



2021
SAFETY PLAN
For
LUBBOCK COOPER LITTLE LEAGUE



TABLE OF CONTENTS

1. ASAP-WHAT IS IT?.....	2
2. LUBBOCK COOPER LITTLE LEAGUE MISSION STATEMENT	2
3. DISTRIBUTION OF LEAGUE SAFETY PLAN.....	2
4. SAFETY OFFICER	2
5. EMERGENCY CONTACT INFORMATION.....	3
6. BACKGROUND CHECKS.....	3
7. FUNDAMENTALS TRAINING	4
8. FIRST-AID TRAINING AND KITS.....	5
9. FIELD INSPECTIONS.....	12
10. LIGHTNING EVACUATION PROCEDURES.....	12
11. ANNUAL FACILITY SURVEY	13
12. CONCESSION STAND PROCEDURES.....	13
13. EQUIPMENT	15
14. REPORTING ACCIDENTS/INJURIES.....	16
15. RULES & REGULATIONS.....	17
16. LUBBOCK COOPER LITTLE LEAGUE COVID-19 RESPONSE.....	20
17. APPENDIX	21

ASAP- WHAT IS IT

In 1995, Little League Incorporated introduced ASAP (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League. With the help of corporate sponsors, ASAP has increased overall safety awareness, reduced injuries by 80% and lowered insurance costs for participating leagues. In order to be an ASAP-complaint league, a Little League approved Safety Plan must be filed with Williamsport before the start of each season. Lubbock Cooper Little League (“LCLL”) is fully committed to be an ASAP compliant league through the development and implementation of this plan.

LCLL SAFETY MISSION STATEMENT

LCLL is committed to the safety of the children that participate in our league. The league is committed to building on the efforts of previous Safety Plans to provide a safe environment for our children to learn and play the game of baseball.

LEAGUE SAFETY PLAN

The League’s Safety Plan (the “Plan”) is submitted to the Board for approval and ratification in January or February prior to each upcoming season. Once ratified, the Plan will be published and distributed to Board Members, Managers, Coaches, and Umpires. It will also be posted on the LCLL website (www.lubbockcooperlittleleague.org) for all participants to view and reference.

LEAGUE SAFETY OFFICER

The League Safety Officer (SO) is an elected Member of the LCLL Board of Directors. This individual acts as the primary point of contact for the safety issues and is responsible to review, modify and communicate the Plan each year. The SO for the current year is:

Brian Walsh

The responsibilities of the SO:

- Creates, modifies, and enacts an annual Safety Plan
- Completes the Annual League Facility Survey
- League’s primary point of contact for all safety issues
- Serves as the main safety liaison between the Board and the managers, coaches, umpires, players and spectators
- Assist parents with insurance claims
- Keep the First Aid Log
- Determine changes to prevent accidents in the future
- Distribute a first aid kit and LCLL Safety Manual to each manager
- Place first aid kits in the equipment room and concession stand at the LCLL Sports Complex
- Ensures that the complex has a fire extinguisher in the concession stand and equipment room
- Schedule a First Aid Clinic for all managers and Board Members
- Make all aware of Little League’s **“No Tolerance for Child Abuse”** policy
- Respond immediately to resolve unsafe and/or hazardous conditions
- Track all injuries in order to identify injury trends
- Make sure that safety is on all Board meeting agendas
- Conducts background checks using Little League approved services, and/or the appropriate government entities.

EMERGENCY CONTACT INFORMATION

Emergency Professionals

Lubbock, Police, Fire & Rescue #	911
Lubbock Police Non-Emergency #	(806) 775-2865
Lubbock County Sheriff #	(806) 767-1441
Fire Department #	(806) 775-2632
Poison Control #	(800) 222-1222

Area Hospitals

Covenant Medical Center	(806) 725-1011
University Medical Center	(806) 775-8450

Safety Officer Contact Information

Brian Walsh	(806) 535-0522
Email	brian@bswfirm.com

Additional Key LCLL Board Member Contact Information

Board Position	Name	Phone
League President	Candace Norrod	(806)778-3801
League VP	Kyle Plumlee	(806) 786-2455
League Player Agent	Ken Hormel	(806) 236-7296
League Secretary	Dodi Phillips	(806) 548-4365
League Treasurer	David Hougland	(806) 535-5177
League Safety Officer	Brian Walsh	(806) 535-0522

BACKGROUND CHECKS

LCLL recognizes the need to provide a safe environment for our children by eliminating the participation of all child predators. All Board Members, Managers, Coaches, Umpires and other individuals expected to work with any youth participants (referred to as a League Volunteer), are required to submit a current year Little League Volunteer Application & Background Check Form. See **Appendix A**. In addition, unless otherwise specified, League Volunteers must submit a government issued photo identification card (i.e. driver's license, etc.) to aid in ID verification. These items **must** be re-submitted each year. Prior records **cannot** be used in subsequent years. Any person who refuses to submit a complete volunteer application including social security #, photo ID and signature is not allowed to join, participate, or associate with LCLL players or youth in any way. It is the responsibility of the SO to ensure background checks are run each year for all League Volunteers using a Little League recommended service (currently JDP).

Crimes that exclude a volunteer from participating in Little League are:

- Aggravated Child Abuse
- Child Abuse/Child Abuse 2nd Degree
- Felony Child Abuse-Serous Injury
- Risk of Injury to a Child

- Sexual Activity with a Child
- Sexual Conduct with a Minor
- Showing obscene material to a minor

If LCLL learns of an individual such as a volunteer, player or hired worker that has been convicted of, or pled guilty to, a crime involving or against a minor, the league must verify with the applicable government agency for confirmation. Once confirmed, that individual may not participate with LCLL in any manner. **NO EXCEPTIONS.**

FUNDAMENTALS TRAINING

Fundamentals skill training is held each year during the mandatory coaches' clinic. This year's coach's clinic will be held on February 6, 2021. At least one Manager/Coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years.

Fundamentals

Unfortunately, children can be at risk while playing the game of baseball. The best way to avoid injuries is to take a proactive approach to learning the game. This is accomplished by working with each child to allow the player to learn the very basics of baseball. Areas of emphasis should include:

- Catching fly balls
- Paying attention to the play always
- Correct sliding technique
- Proper fielding of ground balls
- Simple pitching motion for balance
- Prepare before the pitch by assuming the ready position (Alligator position)
- Proper batting stance

It is important for all coaches to be open to new ideas. Suggestions from other coaches and volunteers may help your players learn their fundamentals. Managers should work to keep drills fun. Keeping practices fun will help keep the attention of your players as they learn the fundamentals of the game.

Conditioning & Stretching

Conditioning is an intricate part of preventing accidents on the baseball field. By implementing stretching before all games and practices, the child will be better able to control his/her movements, coordination and alertness. The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility. Such drills also help develop the strength and stamina each player needs to compete with the least amount of accident exposure.

Hints on stretching:

- Stretch neck, back, arms, thighs, and calves
- Work with the child to know his/her limitations
- Hold the stretch for at least 10 seconds
- No bouncing while stretching-this could result in a torn muscle
- Let one of the players run the stretching exercises

Hints on Calisthenics:

- At least ten repetitions on each exercise
- Movements should be synchronized
- Alternate upper and lower body exercises
- Keep the pace steady

After warm-ups are complete, coaches should have the players do a light jog around the field before starting your team's toss around.

Throwing Warm-ups should follow this order:

- Light tosses short distance
- Light tosses medium distance
- Light tosses large distance
- Medium tosses medium distance
- Regular tosses medium distance
- Field ground balls
- Field pop flies

It is also important for each manager to allow time for a cool-down after both practices and games. This will allow the muscle to relax and help prevent injury. (ex. Light jog around the field, stretching exercises discussed above.)

FIRST AID TRAINING AND FIRST AID KITS

A safety presentation is completed annually at the coach's clinic. This year's coach's clinic will be held on February 6, 2021. LCLL requires at least one Manager/Coach from each team to attend. Every Manager/Coach must attend this training once every 3 years. Prior to each season, every participant is required to complete a medical release form before participating in practices or games. See **Appendix B** for the current form. The following pages will discuss, outline, and explain the contents of the league's safety presentation.

What is First Aid?

First Aid means exactly what the term implies-it is the first care given to a victim following an accident. It is usually performed by the first person on the scene and continued until professional medical help arrives on the scene. At no time should anyone administering first aid go beyond his/her capabilities. Nationally the average response time on 9-1-1 calls is 5-7 minutes. During their response, paramedics are in constant communication with local hospitals. This is done to allow the emergency responders to be prepared for the specific facts of the emergency prior to arriving to do this. You should never transport a victim to the hospital. Your role will be to perform first aid techniques until the arrival of paramedics.

First Aid Kits

First Aid Kits will be furnished to each team. It will be just like any other equipment that is provided. The kit should be turned in at the end of the season. This should be done when the team's equipment is turned in to the Equipment Coordinator. The kit is required to be taken to all practices, batting cage practices, and games. There is currently a first aid kit at the game fields. The name and phone number of the league's SO will be taped on the inside of the first aid kit. Managers should contact the SO to replace any items that are used as the season progresses.

Good Samaritan Laws

These laws help protect an individual when he/she assists someone following an accident. They give legal protections to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury.

A Reasonable and Prudent Person Would:

- Move a victim only if the victim's life was endangered
- Ask a conscious victim for permission before giving care
- Check the victim for life-threatening emergencies before providing further care
- Summon professional help to the scene by calling 9-1-1
- Continue to provide care until more highly trained personnel arrive.

The Good Samaritan laws are meant to encourage people to help others in an emergency. In order to take effect, the person must use common sense and a reasonable level of skill. It is important that the person not try to do more than he/she is trained to do. They assume each person would do his/her best to save a life or further injury. People are rarely sued for helping during an emergency. The protections of these laws will prevail if the individual did not abandon the victim after starting to render aid or respond in a grossly negligent, willfully negligent, or reckless way.

Permission to Give Care

If the victim is conscious, you must have his/her permission before providing first aid. To get permission you **must** tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is deemed to be serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond.

Treatment at the Site of the Accident

- Assess the extent of the injury. If the victim is conscious, you should find out what happened and the symptoms of the victim.
- Aid only to the extent of your training-know your limitations.
- Call 9-1-1 immediately
- Identify the injury
- Talk and listen to the victim to better assess the extent of the injury-it may be necessary to calm an injured child before you are able to provide care
- Feel/touch the injured area for signs of swelling or a broken bone.

You should NEVER

- Administer any medications
- Provide food or drink other than water
- Hesitate in giving aid when needed
- Be afraid to ask for assistance
- Transport an injured individual

Emergency Contact Procedures

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. Dial 9-1-1
2. Give the dispatcher the necessary information. Be prepared to answer questions from the dispatcher. Examples of necessary information:
 - a. The exact location or address of the emergency
 - b. Telephone number from which the call is being made
 - c. Caller's name
 - d. Details of incident
 - e. Number of people involved
 - f. Condition of the injured person
 - g. Help already given.
3. Do not hang up until the dispatcher hangs up.
4. Continue to care for the victim until professional help arrives.
5. Appoint someone to go to the street and/or parking lot to direct the emergency vehicle.

Coaches will be required to walk/inspect the fields prior to practice and games. Umpires will also be required to walk the fields for hazards before each game.

When to Call 9-1-1

- If the injured person is unconscious
- A conscious victim may ask you not to call paramedics-you should call if the victim:
 - Is or becomes unconscious
 - Has trouble breathing or is breathing in a strange way
 - Has chest pain or pressure
 - Is bleeding severely
 - Has pressure or pain in the abdomen
 - Is vomiting or passing blood
 - Has seizures, a severe headache or slurred speech
 - Appears to have been poisoned
 - Has injuries to the head, neck or back
 - Has possible broken bones
 - If you have any doubt at all, call 9-1-1 and request paramedics
- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water

- Presence of poisonous gas
- Vehicle collisions
- Vehicle/bicycle collisions
- Victims who cannot be moved easily

Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort-this is the case when the victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty associated with a heart attack:
 - Victim's breathing is noisy.
 - Victim feels short of breath.
 - Victim breathes faster than normal.
 - Changes in pulse rate
- Pulse changes associated with a heart attack:
 - Pulse may be faster or slower than normal
 - Pulse may be irregular
 - The absence of a pulse is the main signal of cardiac arrest
- Skin Appearance associated with a heart attack
 - Victim's skin may be pale or bluish in color
 - Victim's face may be moist
 - Victim may perspire profusely.

Concussion

Concussions are defined as a stunning, damaging, or shattering effect from a hard blow. This is especially true of a jarring injury of the brain resulting in disturbance of cerebral function. They can be fatal if the proper response is not made. The following steps should be taken if you suspect that a concussion has occurred:

- If a player, remove the player from the game
- See if victim gets adequate rest
- Note any symptoms-watch for change over a short period of time.
- If the victim is a child, inform his/her parents about the injury and have them monitor the child
- Urge parents to take the child for a further examination with a professional care provider.
- If the victim is unconscious following the blow, diagnose for head and neck injuries.

Contusion to Sternum

Contusions to the sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous causing the heart to become bruised and start filling up with fluid. Eventually the heart is compressed, and the victim dies. Do not downplay the seriousness of this injury. If a player is hit in the chest, you should urge the parents to take their child to the hospital as a precaution. You should call 9-1-1 if the player complains of chest pain after being struck.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Parents are required to fill out the medical release form (See Appendix B). Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breath normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

Bleeding in General

Before initiating any first aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

- Act quickly
- Have the victim lie down
- Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
- If bleeding is controlled by direct pressure on the wound with a sterile pad or clean cloth
- If bleeding is controlled by direct pressure, bandage firmly to protect the wound. Check pulse to be sure bandage is not too tight.
- If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops. If ice or cold pack available, place over nostrils while continuing to compress nostrils.

Bleeding on Inside and Outside of Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

To Prevent Infection

- Clean the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
- Apply ointment to protect against contamination.
- Cover to absorb fluids and protect wound from further contamination with bandages, gauze, or sterile pads.

Emergency Treatment of Dental Injuries

- Avulsion (Entire Tooth Knocked Out)
 - If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.
 - Avoid additional trauma to tooth while handling.
 - Do not handle tooth by the root.
 - Do not brush or scrub tooth
 - Do not sterilize tooth.
 - If debris is on tooth, gently rinse with water.
 - If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert or conscious.
- If unable to re-implant
 - Best Option-place tooth in balanced saline solution
 - 2nd best-place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
 - 3rd best-Wrap tooth in saline soaked gauze.
 - 4th best-place tooth under victim's tongue. Do only if athlete is conscious and alert
 - 5th best-place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. Transport immediately to a dentist.

- Luxation (tooth in socket but in wrong position)- 3 Positions
 - Extruded tooth-upper tooth hangs down and or tooth raised up.
 - Reposition tooth in socket using firm finger pressure.
 - Stabilize tooth by gently biting on towel or handkerchief.
 - Transport immediately to dentist.
 - Lateral Displacement-tooth pushed back or pulled forward.
 - Try to reposition tooth using finger pressure.
 - Victim may require local anesthetic to reposition tooth, if so, stabilize tooth by gently biting on towel or handkerchief.
 - Transport immediately to dentist.
 - Intruded tooth-tooth pushed into gum-looks short.
 - Do nothing-avoid any repositioning of tooth
 - Transport immediately to dentist.
- Fractured or Broken Tooth
 - If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
 - Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
 - Save all fragments of fractured tooth as described under Avulsion.
 - Immediately transport patient and tooth fragments to dentist in the plastic baggie supplied in your First-Aid kit.

Heat Exhaustion

Symptoms may include

- Fatigue
- Irritability
- Headache
- Faintness
- Weak or rapid pulse
- Shallow breathing
- Cold, clammy skin
- Profuse perspiration

Treatment

- Instruct victim to lie down in a cool, shaded area or an air-conditioned room.
- Elevate feet.
- Massage legs toward heart.
- Only if victim is conscious, give cool water or electrolyte solution every 15 minutes
- Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms may include

- Extremely high body temperature (106 F or higher)
- Hot, red, dry skin
- Absence of sweating.
- Rapid pulse
- Convulsions
- Unconsciousness

Treatment

- Call 9-1-1 immediately
- Do not give stimulating beverages with caffeine-including coffee, tea, or soda.
- Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling).
- Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.

Important Do's and Don'ts for Managers

DO...

- Reassure and aid children who are injured, frightened or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your First-Aid Kit to all games and practices.

- Have your player's Medical Release Forms with you at all games and practices.
- Plan to have a cell phone available at all games and practices.

DON'T...

- Administer any medication.
- Provide any food or beverage (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at practice or a game.
- Hesitate to report any present or potential safety hazard to the LCLL SO immediately.

FIELD INSPECTIONS

The League's role is to analyze the fields for safety concerns at the beginning of the season. Board Members, Managers, Coaches and Umpires are responsible for pre-game preparations and inspections of each field. Board Members, Managers, Coaches and Umpires will be able to visit with the SO or the League President to point out any safety concerns.

Before the play begins at the facility for the season, LCLL holds a volunteer "Field Day" for performing most of the needed facility repair and improvement work. These volunteers are made up of LCLL parents, Managers, Coaches, and Board Members.

Field inspection and maintenance is not a once per year effort. Prior to each game and practice, it is the responsibility of the Managers, Coaches, and Umpires to walk the fields looking for potential hazards and safety problems.

Manager's/Coach's Responsibilities

- Walk the field and look for any debris/ foreign objects
- Check dugouts for safety concerns
- Inspect spectator areas for concerns
- Inspect helmets, bats and catcher's gear
- Make sure the first aid kit is available
- Check conditions of fences, backstops and bases
- Check for holes in the field area that may cause a player to trip
- Monitor the field for safety throughout the game or practice

Umpire's Responsibilities

- Same as listed above
- Discuss with managers that there are no headfirst slides
- Discuss with managers that there are no on-deck circles
- Verify with managers that players are wearing the required protective equipment
- Verify with managers that players have removed jewelry
- Discuss with managers the conduct expected from the coaching staff and their fans.
- Remind managers that a pitcher warming up in foul territory must have a spotter and a catcher with full gear.

- Continually monitor the field for safety concerns
- Emphasize the “safety first” mentality

Anything presenting a safety problem must be fixed immediately before play begins. Potential problems presenting a long-term fix can be reported to the SO via email or phone call.

Any field with a significant safety issue that puts participants at risk, and which cannot be immediately fixed or resolved during the game or practice inspections, must not be used. The game or practice must be rescheduled.

LIGHTNING EVACUATION PROCEDURES

During practices, games and other LCLL official activities, the team manager is ultimately responsible for player safety whether the manager is present at the activity or not. Therefore, team managers must ensure all assistant coaches are adequately trained and fully understand all LCLL safety procedures, including the Lightning Evacuation Procedure. Failure to adhere to the lightning criteria or fully executing the lightning evacuation plan, will result in the dismissal of the manager for the remainder of the season.

Lightning Evacuation Criteria:

If any of the following criteria is present, lightning evacuation procedures must be executed immediately.

1. If the sound of thunder is audible at all, or
2. Lightning is visible and moving in the direction of the field.

Lightning Evacuation Action Plan

In the event either criteria is present, the following steps must be executed:

1. Stop play immediately
2. Stay away from fences and dugouts
3. All players and adults must evacuate the field and take cover within a vehicle or completely enclosed building
4. Stay protected until instructed by the manager or his delegate
5. Play may not resume until a minimum of 30 minutes passed since the last audible sound of thunder occurred.

ANNUAL FACILITY SURVEY

It is the responsibility of the LCLL SO to complete the Annual Little League Facility Survey for all fields to be used for both games and practices by LCLL in the current season. A copy of this survey is filed on-line through the Little League Data Center. A copy of the completed annual survey is also contained in **Appendix C**.

CONCESSION STAND PROCEDURES

The concession stand at the LCLL Sports Complex is operated and maintained by the League. LCLL has hired two employees with restaurant experience to operate and maintain the concession stand for the 2021 season.

12-Step Process to Ensure Safe and Sanitary Food Service

1. Menu
 - a. Keep the menu simple
 - b. Keep potentially hazardous foods to a minimum
 - c. Avoid using precooked foods for leftovers
 - d. Use only foods from approved sources
 - e. Have complete control of the food served throughout the process
2. Cooking
 - a. Use a food thermometer to check on cooking and holding temperatures for potentially hazardous foods
 - b. If cold, foods should be kept at 41 degrees
 - c. If hot, foods should be kept at 140 degrees
 - d. Ground beef and ground pork should be cooked to an internal temperature of 155 degrees
3. Reheating
 - a. Rapidly reheat potentially hazardous foods to 165 degrees
4. Cooling and Cold Storage
 - a. Foods that require cold storage must be cooled to 41 degrees
 - b. Check temperature periodically
5. Hand Washing
 - a. Frequent and thorough hand washing remains the first line of defense in preventing food borne disease
 - b. Disposable gloves may also provide an additional barrier to contamination, but they cannot replace hand washing
6. Health and Hygiene
 - a. Only healthy workers should prepare and serve food
 - b. A person showing symptoms of illness or having open sores or infected cuts should not be allowed in the food service area
 - c. No smoking in the concession area
 - d. Workers should wear clean garments.
7. Food Handling
 - a. Avoid hand contact with raw, ready-to-eat foods and food contact surfaces
 - b. Use an acceptable dispensing utensil to serve food
8. Dishwashing
 - a. Use disposable utensils for food service
 - b. Never reuse disposable dishware
 - c. Wash in hot soapy water
 - d. Rinse in clean water
 - e. Chemical or heat sanitizing
 - f. Allow dishes to air dry
9. Ice
 - a. Store separately is used in cans/bottles and ice used in cup beverages
 - b. Use a scoop to dispense ice
10. Wiping Cloths
 - a. Rinse and store wiping cloths in a bucket of sanitizer
 - b. Change the solution every two hours

11. Insect Control and Waste

- a. Keep foods covered to protect from insects
- b. Store pesticides away from foods
- c. Place garbage and paper wastes in a refuse container in a tight-fitting lid
- d. Dispose of wastewater in an approved method (do not dump outside)

12. Food Storage and Cleanliness

- a. Keep foods stored off the floor at least six inches
- b. Before closing the stand, clean the concession area and discard unusable food

Hand Washing

Steps

1. Wet with warm water
2. Wash for 20 seconds with soap
3. Rinse
4. Dry using a single service paper towel
5. Use gloves when necessary

Wash after you:

1. Use the toilet
2. Touch uncooked meat, poultry, fish or eggs (or any other potentially hazardous foods)
3. Interrupt working with food (run cash register, answer phone, etc.)
4. Eat, smoke or chew gum
5. Touch soiled plates, utensils, or equipment
6. Take out trash
7. Touch your nose, mouth, or any part of your body
8. Sneeze or cough.

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

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

Wear Gloves when:

1. You have a cut or sore on your hand
2. When you can't remove your jewelry

If you wear gloves, wash your hands before you put on new gloves. You should change your gloves as often as you wash your hands and when they are torn or soiled.

EQUIPMENT

The Equipment Manager is an elected LCLL Board Member and is responsible for purchasing and distributing equipment to individual teams. The Equipment Manager for the 2021 season is Justin Pritchett who can be contacted at (806) 759-1672. All equipment used in LCLL is Little League certified. The equipment is checked and tested when it is issued but it is up to the team Manager/Coaches to maintain it during the season. The team Manager should inspect the equipment before each use. If problems are identified with the equipment during the inspection, the manager should contact the Equipment Manager to request a replacement. It is also the team Manager and Coaches responsibility to monitor their team's

equipment throughout the season, before each game or practice, whether issued by LCLL or supplied by the player, to ensure it is fit for use and meets Little League requirements. Any equipment determined to be unsafe or not in compliance with Little League rules and guidelines, must be removed from services. If LCLL issued equipment, it must be returned to the Equipment manager for replacement.

Safe Equipment Summary

- Verify that all equipment is Little League certified
- Inspect all bats, helmets, and other equipment prior to each practice and game
- Dispose of any unsafe equipment
- Keep loose equipment stored properly
- Repair or replace defective equipment
- Contact Equipment Manager for needed replacements

In addition, prior to each game, LCLL umpires shall inspect both teams' equipment to ensure it meets Little League regulations and is safe for use. This includes LCLL or player-supplied equipment. This inspection is to include bats, batting helmets, and all catcher's safety gear. Catcher's mask must include a free hanging throat guard. Any equipment not meeting Little League standards or that in the opinion of the umpire is otherwise unfit or unsafe to use, shall not be used by any player in the game.

REPORTING ACCIDENTS/INJURIES

There are many reasons to track the injuries that are suffered by our players. The most obvious is to meet the insurance requirements of the company that serves as Little League's insurance carrier. The carrier of the accident insurance is AIG Companies.

The next reason to track injuries is to work to identify trends in the occurrence of accidents. If trends can be identified, league officials can make changes to the rules that cover games and practices. Managers will also be able to eliminate dangerous drills from the practice regimen.

What to Report

- An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid.
- This includes passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

- All such incidents described above must be reported to the SO within 48 hours of the incident.
- SO for the 2021 season is Brian Walsh, who can be reached at (806) 535-0522

How to Make a Report

- Call the SO listed above and give the following information:
 - Name and number of the person involved
 - Date, time and location of the incident
 - Detailed description of the incident
 - Preliminary estimation of the extent of the injuries
 - Name and phone number of the person reporting the incident

Safety Officer's Responsibilities

- Within 48 hours of receiving the incident report, the SO will contact the injured party or the party's parents and:
 - Verify the information received
 - Obtain any other information deemed necessary
 - Check on the status of the injured party
 - If the injured party required other medical treatment, he/she will advise the parent or guardian of the LCLL's insurance coverages and the provisions for submitting any claims
- If the extent of the injuries is more than minor in nature, the SO shall periodically call the injured party to:
 - Check on the status of any injuries
 - Check if any other assistance is necessary in areas such as submission of insurance forms, etc.
 - Continue contact until the incident is considered closed (no further claims and/or the individual is participating in league play again)
 - A released form signed by a physician must be obtained prior to allowing an injured player, manager, coach, umpire or volunteer to normal league activities.

The injury tracking form, accident notification form, claim instructions, along with the insurance claim form provided by AIG Companies are included in **Appendix D** of this Safety Plan.

RULES & REGULATIONS

LCLL will require **all** teams to enforce all Little League Rules including but not limited to the following:

Safety Code

- Every adult member is responsible for providing our participating children with the safest environment possible.
- Each player, manager, coach, umpire, and spectator shall use proper reasoning and care to prevent injury to himself/herself and to others.
- Only league approved managers and/or coaches can practice with teams.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers will have mandatory training in First Aid
- First Aid kits are issued to each team manager and must be at every practice or game. Additional kits will be in the concession stand and equipment room.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Playing field will be inspected before games and practice for holes, damage, stones, glass, and other potentially dangerous items.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play."
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the manager, coach, or designated player assigned for this purpose.
- Foul balls batted out of the playing field will be returned to the concession stand.
- During practice and games, all players should be alert and watching the batter on each pitch.

- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by spectators.
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- All male players will wear athletic supporters or cups during games.
- Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games.
- Catchers must wear a catcher’s mitt-not a first baseman’s mitt or fielder’s glove.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear.
- Shoes with metal spikes or cleats are **NOT** permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. The only exception to this rule would be the medals that are worn as medical alerts.
- No food or drink, at any time, in the dugouts except for a sports drink, bottled water, and water from a portable water jug.
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the LCLL SO immediately.
- Plan to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed limit is 5 mph in roadways entering the complex and parking lots.
- No alcohol or drugs are allowed on the premises at any time.
- No medications will be taken at the facility unless administered directly by the child’s parent. This includes Aspirin and Tylenol.
- No playing in the parking lots at any time
- No playing on or around lawn equipment, machinery at any time.
- No smoking within the complex at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- No standing on dugout benches.
- No pets are permitted on the premises at any time unless the animal is used as a service animal.
- Observe all posted signs.
- Players and spectators should always be alert for foul balls and errant throws.
- No one is allowed at the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

Parent/Volunteer Code of Conduct

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 or any other 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 any other child.
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 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.

LUBBOCK COOPER LITTLE LEAGUE COVID-19 RESPONSE

Coronavirus/COVID-19 (the “virus”) has been declared a worldwide pandemic by the World Health Organization. This virus is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. In an effort to reduce the probability of spectators and participants at LUBBOCK COOPER LITTLE LEAGUE (LCLL) contracting COVID-19 at games, practices and events, LCLL has put in place the following preventative measures:

- If you are exhibiting virus-like symptoms, please do not attend any games or events
- Visitors should “Social Distance” at least 6 feet apart
- If you are 65 years old, or older, you are considered at “high risk” for contracting the virus and thus encouraged not to attend LCLL activities
- Visitors are encouraged to use a mask while attending LCLL activities
- Visitors and participants are encouraged to wash their hands with soap and water as much as possible
- Hand sanitizer will be available for use at the ballpark. Visitors and Participants are encouraged to use hand sanitizer as much as possible
- Industrial grade sanitizer will be used to disinfect dugout areas after each game at the ballpark
- Only 2 people are allowed in the restrooms at the ballpark facility at one time
- Spectators are prohibited from handling any foul balls
- Children should stay with their parent/guardian and not be allowed to roam around the ballpark
- Handshakes or personal contact celebrations between players and/or visitors are prohibited
- Large coolers are prohibited at the ballpark
- Food and/or beverages should not be shared between players or visitors

APPENDIX

Volunteer Application.....	A
Medical Release Form	B
Facility Survey	C
AIG Insurance Claim Forms	D

APPENDIX A

Little League® “Basic” Volunteer Application – 2021

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



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit LittleLeague.org/LocalBGCheck for more information.

All red fields are required.

Name _____
First _____ Middle Name or Initial _____ Last _____

Address _____
City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License #: _____

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

If yes, describe each in full: _____ ☐ Yes ☐ No
(If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)

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

If yes, describe each in full: _____ ☐ Yes ☐ No
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)?

If yes, describe each in full: _____ ☐ Yes ☐ No
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List?

If yes, explain: _____ ☐ Yes ☐ No
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

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

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING). Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____
Employer: _____
Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

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/AsGBGCheck

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 appointment, 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 Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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 SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR _____

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or

☐ National Sex Offender Registry ☐ USA Baseball Ineligible List Sex Offender

*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 the criminal records associated with the forms, which may not necessarily be the league's volunteer. Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated 10/29/2020

APPENDIX B



Little League® Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

APPENDIX C

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

2021



League Name: Lubbock Cooper Little League
 District #: SW Region, Texas, District 2
 ID #: 79023
 (if needed) ID #: _____
 (if needed) ID #: _____
 City: Lubbock State: Texas

President: <u>Candace Norrod</u>	Safety Officer: <u>Brian Walsh</u>
Address: <u>3611 134th Street</u>	Address: <u>5302 CR 7550</u>
Address: _____	Address: _____
City: <u>Lubbock</u>	City: <u>Lubbock</u>
State: <u>Texas</u> ZIP: <u>79423</u>	State: <u>Texas</u> ZIP: <u>79424</u>
Phone (work): _____	Phone (work): _____
Phone (home): _____	Phone (home): _____
Phone (cell): <u>806-778-3801</u>	Phone (cell): <u>806-535-0522</u>
Email: <u>candacehutto@hotmail.com</u>	Email: <u>brian@bswfirm.com</u>

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

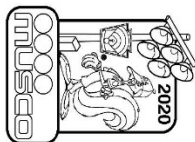
What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield		3	
c. Bases			
d. Scoreboards			3
e. Pressbox		3	
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection

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 2020 Disney® character collector's pin shown at right featuring Windup the pitcher.



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	X	X	X																	
		101 or more																				
2.	How many people can your bleachers seat?	None/NA																				
		1-100	X	X	X																	
		101-300																				
		301-500																				
		501 or more																				
3.	What material is used for bleachers?	Wood																				
		Metal	X	X	X																	
		Other																				
4.	Metal bleachers: Ground wire attached to ground rod?	Yes	X	X	X																	
5.	Wood bleachers: Are inspected annually for safety?	Yes																				
6.	Is a safety railing at the top/back of bleachers?	Yes	X	X	X																	
7.	Is a handrail up the sides of bleachers?	Yes	X	X	X																	
8.	Is telephone service available?	Permanent																				
		Cellular																				
9.	Is a public address system available?	Permanent	X	X	X																	
		Portable																				
10.	Is there a pressbox?	Yes	X	X	X																	
11.	Is there a scoreboard?	Yes	X	X	X																	
12.	Adequate bathroom facilities available?	Yes	X	X	X																	
13.	Permanent concession stands?	Yes	X	X	X																	
14.	Mobile concession stands?	Yes																				

FIELD	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
15. Is field completely fenced?	Yes	X	X	X																	
16. What type of fencing material is used?	Chainlink	X	X	X																	
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X	X																	
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X	X																	
	Spray paint																				
	Commercial marking																				
19. Is your the infield surface grass?	Yes	X	X	X																	
20. Does field have conventional dirt pitching mound?	Yes	X	X	X																	
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X	X																	
23. Backstop behind home plate?	Yes	X	X	X																	
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)																				
25. Batter's eye (screen/covering) at center field?	Yes	X	X	X																	
26. Pitcher's eye (screen/covering) behind home plate?	Yes	X	X	X																	
27. Are there protective fences in front of the dugouts?	Yes	X	X	X																	
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	X	X	X																	
30. Is a first aid kit provided per field?	Yes	X	X	X																	
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind	X	X	X																	
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X	X																	
33. Is the field lighted?	Yes	X	X	X																	
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	X	X	X																	
	Don't know	X	X	X																	
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	X	X	X																	
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes	X	X	X																	
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years?	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

FACILITY MANAGEMENT		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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	X	X	X																	
		School																				
		League																				
42. Who is responsible for operational energy costs?		Municipal																				
		School																				
		League	X	X	X																	
43. Who is responsible for operational maintenance?		Municipal	X	X	X																	
		School																				
		League	X	X	X																	
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?		Municipal	X	X	X																	
		School																				
		League																				
		Other																				
45. What divisions of baseball play on each field?		T-Ball & Minor	X	X	X																	
		Major	X	X	X																	
		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	X	X	X																	

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	6'	200'	200'	200'	25'	26'	26'	26'	26'	26'	26'
2	6'	200'	200'	200'	25'	26'	26'	26'	26'	26'	26'
3	6'	200'	200'	200'	25'	26'	26'	26'	26'	26'	26'
4											
5											
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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

APPENDIX D



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

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

Check all applicable responses in each column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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

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

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

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

General Liability Claim Form

Send Completed form to:
 Little League Baseball and Softball
 539 US Route 15 Hwy
 P.O. Box 3485
 Williamsport, Pennsylvania 17701-0485
 (570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)

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Insured	Name of League		League I.D. Number (Used as location code)					
	Name of League Official (please print)		Position in League					
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)					
			Phone No. (Bus.)					
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)				
	Arising out of Operations conducted at		<input type="checkbox"/> PM					
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)							
Who owns Premises			Person in charge of Premises					
Coverage Data	Limits	Med. Pay: None	Elevator:	Products:	Cont:			
	BI/PD:		Yes	Yes	Yes			
	Policy Number		Policy Dates:		Begin: End:			
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Property Damage	Name of Owner		Description of Property					
	Address (Street, City, State, Zip)		Name of Insurance Co.					
			Nature and Extent of Damages and Estimate of Repair					
Insured Person and Injuries	Name		Phone No. (Res)					
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single			
	Employers Name and Address		Phone No. (Bus)					
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address					
Description of Injury								
Where was the injured taken after accident?			Probable length of Disability					
Witnesses:	Name, Address, Phone Number							
	Name, Address, Phone Number							
	Name, Address, Phone Number							
Date of Report:	Signature of League Official:			Position in League				

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



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.