



Par Troy East Little League



2022 ASAP PLAN & Safety Manual

For Managers and Coaches

League ID: 2300126

Safety Officer: Peter Bonfanti

Email: Safetyofficer@partroyeast.com Phone: (973) 738-0495

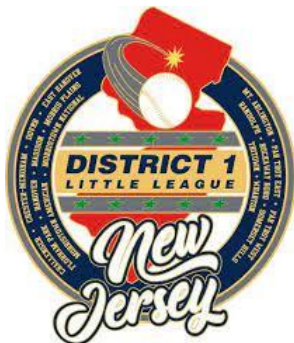




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Welcome

As we embark on the 60th Season of Par Troy East Little League (PTELL) baseball and softball, please take a moment to review the safety information included in this plan. The Safety of our Players, Volunteers and Spectators is a top priority at PTE Little League. Safety is both an individual and team effort and in the end rests on every volunteer in the organization. This manual will serve to familiarize everyone with PTELL's safety fundamentals as well as a reference to guide you through the season. Now, Play Ball! And Play it Safe!

PTELL Mission Statement

Par Troy East Little League is a non-profit organization established in 1962, run by volunteers, whose mission is to provide an opportunity for the children of the community to learn the games of baseball and softball in a safe, fun, and friendly environment.

What is ASAP?

This safety manual and plan aligns with Little League International's **ASAP** Safety Program (**A Safety Awareness Program**). Introduced in 1995, the ASAP program has served as a benchmark in youth sports player safety. Since its inception, the ASAP program has increased safety awareness, reduced injuries by 80%, and lowered insurance costs. PTE's safety plan is submitted for approval to officials with the Little League International Organization.



Safety Plan Distribution

A soft copy of this safety manual will be provided electronically to all board members, team managers, coaches, and player's parents/guardians. An electronic copy will also be available on the PTE league website. Additionally, a hard copy will be available at the concession stand.



Safety Officer

The main responsibility of the PTELL Safety Officer is to develop and implement the league's safety program. They serve as a link between the board of directors and the league's managers, coaches, umpires, players, spectators and any other third parties on the complex regarding safety matters, rules, and regulations. The PTELL Safety Office for the 2022 Season is:

Peter Bonfanti Email: SafetyOfficer@partroyeast.com Cell: (973) 738-0495

The Safety Officer reports to the President of the League and has the following responsibilities:

1. Ensure that all Little League rules related to safety are being followed.
2. Investigate and handle any insurance related claims.
3. Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
4. Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
5. Coordinate managers, coaches, umpires, players, and spectators to provide the safest environment possible for all.
6. Ensure that first aid kits are available and emergency arrangements have been made for medical response, as needed.
7. Insuring that each team understands first aid, where the main first aid kit is stored for emergencies.
8. Conduct spot checks of practices and games to be sure reasonable precautions are taken to protect all players and volunteers.
9. Identify and control, wherever possible any unsafe conditions that exist at the playing fields. Check existing fire extinguishers.
10. Maintain and keep a first aid log. This log will list where accidents and injuries are occurring, to whom, in which divisions, under what supervision and at what time.



11. Check fields with the grounds committee noting areas needing attention.
12. Schedule a first aid clinic and CPR training class for all managers, coaches, umpires, and volunteers.
13. Creating and maintaining all signs with field maintenance committee on the PTELL complex including No parking signs, no smoking signs, No pets allowed, cautionary signs, etc.
14. Act immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

Emergency Plan

In Case of Emergency

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e., severe injury, neck or head injury, no breathing – err on the side of caution).
2. **Notify parents** immediately if they are not at the scene.
3. Notify league safety officer by phone within 24 hours.
 - a. Safety Officer: Peter Bonfanti, cell: (973) 738-0495 or email: safetyofficer@partroyeast.com
4. Fill out a PTE Little League incident form and deliver within 24 hours to the PTELL Safety Officer. Copies of this form are available online, or at the concession stand. This form will also be included in this manual.
5. Talk to your team about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.
6. Talk to anyone in PTE Little League you feel will be helpful (i.e., League Safety Officer, V.P., etc.).



Important Numbers and Contact Information

The following is a list local Emergency First Responders, Municipal utilities and services and electric service.

Remember: In case of any serious emergency DIAL 911

Emergency and Local Contact Information

EMERGENCY! Police/Fire/EMS	911
PTH Police (Non-Emergency)	(973) 263-4300
PTH Fire Department Dist. 6 (Non-Emergency)	(973) 335-0144
PTH Sanitation Department	(973) 261-7273
PTH Water Department	(973) 263-7099
PTH Recreation Department	(973) 263-7257
Electric Utility – JCP&L	
Par Troy East LL Safety Officer* – Peter Bonfanti	(973) 738-0495

***Contact Safety Office to track/report injuries**

PTE Little League Executive Board

Position	Name	Email	Phone
League President	Chris Mazarella	president@partroyeast.com	(732) 546-6742
Player Agent	Paul Furfaro	playeragent@partroyeast.com	(973) 216-3445
Information Officer	Tiffany Hiltz	informationofficer@partroyeast.com	(973) 879-6698
VP – Baseball	Ed Enterlin III	bbvp@partroyeast.com	(551) 655-6461
VP – Softball	Rich Leitner	sbvp@partroyeast.com	(732) 371-3808
VP – Development	John Corforte	devvp@partroyeast.com	(973) 277-0961
League Secretary	Kevin Regan	secretary@partroyeast.com	(973) 809-1196
Treasurer	Charlene Martin	treasurer@partroyeast.com	(973) 214-7505
Safety Officer	Peter Bonfanti	safetyofficer@partroyeast.com	(973) 738-0495
Coaching Coordinator	Jeff Levine	coaches@partroyeast.com	(973) 476-6935



Emergency Contact Procedures for Par Troy East Little League

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 9-1-1.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

70 Eileen Ct., Parsippany, NJ 07054 (Behind Northvail Elementary School)

Cross-street is Vail Road

- **The telephone number from which the call is being made?**
- **The caller's name.**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?



- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

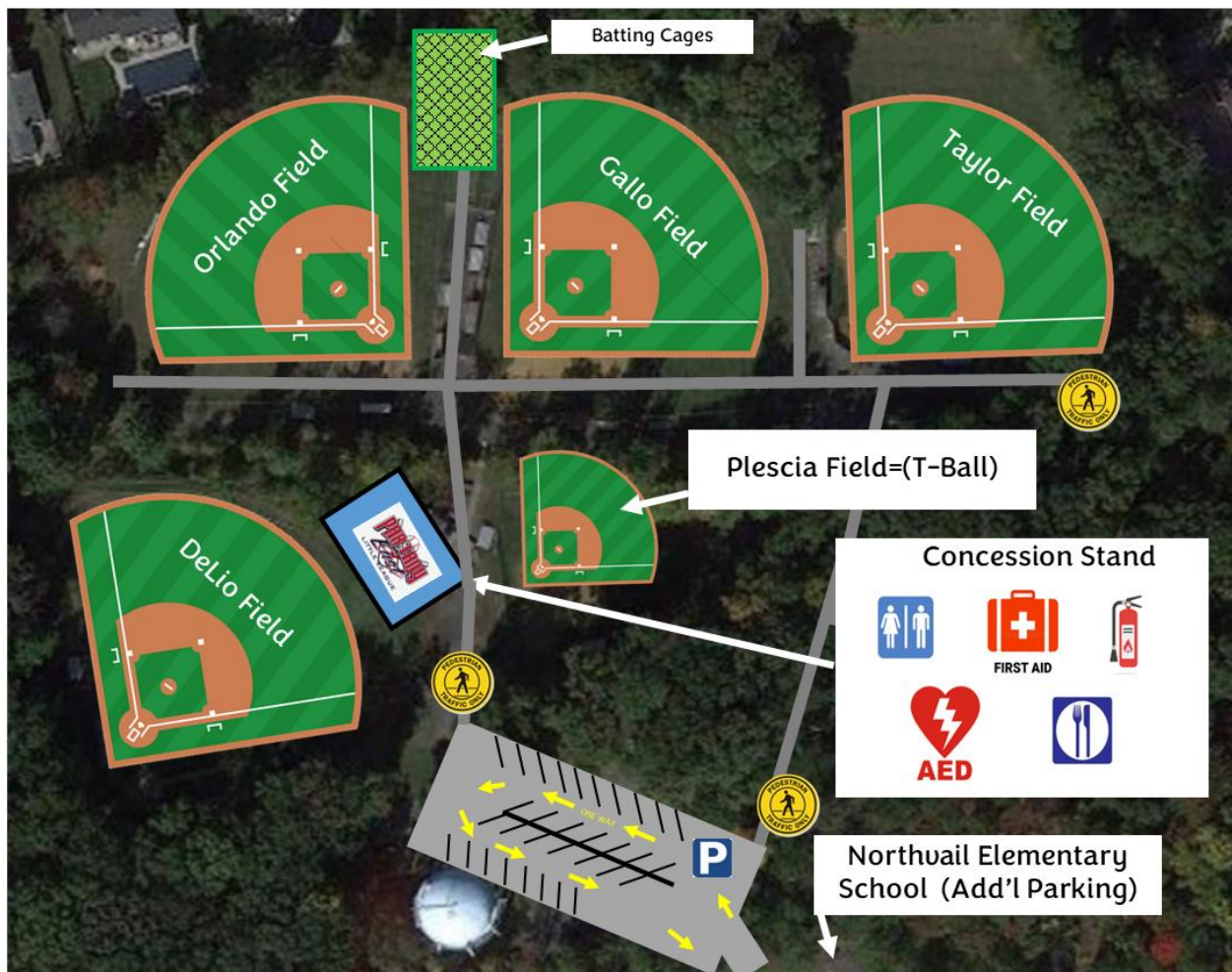
5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.



Par Troy East Complex Map

Being aware of your surrounding is a positive step towards a safe Little League environment. The PTE Complex consists of 5 fields. DeLio and Taylor are baseball fields, Gallo and Orlando are mixed use baseball and softball, and Plescia is a dedicated t-ball field. Our award-winning concession stand is the hub of the complex. Along with delicious breakfast, lunch, dinner, refreshment, and snack options you will also find restrooms. A first-aid kit and AED machine are also located in the concession stand. Ice is always also available. Above the concession stand is the board room.

Please make yourself aware of the locations of the PTE Concession Stand, as well as entrances to the fields. The concession stand is the heart of the PTE complex. Restroom, First-Aid, AED machine, and other useful items are found at the concession stand.





General Safety Guidelines and Procedures

First-Aid Kits

A First-Aid Kit will be supplied to each manager with their equipment bag for the season. This kit should include:

Adhesive Bandages	Gauze
Athletic Tape	Gloves
Antiseptic Dispenser	Scissors
Tweezers	First-Aid Manual
Instant Chemical Cold Packs	CPR Face Mask

The concession stand will also have a First Aid Kit. Ice for injuries and drinking water are also available at the concession stand. The concession stand is also the location for the AED Machine. Please see the APPENDIX concerning the proper administration of CPR/AED Treatment.

The First-Aid kits will be inspected by the Safety Officer prior to issue. Managers should also inspect the first-aid kit upon receipt. It is the manager's responsibility to notify the Safety Officer if there is an item missing or the kit needs replenishment.

Around the Complex

1. Speed Limit is 5 MPH in roadways and parking lots during any PTE function
2. Please be aware of small children around parked cars
3. NO ALCOHOL is allowed in any parking lot, field, or common area in the entire PTE complex.
4. Smoking, Vaping, or use of any Tobacco products (including mouth tobacco) is prohibited on any field or common area within the PTE complex.



5. Do not touch and Lawn maintenance equipment unless cleared by a league official
6. For the safety and security of everyone in the complex, NO DOGS are allowed in the complex at any time
7. Bicycles, skateboards, rollerblades, and any other wheeled device is prohibited in the PTE complex, unless required for a medical reason
8. Refrain from the use of any profanity in all areas of the PTE complex
9. NO swinging bats, or thrown balls at any time within the walkways and common areas of the complex
10. No climbing fences
11. No throwing rocks
12. Please observe ALL posted signs
 - a. If a field is posted as CLOSED, that field is not allowed to be used for any reason unless cleared by a league official
13. Players and spectators should be always alert for foul balls and errant throws
14. When leaving a common area, please discard of all trash in appropriate containers

Before a Practice or Game

1. Inspect Fields to ensure a safe playing area. Please check for:

- a. Holes, damage, rough or uneven spots, slippery areas, and long grass
- b. Glass, rocks, foreign objects
- c. Damage to screens or fences, including holes, sharp edges, or loose edges
- d. Unsafe conditions around backstop, pitcher's mound, or warning track
- e. **Please Report any unsafe field conditions to the Safety Officer or VP of Baseball/Softball**

2. Inspect Equipment and Uniforms



- a. Be sure all equipment is LL approved
- b. Inspect all bats, helmets, and other equipment on a regular basis.
- c. Keep loose equipment stored properly
- d. Have all players remove all personal jewelry
- e. No Metal Cleats are allowed at any level
- f. Parents should be encouraged to provide safety glasses for players who wear glasses
- g. Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector and protective supporter (boys) at all times. This applies between innings, in bullpen practice, during games, practices & pitcher warm-ups.
- h. Repair or replace defective equipment
- i. **If any PTE provided equipment needs is deemed unsafe, please report to the VP of Baseball or Softball, or Safety Officer and they will arrange to have in repaired or replaced**

During Games or Practices

1. Ensure Safe Procedures. Managers and Coaches Must:

- a. Have all players' medical release forms with you at every practice and game
- b. Have a first aid kit with you all practices and games
- c. Have access to a telephone in case of emergencies
- d. Know where the closest emergency shelter is in case of severe weather
- e. Ensure warm-up procedures have been completed by all players
- f. Stress the importance of paying attention, no "horse playing allowed"
- g. Instruct the players on proper fundamentals of the game to ensure safe participation
- h. Each practice should have at least 2 coaches in case of an emergency

2. Gameplay Safety Guidelines



- a. Only Managers, coaches, and umpires are permitted on the playing field during play and practice sessions
 - i. All PTE Managers and Coaches should wear their PTE Badge.
- b. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)
- c. Batters and baserunners must wear protective NOCSAE helmets during practice, as well as during games
- d. PTE safety regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until his/her time at bat.
- e. Headfirst sliding is prohibited at T-ball, rookies, farm, minors and majors levels unless returning to the base. Headfirst sliding is allowed at Juniors level and above.
- f. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned to this purpose
- g. Pitching Machines, if used, should be in good working order, and only operated by adult managers and coaches
- h. "Horse Play" is not permitted at any time on the playing field
- i. Any player who falls ill, is ejected, or injured during gameplay must remain under adult supervision

After a Game or Practice

1. For the safety and convenience of the next teams to take the field, please discard of all trash from the dugouts
2. Managers and Coaches are responsible for raking fields after games or practice. Rakes are available in the garage next to Taylor, or in equipment sheds by Gallo and DeLio fields. This maintains a safe field, and better conditions for the next teams.
3. Managers/Coaches must ensure to report any injuries that required first-aid to the Safety Officer or other league official.



- Managers/Coaches must ensure that all players have left the field with their parent/guardian. No child player should be left at any field or complex without adult supervision

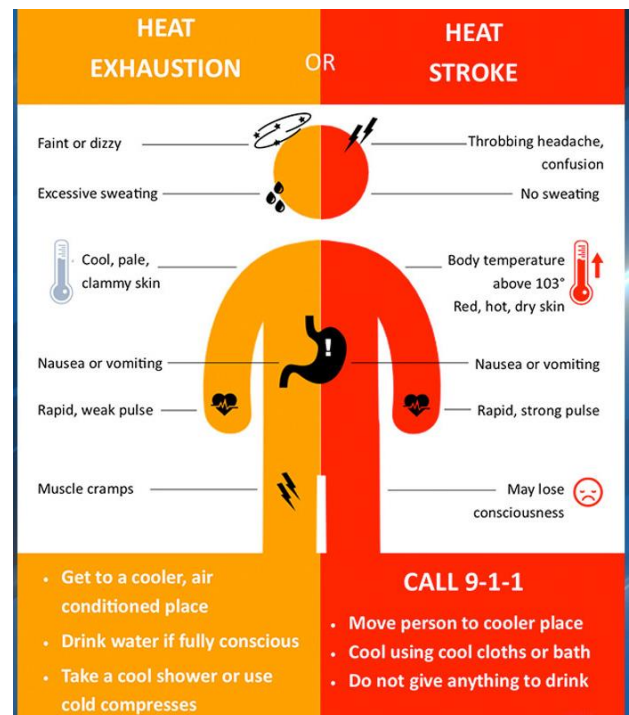
Inclement Weather and Game Cancellations

PTE Board members will track developing weather conditions and inspect fields every day a play or practice is scheduled. It is the sole discretion of members of the PTE Board of Directors to decide if and when fields are safe for play. All communication for cancellations will come of the PTE League President regarding game cancellations or delays. PTE Board members will make every attempt to notify managers/coaches and players regarding cancellations or delays with as much notice as possible.

Should weather conditions change during gameplay, Managers/Coaches can follow these guidelines:

Heat And Humidity:

During periods of high heat and humidity, caution must be exercised. If a player is thirsty, it is a sign they are becoming dehydrated. Encourage players to drink at least eight (8) ounces of water or Sports drink (i.e Gatorade) at least every 15 minutes, and, if possible, find ways to give players a break in the shade. Heat-related injuries are some of the easiest weather issues to prevent. Ice and drinking water are always available at the concession stand if necessary. Learning the signs of heat exhaustion and heat stroke can help prevent more serious situations. Refer to the graphic about the signs and treatments of heat exhaustion and heat stroke.





The Sun:

Sunlight can have damaging effects on the skin. Not only is a sunburn painful, but each instance of such an injury can increase someone's chances of developing skin cancer. The Sun Protection Factor (SPF) of a sunscreen indicates how many times longer it takes for the user to develop skin damage from the sun. Be sure parents are properly protecting their kids by ensuring they apply sunscreen while dressing for a game or practice, even under their uniforms. Sunscreen should be reapplied frequently, at least on the arms and face, as sweating can wash it away.

Thunder and Lightning:

The old adage "If you hear it, clear it; if you see it, flee it" is an important one. Baseball and softball fields are big, open spaces, which are susceptible to potential lightning strikes. A strike can hit from up to 10 miles away, which means it could happen before you even see dark clouds in the sky. The only way to be as prepared as possible for a thunderstorm is to monitor the weather. If a storm should strike, have everyone head to an enclosed space. Cars are also safe. DUGOUTS are NOT safe places. Be sure to wait at least 30 minutes after the last strike of thunder to begin resuming activities, being sure to monitor the weather anyway you can.

Rain During Gameplay:

PTE players may continue a game during rain or wet conditions if the umpire, coaches, or other PTE League official has determined that the field is safe for play. Adults should inspect the paths between bases, the infield, and the outfield for any unsafe locations. Deep puddles, slippery patches in the dirt or grass, and any other potentially unsafe surfaces should not be present on the field during play. If adults notice any unsafe area because of rain, even if the players do not frequently move across that specific area, the game should be paused until conditions improve or canceled if conditions are unlikely to improve.

Handling and Reporting Player Injuries and Accidents

If a PTE Player is injured during a game, practice, or other league-approved activity that may or may not require medical attention, league officials (manager/coach, Safety Officer, Player Agent, etc.) should follow these steps:



- Administer any initial first aid treatment (if necessary)
- **Be sure to have the player's medical release onsite or easily accessible so anyone who may treat the player is aware of any allergies or special conditions**
- Contact the player's parent or legal guardian if they are not onsite at the time of the incident
- Document the incident with as much detail as possible utilizing the ASAP Incident/Injury Tracking Report. This document can be found on PTE website. (Example Included in Appendix)
- If medical attention is needed, be sure to have Accident Notification Claim Forms on hand to provide to the family (only for those leagues enrolled in the AIG Accident coverage for Little League) and explain the local league's Accident Insurance, whether they have it through the AIG group program for Little League or through another source. Claim forms can be obtained from Safety Officer or other PTE League Official. (Example included in Appendix)
- If a player misses seven (7) or more continuous days of participation, a physician or other accredited medical provider must give written permission for a full return to baseball/softball activity.
- In cases involving a possible concussion, the league must adhere to their respective state law with respect to removal of the player and return to play protocols after being released by a physician. It is recommended a player suspected of sustaining a concussion be removed for at least the remainder of that day and then comply with their respective state law for return to play guidelines.

All injuries are to be taken seriously, and volunteers serving as managers and coaches are responsible for making the health and safety of the players the top priority. During all Little League functions, where a team of players is participating as a group, it is the responsibility of the manager and coaches to be advocates for safe behavior for each of the players on their team.



During Little League games, if a player sustains an injury and is removed from the game, a team manager is not permitted to return said player to the game without first having a medical professional at the game site clear the player. If the player does return to the game after being removed due to injury, he/she is required to complete mandatory play, if applicable.

Manager and Coach First-Aid and Fundamentals Training

All PTE Managers and Coaches will receive first aid training as well as fundamentals training at the start of each season.

First-Aid and Safety Training

Rutgers Safety Clinic

All managers and coaches of PTE baseball, softball and t-ball teams are required to attend the Rutgers University Youth Sports Council SAFETY Clinic. The Rutgers SAFETY Clinic (Sports Awareness for Educating Today's Youth™) is a three-hour program that meets the "Minimum Standards for Volunteer Coaches Safety Orientation and Training Skills Programs" (N.J.A.C. 5:52) and provides partial civil immunity protection to volunteer coaches under the "Little League Law" (2A:62A-6 et. seq.)

The Rutgers SAFETY clinic is designed to help PTE Managers and Coaches minimize the risk of injury to PTE players, provide information about fundamental coaching concepts to increase volunteer coaches' effectiveness and protect volunteer coaches from civil lawsuits.

Topics include the legal aspects of coaching, psychological aspects of coaching, general coaching concepts, training and conditioning, and Medical/First-Aid aspects of Coaching.

Little League NJ State Safety Clinic

PTE Managers/Coaches have also attended a Safety Clinic provided by the NJ State Little League on March 10, 2022. A list of attendees is being forwarded to the PTE League President of all that attended.



CDC Youth Sports Concussion Training

All managers/coaches are also required provide proof of completing the CDC Youth Sports – Online Concussion Training. This program is designed to give PTE coaches the tools and information necessary to talk about, prevent and respond to concussions.

First-Aid Training

Additional First-Aid training will also be conducted at a mandatory coaches meeting being held on March 26, 2022. This safety plan will be reviewed as well as basic first-aid procedures relating to common little league injuries. Topics will include:

- PRICES Procedures (Protection, Rest, Ice, Compression, Elevation, and Support)
- Concussions
- Muscle Pulls, Strains and Sprains
- Fractures and small joint injuries
- Facial and tooth injuries
- Eye injuries
- Insect Bites and Stings
- Heat Illness
- Allergic Reactions and Epi Pen use

Other Topics will include emergency procedures, accident reporting, weather related safety measures, and other general safety guidelines.

Fundamentals Training

All PTE Managers/Coaches will receive Coaching Fundamentals training during a mandatory meeting on March 26, 2022. PTE will host a professional coach from a local facility to discuss proper coaching techniques. This will provide PTE managers/coaches with proper tools and drills to help them teach the games of baseball and softball effectively.



Medical Release Forms

All player's parent/guardian is required to provide their team's manager with the PTE Little League Medical Release form. This form should be in possession of a manager/coach at all team games and practices.

Parents/Guardians must be sure to accurately fill out the medical release and are encouraged to communicate any medication, health and allergy concerns with their child's manager and coach. This form will be e-mailed to all player parents/guardians, and also found on the PTE website. Find this form in the appendix of this document.

Allergy Information and Procedures

Parents/Guardians with a child with any allergy conditions must make a special effort to communicate this with their Manager/coach. PTE has provided an additional form concerning allergies and is option but highly encouraged to provide to team manager/coaches. Please see the appendix for this form and further information regarding the use of an Epinephrine Injection (Epi Pen).



Volunteering at Par Troy East Little League

Anyone who has regular contact with players at the PTE facility must submit the Official Little League Volunteer Application Form. They must also provide a government issue photo ID for verification. Anyone refusing to fill out a volunteer application is ineligible to volunteer for the PTELL. A link to this application is provided on the PTE website under the Volunteer Tab.

Little League® Volunteer Application – 2022
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.
A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____
 City _____ State _____ Zip _____

Social Security # (mandatory) _____

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 year): _____

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
 If yes, explain: _____
 (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

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

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

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

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

Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____
 Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)(9) for all background check requirements

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

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

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

last updated: 10/11/2021

After receiving the application, all volunteers must agree to a full background check. PTE will utilize JDP to perform all background checks. Any applicant who does not agree to the JDP background check will be ineligible to volunteer at PTE.



Concession Stand Safety

PTE operates a concession stand that provides made-to-order food as well as sealed beverages, pre-packaged ice cream and packaged candy.

During all operations of the concession stand, at least one worker is certified in food safety through the National Restaurant Association Serv-Safe Food safety certification. The concession stand is inspected annually by the local health department. In addition to these precautions, the concession stand follows these guidelines

1. **Menu:** While the menu does consist of some ingredients that are considered a Time/Temperature Control for Safety (TCS) food, that majority of the menu items are ready to eat (RTE) and pre-packaged foods. All beverages are sealed. All food is purchased from an approved provider, transported, and stored properly.
2. **Food Thermometer:** A properly calibrated food thermometer is provided to ensure all menu items are cooked to appropriate temperatures.
3. **Cooling and Cold Storage:** All food is stored in proper NSF refrigeration. Refrigeration is checked regularly to confirm they are working properly and maintaining temperature. There are no products that require quick thawing.
4. **Hand Washing:** Handwashing sink, soap, disposable towels, and trash cans are provided in the concession stand. Handwashing stations have required signage with postings about proper handwashing
5. **Ice:** No beverages are stored in ice. Proper scoops are available for dispensing ice.
6. **Health and Hygiene:** Any volunteers who display any symptoms of disease (cramps, nausea, vomiting, diarrhea, jaundice, sore throat with fever) will be excluded from working in the concession stand. Smoking is prohibited within the entire complex including the concession stand.
7. **Washing Dishware:** All food is served on disposable plate ware with disposable flat ware. Any utensils are washed with a 4 step process: Washing is hot soapy water, rinse with clean water, chemical sanitizer, and air dried.



8. **Wiping Cloths:** Only disposable wiping cloths are used in the concession stand. All surfaces are sanitized with Quat sanitizer regularly.
9. **Insect Control and Waste:** All foods are stored properly with sealed lids or closed bags. Garbage is taken to dumpsters at opposite side of complex daily. All pesticides are stored in a separate locked cabinet. All other chemicals used for cleaning have designated storage.
10. **Food Storage and Cleanliness:** All work surfaces, equipment, and floors are cleaned and sanitized after every use. All food is stored in appropriate freezers/refrigerators. No food is left exposed and stored at a minimum of 6 inches from the floor.
11. **Food Handling:** Concession stand volunteers will use disposable non-latex gloves to handle raw product, and dispose of and change gloves after contact. No Concession stand volunteer should handle any Ready To Eat product with bare hands, using appropriately supplied utensils instead.
12. **Age Requirement:** Concession stand volunteers must be 16 years or older. Only authorized volunteers should be inside the concession stand.

The WHO Five Keys to Safer Food

1. Keep clean
2. Separate raw and cooked
3. Cook food thoroughly
4. Keep food at safe temperatures
5. Use safe water and raw materials



Conference on Food Communication, Copenhagen, 22 May 2014



Enforcement of Little League Rules

PTE Board members will review Little League rules for all divisions during a mandatory meeting for all Manager/coaches on March 26, 2022. Current rulebooks will be available at the concession stand, and managers/coaches are encouraged to download the LL Rulebooks app on their smartphones.

COVID-19 Mitigation Plan

All Volunteers and players are required to follow CDC COVID-19 guidelines in terms of mask wearing, social distancing, capacity limits, etc. Guidelines will be communicated by PTE league officials



APPENDIX

Medical Release Form



Little League Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co.: _____ Policy No.: _____ Group ID#: _____

League Insurance Co.: _____ Policy No.: _____ League/Group ID#: _____

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

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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



Allergy Form and Epinephrine Information

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
---	---	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., Inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

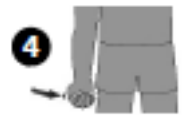
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



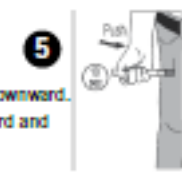
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PHYSICIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____

CPR/AED Information

Heartsaver®

Adult CPR AED

American Heart Association
life is why™



Tap and shout.



Shout for help. Send someone to phone 9-1-1 and get an AED.



Look for no breathing or only gasping.




Push hard and fast. Give 30 compressions.*
Open the airway and give 2 breaths.



Repeat sets of 30 compressions and 2 breaths.



When the AED arrives, turn it on and follow the prompts.

* - Push down at least 2 inches
• Give 100 to 120 compressions per minute
• Let the chest come back up to its normal position
• Try not to interrupt compressions for more than a few seconds

15-1028 4/16 ISBN 978-1-61869-434-0 © 2016 American Heart Association

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AIG Claim Form and Instructions



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.)

- 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 30 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.
- 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	Age
Date of Birth (MM/DD/YY)		Sex	
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: AM PM

Type of Injury: _____

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 (8-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(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 (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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



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	

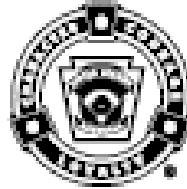
Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

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
------	---------------------------



Little League Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time – and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19443. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, League Safety Officer Program Kit, is recommended for use by your Safety Officer.



TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense 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 is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardian(s) must sign this section, if the claimant is a minor.
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the league official.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

IMPORTANT: Notification of a claim should be filed with Little League International within 30 days of the incident for the current season.