETY FIRST

**Requirement 9**

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.


- Menu**  
Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
- Cooking**  
Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F; poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.
- Reheating**  
Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
- Cooling and Cold Storage**  
Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (90% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or air until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.
- Hand Washing**  
Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
- Health and Hygiene**  
Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
- Food Handling**  
Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. *Use an acceptable distance stand!*
- Releasing**  
to serve food. Touching food with bare hands can transfer germs to food.
- Dishwashing**  
Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:  
1. Washing in hot soapy water;  
2. Rinsing in clean water;  
3. Chemical or heat sanitizing; and  
4. Air drying.
- Ice**  
Ice 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 the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.
- Wiping Cloths**  
Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
- Insect Control and Waste**  
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
- Food Storage and Cleanliness**  
Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.
- Set a Minimum Worker Age**  
Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

**Safety plans must be posted/checked no later than May 1st.**


### Volunteers Must Wash Hands

**HOW**


**Wet**  
warm water




**Wash**  
20 seconds  
Use soap




**Rinse**



**Dry**  
Use single-service paper towels



**Gloves**



**WHEN**

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

**Wash after you:**

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

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

Use gloves, tongs, deli tissue or other serving utensils. Remove all jewelry, nail polish or false nails unless you wear gloves.

**Wear gloves.**

when you have a cut or sore on your hand when you can't remove your jewelry


**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMMS Extension National Education Program with support from U.S. Food & Drug Administration in cooperation with the National Partnership for Food Safety Education. United States Department of Agriculture-Cooperating, UMMS Extension provides equal opportunity in programs and employment.



## 12. Regular Inspection and Replacement of Equipment

Gate City Little League's Safety Officer will inspect equipment prior to distribution to the managers. Managers/Coaches will inspect equipment prior to each game. Umpires will also check equipment prior to each game. Managers/Coaches should sanitize any shared equipment after each game.

Defective equipment will be removed if deemed unsafe or illegal. Equipment issues should be reported to safety officer Brad Lewis (423) 361-3801.

## 13. Implement Prompt Accident Reporting

Gate City Little League will use the provided Incident Tracking Form provided from the Little League website and will provide completed Accident forms to the Safety Officer Brad Lewis (423) 361-3801 within 24-48 hours of the incident. Managers/Coaches/Parents if you need copies of the claim forms or assistance completing these forms, please contact Brad Lewis or League President Gabe Calton (276)690-0171.

### **Complete a Medical Release**

This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches, and medical providers of allergies or other medical problems. The Medical Release Form will be completed by a parent/guardian at registration and must be carried with the team manager at all times (practices and games).

### **Accident Procedure**

- Administer First Aid to the level of your training. Call 911 if it is an emergency.
- Reassure the injured party and spectators.
- Contact the injured participants parent or guardian. If unavailable, contact the emergency contact listed on the registration form.
- Control the crowd.
- Talk to your team about the situation. Often players are upset and worried when a teammate is injured. They need to feel safe and understand why the injury occurred.
- Consult your First Aid Booklet for return to play guidelines.
- Any injury requiring professional medical care will need a physician's clearance prior to returning to play. Contact the Leagues Safety Officer by phone within 24 hours of the incident.

### **What Parents Should Know About Little League Insurance**

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

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league

official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply, when necessary, treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

**Attached in Appendix D is copies of the Medical Release Form, Accident Claim Form, and Incident Injury Tracking Form. These forms can also be found online at Little Leagues Website: <https://www.littleleague.org/forms-publications/>**

## Communicable Diseases Procedures

### COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

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.

Additional information is available from your state high school association and from the National Federation TARGET program.

## 14. First-Aid Kit and AED's

New First-Aid kits are to be distributed to all team managers when they receive their equipment. The manager/coach is required to have in their possession this first-aid kit at all times.

The Safety Officer is responsible for the coordination of the safety equipment, responsible to make sure that every team has a first-aid kit which is fully stocked, and is responsible for re-supplying the first-aid kits when needed. If anything is used from the First-Aid Kit contact the Safety Officer to notify them that it needs replenished. First-Aid Kits will be kept in each concession stand and press box.



Two AED's are located at the Little League Facility. These can be located under the Press Box at both the Little League Baseball/Softball Fields (See Facility Map in Section 4 for a map of the fields and the AED locations) Each location will be marked by a visible sign. These are checked monthly to ensure everything is in date and in working order.



First Aid Kits can be located at the Press Box/Concession Stand at both the Little League Baseball/Softball Fields (See Facility Map in Section 4 for a map of the fields and the AED locations) Each location will be marked by a visible sign. These are checked monthly to ensure they are stocked appropriately.



## 15. Enforce All Little League Rules

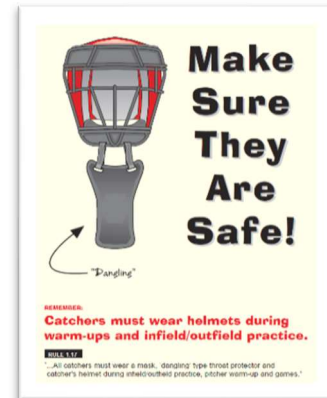
Managers, Coaches, and umpires should be thoroughly familiar with the current Little League Rule Book. The Gate City Little League Board of Directors is responsible for enforcing the existing little league rules. The consequence of the participants in failure to follow the rules includes the following punishment:

1. A letter of reprimand or admonishment
2. The offending party may be suspended for a game and/or games
3. The offending party may not be allowed to participate in Gate City Little League
4. The offending party's team may be caused to forfeit a game or games

Enforcement of Little League rules is the responsibility of every participant and the Board of Directors will enforce the rules if violated.

Gate City Little League will enforce the following rules to ensure they are followed throughout the year:

- Catchers must wear catcher's mask helmet, mast throat protector, shin guards, long model chest protector, and protective cup at **ALL** times. (Rule 1.17)
- No On-deck batters are allowed
- Bases will disengage on **ALL** fields



## 16. Submit League Player and Manager/Coach Registration Data

Gate City Little League will submit league player registration data or player roster data and manager/coach data via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

## 17. Concussion Policy

Gate City Little League intends to protect all participants from the effects of possible concussions. The following section will provide valuable information pertaining to concussions and what to do if a concussion is suspected.

### Volunteer Concussion Training

All Gate City Little League Board Members, Managers, and Coaches are **REQUIRED** to complete online concussion training. **Volunteers MUST complete this training before they will be approved to Manage, Coach, or Volunteer in the League. This MUST be completed each year.** The online training can be completed through NFHS Concussion Course at:

<https://nfhslearn.com/courses/concussion-in-sports-2>

**Once completed the certificate of completion MUST be provided to the League President or the League Safety Officer either by email or a hard copy.**

**Appendix E provides several informational Concussion Documents for both Coaches and Parents.**

## 18. Abuse Awareness Training

Gate City Little League strives to create a safe and healthy environment for players and their families. **This training is now REQUIRED as part of the annual Little League Volunteer Application, along with the annual background check.** At Gate City Little League all players and families deserve to participate free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. It is highly encouraged by the League that all Volunteers limit the one-on-one contact with minors.

This training will provide the following:

Reporting of Sexual Abuse involving a minor to the proper authorities

- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report sexual abuse in their state. Please reference [LittleLeague.org/ChildAbuse](https://www.littleleague.org/ChildAbuse)

For the abuse awareness training please visit the following link and review this information. Near the bottom, you will see Abuse Awareness for Adults. Click on that and it will get you signed up for the appropriate training.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

There is also free training for minors that we encourage families to share with their children so they know who and what to tell, and what is appropriate and what isn't appropriate from adults. You can find this training at the link above and down near the bottom there is a section called Abuse Awareness for Minors.

## 19. Little League Diamond Leader Training



Focused on ensuring children have a positive, well-rounded experience on and off the field, the Little League® Diamond Leader Training Program is a **FREE** educational resource that provides coaches with an understanding of the impact that mental, social, and emotional well-being has in youth sports through detailed information, interactive scenarios, and a variety of additional resources.

Through this course, which navigates Little League volunteers through real-life scenarios that are being faced in local leagues all around the world each year, coaches will have a better understanding of the impact they have on their players, both on and off the field.



**This training is REQUIRED for all volunteers with Gate City Little League in 2014.** Currently this training only has to be completed once, so if you completed it in 2023 you do not need to retake it. Please ensure that the league has a copy of your certificate on file. At the end of the course each participant will receive a certificate of completion that will need to be submitted to the league as proof of completion. Email those to [gatecityll@gmail.com](mailto:gatecityll@gmail.com) The course takes around 30 minutes to complete. Little League will require completion of this for any coach or manager who wishes to participate in post season tournament play, and Gate City Little League feels this to be a valuable asset to regular season managers and coaches as well.

The link to enroll is provided below: <https://www.littleleague.org/diamondleader>

**ATTENTION: CONCUSSION, ABUSE AWARENESS, & DIAMOND LEADER TRAINING MUST BE COMPLETED BEFORE A VOLUNTEER MAY PARTICIPATE IN ANY LEAGUE ACTIVITY!**

## 20. Gate City Little League 2024 Safety Code

Listed below you will find our Safety Code that covers a number of things for the League during the season. Please make yourself familiar with this safety code.

1. Arrangements should be made in advance of all games and practices for emergency medical services. A Cellular Phone **MUST** be available at all practices and games.
2. Managers **MUST** have players Medical Forms with them at all games and practices.
3. Managers, Coaches, and Umpires should have some training in First-Aid. First-Aid Kits should be available at the field and to each team and must be inspected weekly. After each use contact the Safety Officer to re-supply.
4. No games or practices should be held when weather and field conditions are not good, particularly when lighting is inadequate. If the surrounding street lights are on, it's probably too dark to continue playing, and the game or practice should be called.
5. Play area should be inspected frequently for holes, damage, stones, glass, and other foreign objects.
6. Dugouts and bat racks should be positioned behind screens
7. Only players, Managers, Coaches, and Umpires are permitted on the playing field during play and practice sessions.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
9. All bats must comply with Little League International Regulations. Baseball and T-ball bats for the 2024 season must comply with the USA Baseball standard. No bat will be allowed that does not have USA Baseball stamped on the handle.



10. Procedure should be established for retrieving foul balls batted out of the playing area.
11. During practice sessions and games, all players should be alert and watching the batter on each pitch.

12. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
13. Equipment should be inspected regularly. Make sure it fits properly.
14. Batters must wear protective NOCSAE helmets during batting practice, as well as during games.
15. Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male Catchers must wear long-model chest protector, protective supporter, and cup at **ALL** times.
16. We **STRONGLY** recommend that all male players wear protective cups.
17. Except when a runner is returning to a base, headfirst slides are not permitted.
18. At all times, breakaway bases are to be used.
19. At no time should "horse play" be permitted on the playing field.
20. Parents of players who wear glasses should be encouraged to provide "safety glasses" with an elastic retaining strap.
21. Players must not wear watches, rings, pins, jewelry, or other metallic items, except for medic-alert bracelets or necklace.
22. Catchers must wear full gear and a protective cup in warming up pitchers. This applies during practice, between innings, and in the bullpen.
23. Batting/catcher's helmets should not be painted, or display decals unless approved by the manufacturer. If found painted helmets will be removed from play, decals we need to be removed before helmet can be used.
24. Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
25. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
26. No metal pitching toe should be worn.
27. Baseball/Softball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized. No metal cleats are allowed.
28. Do not allow players to throw bats or helmets.
29. Do not allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play.
30. Report all injuries to the Gate City Little League Safety Officer, Brad Lewis (423) 361-3801.
31. Please do not visit the dugout during games. If you need your ballplayer, contact the coach.
32. Only approved Volunteers are allowed in the Dugout. No more than 3 coaches and a book keeper are allowed in the dugout at any time. The book keeper is not allowed to coach/cheer during the game from the dugout. If they wish to cheer, they must keep book outside of the dugout area. If 1 of the 3 coaches is keeping book then only the 3 coaches are allowed in the dugout. A coach must be present in the dugout at all times during the game. **NO EXCEPTIONS!**

## 21. Roles of Parents

Most of the existing Little League rules have some basis of safety. Parents can help by setting a good example for all players. It is important to follow the rules for the safety of everyone involved. The managers and coaches are or will be trained in first aid fundamentals and common-sense safety. Please take the time to listen to the manager and coaches, learn these rules and make them common practice any time you practice baseball with your children.

Complete a Medical Release Form for you children at registration. The Medical Release Form is located in Appendix D.

**NO ALCOHOL, TOBACCO, OR VAPING** on the field for practice or games. If volunteers must smoke/vape or chew tobacco, please do it away from the players and away from the dugouts! If the players can see you smoke or chew, you are too close!

Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.

It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer. All information is considered confidential. Have your child eat a snack before practice or games; hungry ball players don't concentrate well. Routinely, check your child's equipment for safety concerns.

Arrive to practice and games early to allow for proper warm ups. Help out at practices. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better. Before helping in practice make sure you have submitted a volunteer form and been approved by the Gate City Little League Board. Forms are available from team managers and Board members.

The manger or coach will **NEVER** leave a player alone at the field. It is very important that parents are on time to pick up children on time. It is recommended that parents remain at the filed if possible. If this is not possible, please contact the coach or manager prior to the event.

***Parents, please see Appendix F for the Sport Parent Code of Conduct that Parents are expected to follow.***

## 22. Umpires

Before the Game — Meet at home plate	During the Game — Umpires and Coaches
<ul style="list-style-type: none"><li>• Introduce plate and base umpires, managers/coaches</li><li>• Receive official lineup cards from each team</li><li>• Discuss any local playing rules (time limit, playing boundaries, etc.)</li><li>• Discuss the strike zone</li><li>• Discuss unsportsmanlike conduct by the players</li><li>• Discuss the innings pitched by a pitcher rule</li><li>• Clarify calling the game due to weather or darkness</li><li>• Inspect playing field for unsafe conditions</li><li>• Discuss legal pitching motions or balks, if needed</li><li>• Discuss no head-first slides, no on-deck circle rules</li><li>• Get two game balls from home team</li><li>• Be sure players are not wearing any jewelry</li><li>• Be sure players are in uniform (shirts in, hats on)</li><li>• Inspect equipment for damage and to meet regulations</li><li>• Ensure that games start promptly</li></ul>	<ul style="list-style-type: none"><li>• Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs</li><li>• Make sure catchers are wearing the proper safety equipment</li><li>• Continually monitor the field for safety and playability</li><li>• Pitchers warming up in foul territory must have a spotter and catcher with full equipment</li><li>• Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement</li><li>• Make calls loud and clear, signalling each properly</li><li>• Umpires should be in position to make the call</li><li>• No protesting of any judgment calls by the umpire</li><li>• Managers are responsible for keeping their fans and players on their best behavior</li><li>• Encourage everyone to think "Safety First!"</li></ul>

Gate City Little League furnishes Umpires from a pool of league volunteers assigned by the board of directors. Coaches will also be assigned games to umpire to help ensure every game has an umpire. As indicated by Little League rules, they are in complete control of what happens on the field. Umpires play an important role in safety. Umpire training is essential to the safety of our players, managers/coaches, spectators, and other umpires.

A Gate City Little League Umpire clinic may be held during the preseason to teach the proper skills to anyone who is interested in umpiring. We offer training through our District 1 Umpire-In-Chief and GCLL Umpires, which will be held before the season begins. Please contact our board of directors for more

information or if interested in umpiring during the season. Volunteer umpires are always needed during the season.

The following is a list of topics the clinic will cover:

- Umpires must be fair, impartial, and consistent. All trained Umpires will go away from training with a good understanding of the rules.
- Proper positioning (and rotation) in the field to avoid obstructing play or getting injured.
- Basic rules of baseball/softball, and interpretations of commonly misunderstood rules
- Safety violations.
- Pre-game procedures.
- Walk the field for foreign objects, holes and any other hazards that may cause injury. Ensure installation of breakaway bases.
- Inspect equipment for any safety violations prior to the start of any game.

Gate City Little League's 2024 Safety Plan has been approved by the Gate City Little League Board of Director's on November 12th, 2023.



Gabe Calton – President





Brad Lewis – Safety Officer





# Appendix B

## If you don't feel great, you shouldn't be reading this sign.

-  Stay home, rest, and avoid others as much as possible.
-  If you have to be around others, wear a mask that covers your nose, mouth, and fits tightly against the sides of your face. Everyone around you should also wear a mask.
-  Call your doctor if you're sick and discuss your symptoms.

**VIRGINIA'S HEALTH IS IN OUR HANDS.**  
Do your part, stop the spread.


**VDH** VIRGINIA DEPARTMENT OF HEALTH

## Feeling sick? Check your symptoms.

**COVIDCHECK** is an easy, free, and private website that lets you:

- Screen your symptoms
- Find a COVID-19 test near you
- Get the help you need

Visit [vdh.virginia.gov/covidcheck](https://vdh.virginia.gov/covidcheck).



**VIRGINIA'S HEALTH IS IN OUR HANDS.**  
Do your part, stop the spread.

**VDH** VIRGINIA DEPARTMENT OF HEALTH

## Let's Wash Up!



1. Wet your hands
2. Soap Up
3. Scrub for 20 seconds
4. Rinse
5. Dry

**HEALTHY Back to School**

**EDUCATION**  
**VDH** VIRGINIA DEPARTMENT OF HEALTH

## CHECKLIST FOR COACHES

### Protect Players from COVID-19

- Send a welcome email or call parents and/or players. Inform them about **actions that the sports program will take to protect players**. Remind them to stay home if sick or if they have been around someone who is sick.
- Be a role model. **Wear a cloth face cover** and encourage parents, fans, officials, and sports staff to wear one during practices and games.
- Provide **hand sanitizer with at least 60% alcohol** to players before and after practice/game, or encourage them to wash their hands with soap and water.
- Educate players about **covering coughs and sneezes** with a tissue or their elbow. Discourage spitting.
- Remind players about **social distancing** and identify markers (signage or tape on floor, if applicable). Encourage your players to focus on building their individual skills and cardiovascular conditioning, so they can limit close contact with other players.
- Check with your sports administrator to make sure they are following **cleaning and disinfection** recommendations.
  - Cleaning and disinfecting frequently touched surfaces on field, court, or play surface (e.g. drinking fountains) at least daily or between use.
  - Cleaning and disinfecting shared equipment

Lower Risk → Higher risk



Skill-building drills at home



Within-team competition



Full competition from different areas

**cdc.gov/coronavirus**

## Appendix C

### Gate City Little League Facility and Field Inspection Checklist – 2024

Facility Name - \_\_\_\_\_

Inspector - \_\_\_\_\_

Date - \_\_\_\_\_ Time - \_\_\_\_\_

- Hole, damage, rough or uneven spots
- Slippery Areas, Long Grass
- Glass, Rocks and other debris & foreign objects
- Damage to screens, fences edges, or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Areas around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand Inspection

#### NOTES/HAZARDS

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Signature \_\_\_\_\_



# Appendix D


**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)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent(s)/Legal 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 allergical 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/Legal 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

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

Send Completed Form To:  
 Little League International  
 539 US Route 15 Way, PO Box 3485  
 Williamsport, PA 17701-0485  
 Accident Claim Contact Numbers:  
 Phone: 870-327-1674

**Accident & Health (U.S.)**

- This form must be completed by parents (if claimant is under 10 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 20 days of the Little League accident.
- Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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: \_\_\_\_\_ PART 1 Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Female  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, below instructions 1 above.  
 Does the insured Person/Parent/Guardian have any insurance through: Employer Plan  Yes  No School Plan  Yes  No Individual Plan  Yes  No Dental Plan  Yes  No

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
 TAM  CPM

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 (4-10)	<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"/> SCHEDULED GAME
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League International)
<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 (10-11-12-13)	<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 (15-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

**For Residents of California:**  
 Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**  
 Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

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

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
_____	_____	_____

Name of League Official	Position in League
_____	_____

Address of League Official	Telephone Numbers (Inc. Area Codes)
_____	Residence: ( ) Business: ( ) Fac: ( )

Were you a witness to the accident?  Yes  No  
 Provide names and addresses of any known witnesses to the reported accident: \_\_\_\_\_

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BROW	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 LUNGTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 NOSE	<input type="checkbox"/> 15 THROUGH BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 OTHER	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 THROUGH GAME	<input type="checkbox"/> 18 SUNSTROKE	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS	<input type="checkbox"/> 20 NOISE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 PARAPLEGIC	<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 TESTICLE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 WRIST	
		<input type="checkbox"/> 25 UNKNOWN	
		<input type="checkbox"/> 26 FINGER	

Does your league use batting helmets with attached face guards?  YES  NO  
 (YES, are they Mandatory or Optional At what levels are they used?) \_\_\_\_\_

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date: \_\_\_\_\_ League Official Signature \_\_\_\_\_

**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  Baseman  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 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/forms/pdfs/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/forms/pdfs/forms\\_public/accidentclaimform.pdf](http://www.littleleague.org/forms/pdfs/forms_public/accidentclaimform.pdf).

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

# APPENDIX E




## HEADS UP CONCUSSION ACTION PLAN

**IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:**

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.


**▶ "IT'S BETTER TO MISS ONE GAME, THAN THE WHOLE SEASON."**



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Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE)



## CONCUSSION FACT SHEET FOR COACHES

### WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a "ding" "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn't know it or doesn't want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

**AND**

2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

### SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just "don't feel right" after a bump, blow, or jolt to the head or body, may have a concussion.

#### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

#### SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall

### WHAT ARE CONCUSSION DANGER SIGNS?


In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

**FACTS**

Sometimes people wrongly believe that it shows strength and courage to play injured. Some athletes may also try to hide their symptoms.

Don't let your athlete convince you that he or she is "just fine" or that he or she can "tough it out." Discourage others from pressuring injured athletes to play. Emphasize to athletes and parents that playing with a concussion is dangerous.




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### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.



**DID YOU KNOW?**

- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- Athletes who have ever had a concussion are at increased risk for another concussion.
- All concussions are serious.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

#### BASELINE:

Athletes should not have any concussion symptoms. Athletes should only progress to the next level of exertion if they do not have any symptoms at the current step.

- STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.
- STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, level running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
- STEP 3:** Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 phases of movement).
- STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.
- STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

### HOW CAN I HELP PREVENT CONCUSSIONS OR OTHER SERIOUS BRAIN INJURIES?

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure the athlete wears the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, a helmet doesn't make an athlete immune to concussion. There is no "concussion-proof" helmet.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play

Parents and athletes should sign the concussion policy statement at the beginning of the season.



▶ "WHEN IN DOUBT, SIT THEM OUT!"



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### CONCUSSION FACT SHEET FOR PARENTS



#### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

#### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

##### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

##### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



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- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



#### DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

#### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**  
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**  
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**  
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

#### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

#### HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



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# Sport Parent Code of Conduct

We, the \_\_\_\_\_ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

### *Preamble*

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

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

### *I therefore agree:*

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

\_\_\_\_\_  
Parent/Guardian Signature