

2024 Safety Plan



By participating in ASAP (A Safety Awareness Program) Mid-Placer Little League is dedicated to providing a safe environment for all its players, volunteers, parents, and spectators.

[Mid-Placer Little League](#)

League ID# 197761

[CA District 11 Little League](#)

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Welcome,

Dear Managers, Coaches, Umpires, Parents, Spectators, Board of Directors Members, and all Mid-Placer Little League Participants:

Welcome to another year of fun and exciting baseball with Mid-Placer Little League! This is Mid-Placer Little Leagues(MPLL) "A Safety Awareness Plan" (ASAP) for the **2024** baseball season. This plan was developed to ensure the youth of Mid-Placer Little League will have the opportunity to play and learn the game of baseball in a safe setting. This plan has been approved by the MPLL Board of Directors, and submitted to our CA District 11 Administrator and Little League International for approval. This plan will be updated and revised on an annual basis, to ensure the safety of everyone involved with Mid-Placer Little League.

Reading and acknowledging this plan is critical and mandatory for all managers. This plan will also be shared with coaches, parents, umpires, and concession stand and field maintenance workers. The plan is also available on our website at: [Mid-Placer Little League](#), under forms and downloads menu.

Please be aware ,

Effective in 2017, the local league must conduct a nationwide background check that accesses background checks records for sex offender registry data and other criminal records. A check conducted only in one state does not meet the minimum requirements of the regulations.

Some states have enacted laws that require additional background check requirements that are separate to those mandated by Little League. For additional information on state requirements, visit LittleLeague.org/StateLaws.

It doesn't matter who was checked last year – background checks must be performed on an annual basis!

Your feedback and suggestions are welcome and an important part of our safety efforts. Please forward any suggestions or feedback to:

Jeff Maxwell
Safety Officer, MPLL
JJMSMaxwell@gmail.com
916-761-5893

Jeffrey Maro
President, Mid-Placer Little
League
MPLLpresident@gmail.com
530-210-8634

Emergency Phone Numbers

All Emergencies requiring Fire, Police, or Ambulance services call 9-1-1

Poison Control **800-222-1222**

Non-Emergency Numbers

Ambulance (non-emergency transport)

American Medical Response 530-823-3474
Cal-Star (administration) 916-921-4000

Fire

Newcastle Fire 916-663-3323
Penryn Fire Department 916-663-3389
Placer County Fire /Cal-Fire 530-889-0111
Auburn Fire 920-738-2000
South Placer Fire 916-652-6858

Law Enforcement

CHP Auburn/Newcastle 916-663-3344
Placer County Sheriff 530-889-7800
Sheriff Sub-station Loomis 916-652-2400

Medical Facilities

Sutter Roseville Medical Center 916-781-1000
1 Medical Plaza, Roseville 95661

Kaiser Permanente Roseville 916-784-4000
1600 Eureka Rd, Roseville 95661

Sutter Auburn Faith Hospital 530-888-4500
11815 Education St., Auburn 95602

Utilities

PG&E 800-743-5000

South Placer Municipal Utilities District 916-786-8555

Placer County Water Agency 530-823-4850

Emergency Procedures For Mid-Placer Little League



Police



Fire



Rescue



Sheriff

Police /Fire / Sheriff

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: **9436 PARK AVE, NEWCASTLE, CA 95658**

Cross-streets are : **CHANTRY HILL RD and 3RD ST**

1. The telephone number from which the call is being made?
2. The caller's name?
3. What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
4. How many people are involved?
5. The condition of the injured person — i.e., unconscious, chest pains, or severe bleeding?
6. What help is being given (first aid, CPR, etc.)?
7. Do not hang up until the dispatcher hangs up.
The dispatcher may be able to tell you how to best care for the victim.
8. Continue to care for the victim until professional help arrives.
9. Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. Direct Fire, Ambulance, or PD to nearest access to patient. This saves valuable time. Remember, every minute counts.

MPLL Board and Volunteer Contact Information:

President	Jeffrey Maro	MPLLpresident@gmail.com	530-210-8634
Vice President Field Ops	Will Harrer	will.harrer@gmail.com	916-865-6019
Vice President League Ops	Jeff Teves	Jeff_z71chevy@yahoo.com	916-208-4063
Secretary	Bridget Metelak		
Treasurer	Jen Maxwell	midplacerrltreasurer@gmail.com	
Safety Officer	Jeff Maxwell		
Sponsorships	Kaila ChatField	mpllsponsorships@gmail.com	
Player Agent (majors)	Heather Caplinger	mpllplayeragent@gmail.com	916-765-8591
Equipment Manager	Rob Kenney		
Snack Shack Coordinator	Whitney Bell		
Umpire in Chief	Open		
Fundraising	Open		
Webmaster	Open		
Coach Coordinator	Whitney Gonzalez		
Inter-league Rep (interim)	Open		
Uniform/Apparel Manager	Open		
Team Parent Coordinator	Kristin Tedford		

Mid-Placer Little League Board information may also be found online at:

www.mplittleleague.com

Ca District 11 Staff contact may be found online at:

www.district11lb.com

SITE PLAN



CROSSWALK



FIRST AID



FIRE EXTINGUISHER



FIELD EMERGENCY ACCESS



PHONE



HANDICAP ACCESSIBLE



RESTROOMS



FOOD

ASAP - What Is It?

In 1995, ASAP (A Safety Awareness Program) was introduced, with the goal of reemphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at a Manager’s or Coach’s fingertips.

In 2010, Little League International made it mandatory to have an approved ASAP in place for hosting tournaments beyond the district level.

Safety Officer

The Safety Officer coordinates all safety activities including supervision of ASAP (A Safety Awareness Program), ensures safety in player training, ensures safe playing conditions, coordinates reporting and prevention of injuries, solicits suggestions for making conditions safer, and reports suggestions to Little League International through the ASAP system. For Safety Officer and Safety Plan requirements , please visit. <https://www.littleleague.org/player-safety/asap/requirements/>

REMEMBER

Safety is everyone’s job! Prevention is the key to reducing accidents to a minimum.

- Report all hazardous conditions to the **Safety Officer, President, or any Board of Directors member immediately.**
- Don’t play on a field that is not safe or with unsafe playing equipment.
- Be sure your players are fully equipped at all times, especially catchers and batters.
- Check your team’s equipment often.

Forms and checklist for Coaches and Managers:

Each Manager should have the following forms, for each member of their team each year. Most forms are available on our website, [Mid-Placer Little League](#) or available by request.

- Little League Medical Release
- Incident/Injury Tracking Report
- Signed Parent Code of Conduct
- Parent/Athlete Concussion information Sheet
- Submit player roster and manager roster data to Little League Data center
- Sign Coaches agreement on concussion protocol
- Parents and athlete concussion protocol agreement
- Player Code of Conduct agreement.

Coaches must keep the player's medical release with them at practices and games to ensure emergency contact information is attainable in the case of an emergency. **Recommend cell phone numbers of parents or guardians be obtained, to allow the quickest possible notification.**



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.

Player Code of Conduct

I understand that being allowed to play baseball Mid-Placer Little League is a privilege, and that I am expected to follow this Code of Conduct at all times.

I will treat my fellow teammates, opposing players, Managers, Coaches, officials, and all team parents with RESPECT AND DIGNITY.

I will offer positive encouragement and assistance to my teammates.

I will refrain from using profane language, obscene gestures, taunting or yelling at teammates, opposing players, Managers, Coaches, officials, or parents AT ALL TIMES.

I will strive to be the best baseball or softball player that I can be, both in games and practices. This means I will be attentive to my Manager's and Coaches' instructions and respect the time spent by the Managers and Coaches to help me improve as a baseball or softball player.

I understand that TEAM SPIRIT does not just happen: it comes with hard work and commitment from me and to my team. I will work hard and commit myself to my team and its success by attending all practices and games, giving my best effort whenever I involve myself with the team. If I cannot attend a game or practice, I will notify my Manager or Coach of my absence.

I understand that failure to abide by this Code of Conduct could result in my suspension or expulsion from the team or Mid-Placer Little league. "Zero" tolerance is the policy of Mid-Placer Little League for any abusive behavior towards any official, Manager, Coach, opponent, parent, or teammate. Respect your team; respect yourself.

By my signing of this Code of Conduct, I hereby pledge to provide a positive attitude and be responsible for my behavior while participating in Mid Placer Little League, by following the Appleton Little League Player Code of Conduct.

Player Signature: _____

Player Name (printed): _____

Date: _

Sport Parent Code of Conduct

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

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

Preamble

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

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

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

I therefore agree:

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

Parent/Guardian Signature

Volunteer Application and Background checks

All volunteers, coaches, managers, board members, and parent volunteers will be required to fill out a volunteer application and complete a background check.

All volunteer application forms are available at

<http://mplittleleague.com/sites/mplittleleague/downloads>

or

<https://www.littleleague.org/forms-publications/#new-and-updated>

or

a print out of the application form on the Safety Plan Document or available by request through Mid-PLacer league contacts.

Before beginning the background process, which must be completed annually on all new and returning individuals prior to the individual assuming his/her duties for the current season, a league needs to understand who needs to be checked and how the background check should be completed. It should be noted that all those individuals that meet the requirement of Regulation I(c) 8 need to be checked and is not limited to just coaches.

Some questions to ask before you begin:

1. Are we doing all of the background checks that are required? It does not matter who was checked last year – background checks must be performed on an annual basis.
2. How many managers/coaches do we have per team – 2 or 3?
3. How many additional people are helping at practices as “practice coaches”?
4. How many umpires are being checked?
5. How many board members?
6. How many parent(s) are assisting teams in various capacities?
7. Do we have other positions in the league like equipment manager, field maintenance, scorekeeper, and/or announcer?
8. Who has repetitive access to the players?

Once you answer these questions you should come up with 5 to 6 people per team as an average number of people per league that require background checks.

Documents Needed for Background Checks

To begin conducting background checks, the league needs in its possession a fully completed official

“Little League Volunteer Application” along with a copy of a government-issued photo ID, usually a driver’s license, for the league to verify that the information on his/her volunteer application is correct, i.e. spelling of name, address, date of birth, etc. When using JDP for background checks, Social Security numbers are required. You must enter these numbers into the database and then you can redact (blacked out or concealed) the social security number and/or other personal information from the paper copy for added protection.

OR

A league can utilize the JDP QuickApp, which allows league officials conducting the background checks to send a link to potential volunteers to fill out the Little League Volunteer Application online or Little League Returning Volunteer Application. A league board member can enter the volunteer’s information (name and email address) on the JDP website under “Quick App.” This will allow the potential league volunteer to complete their own volunteer application, including the social security number. The Little League Volunteer Application is tied with the background check and can be viewed on the leagues JDP Portal.

New for 2019, a league volunteer can fill out the Little League Returning Volunteer Application, which like the old paper version still requires certain information to complete a background check but not repetitive information from previous years.

Note: Leagues must still verify the volunteer’s application with a government-issued photo ID.

[Using the JDP Background Check Process](#)

There are three background check upload options through JDP:

1. Manually entering the individual background checks into the JDP Database;
2. Completing a batch upload, which allows multiple background checks to be uploaded into the JDP Database through a CSV formatted file;
3. JDP QuickApp, that allows volunteers to complete their own volunteer application and a background

Note: As a reminder, JDP will reset your 125 free criminal background checks on Oct. 1st of each year.

Note: The cost of additional background checks through JDP will cost \$.95 per check.



Little League® Volunteer Application – 2024



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

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

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

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

If yes, list full name and what level? _____

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

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

Driver's License#: _____ State _____

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

If yes, describe each in full: _____ Yes No

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

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

If yes, describe each in full: _____

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

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

If yes, describe each in full: _____

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

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

If yes, explain: _____

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

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

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

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

Name/Phone

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

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

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

OR

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

National Sex Offender Registry

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

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

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

Safety Improvements

- All Mid Placer Little League players are mandated to maintain safety and wear required safety equipment at all times during practice and games.
- All Bats must meet Little League Guidelines found here [HERE](#) or <https://www.littleleague.org/playing-rules/bat-information/>
- All players are encouraged to wear helmets with face protection or C-flap protection



- Little League made mandatory in 2008, that all bases must be able to disengage on all fields.

Safety/Fundamentals Training

This is an annual training class that will be coordinated by CA District 11. At least one Manager/Coach from each team must attend the training.

Dates: Dates for the training will be announced by MPLL board via email and also Available on CA District 11 website Calendar. <http://www.district11lb.com/sites/cad11/calendar>

First Aid

Each team will be issued a First Aid Kit and all coaches and managers will attend the Safety/ First Aid meeting. Dates and meeting times will be announced by the MPLL board and may also be found on Mid Placer Little League Website Calendar

<http://mplittleleague.com/sites/mplittleleague/calendar>

Safety forms and proof of attendance form will be documented, signed and retained by MPLL board upon attendance. The ASAP is available online at

<http://mplittleleague.com/sites/mplittleleague/downloads>

under [Forms](#) menu.

Anyone needing a printed copy will receive one at their request. (All team managers will receive a printed copy)

The Safety Manual includes the following items: emergency phone numbers, phone number for all Board of Directors members, and the dos and don'ts of treating injured players. The First Aid Kit and First Aid training will include the necessary items to treat an injured player until professional help arrives, if need be.



The average response time on 9-1-1 calls is 5-7 minutes. En route paramedics are in constant communication with the local hospital at all times, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, **do not attempt to transport a victim to a hospital**. Perform whatever First Aid you can, and then wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits, (Ice Packs available in the concession stand) will be furnished to each team: Major and Minor teams. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether regular season or postseason), and any other Little League event where children's safety could be at risk.

To *replenish materials* in the Team First Aid Kit, the Manager or Coach must contact the Safety Officer, Vice President, or President.

First Aid (cont.)

Do . . .

Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.

Know your limitations.

Call 9-1-1 immediately if person is unconscious or seriously injured.

Look for signs of *injury (blood, black-and-blue, deformity of joint etc.)*

Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

Feel gently and carefully the injured area for signs of swelling or grating of broken bone.

Contact the parents if they are not at the scene.

Talk Talk to your team afterwards 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.

Notify League Safety Officer by phone within 24 hours.

Complete a Little League Accident/Injury Report Form, and hand deliver within 24 hours to the Safety Officer. A copy of this form is included in this manual (**See Appendix IV**), as well as on our web site, <http://mplittleleague.com/sites/mplittleleague/downloads>, under "Forms".

Insurance Little League insurance supplements your own insurance policy. Claims must be filed with the League Safety Officer.

Don't . . .

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedure (i.e., CPR, etc.)

Transport injured individual, except in extreme emergencies.

Bloodborne Pathogens

Bloodborne pathogens are disease-causing organisms found in the blood or body fluids of an infected person. When dealing with blood or other body fluids, three bloodborne pathogens are of special concern:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

There is a vaccine to protect you against Hepatitis B. HIV, HBV, and HCV are all transmitted in the same way: through contact with an infected person's blood or body fluid containing visible blood. To actually contract HIV, HBV, or HCV, the virus must get inside your body.

Your skin provides a natural protective barrier against bloodborne pathogens. To get through your skin, the virus needs a "doorway" into the body, such as through cut/scratch, razor nick, skin abrasion, dermatitis, sunburn, or acne. The other way bloodborne pathogens can get inside your body is when contaminated blood or body fluid gets in your eyes, nose, or mouth, through the mucous membranes.

Standard Precautions - Protecting Yourself from Exposure

Always place a barrier between you and another individual's body fluids. Examples of barriers include latex or vinyl gloves, eyewear, and a rescue-breathing mask.

Always use disposable gloves. Never reuse disposable gloves.

Remove the gloves properly, by carefully peeling one glove from the top of the wrist to the fingertips, and then hold it in the gloved hand. With the exposed hand, peel the second glove off, tucking the first glove inside the second. Dispose of the glove and never touch the outside of the glove with your bare skin.

If Exposed...

Immediately wash exposed skin with non-abrasive soap and water. If none available, use an alcohol-based hand sanitizer. If infectious material gets in your eyes, nose, or mouth, flush with large amounts of water.

Disinfection should be done with a bleach and water solution. Have **water with a 10% bleach solution** available to clean up the fluids and then wash the entire area.

Remember, being exposed to infectious material does not automatically mean you are infected.

Concussion Awareness

All Managers, Coaches, players, and parents will be provided a concussion awareness fact sheet and CDC informational fact sheet.

As of Jan 2015 California State law AB 1227 provides new requirements and protocols for suspected and sustained concussion during athletic play.

What are the new requirements?

Specifically, youth sports organizations, businesses, governmental agencies, and nonprofit entities that offer amateur athletic competition, training, camps, and/or clubs must now:

1. Immediately remove from play any athlete suspected of having a concussion for the remainder of the day. The athlete shall not be permitted to return to athletic activity until he or she receives written clearance from a licensed health care provider trained in the evaluation and management of concussions. **If the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete must also complete a graduated return-to-play protocol of no fewer than seven days in duration under the supervision of a licensed health care provider.**
2. Notify the parent whenever an athlete is suspected of having a concussion.
3. Provide all athletes in the organization with a concussion information sheet annually and obtain parent/guardian acknowledgement signatures before participation commences.
4. Offer annual concussion education/training for administrators and coaches (topics to be covered are specified by the law).
5. Require all coaches and administrators to successfully complete concussion and head injury education before they supervise athletes.

A Fact Sheet for COACHES

HEADS UP CONCUSSION

One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

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

HOW CAN I HELP KEEP ATHLETES SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - Striking another athlete in the head;
 - Using their head or helmet to contact another athlete;
 - Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
 - Trying to injure or put another athlete at risk for injury.



- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

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

SIGNS OBSERVED BY COACHES OR PARENTS:

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

SYMPTOMS REPORTED BY ATHLETES:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right”, or “feeling down”.

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?

As a coach, if you think an athlete may have a concussion, you should:

REMOVE THE ATHLETE FROM PLAY.

When in doubt, sit them out!

KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

JOIN THE CONVERSATION AT www.facebook.com/CDCHEADSUP

WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.

They may also worry about:

- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

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



BASELINE:

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:

An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:

An athlete may return to competition.

REMEMBER:

It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.



JOIN THE CONVERSATION AT www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

TO LEARN MORE GO TO [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

Coaches Agreement

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to concussions and head injuries.

Coaches Agreement:

I _____ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

Coach Signature _____ Date _____

Sport _____

Team/League _____

Division _____

Parent and Athlete Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____

_____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

SAFETY FIRST!

Common Safety Goals and Rules

- Responsibility for safety procedures should be that of an adult member of the local league
 - Make arrangements for emergency medical services in advance of all games and practices
 - Train managers, coaches and umpires in first aid and CPR
 - No games or practices should be held when weather or field conditions are not good – particularly when field lighting is inadequate
 - Only players, managers, coaches, and umpires are permitted on the playing field during games and practice sessions
 - Establish procedure for retrieving foul balls batted out of the playing area
 - All players should be alert and watching the batter on each pitch during practice and games
 - Inspect equipment regularly and make sure it fits properly
 - Catcher must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector and protective supporter (boys) at all times. This also applies between innings and in the bullpen.
 - Head first sliding is prohibited, except when a runner is returning to a base
- ☐
 - ☐
 - ☐ During sliding practice, bases should not be strapped down
 - ☐ "Horse play" is not permitted on the playing field at any time
 - ☐ Parents of players who wear glasses should be encouraged to provide "safety glasses"
 - ☐ Enforce safety rules at practices and games

Ten Commandments of Safety

- I. BE ALERT
- II. CHECK PLAYING FIELD FOR SAFETY HAZARDS
- III. WEAR PROPER EQUIPMENT
- IV. ENSURE EQUIPMENT IS IN GOOD SHAPE
- V. ENSURE FIRST AID IS AVAILABLE
- VI. MAINTAIN CONTROL OF THE SITUATION
- VII. MAINTAIN DISCIPLINE
- VIII. SAFETY IS A TEAM SPORT
- IX. BE ORGANIZED
- X. HAVE FUN!!!

Weather and Environmental Hazards

Weather

These are the steps to take to determine to delay or stop practice or play:

RAIN: If it begins to rain, the Manager or Coach should evaluate the strength and direction of the storm and evaluate the playing field as it becomes more saturated with water. Stop the practice if the playing conditions become unsafe. In a game situation, consult with the other Manager and umpires to formulate a decision.

LIGHTNING: If you HEAR, SEE, or FEEL a thunderstorm, **suspend play immediately**. Stay away from metal objects. Do not hold metal bats. Have players walk – not run – to their parent’s or designated driver’s car, and await a decision on whether to continue play. A rule of thumb: suspend play/practice for 30 minutes. It is the umpire’s call on when to start the game.

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 strokes coming from the storm’s overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK occurred while it was sunny and dry)

On 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.

RULE OF THUMB

The ultimate truth about lightning is that it 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 players to safety.

WHERE TO GO?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters are the safest (such as the Scheels USA Youth Sports complex bathrooms). For the majority of participants, the best area 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 or building, put your feet together, crouch down, and put your hands over your ears (to try to prevent eardrum damage).

Lightning Facts and Safety Procedures (continued):

WHERE NOT TO GO!!

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

FIRST AID TO A LIGHTNING VICTIM

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 9-1-1, the rescuer should consider the following:

- ☐ The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area (open field, isolated trees, etc.) the rescuer should determine if movement from that area is necessary – lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- ☐ If the victim is not breathing, start mouth-to-mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- ☐ Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: only a person knowledgeable and trained in the technique should administer CPR

LIGHTNING RULES

*Lightning is the #2 cause of death by
weather phenomena*

☐ WHEN YOU HEAR IT – CLEAR IT

☐ WHEN YOU SEE IT – FLEE IT

Rattlesnakes

Rattlesnakes have been known to frequent the area around Chantry Field. Please inform all coaches, parents, and players from home and visiting teams of the possible hazards and encounters while in the area.

What to do in the event of a snake bite

Though uncommon, rattlesnake bites do occur, so have a plan in place for responding to any situation. Stay calm but act quickly.

- Make sure the victim is in a safe place and all attendees are aware of the hazard!
- Immediately call 9-1-1
- Remove any safety equipment or clothing, jewelry, rings or watches which may constrict swelling.
- Transport the victim to the nearest medical facility.
- For more first aid information, please call the 📞 [California Poison Control System](#) at (800) 222-1222.

What you should NOT do after a rattlesnake bite

- DON'T attempt to capture the snake.
- DON'T apply a tourniquet.
- DON'T pack the bite area in ice.
- DON'T cut the wound with a knife or razor.
- DON'T use your mouth to suck out the venom.
- DON'T let the victim drink alcohol.

Heat Related Emergencies:

Placer County is known for hot weather during baseball season! All coaches must provide for frequent breaks, hydration, and shade during practice. Be mindful of hydration and effort during games and monitor player condition at all times.

Heat emergencies can be serious life threatening conditions.

Young players may refrain from complaining. Children generally will compensate for a longer time than adults and can have serious symptoms progress rapidly.

Watch for :

- Lethargy
- Complaints of cramping
- Headaches
- Confusion or not acting appropriate
- Pale, cool , clammy skin as well as Hot, Dry , or Red Skin

The following page is a quick reference chart from the Center for Disease Control on “What to look for,” and “What to do.”

HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR

WHAT TO DO

HEAT STROKE

- High body temperature (103°F or higher)
 - Hot, red, dry, or damp skin
 - Fast, strong pulse
 - Headache
 - Dizziness
 - Nausea
 - Confusion
 - Losing consciousness (passing out)
- Call 911 right away-heat stroke is a medical emergency
 - Move the person to a cooler place
 - Help lower the person's temperature with cool cloths or a cool bath
 - Do not give the person anything to drink

HEAT EXHAUSTION

- Heavy sweating
 - Cold, pale, and clammy skin
 - Fast, weak pulse
 - Nausea or vomiting
 - Muscle cramps
 - Tiredness or weakness
 - Dizziness
 - Headache
 - Fainting (passing out)
- Move to a cool place
 - Loosen your clothes
 - Put cool, wet cloths on your body or take a cool bath
 - Sip water
- Get medical help right away if:**
- You are throwing up
 - Your symptoms get worse
 - Your symptoms last longer than 1 hour

HEAT CRAMPS

- Heavy sweating during intense exercise
 - Muscle pain or spasms
- Stop physical activity and move to a cool place
 - Drink water or a sports drink
 - Wait for cramps to go away before you do any more physical activity
- Get medical help right away if:**
- Cramps last longer than 1 hour
 - You're on a low-sodium diet
 - You have heart problems

SUNBURN

- Painful, red, and warm skin
 - Blisters on the skin
- Stay out of the sun until your sunburn heals
 - Put cool cloths on sunburned areas or take a cool bath
 - Put moisturizing lotion on sunburned areas
 - Do not break blisters

HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- Stay in a cool, dry place
 - Keep the rash dry
 - Use powder (like baby powder) to soothe the rash



Concession Stand (Snack Shack) Safety and Responsibilities

For Daily Operations refer to Snack Shack responsibilities on:

<http://mplittleleague.com/sites/mplittleleague/downloads>

Safety Reminders:

1. Your hair should be pulled back.
2. Remember to wash yours hands before and after handling raw food.
3. Wear the plastic food handling gloves provided.
4. There is a fire extinguisher located in the snack shack for emergency use.
5. Hamburger patties are to remain frozen. Do not defrost or thaw and return to freezer.
6. During closing procedures turn off grill and propane bottles.
7. Empty all trash cans.
8. Wipe down and sanitize all food prep surfaces with clorox bleach wipes or disinfectant cleaner.

Reporting Incidents/Injuries/Accidents

All accidents and injuries shall be reported to the Mid-Placer Little League Safety Officer within 24 hours. After notification, the Safety Officer will notify the Mid Placer Little League President, record all information, complete the proper forms, and mail to the insurance representative. If the Safety Officer is unavailable, the President is to be notified of the accident or injury. If the President and Safety Officer are unavailable, then any board member can be notified of the accident or injury (see list of phone numbers located on page 3 and page 6 of this Safety Plan). The Accident/Injury Report is located online at the MPLL website or appendix of the Safety Plan Document.

ACCIDENT REPORTING PROCEDURE

What to report –

An incident that causes any player, manager, coach, umpire, spectator or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer

When to report –

All must be reported to the Safety Officer within 24 hours of the incident. League form found on page 34, is to be filled out for incidents. If an accident resulting in an insurance claim has taken place, please refer to instructions and proceeding forms on page 35-3.

The Safety Officer for 2024, Jeff Maxwell, can be reached at the following:

Cell/Text: 916-761-5893

Email: JJMSMaxwell@gmail.com

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 to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf 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 & 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 19445. 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)/guardians(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 20 days of the incident for the current season.



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	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 <input type="checkbox"/> AM <input type="checkbox"/> 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) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | |
| <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
------	---------------------------

Safety Preliminaries

A Facility Survey will be conducted on an annual basis. The 2019 Facility Survey is enclosed with this report

Review Mower/Equipment Safety Rules with facility maintenance staff.

COACHES: AT THE BEGINNING OF EACH GAME OR PRACTICE YOU NEED TO...

✓ WALK the field and check for debris and foreign objects

✓ INSPECT the helmets, bats and catcher's gear

✓ FIRST AID KIT is available on the field

✓ CHECK the conditions of the fences, backstops, bases and warning track

✓ CELL PHONE is available at the field

✓ HOLD a warm-up drill

REMEMBER

Safety is everyone's job!

Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the **Safety Officer, President, or another Board member immediately**. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. Check your team's equipment often.

IMPORTANT SAFETY REMINDERS

- ☒ Adults are not allowed to warm up pitchers
 - There is no on-deck area allowed
 - No donuts or weights are to be used on bats
 - No one but coaches and the team are allowed in the dugout or near the benches
 - "Catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games." **Little League Rule No. 1.17**

All managers, and/or coaches and/or umpires are required to walk the entire field to identify any safety hazards and ensure the field is safe, prior to using for games or practices.

Any hazards should be eliminated prior to start of play. Please copy this form and use it regularly.

If repairs are needed, please turn this form into the board representative and provide a copy to the Safety Officer.

Never discard damaged equipment, but rather destroy or make it unusable, and stop another from using improper equipment. Please contact equipment manager if doing so.

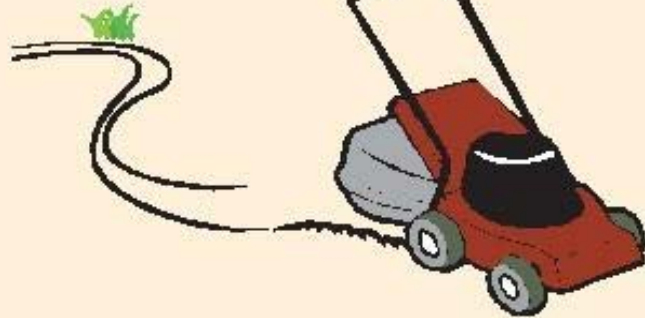


HAVE YOU:


- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**



Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.
3. Never carry passengers.
4. Do **NOT** mow in reverse.
5. **ALWAYS** look down and behind **BEFORE** and **WHILE** backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. Always check the oil in the mowers before use.
8. **ONLY** adults operate mowers. **NO** children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You **MUST** wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan



asap@msco.com 1

Recommended Player Equipment List

Mid-Placer Little League suggests that each player come to each practice/game with some type of bat/gym carry bag, including the following (as needed):

- **Baseball glove** (mandatory)
- **Baseball hat or visor** (mandatory)
- **Baseball “cup” supporter for boys** (mandatory)
- **Batting helmet with face guard** (optional)
- **Batting glove** (optional)
- **Bat** (optional)
- **“Protective” eye glasses** (optional and must meet LL rules)
- **Eyeglasses strap** (optional)
- **Rubber baseball cleats**
- **Baseball practice pants**
- **Water bottle / sports drink**

Equipment Manager Responsibilities

The Equipment Manager is Board-approved Mid Placer League Board Member, responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued, but it is the Manager's responsibility to maintain. Managers should inspect equipment before each game and each practice. The Equipment manager will promptly replace damaged and ill-fitting equipment. Furthermore, many players like to bring their own gear. Their equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all league-owned equipment must be returned to the Equipment Manager. First-Aid kits must also be turned in with the equipment.

Equipment Specific Rules

NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

- ✓ Use of a helmet by the batter and all base runners is mandatory
- ✓ Use of a helmet by a player/base coach is mandatory
- ✓ Use of a helmet by an adult base coach is optional
- ✓ All male players must wear athletic supporters
- ✓ Male catchers must wear a metal, fiber, or plastic type cup and a long model chest protector
- ✓ Female catchers must wear long or short model chest protectors.
- ✓ All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catcher's helmet, all of which must meet Little League specifications and standards
- ✓ All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games

NOTE: Skullcaps are not permitted

- ☒ If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired
- ☒ Bats with dents, or that are fractured in any way, must be discarded
- ☒ Only official Little League balls will be used during practices and games
- ☒ Make sure that the equipment issued to you is appropriate for the age and size of the players on your team; if it is not, contact the Equipment Manager to get replacements
- ☒ Make sure helmets fit
- ☒ Replace questionable equipment immediately by notifying the Equipment Manager
- ☒ Make sure that players respect the equipment that is issued

Conditioning and Stretching

Warm up, stretching, and cool down are essential components of every training session or competition. Warm ups are an important role in reducing the risk of injury. Warm ups provide the following:

- Helps prepare the mind and body for exercise
- Helps increase body and muscle temperature
- Increases the blood and oxygen supply to the working muscles
- Increases flexibility

Baseball players should have 5-10 minutes of light activity – such as jogging – incorporating dynamic and static stretching. This is followed by specific skills such as running or training drills, and then finally, throwing. An indication of an effective warmup is a light sweat, without fatigue.

The effect of a warmup lasts approximately 30-40 minutes, so it is important not to warm up too early.

There is nothing in baseball that will set a player back any more than a sore arm, which is why adequate time must be spent warming up arms properly. During the early part of training, the arm must be protected from stress that would slow down a young person's progress. Players must be discouraged from throwing full speed without a gradual build up program.

Players should be encouraged to spend at least 7-8 minutes every practice warming up their arms prior to any type of defensive work. During these throwing sessions, players should be encouraged to work on good throwing mechanics. It is so important that a coach impress upon his players, that these warm- up sessions can be used to help them not only strengthen their arms, but also, to work on their mechanics and throwing accuracy.

Hydration

In the summer months we usually think of dehydration. It does not matter if it is January or July, coaches and players must be encouraged to drink fluids, even when they do not feel thirsty. As coaches, we must remember that when children become physically active, their muscles generate heat, thereby increasing their body temperature. As these temperatures rise, the cooling mechanism – sweat kicks in. When sweat evaporates, the body is cooled. If these fluids are not replaced, children can become overheated.

Managers and coaches should schedule water breaks every 30 minutes during practices on hot days, and should encourage fluid intake between every inning. Water is an excellent fluid; however, sports drinks and fruit juices can encourage children to drink more during events. Sports drinks and fruit juices should contain between 6-8% carbohydrates (15-18 grams per cup). If the concentrations are higher, then the sports drink or juice should be diluted with water on a 1:1 ratio. If drinks are high in carbohydrates, they may cause stomach cramps, nausea, and diarrhea when the child becomes active. Caffeine contained in tea, coffee, and sodas should also be avoided, because it can dehydrate the body further.

Have A Safe Season!

Safety is everyone's responsibility.

Prevention is the key to reducing incidents.

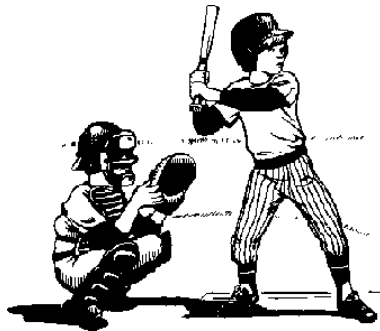
Never play on a field that is not safe or with unsafe playing equipment.

Be sure your players are fully equipped, especially batters and catchers.

Check your team's equipment often. Report all hazardous conditions to the Safety Officer or another Board of Director immediately.

When in doubt, check it out and Mid-Placer Little League will have a safe season!

Thank You!



NATIONAL FACILITY SURVEY

CHANNY FIELD

The original facility survey was submitted and enter with LittleLeague.org Data Center during the 2019 Season. Attached is the original submittal for historical reference. All improvements and updates after the 2019 Season are entered online and on file with LittleLeague.org

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL **NATIONAL FACILITY SURVEY**

2019



League Name: Mid-Placer Little League

District #: CA District 11

ID #: 197761

(if needed) ID #: _____

(if needed) ID #: _____

City: Newcastle State: CA

President: Robert Brown Safety Officer: Jason Boyer

Address: PO Box 931 Address: 270 Skyridge DR

Address: _____ Address: _____

City: Newcastle City: Auburn

State: CA ZIP: 95658 State: CA ZIP: 95603

Phone (work): _____ Phone (work): _____

Phone (home): _____ Phone (home): _____

Phone (cell): 916-462-4205 Phone (cell): 530-613-1788

Email: mplpresident@gmail.com Email: boyerjay@gmail.com


PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mos.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield	1		
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			1
h. Field lighting			
i. Warning track			
j. Bleachers			1
k. Fencing		1	
l. Bull pens			1
m. Dugouts			1
n. Other (specify):			

□

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2019 Disney® character collector's pin shown at right featuring Backstop behind home plate. Or enter data on the ASAP online site through the Little League Data Center.</p> 	C H A N T R Y																				
	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field:

Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
GENERAL INVENTORY																					
(For the following questions, if the answer is "No" please leave the space blank.)																					
1. How many cars can park in designated parking areas?	None																				
	1-50	✓																			
	51-100																				
	101 or more																				
2. How many people can your bleachers seat?	None/NA																				
	1-100	✓																			
	101-300																				
	301-500																				
	501 or more																				
3. What material is used for bleachers?	Wood	✓																			
	Metal																				
	Other																				
4. Metal bleachers: Ground wire attached to ground rod?	Yes																				
5. Wood bleachers: Are inspected annually for safety?	Yes																				
6. Is a safety railing at the top/back of bleachers?	Yes																				
7. Is a handrail up the sides of bleachers?	Yes																				
8. Is telephone service available?	Permanent	✓																			
	Cellular	✓																			
9. Is a public address system available?	Permanent																				
	Portable																				
10. Is there a pressbox?	Yes																				
11. Is there a scoreboard?	Yes	✓																			
12. Adequate bathroom facilities available?	Yes	✓																			
13. Permanent concession stands?	Yes	✓																			
14. Mobile concession stands?	Yes																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes																				
16. What type of fencing material is used?	Chainlink	✓																			
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	✓																			
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	✓																			
	Spray paint	✓																			
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	✓																			
20. Does field have conventional dirt pitching mound?	Yes	✓																			
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	✓																			
23. Backstop behind home plate?	Yes	✓																			
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes	✓																			
24.a. If yes, what width is warning track? Please specify:	(Width in feet)	6																			
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes	✓																			
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	✓																			
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind	✓																			
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	✓																			
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes	✓																			
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes	✓																			
41. Who owns the field?																					
	Municipal	✓																			
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal																				
	School																				
	League	✓																			
43. Who is responsible for operational maintenance?																					
	Municipal																				
	School																				
	League	✓																			
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League	✓																			
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor	✓																			
	Major	✓																			
	Jr., Sr. & Big																				
	Challenger																				
	50 - 70																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	✓																			

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4	186	184	170	15	16	32	NA	16	25	NA
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702