

Burbank American Little League

(Illinois District 15)

2024 ASAP PLAN



LEAGUE INFORMATION:

Burbank American Little League

LLI ID# 113-1504

Contact Information

President	Juan Castellanos	5120 W. 87 th St. Burbank, IL 60459	708-653-1266
Safety Officer	Patrick Walsh	7803 Laramie Ave. Burbank, IL 60459	708-515-5814

All current Burbank American Little League officers are listed in the LLI Data Center. This list is updated annually after board elections.

ASAP DISTRIBUTION

The Burbank American Little League ASAP (A Safety Awareness Program) Plan is a living document that undergoes continual revisions. Proper distribution of this document is crucial to the success of the safety program that is in place.

The distribution plan of this document is as follows:

- Board Members will receive an electronic copy.
- Managers and coaches will receive an electronic copy.
- Concessions Manager will receive an electronic copy as well as a paper copy in the concessions facility.
- The ASAP is posted on the Burbank American Little League website so that all volunteers, parents, visiting teams and coaches have access to the document.
- The District Administrator will receive an electronic copy annually when it is submitted to the Little League Data Center as well as any updates during the year.

EMERGENCY CONTACT INFORMATION

Emergency contact information is posted in the concession stand as well as this document which is accessible to all Burbank American Little League volunteers and parents.

FOR EMERGENCIES: 911

<u>Point of Contact</u>	<u>Name</u>	<u>Phone Number</u>
League President	Juan Castellanos	708-653-1266
League Safety Officer	Patrick Walsh	708-515-5814
League Secretary	Nick Stawczyk	708-200-7847
League VP	Mo Samra	708-218-0332
Concession Manager	Kylie Krupowicz	708-745-2584
Director of Fields	Tom Krupowicz	708-527-4399
Local Police	Non-Emergency	708-924-7300
Local Fire Dept	Non-Emergency	708-599-7766

All incidents must be reported to the League Safety Officer and the Board of Directors. A completed incident report form must be turned into the Safety Officer or League President within 48 hours of the occurrence. An AIG insurance claim form must be submitted if medical attention was received.

BACKGROUND CHECKS

All Burbank American Little League volunteers or adults who have any contact with players or minor volunteers must have an annual background check completed and on file with Little League International.

- Background checks are performed by JDP through the use of the JDP Quickapp or the JDP Volunteer Form.
- All board members will have their background checks submitted the month after elections. Managers, coaches, and all volunteers will have their background checks submitted before they assume a position where they are in contact with players.
- A copy of the current JDP form is attached to this document.

ABUSE AWARENESS

- All Burbank American Little League volunteers or adults who have any contact with players or minor volunteers will complete the Abuse Awareness Training.

FUNDAMENTALS TRAINING

It is through training our managers and coaches in how to teach the fundamentals of baseball that we can help ensure safe practices and gameplay throughout the season. For this reason, Burbank American Little League holds safety training annually, which is overseen by the league Safety Officer.

- Fundamentals training is mandatory for all managers and coaches. If a permanent coaching staff for a team is in place, then that staff will be allowed to attend individually through a 3-year rotation.
- Fundamentals training will consist of instruction in hitting, base running and sliding, throwing, pitching, catching, etc.
- Additional instruction will be provided based on the divisions of the managers and coaches.
- All team volunteers are welcome to attend.

Burbank American Little League will hold the annual coaching clinic.

FIRST AID TRAINING

The term “First Aid Training” encompasses Burbank American Little League’s approach to safety mitigation and response to the areas of CPR, First Aid, Concussion Protocols, Mandatory Reporting, and Child Abuse Prevention and Recognition. All training requirements meet the standards required by the State of Illinois.

First aid training is mandatory for all managers and coaches. First aid certification can be obtained online through an accredited organization. Burbank American Little League will provide in-person first aid training for all volunteers.

- First aid training will be held.
- The Safety Officer will distribute first aid kits to all managers:
 - Managers are required to have a first aid kit present at all practices and games.
- The Safety Officer and managers are responsible for ensuring that first aid kits are properly stocked throughout the season.

CPR certification is mandatory for all managers, coaches, board members, and concessions manager. CPR certification must include AED training. Online certification can be obtained through an accredited organization.

- In person CPR training will be held before the start of the season.

Concussion protocol training is mandatory for all board members, managers, coaches, and concession manager. This is an annual training required by the state of Illinois. Burbank American Little League uses the LLI “Heads Up” training created by the CDC. Parents are also required to sign an acknowledgement form for concussion protocols. Online certification is acceptable from an accredited organization.

- This is an annual training per state law.
- In person concussion protocol training will be held.

CPR and first aid certifications can range between 2 and 3 years. Burbank American Little League will verify and track certifications for all volunteers while with the league. Because concussion training is required annually, this will be a mandatory training for all volunteers. AED’s are provided at all parks. AED training must be part of the CPR

certification for all volunteers to prevent injury and misuse of the AED device.

*Heads Up protocol infographic is attached to this document.

**Child abuse prevention training is mandatory for all board members, managers, coaches, and concessions manager. This is done through USA Baseball SafeSport program.

FIELD SAFETY AND INSPECTION

Maintaining safe conditions at all fields whether for practice or games is essential for the safety of the players, volunteers, and spectators. Responsibility for ensuring safe conditions at the park and on the fields falls on all members of Burbank American Little League.

- Field inspections will be carried out before each practice and game by the manager or coach. They will identify any current or potential issues and address them before players are allowed on the field or spectators allowed in the spectator area. This includes:
 - Broken glass or debris on the field or in the dugouts
 - Any unsafe conditions in the dugout
 - Any holes in the grass or dirt on the field
 - All gates to any field must be closed prior to playing or practicing on the field
 - Fence guards that pose any danger
 - Unsafe conditions around the spectator area and outside fence lines where spectators may sit

- Identify and address any safety issues within the park including parking lots and bike/pedestrian paths

All members of the board, managers, and coaches are responsible for identifying any safety issues or potential safety issues by following these protocols:

1. Clean it up immediately if it can be done quickly
2. Notify the Safety Officer and the Director of Field Maintenance
3. Mark or block off any area that is a hazard to pedestrians and spectators until the issue has been resolved.
4. The Safety Officer will track all issues reported so that trends can be identified, assessed, addressed, and repaired.
5. The Safety Officer will address the board each season regarding trending safety issues with the fields and parks so that a prevention strategy can be created prior to the next season

At no time shall a field be in use if a safety issue exists. Any board member, manager, or coach can suspend play until the identified safety issue has been resolved.

SEVERE WEATHER PROTOCOLS

In case of severe weather conditions, Burbank American Little League has protocols in place to ensure the safety of players, volunteers, and spectators. These protocols are posted in the concession stand and as part of the ASAP that is distributed to all volunteers.

Rain: If rain creates unsafe conditions on the field practices and games will be suspended until either the field is repaired, or it is determined that the event must be postponed until a later date.

Lightning: If lightning is visually or electronically detected within 15 miles of the park, all activities will be suspended, and the park cleared. The park will remain cleared while a board official can verify that lightning has not struck within the 15-mile radius for a minimum of 15 minutes.

Tornado: If a tornado warning or watch has been issued, the park will be immediately cleared. No one is allowed to return until the warning or watch has been lifted. For immediate protection, all parents, coaches, volunteers, or board members should report to the league fieldhouse or the Burbank Police Station

Extreme Heat: When the board or Safety Officer has determined that extreme heat temperatures have been reached, extra time between innings will be allowed so that

players, umpires, and coaches can rest and rehydrate. Time out restrictions will be suspended to help prevent heat injuries to catchers and pitchers.

- The league Safety Officer, as well as ANY board member, can suspend a game, practice, or clear the park if they determine inclement weather is a safety hazard.

- IF there is NO BOARD MEMBER available during gameplay, managers may consult with the umpire-in-chief to determine the threat posed by the weather and determine whether the game should be suspended IF any of the above conditions are in question.

The league Safety Officer and Executive Board of Directors, if not making the call, should be notified if gameplay is suspended or if the park is cleared.

*****NO CHILD SHALL BE LEFT ALONE AT THE PARK FOR ANY REASON. IT IS THE MANAGER'S RESPONSIBILITY THAT ALL PLAYERS ARE WITH THEIR APPROPRIATE ADULT WHEN THE PARK IS VACATED!**

*Information and procedures for severe weather are attached.

LLI FACILITY SURVEY

PLAYER AND COACH DATA

Burbank American Little League annually submits to the data center the current year facility survey. The survey is updated annually and reflects completed facility and field improvements as well as an accurate timeline for planned future improvements.

Burbank American Little League will submit current player and coach data to the LLI Data Center just prior to the submission of the annual ASAP. Final player and coach data will be updated on the Data Center before the season starts.

CONCESSION STAND SAFETY

Burbank American Little League recognizes the importance of safety in the concession stand. The Concession Stand Safety Manual is located in the concession stand and is accessible at all times. The concessions manager must be properly trained in safe food handling and certified through the county. The concessions manager's certificate and the leagues current license are posted in clear view in the concession stand.

The manual includes the following information:

- Safe food handling
- Burn treatment
- Cut and abrasion treatment
- Proper cleaning and sanitizing of equipment and surfaces
- Proper food storage

A copy of the manual is attached to this document

* Posters displayed in the concessions area are attached

EQUIPMENT INSPECTION

All equipment supplied to the managers for players use will be inspected after each season. Any piece of equipment that is deemed unsafe or questionable will either be destroyed or if possible reconditioned. This inspection will take place directly after both spring and fall seasons. Unsafe or questionable equipment will be stored separately from the equipment that is safe to use. The equipment manager will work with the league board to ensure that unsafe equipment is destroyed, safe equipment is stored correctly during the off season, and provide a correct inventory to prevent any potential shortages in upcoming seasons.

- Managers will inspect their players equipment prior to practices and games.
- Prior to game time, the umpire is responsible for inspecting all player equipment for any safety defects or illegal equipment. Managers are responsible for removing from the dugout area any equipment deemed unsafe or illegal.

ACCIDENT REPORTING

The league Safety Officer and President are responsible for accident and incident reporting.

- All injuries will be reported directly to the Safety Officer and the League President
- Incident reports must be filed within 48 hours of an event with the League Secretary
- If medical attention is sought, the AIG Accident Claim Form must be filled out and filed with the Incident Reporting Form with AIG
- The President and Safety Officer are responsible for filing paperwork promptly and parent follow ups
- Blank forms are available at the concession stand
- Copies of the forms are attached for printing
- The electronic links are as follows:
 - [Incident Reporting Form](#)
 - [AIG Accident Claim Form](#)
 - [LLI University AIG Claim Form Instructions](#)
- Incident reports will be maintained by the league and reviewed annually to identify trends and potential issues in the upcoming season

ENFORCEMENT OF LITTLE LEAGUE RULES

Burbank American Little League is dedicated to enforcing all Little League rules and ensuring proper equipment is used. This is including:

- Only Little League approved bats are used
 - USA Baseball Logos are required to be screen printed on the bat (PW-JR DIVISION). Stickers are not allowed
 - The JR-SR division may use a BBCOR stamped bat
 - The SR division may ONLY use a BBCOR stamped bat
- All catcher's gear meets LLI safety requirements
- Detachable bases are used at all levels and on all fields
- Safety bases are used on 1st base at the appropriate levels of play for Baseball and Softball
- Players warming up pitchers will wear a catcher's helmet
- All catcher's helmets will be equipped with a dangling throat guard
- All male players will wear a cup
- All game play will follow LLI rule books unless written exceptions for inter-district play have been agreed upon prior to the start of the season.

ATTACHMENTS: JDP BACKGROUND CHECKS



Little League® Volunteer Application – 2024

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c), THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP, VISIT LittleLeague.org/LocalBackcheck for more information.

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

All red fields are required.

Name _____ First _____ Middle Name or Initial _____ Last _____ Date _____

Address _____ State _____ Zip _____

City _____

Social Security # (Mandatory) _____

Call Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? Yes No

If yes, list full name and what level? _____

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

3. Do you have a valid driver's license? Yes No

Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No

If yes, describe each in full: _____

(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or pled no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

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

If yes, explain: _____

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

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

League Official Umpire Manager Concession Stand

Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

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

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 names 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 appropriate, 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 appointment, Little League is not obligated to appoint me to a volunteer position. If appropriate, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____ System(s) used for background check (minimum of one must be checked): _____

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

JDP includes review of the US Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List* OR _____

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

National Sex Offender Registry U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

*Recent background check you use JDP and there is a name match in the first name, middle name, or last name 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 will the criminal record associated with the name, which may not necessarily be the league volunteer.

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

Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

CONCUSSION PROTOCOLS

Keep Your Head!

Learn to Identify and React to Concussions

Sports concussion injuries have made headlines at all levels in recent years. Concussions are most alarming for young athletes who don't yet understand their limitations of speed, strength and endurance. That's why coaches need to be prepared to help recognize and make the call to pull an athlete off of the field if a concussion is suspected.

Educate Your Stakeholders

The management of concussions begins with educational efforts to broaden the understanding of identification and proper response. According to the Centers for Disease Control and Prevention (CDC) there may be as many as 3.8 million sports and recreation related concussions in the U.S. each year. Among people ages 15 to 24, sports are now second only to motor vehicle accidents as a leading cause of traumatic brain injury.

According to Jeffrey Kutcher, MD, chair of the American Academy of Neurology's (AAN) Sports Neurology Section, head injuries should not have just a shake-it-off treatment. "While the majority of concussions are self-limited injuries, catastrophic results can occur and we do not yet know the long-term effects of multiple concussions," said Kutcher, author of AAN's position statement on concussions. "We need to make sure coaches, athletes and parents are properly educated on this issue, and that the right steps have been taken before an athlete returns to the field," said Kutcher, who is also director of the University of Michigan's Neurosport program.

Identify A Concussion

A concussion is a brain injury that can be caused by contact to the head which can alter brain function. A concussion injury can also be sustained by a blow to the body that causes the head to move rapidly allowing the brain to strike the surrounding skull. For these reasons, any concussion should be considered serious, whether mild or severe. Despite often violent triggers, only 10 percent of concussions involve loss of consciousness.

In a concussed athlete who remains conscious you may observe symptoms such as confusion, slow reactions, clumsiness, personality changes and/or memory lapse before or after a hit/fall.

Develop A Response Plan

To help properly identify and respond to a concussion, CDC, in partnership with leading experts and organizations, developed the *Heads Up: Concussion in High School Sports* initiative and materials. These materials illustrate the importance of awareness for signs and symptoms of concussions, injury response protocol and concussion prevention.

Other organizations have also provided concussion guidance. Based on the clinical experience of its neurological experts, the AAN has issued a position statement with the following recommendations:

- Any athlete who is suspected to have suffered a concussion should be removed from participation until he or she is evaluated by a physician with training in the evaluation and management of sports concussions
- No athlete should be allowed to participate in sports if he or she is still experiencing symptoms from a concussion.
- Following a concussion, a neurologist or physician with proper training should be consulted prior to clearing the athlete for return to participation.
- A certified athletic trainer should be present at all sporting events, including practices, where athletes are at risk for concussion.
- Education efforts should be maximized to improve the understanding of concussion by all athletes, parents, and coaches.

Additional guidelines can be found in the recently-released Consensus Statement on Concussion in Sport by the 3rd International Conference on Concussion in Sport. This group recommends that a player with a diagnosed or suspected concussion should not be left alone following the injury in order to monitor for deterioration and should never be released to participate in physical activities without a signed statement from a medical physician.

To order the free CDC's free "Heads Up" materials, visit www.cdc.gov/pubs/ncipc/asp#tb14. To download these and more "Heads Up" videos, PSAs, and web banners or other promotional materials, visit www.cdc.gov/concussion/sports/resources.html.

HEADS*UP CONCUSSION IN BASEBALL



OUR PASTIME'S FUTURE.

SIGNS AND SYMPTOMS

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right" or is "feeling down"

For more information and safety resources, visit www.cdc.gov/Concussion.

July 2010

ACTION PLAN

If you suspect that an athlete has a concussion, you should take the following four 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 and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play.

IMPORTANT PHONE NUMBERS

Emergency Medical Services

Name: _____

Phone: _____

Health Care Professional

Name: _____

Phone: _____

League/School Staff Available During Practices

Name: _____

Phone: _____

League/School Staff Available During Games

Name: _____

Phone: _____

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Implement a Heads Up Plan

As a coach, you'll likely see concussion injuries when they occur. Even if you miss the contact, be a vigilant observer watching for concussion symptoms in an athlete.

If you suspect that an athlete has a concussion, implement a 4-step "Heads Up" action plan:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.
3. Inform the athlete's parents or guardians and give them a concussion fact sheet.
4. Keep the athlete out of play the day of the injury and until an experienced health care professional confirms she/he is symptom-free and able to return to play.

Source: Centers for Disease Control

March 2011 5

WEATHER GUIDELINES

Burbank American Little League – Rev Oct 2022

Before the Storm

- a. Check the weather forecast before leaving for a game or practice
- b. Watch for signs of an approaching storm
- c. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

- a. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.
- b. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
- c. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
- d. Stay away from water, metal pipes, and telephone lines.
- e. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
- f. Turn off air conditioners.

If caught outdoors & no shelter exists

- a. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
- b. If in the woods, take cover under shorter trees.
- c. If you feel your skin begin to tingle or your hair feels like its standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

- a. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
- b. Call 9-1-1 as soon as possible for help.
- c. Check for burns to the body.
- d. Give first aid as needed.
- e. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
- f. Contact the league Safety Officer or President ASAP.

Lightning Facts and Safety Procedures

Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6- 10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.
- On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash Bang” Method

One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the flash-bang method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Thor-Guard™ Lightning Detector

In 2004, the South Elgin Lions Little League plans to install the Thor-Guard™ lightning detection system for both Lions and Concord Parks. The system detects bursts of electromagnetic radiation (in forms of very low frequency radio signals) generated by lightning flashes in the surrounding area. When the system's alarm sounds, all play must be halted and the fields must be evacuated.

Rule of Thumb

Lightning is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by an approaching storm should stop play and get the kids to safety - regardless of whether or not the lightning detection system alarm sounds, or if the “flash-bang” proximity measure applies. When in doubt, the following rule of thumb should be applied:

WHEN YOU HEAR IT- CLEAR IT

WHEN YOU SEE IT- FLEE IT

Where to Go:

No place is absolutely safe from the lightning threat, but some places are safer than others are. Large enclosed shelters are the safest. For the majority of participants, the best area for them to seek shelter is in a fully enclosed vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try to prevent eardrum damage).

Where NOT to go:

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences and water.

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at

National Weather Service
P.O. Box 1208
Gray, Maine 04039

GYX 0301 (August 2003) - Revised

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

LIGHTNING... the underrated killer!

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION



NATIONAL WEATHER
SERVICE

Gray, Maine

This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

LIGHTNING KILLS Play It Safe!

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas. Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.**
- ▶ **Stay away from metal bleachers, backstops and fences. Lightning can travel long distances through metal.**
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio. The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/>, and click on "Station Listing and Coverage."**

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



NOAA

CONCESSION POSTERS

Concession Stand Tips

SAFETY FIRST

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, nd., Department of Health.

1. 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.

2. 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.

3. 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.

4. 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 (60% 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 ajar 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.

5. 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!

6. 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.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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 postmarked no later than May 1, 2004.

Volunteers Must Wash Hands

HOW



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



ACCIDENT REPORTING FORMS

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 <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____	B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area C.) Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander	D.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____
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Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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



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

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

Accident & Health (U.S.)

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

League Name			League I.D.			
Name of Injured Person/Claimant		SSN	PART 1	Date of Birth (MM/DD/YY)	Age	Sex
						<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)	
			() ()		() ()	
Address of Claimant			Address of Parent/Guardian, if different			

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> (Submit a copy of your approval from Little League Incorporated)
<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 (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<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: () Fax: ()

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 BACK	<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 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN 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 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<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/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If 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
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