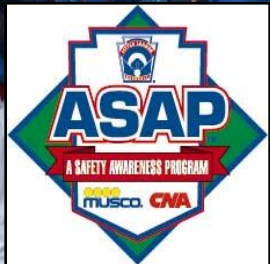


# Martinsburg Little League

## Safety Manual for Managers and Coaches 2020

If it's not safe and fun – We've missed the mark...

League I.D. Number 348-06-04



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# ***MARTINSBURG LITTLE LEAGUE SAFETY PLAN***

Valid January 1, 2020 – December 31, 2020

## **Mission Statement**

*THE MARTINSBURG LITTLE LEAGUE IS A NON-PROFIT ORGANIZATION, RUN BY VOLUNTEERS FROM ALL WALKS OF LIFE. IN THE FIFTY PLUS YEAR HISTORY OF THE LEAGUE, THE CONTINUED MISSION HAS BEEN TO PROVIDE AN OPPORTUNITY FOR OUR COMMUNITY'S CHILDREN TO LEARN THE GAME OF BASEBALL IN A SAFE AND SUPPORTIVE ENVIRONMENT.*

## **Vision Statement**

*THE VISION OF THE MARTINSBURG LITTLE LEAGUE IS TO PROVIDE FACILITIES THAT ARE SAFE, WELL MAINTAINED, AND PROVIDE THE BASIS FOR THE CHILDREN OF OUR COMMUNITY TO LEARN THE GAME OF BASEBALL. MOREOVER, IT IS THE GOAL OF THE LEAGUE TO PERPETUATE A CULTURE OF WHOLESOME COMMUNITY PARTICIPATION THAT PROVIDES AN OUTLET FOR HEALTHFUL ACTIVITY AND TRAINING UNDER SUPERIOR LEADERSHIP. THE OVERALL OBJECTIVE IS TO HELP OUR CHILDREN LEARN THE VALUES OF TEAMWORK, SPORTSMANSHIP AND FAIR PLAY – CORE VALUES THAT THEY WILL CARRY WITH THEM THROUGHOUT LIFE.*

## **ASAP INTRODUCTION:**

**ASAP – What is it?** In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing 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.”

## **ANNUAL TRAINING:**

AED / Fundamentals / Safety / First Aid and SafeSport / Child Protection training shall be conducted annually. At least one Manager or Coach from each team is required to attend annual training. New Managers/Coaches must attend training. Every Manager/Coach must attend training every 3 years as a minimum. Every League Volunteer must receive SafeSport refresher training each year. Teams may not practice or play until at least one Manager or Coach from the team has received required annual training. All League Volunteers must receive and sign for initial SafeSport Training and the Martinsburg Little League Child Protection Policy in 2020.

2020 AED / Fundamentals / Safety / First Aid / SafeSport and Child Protection Policy Training schedule:

March 7, 2020, 09:00 a.m. Oatesdale Park

March 21, 2020, 09:00 a.m. Oatesdale Park

## **CODE OF CONDUCT:**

- ***Speed Limit 5 mph*** in roadways and parking lots while attending any Martinsburg Little League function. Watch for small children around parked cars.
- ***No alcohol*** allowed in any parking lot, field, or common area within the park.
- ***No throwing baseballs*** against dugouts, backstops or buildings within the park.
- ***No throwing rocks.***
- ***No horseplay.***
- ***No climbing fences.***
- ***For players up through the Major League level*** – there is no “on deck position”. Do Not swing bats in the screened in area just outside the dugout. Any practice swings must be taken on the field before entering the batter’s box at home plate.
- ***Observe all posted signs.***
- ***Players and Spectators*** must be alert at all times for foul balls and errant throws.
- ***During game***, players must remain in the dugout area in an orderly fashion at all times.
- ***No one under the age of 14*** will be allowed in the press box, unless accompanied by a responsible adult.
- ***After each game***, each team must clean up trash in dugout and around stands.
- ***No one under the age of 15*** will be permitted in the concession stand.
- ***No Profanity – Please!!***

### **No Board Member, Manager, Coach, Player or Spectator shall:**

- At any time, lay a hand upon, push, shove, strike, or threaten to strike any official.
- Be guilty of heaping personal, verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official’s decision by throwing gloves, helmets, hats, bats, balls, or any other forceful un-sportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of physical a physical attack upon any board member, official, manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner, at any time.
- Appear on the grounds of the Martinsburg Little League, while in an intoxicated state. Intoxicated will be defined as an odor of alcohol or behavioral issue.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or personal opinion on any players during the course of the game.
- Speak disrespectfully to any manager, coach, umpire, official or representative of the league.
- Challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction, up to and including removal from the game.

## **OPERATING PRINCIPLES:**

- ❖ Responsibility for Safety procedures will be that of an adult member of the Martinsburg Little League.
- ❖ Arrangements should be made in advance of all games and practices for emergency medical services.
- ❖ At least one Manager or Coach from each team is required to attend first-aid, fundamentals, and Child Protection training each year. Every Manager/Coach will attend this training at least every 3 years.
- ❖ Each team will have a first aid kit available at all games and practices. When playing or practicing at Oatesdale Park there is a first aid kit located in the concession stand and equipment building.
- ❖ No games or practices should be held when weather or field conditions are not safe, particularly when lighting is inadequate.
- ❖ Play area shall be inspected by Managers and Umpires prior to play for any unsafe playing conditions. A copy of the pre-game field audit form should be completed and filed with the Safety Officer.
- ❖ Dugouts and bat racks shall be positioned behind screens.
- ❖ Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- ❖ Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- ❖ Procedures should be established for retrieving foul balls batted out of the playing area.
- ❖ 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
- ❖ Equipment will be inspected before each game for overall condition and proper fit. Any equipment found to be deficient should be removed and turned in to the League Equipment Manager for replacement.
- ❖ Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers or coaches.
- ❖ Batters must wear protective NOCSAE helmets during practice, as well as during games.
- ❖ Catchers must wear catcher's helmet (with face mask and throat guard), chest protector and shin guards. Male catchers must wear long-model chest protector (divisions below Junior/Senior league), protective supporter and cup at all times.
- ❖ Except when runner is returning to base, head-first slides are not permitted. This rule applies to Little League Majors, Minor and Tee ball.
- ❖ During sliding practice, bases should not be strapped down or anchored.
- ❖ 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".
- ❖ Players must not wear jewelry: watches, rings, pins, or other metallic items (**including earrings**).
- ❖ Catchers must wear catcher's helmet, face mask and a throat guard while warming up pitchers. This applies between innings and in bull-pen practice. Skull caps are not permitted.
- ❖ Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- ❖ Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This rule applies to Little League (Majors), Minor and Tee Ball.
- ❖ The fenced in area just outside the dugout is NOT an "on deck area". At no time is a player allowed to take "practice" swings in this area.
- ❖ Pre-game warm-ups must not be conducted in an area frequented by spectators.
- ❖ Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.
- ❖ Managers and Coaches are **NOT** permitted to warm-up pitchers before or during a game.
- ❖ Managers and Coaches must ensure all Little League Rules are enforced.

## **LEAGUE CONTACT INFORMATION:**

Concession Stand ...304-263-3243

### **Martinsburg Little League Board Of Directors**

President	<b>William F. Queen</b>	304-263-6568
Vice President	<b>Jay Gall</b>	304-676-0889
Secretary	<b>Amber Conley</b>	304-676-2157
Treasurer	<b>Eric Asanovich</b>	304-279-7573
Player Agent	<b>Mike Casteel</b>	304-707-1846
Safety Officer	<b>Tim Hardison</b>	703-431-7775
League Info Officer	<b>Joel Henderson</b>	304-268-2314
V.P. SR/JR	<b>Vic Lupis</b>	304-676-2671
V.P. Major	<b>Tony Gall</b>	304-839-2394
V.P. Minor	<b>Aaron Stokes</b>	304-820-3642
V.P. Rookie	<b>David Boober</b>	304-279-9419
Tee Ball	<b>Ruby Gaither</b>	304-820-2831
Facilities/Equipment Manager	<b>Larry Hart</b>	304-263-4010
Facilities/Equipment Manager	<b>Vic Lupis III</b>	304-676-2671
Umpire in Chief Jr/Sr	<b>Tanner Castle</b>	240-217-4021
Umpire in Chief Major	<b>Tim Butts</b>	304-279-4431
Concessions Manager	<b>Kim Gall</b>	304-263-7415
Player Development	<b>Bo Bartley</b>	304-268-5452
Player Development	<b>Aaron Beiler</b>	814-233-2271



## ***FIRST AID – HELPFUL REMINDERS***



Each team shall, at all times, have a manager or coach on the bench or on the field, that has been Safety trained as part of the annual mandatory Safety clinic. Once trained, the manager or coach must have a first aid kit at all practices and games.

### ***Giving First-Aid:***

**First-Aid** means exactly what the name implies – it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives. At no time should anyone administering First-Aid go beyond his or her capabilities. **Know your limits!**

Given the proximity to local support networks, the average response time to the Martinsburg Little League park should be less than 10 minutes. En-route Paramedics are in constant communication with the local hospital and are prepared for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to the hospital. Perform whatever first-aid you can and wait for the paramedics to arrive.

- Move a victim only if the victim's life is endangered where lying.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening injuries before providing further care.
- Summon professional help by dialing **9-1-1**
- Call for AED located in Concession Stand
- Continue to provide care until more highly trained personnel arrive.

### ***SOME IMPORTANT DO'S AND DON'TS***

#### ***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.
- ✓ Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first aid kit.
- ✓ Assist those who require medical attention – and when administering aid, remember to....
- ✓ **LOOK** for signs of injury (*Blood, Black-and-Blue, deformity of a joint, etc.*)
- ✓ **LISTEN** to the injured describe what happened and what hurts, if conscious. Before questioning, you may have to calm and soothe the excited child.
- ✓ **FEEL** gently and carefully the injured area for signs of swelling, or grating of a broken bone.
- ✓ Have your players' Medical Clearance Forms with you at all games and practices.
- ✓ Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

## ***DON'T...***

- Administer any oral 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 procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer or League Official immediately.

## **AED (AUTOMATIC EXTERNAL DEFIBRILLATOR):**

- An AED Device is located in the Concession Stand.
- Follow the First Aid Procedures above.
- Call for an individual who has been certified to use the AED. Follow the AED Protocol on pages 18&19.
- If an AED certified person is not available follow the instructions located on the AED.

## **Automatic External Defibrillator Response Protocol**

### **Initial Protocol for Unresponsive Victim**

- Assess scene for safety; use universal precautions
- Assess victim for responsiveness
- If unresponsive, activate EMS and in-house emergency plan by phoning 9-1-1.
- Call for AED to be brought to the scene
- Open airway, Look, listen and feel for breathing
- If respiratory effort is absent, deliver 2 rescue breaths
- Perform CPR until AED arrives

### **Begin AED Response**

- As soon as AED is available, turn on AED and follow prompts.
- If needed:
  - Remove victim from pool of water. (AED may be used on snow or ice)
  - Wipe chest if wet from water or sweat.
  - Shave chest with disposable razor. (Discard razor according to company procedures.)
- Apply AED pads. (For victims 55lbs or 8 years of age, use pediatric pads if available\*.) \*Users of FRx with Pediatric Key, should have Infant and Pediatric CPR training.
- Make sure that AED pads are placed in proper location and make good contact with victim's chest. Do not place AED pads over the nipple, medication patches, or implantable medical devices. (Note-if victim has an implantable cardiac defibrillator (ICD) which is discharging as evidenced muscle contraction



similar to when an AED discharges, wait 30-60 seconds for cycle to complete before attaching AED pads.) (One inch/2.5 cm separation between AED pad placement and implantable medical device is recommended.)

- If shock is recommended, shout “clear” and do not touch victim. Deliver shock as advised by AED. Resume CPR for 2 minutes, then allow AED to assess victim’s rhythm. Repeat cycle as needed.
- Continue CPR and follow AED defibrillation prompts until otherwise directed by AED or EMS.
- Transfer responsibility for victim to EMS when directed or appropriate.

#### **When EMS Arrives**

- Responders should document and communicate important victim information if known to EMS such as; name, known medical problems, allergies and medical history, time found, initial and current condition, information from the Philips AED by pressing “Blue i” button, if available, number of shocks delivered, time of first shock.
- Assist as requested by EMS.

#### **Post-Use Procedure**

- Fill out Martinsburg L.L. AED Event Report Form.
- Give the data card or AED (whichever is applicable), AED Event Report Form, and all other documentation to AED Coordinator / League Safety Officer within 24 hours post-event.
- Check AED and replace any used supplies as soon as possible following the event so that AED may be returned to service. Perform a battery insertion test on AED after each use or in the event of a battery change to ensure proper AED operation prior to return to service. Clean AED if needed.

#### **Maintenance:**

##### **Daily:**

- Check status indicator. Notify AED Coordinator / League Safety Officer if low battery or failure indicator is apparent.
- Ensure all supplies, accessories and spares are present and in operating condition.

##### **Monthly:**

- Check supplies, accessories and spares for expiration dates and damage.
- Inspect exterior for signs of damage.

##### **After Use:**

- Inspect exterior for dirt or contamination.
- Check supplies, accessories and spares for expiration dates and damage. Replace as necessary.
- Check operation of AED by removing and reinstalling battery and running a battery insertion test.

## ***USING 9-1-1 EMERGENCY NUMBER***

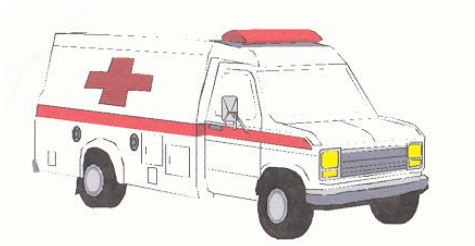
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The ***most*** important help that you can provide a victim who is seriously injured is to call professional medical help. Make the call quickly, preferably from a cell phone near the injured victim. If this is not possible send someone else to make the call from a nearby telephone. As a reminder there is a phone located at the concession stand at the Martinsburg Little League Park. Be sure that you or another caller follows the steps listed below:

- ***First dial 9-1-1***
- Give the dispatcher the necessary information, include the location i.e.; **Oatesdale Little League Park, Tavern Road, Martinsburg, WV.**
- The telephone number from which the call is being made
- The caller's name
- A description of the incident
- How many people are involved
- The condition of the injured person – for example chest pains, severe bleeding, etc.
- What help (first-aid) is being given
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim
- Continue to care for the victim until help arrives
- Appoint someone to go to the intersection of **Tavern Road** and the entrance to the park and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts

### **Emergency telephone numbers:**

Ambulance/Law Enforcement	911
City Hospital	304-264-1000
City Police Dept.	304-264-2100
Martinsburg State Police	304-267-0001



## **COMMUNICABLE DISEASE PROCEDURES**

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While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in the blood as well as other body fluids. While the AIDS virus lives less than 24 hours in dried blood, the Hepatitis B virus can survive for at least a week. Procedure for reducing the potential for the transmission of these infectious agents should include:

***Bleeding must be stopped***, and the open wound covered. If there is blood on the uniform, the uniform must be changed before the athlete can continue play. Wash the soiled clothes in a diluted bleach solution. The person (s) in direct contact with the injured must routinely wear gloves to prevent exposure to bloody or other body fluids.

If exposure to blood or body fluids does occur, wash hands or other exposed areas immediately. Clean all contaminated surfaces and equipment.

Managers, coaches, and other volunteers with open wounds (breaks in the skin) should refrain from all direct contact until the condition can be made safe.

Follow accepted guidelines in the immediate control of bleeding and disposal when handling soiled dressings mouth guards, and other articles containing body fluids.

## **ACCIDENT REPORTING PROCEDURES:**

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**What to report** – Any incident that causes a player, manager, coach, umpire, or other volunteer to receive medical treatment and/or first aid must be reported to the League Safety Officer. This includes even 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 League Safety Officer within 48 hours of the incident. **The League Safety Officer is Tim Hardison.** He can be reached at the numbers listed below:

Cell Phone: (703) 431-7775

E-Mail [thardison@natca.net](mailto:thardison@natca.net)

**How to make the report** – Reporting is a simple matter and is the cornerstone of a strong Safety Program. Copies of the incident reporting form are distributed as part of the Mandatory Annual Safety training package. A copy of the form can also be found in the Manager/Coach Safety Manual. Copies can also be found in the concession stand. In addition, most injuries are typically reported via telephone conversations.

At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- A detailed description of the incident.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

**League Safety Officer's Responsibilities** – Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

- Verify the information received
- Obtain other information deemed necessary
- Check on the status of the injured party
- In the event that the injured party required other medical attention ( i.e., Dr's visit, Emergency room visit, etc.) will advise the parent or guardian of the Martinsburg Little League's insurance coverage and the provisions for submitting any claims.
- If the extent of the injury is more than minor in nature, The Safety Officer shall periodically call the injured party to check on the status of any injury. In addition, the Safety Officer will check to determine if any other assistance is necessary in areas such as the submission of insurance forms, etc. until such time as the incident is considered closed. Closure is determined as the point at which no further claims are expected and/or the individual is participating in the league again.

## **LIGHTNING FACTS AND SAFETY PROCEDURES:**

### ***Helpful information***

The average lightning stroke is 6 – 8 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

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 within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from within the storm's overhanging anvil cloud. As an example of the danger, 13 people were injured at RFK stadium by lightning during a concert. The conditions at RFK were sunny and dry. The culprit was a storm that was in the local area. NEVER take storm passage for granted.

On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.



### **“Flash-Bang” Method**

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

### **Rule of Thumb**

The ultimate truth about lightning is that, by its very nature, it's unpredictable and can not be prevented. Accordingly, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. Remember the flash-bang technique, as previously mentioned. **When in doubt, the following guidance should be applied:**

***WHEN YOU HEAR IT – CLEAR IT***

***WHEN YOU SEE IT – FLEE IT***



## **CONCUSSION SAFETY**

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. They should be removed from play immediately. Little League Regulation III(D) Note 3 (in part) states: If a Medical Professional, Umpire in Chief, the Player’s Coach, The Player’s Manager or the Player’s Parent has determined a Player sustains a possible Concussion, the Player must be, at a minimum, removed from the game and/or practice for the remainder of that day.... His/Her return to full participation is subject to: An evaluation and a written clearance from a physician or other accredited medical provider and a written acknowledgement of the parents.

### **Concussion Signs Observed:**

- Appears Dazed or Stunned
- Is Confused about assignment or position
- Forgets an instruction
- Is unsure of game score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### **Concussion Symptoms Reported by Player:**

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

Concussion Resources:

CDC Website: <http://www.cdc.gov/headsup/>

## **HEAT EXHAUSTION**

Staying hydrated is one of the easiest ways to help prevent heat-related illness. Heat exhaustion can lead to Heat Stroke. Coaches and parents need to make sure unlimited amounts of water are available for athletes during practices and games, but it is also important for them to stress that athletes need to drink water before and after activity as well. **DRINK PLENTY OF WATER!**

Quick recognition of a heat-related illness is paramount to survival because the signs and symptoms are generally nonspecific:

- Disorientation
- Dizziness, weakness
- Unusual behavior
- Headache
- Vomiting

“Be proactive,” Dr. Raj Deu, Johns Hopkins Med. Center, stresses. “If you see someone struggling, pull them out of the game or practice, ask them how they are feeling, give them some water and cool them down.” Cold compresses or ice should always be kept on hand for circumstances that require immediate cooling. If your child or a specific athlete is not behaving typically and the conditions are right for heat-related illness, Dr. Deu says you should investigate. “Parents, coaches and trainers know their kids the best and can recognize when something just doesn’t seem right.”

Resource: Johns Hopkins Medical Center: <https://www.hopkinsmedicine.org/health/wellness-and-prevention/heat-related-illness-and-young-athletes-3-important-things-parents-and-coaches-need-to-know>

# **Martinsburg Little League Child Protection Policy**

## **Background:**

In 2018, the “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation’s sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment.

Little League Baseball and Softball has always strived to create a safe and healthy environment for all Little Leaguers and their families. There are certain requirements from the SafeSport Act that Little League International and all local little league programs must adhere to.

- Reporting of Sexual Abuse involving a minor to the proper authorities
  - All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
  - Local leagues must be aware of the proper procedures to report sexual abuse in their state. Please reference [LittleLeague.org/ChildAbuse](http://LittleLeague.org/ChildAbuse)
- Leagues must adopt a policy that prohibits retaliation on “good faith” reports of child abuse
- Leagues must adopt a policy that limits one-one-one contact with minors
- Leagues are highly encouraged to complete Abuse Awareness training provided by USA Baseball and SafeSport

## **Introduction:**

The vision of Martinsburg Little League is to provide facilities that are safe, well maintained, and provide the basis for the children of our community to learn the game of baseball. Moreover, it is the goal of the League to perpetuate a culture of wholesome community participation that provides an outlet for healthful activity and training under superior leadership. The overall objective is to help our children learn the values of Teamwork, Sportsmanship and Fair Play, Core values that they will carry with them throughout life.

Martinsburg Little League in response to the formalization of Senate Bill 534 (2017), and with the support of the U.S. Center for Safe Sport, USA Baseball and Little League International, is implementing the following policies for the prevention and reporting of instances of child abuse including; sexual misconduct, violent crimes, bullying, hazing, harassment, emotional misconduct and physical misconduct, within our league. All covered volunteers selected for participation in Martinsburg Little League must agree to abide by the following Child Protection Policy. Covered individuals are limited to the following individuals:



- Martinsburg Little League Board of Directors
- Martinsburg Little League Managers and Coaches
- Martinsburg Little League Umpires
- All other Parent Volunteers who filled out Volunteer Forms for Martinsburg Little League and had background checks conducted

Any individual who is a Covered Individual under these policies and/or the rules of the U.S. Center for SafeSport, is subject to the rules, policies, and procedures of the U.S. Center for SafeSport and will submit, without reservation or condition, to the jurisdiction of the U.S. Center for SafeSport for the resolution of any alleged violations of those rules, policies, or procedures, as they may be amended from time to time.

### **Prohibited Conduct:**

The following conduct is strictly prohibited by all Covered Individuals listed above:

1. Bullying – (<http://sportdev.org/USAB/Blog/Bullying.aspx>)
2. Hazing – (<http://sportdev.org/USAB/Blog/Hazing.aspx>)
3. Harassment (including sexual harassment) – (<http://sportdev.org/USAB/Blog/Harassment.aspx>)
4. Emotional misconduct – ([http://sportdev.org/USAB/Blog/Emotional\\_Misconduct.aspx](http://sportdev.org/USAB/Blog/Emotional_Misconduct.aspx))
5. Physical misconduct – ([http://sportdev.org/USAB/Blog/Physical\\_Misconduct.aspx](http://sportdev.org/USAB/Blog/Physical_Misconduct.aspx))
6. Sexual misconduct (including child sexual abuse) – ([http://sportdev.org/USAB/Blog/Sexual\\_Misconduct.aspx](http://sportdev.org/USAB/Blog/Sexual_Misconduct.aspx))

### **Reporting:**

Any Covered Individual must immediately report suspected child abuse, including sexual abuse, to the West Virginia State Police (304) 267-0001 (if you believe the child may be in immediate danger), otherwise report to the West Virginia Child Abuse and Neglect Hot Line 1-800-352-6513, the U.S. Center for SafeSport (<https://uscenterforsafesport.org/report-a-concern>), and the President and/or Vice President of Martinsburg Little League. The President of Martinsburg Little League or his/her designee must report the incident to the Security Manager, Little League Risk Management Department, Little League International. Reporting must be made within 24 hours subject to Federal Law.

Any Covered Individual that witnesses or is made aware of Bullying, Hazing, Harassment, Emotional Misconduct and or Physical Misconduct, not rising to the level of Child Abuse, or sexual abuse, must report the suspected behavior to the President or Vice President of Martinsburg Little League as soon as possible but not later than 24 hours from being made aware of the event.

Regardless of outcome, Martinsburg Little League will support the complainant(s) and his or her right to express concerns in good faith. Martinsburg Little League will not encourage, allow or tolerate attempts from any individual to retaliate, punish, allow or in any way harm any individual(s) who reports a concern in good faith. Such actions against a complainant will be considered detrimental to the purposes of Martinsburg Little League and will be grounds for disciplinary action to include removal from Martinsburg Little League.

In cases involving suspected violations under SafeSport, in addition to reporting to law enforcement, such matters will be reported to the U.S. Center for SafeSport for adjudication. If the matter is not resolved by the U.S. Center for SafeSport, or referred back to Martinsburg Little League for adjudication, Martinsburg Little League's Board of Directors will make a decision in regards to any action taken.

### **Training:**

All Covered Individuals must complete Abuse Awareness Training provided by USA Baseball and SafeSport, and a yearly refresher training to be determined and included with ASAP training each year.

### **Zero-Tolerance Policy:**

Martinsburg Little League enforces a zero-tolerance policy. Any individual whose background check reveals a conviction for, guilty plea, no contest plea, or admission to any crime involving or against a minor, will have no engagement with Martinsburg Little League. If a League Volunteer is reported for suspected Child Abuse in any manner, or Martinsburg Little League becomes aware of information, by any means whatsoever, that a League Volunteer has been convicted of, pled guilty, pled no contest, or admitted to any crime involving or against a minor, that Volunteer must be temporarily suspended from having contact with minors until Martinsburg Little League is able to confirm the accuracy of the information through the applicable governmental agency. If a Volunteer is subsequently removed or banned from the League based on information provided by the governmental agency, the League President must report this information to the Little League International Security Manager.

### **Appropriate One-on-One Interactions Policy:**

#### **Meetings:**

Any meeting between a minor athlete and a Manager, Coach or other Covered Individual, must occur when another Manager, Coach, adult or Covered Individual is present, except under emergency circumstances. Meetings must occur where interactions can be easily observed and at an interruptible distance from another adult. If a one-on-one meeting takes place in an office, the door must remain unlocked and open. If a closed-door meeting is necessary, the Manager, Coach or Covered Individual must inform the athlete, and another adult must be present, and ensure the door remains unlocked. If an office has a window, blinds, and/or curtains should remain open during the meeting.

#### **Individual Training Session(s):**

An individual training session(s) with a minor athlete may be desired or necessary. In such circumstances, the minor athlete's training session should be open and observable by others. Additionally, written permission of a

minor athlete's parent/legal guardian is required in advance of the individual training session(s). Parents/legal guardians are encouraged to attend the training session. Managers, Coaches, and/or other Covered Individuals shall make every attempt to not be alone with a minor athlete. Another Manager, Coach, other Covered Individual, Parent, Player or another Adult, should be present and in the same room.

1. Example- A private pitching session occurs between a minor athlete and a Manager, Coach or other Covered Individual. The Parent/legal guardian(s) are encouraged to attend the session and written consent must be obtained from the parent in order to hold the session. The Manager/Coach should make every effort to not be alone with the minor athlete, except for an emergency situation.

### **Prohibited One-on-One Interactions Policy:**

While some one-on-one interactions may be necessary, specifying prohibited one-on-one interactions provides staff, volunteers, parents, minor athletes, and others with clear rules and expectations for athlete safety. It is important to set clear boundaries of acceptable and unacceptable behavior to protect minor athletes and all participants.

This policy shall apply to all Covered Individuals who have regular contact with minor athletes. Except, as set forth in the policy for "Appropriate One-on-One interactions," minor athletes will not be left unattended or unsupervised during events.

1. Managers, Coaches, or other Covered Individuals who have regular contact with minor athletes, are prohibited from being alone with an individual minor athlete in any room or facility unless:
  - a. There is an emergency
  - b. The Manager, Coach, or other Covered Individual has obtained written permission from the minor athlete's parent/legal guardian; or
  - c. The Manager, Coach or other Covered Individual is the minor athletes parent/legal guardian, sibling, or personal care assistant

### **Locker Rooms / Changing Areas / Restrooms Policy:**

Athletes (especially minors) are particularly vulnerable in locker rooms, changing areas and open restrooms due to various stages of dress/undress and because minor athletes are less supervised than at many other times. Minor athlete-to-athlete problems, such as child sexual abuse and bullying, harassment, and hazing, often occur at times when athletes are not monitored. This is especially true in locker rooms. Because athletes are vulnerable in locker rooms and changing areas, it is also important to monitor contact between staff members and other adults who have regular contact with minor athletes. Adherence to a locker room and changing areas policy enhances privacy and reduces the likelihood of misconduct.

Martinsburg Little League does not have "Locker Room" facilities. However, there are times when minor athletes change clothing at the facilities, i.e. Allstar uniform fitting, etc. The following guidelines are designed to maintain personal privacy as well as to reduce the risk of misconduct in locker rooms, changing areas and

restrooms. This policy applies to all Covered Individuals and other adults who have regular contact with minor athletes.

1. Minor Athletes are expected to come dressed for practice and or game and change and shower at home.
2. When minor athletes are required to change at Oatesdale Park, they should be provided an area with privacy. A Covered Individual and at least one additional adult must be present. At least one Covered Individual that monitors and supervises the locker room or changing area must be SafeSport compliant.
3. When minor athletes need to use the restroom and require assistance (Tee Ball age) a Covered Adult must keep the door open and have another Adult present. Make all attempts to have the minor athletes parent or legal guardian accompany the minor. If the minor athlete is able to handle business in the restroom without assistance, first look inside ensure the restroom is clear and then allow the minor athlete to go in. Stay outside the door, or stand in the door way with the door open.

### **Travel Policy:**

Travel is a standard aspect of our competitive season and Martinsburg Little League has established policies to guide its travel, minimize one-on-one interactions and reduce the risk of misconduct. Adherence to these travel guidelines will increase minor athlete safety and improve the competitive experience while keeping travel a fun and enjoyable experience. This policy applies to all Covered Individuals who have regular contact with minor athletes.

1. Local Travel
  - a. For local travel, parents/legal guardians of minor athletes are responsible for making all travel arrangements. In these instances, it is the responsibility of the parents/legal guardians of the minor athlete to ensure the person transporting the minor athlete maintains all safety and legal requirements, including but not limited to: a valid driver's license, proper insurance, well maintained vehicle, and compliance with all laws and Martinsburg Little League policies.
  - b. In an effort to minimize one-on-one interactions, Managers, Coaches, and other Covered Individuals who are also acting as a parent/legal guardian, should not drive alone with an unrelated minor athlete and should only drive with at least two other minor athletes or another adult at all times, unless otherwise agreed to in writing by the minor athlete's parent/legal guardian in advance of travel. In any case where a Covered Individual is involved in the minor athlete's local travel, a written parent/legal guardian release is required in advance. Efforts must be made to ensure that staff members, and other adults who have regular contact with minors, are not alone with a minor athlete or participant (e.g., picking up and dropping off the minor athletes).
  - c. Covered Individuals, who are also a minor athlete's parent/legal guardian may provide shared transportation for any athlete(s). Martinsburg Little League encourages parents/legal guardians



to pick up their minor athlete first and drop off their minor athlete last in any shared or carpool travel arrangement. Martinsburg Little League also recommends completing a shared travel declaration form signed by the parents/legal guardians of any minor athlete who is being transported as part of such a carpool arrangement.

## 2. Team Travel

- a. Team travel is overnight travel that occurs when Martinsburg Little League coordinates, or arranges for travel so that its teams can compete locally, regionally, or nationally. Because of the greater distances, Managers, Coaches, and other Covered Individuals will often travel with the minor athletes. However, no Manager, Coach or Covered Individual, will engage in team travel without the proper safety requirements in place, including: a valid driver's license, proper insurance, well maintained vehicle, and compliance with all laws and Martinsburg Little League policies.
- b. Martinsburg Little League makes every effort to provide adequate supervision through Managers, Coaches, and other Covered Individuals. Appropriate adult-to-minor athlete ratios depends on the age of the athletes and other participants. Martinsburg Little League will evaluate each Team Travel and discuss this topic with parents/legal guardians of minor athletes to determine appropriate supervisory needs.
- c. Martinsburg Little League will discuss hotel and travel arrangements with Parents and Legal Guardians in advance. Team meetings do not occur in hotel rooms (and may occur in hotel lobbies or other meeting rooms). All meetings conducted shall be consistent with the Martinsburg Little League Policy for one-on-one interactions.
- d. During team travel, Managers, Coaches and other Covered Individuals will help with adherence to policy guidelines, including without limitation the Travel Policy and Locker Room and Changing Areas Policy and Reporting Policy.
- e. If a non-Covered Individual, transports a minor athlete in their private car for team travel, a copy of their driver's license is required, as is a copy of the parent/legal guardian's signed permission form.
- f. When not practicing, training, competing, or preparing for a game, Martinsburg Little League Manager's, Coaches, and other Covered Individuals will monitor the activities of minor athletes during team travel. To that end, Martinsburg Little League Covered Individuals will:
  - i. Prepare minor athletes for team travel and make minor athletes aware of all expectations. Supplemental information will be given to parents/legal guardians of minor athletes who are considered inexperienced travelers, new, or relatively new to team travel, or who are under the age of 14.
  - ii. Familiarize themselves with all travel itineraries and schedules before the initiation of team travel.

- iii. Conform to, monitor others' adherence to all policies during team travel.
  - iv. Encourage minor athletes to participate in regular scheduled communications with their parents/legal guardians.
  - v. Help minor athletes be on time for all team individual sport commitments.
  - vi. Assist with team travel logistical needs (as possible).
  - vii. Support chaperones and/or participate in the monitoring of minor athletes for adherence to curfew restriction set based on age and competition schedule as listed in the travel itinerary.
  - viii. Ensure minor athletes are complying with hotel room restrictions.
  - ix. Make certain that minor athletes are not alone in a hotel room with any Manager, Coach, other Covered Individual or other adults apart from a family member.
  - x. Not use drugs or alcohol in the presence of minor athletes or be under the influence of alcohol or drugs while performing their organizational duties.
  - xi. Immediately report any concerns about physical or sexual abuse, misconduct, or policy violations to the appropriate authorities in accordance with this policy.
  - xii. Notify parents/legal guardians before taking any disciplinary action against a minor athlete, especially if the minor athlete is traveling without his or her parents/legal guardians. Parents/legal guardians present on the trip will also be informed.
- g. Team travel policies must be signed and agreed to by all Minor Athletes, Parents, Managers, Coaches, and other Covered Individuals traveling with the team.

## **CONCESSION STAND TIPS:**

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### **12 Steps to Safe and Sanitary Food Service:**

*The following information is intended to help the League run a healthful concession stand. Following these simple guidelines will help to minimize the risk of food borne illness. This information has been excerpted from “Food Safety Hints” by the Fort Wayne-Allen County Department of Health. Additional information can be found in the “West Virginia Food Service Sanitation Regulation”. This booklet may be obtained from the office of the local County Health Department.*

1. **Menu.** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from service to service, is the key to safe, sanitary food handling.*
2. **Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41F or below (if cold) or 140F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155F, poultry parts should be cooked to 165F. *Most food borne illnesses from emergency events can be traced back to lapses in temperature control.*
3. **Re-heating.** Rapidly reheat potentially hazardous foods to 165F. Do not attempt to heat foods in crock pots, over steam tables, over Sterno units, or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*
4. **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice-water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4” in depth and refrigerate. Pans should not be stored one on top of the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain un-refrigerated for too long has been the number ONE cause of food borne illness.*
5. **Hand Washing.** *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute to hand washing.
6. **Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, etc.) or who has open sores or infected cuts on the hands should not be allowed in the concession area. *The use of hair restraints is recommended to prevent hair ending up in food products.*
7. **Food Handling.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching foods with bare hands can transfer germs to food.*
8. **Dishwashing.** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. *Ideally*, dishes and utensils should be washed in a four step process:
  1. Washing in hot, soapy water:
  2. Rinsing in clear water.:
  3. Chemical or heat sanitizing:

4. Air drying.
9. **Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria and viruses and cause food borne illness.*
10. **Wiping cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change solution every two hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*
11. **Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession stand area, including mopping the floors, and discard the unusable food.

## **STORAGE BUILDING/EQUIPMENT USE PROCEDURES:**

*The policy described below is intended to apply to all storage buildings used by the Martinsburg Little League. Further, additional implied responsibility is accepted by anyone who has been issued keys to the storage structures.*

- All individuals that have been issued keys to the Martinsburg Little League equipment sheds ( i.e., Equipment Managers, Grounds Managers, Umpires, etc.) are aware of their responsibility for the orderly and safe storage of all tractors, lawn mowers, weed whackers, rakes, shovels, bases, hazardous materials, fertilizers, poisons, tools, etc. . .
- All storage sheds shall be kept locked at all times.
- Before the use of any machinery located in the equipment sheds (i.e., tractors, lawn mowers weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written procedure for that equipment.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) shall be properly marked and labeled and stored in it's original container, if available.
- Any witnessed "loose" chemicals or organic materials within these sheds shall be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with all labels intact.
- Use poison symbols to identify dangerous substances.
- Dispose of out dated products in an approved method.
- Use chemicals in a well ventilated only.
- Wear proper protective equipment such as gloves or a mask when handling toxic substances.
- Consult Material Safety Data Sheets (MSDS) when determining proper personal protective equipment.
- Consult MSDS when considering first aid measures as a result of personnel exposure.

## **GUIDANCE FOR THE SAFE USE OF MACHINERY**

**Tractors, mowers, and other heavy machinery will:**

- Be operated only by “approved” operators.
- Never be under the influence of alcohol or drugs (including prescribed medications)
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes set, the blades retracted, and the keys removed from the ignition.
- Never be operated in a way that could put one’s life in danger (i.e. riding on the fender of a tractor).
- Never be left outside the tool sheds or appointed storage facility, if not in use.

## PREGAME CHECKLIST

DATE: \_\_\_\_\_

Division: \_\_\_\_\_

TEAMS: \_\_\_\_\_ AND \_\_\_\_\_

FIELD: \_\_\_\_\_

1. UNSAFE FIELD CONDITION: \_\_\_\_\_

2. UNSAFE BASES: \_\_\_\_\_

3. UNSAFE FENCES/GATES/OTHER: \_\_\_\_\_

UNSAFE EQUIPMENT: \_\_\_\_\_

1. CATCHERS: Chest protector, Helmet, Mask, Shin Guards, Cup
2. UMPIRES: Chest protector, Helmet, Mask, Shin Guards, Cup
3. PLAYERS: No Metal Spikes(below Junior League level), Cups, No Jewelry
4. BATS: Check for Cracks, Dents

**USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED**

**REMOVE ANY UNSAFE EQUIPMENT. IF IT IS MARTINSBURG LITTLE LEAGUE ISSUED EQUIPMENT, RETURN IT TO THE FACILITY MANAGER OR YOUR V.P. FOR REPAIR OR REPLACEMENT.**

**THE USE OF TOBACCO PRODUCTS IS NOT PERMITTED ON THE FIELD, IN THE DUGOUT, BEHIND THE DUGOUT OR WHILE ACTIVELY PARTICIPATING IN GAMES OR PRACTICES. THIS INCLUDES BUT IS NOT LIMITED TO: ALL MANAGERS, COACHES, UMPIRES OR OTHER LEAGUE OFFICIALS.**

***REPORT ALL UNSAFE CONDITIONS/ACCIDENTS/INJURIES TO YOUR V.P AND SAFETY OFFICER***

Safety Officer	<b>Tim Hardison</b>	703-431-7775
V.P. SR/JR	<b>Vic Lupis</b>	304-676-2671
V.P. Major	<b>Tony Gall</b>	304-839-2394
V.P. Minor	<b>Aaron Stokes</b>	304-820-3642
V.P. Rookie	<b>David Boober</b>	304-279-9419



V.P. Tee Ball

Ruby Gaither

304-901-0276



## Little League® Volunteer Application - 2020

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 meet 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](http://LittleLeague.org/localBGcheck) for more information.

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

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.)? Yes ☐ No ☐ If yes, list: \_\_\_\_\_

3. Do you have a valid driver's license? Yes ☐ No ☐  
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

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

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

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

7. Have you ever been refused participation in any other youth programs? Yes ☐ No ☐  
If yes, explain: \_\_\_\_\_

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](http://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):

Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

\* JDP ☐ Sex Offender Registry Data and National Criminal ☐  
Records check, as mandated in the current season's  
official regulations

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

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

Last Updated: 10/10/2019

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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



**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 \_\_\_\_\_

# Martinsburg Little League

## AED Event Report

**Location:** Martinsburg Little League Oatesdale Park

**League Safety Officer:** Tim Hardison **Phone:** 703-431-7775 **E-mail:** thardison@natca.net

**Device Manufacturer Model:** Philips FRx Defibrillator

**Victims Name:** \_\_\_\_\_ **Sex:** M or F (circle one)

**Age:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Time of Injury:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location injury occurred** (On ball field, in stands etc.) \_\_\_\_\_

\_\_\_\_\_

**How did injury occur?** (Hit by baseball, fall, collapsed etc.)

\_\_\_\_\_

\_\_\_\_\_

**AED Responder:** \_\_\_\_\_

**Was Victim Conscious?** \_\_\_\_\_ **Was Victim Breathing?** \_\_\_\_\_

**Was CPR Performed?** \_\_\_\_\_ **Was AED Applied?** \_\_\_\_\_

**Was Shock Advised?** \_\_\_\_\_ **Number of times Shocked:** \_\_\_\_\_

**Did EMS Respond?** \_\_\_\_\_ **Was Victim Transported to Hospital?** \_\_\_\_\_

**Additional Information/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Report Completed By:** \_\_\_\_\_

## Parental Consent for One on One Instruction and/or Local Transportation

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to: (circle all that apply)

- a. Receive One on One Instruction from the Manager, Coach or League Volunteer named below.
- b. Receive transportation to and from Local Little League functions by the Manager, Coach or League Volunteer named below.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or legal guardian (print)

\_\_\_\_\_  
Parent or legal guardian cell phone number:

\_\_\_\_\_  
Name of Player (print)

\_\_\_\_\_  
Division and Team

\_\_\_\_\_  
Name of Manager, Coach, League Volunteer



# Martinsburg Little League

## Team Travel Policy Acknowledgement Form

I, the undersigned, Parent, Legal Guardian, Player, Manager, Coach or other League Volunteer, have read or had read to me, the Martinsburg Little League Team Travel Policy as written in the Martinsburg Little League Child Protection Policy. I acknowledge that I understand the Policy and agree to abide by the Policy while participating in Team Travel with Martinsburg Little League.

Signature

Date

Printed Name and Position i.e. Parent, Player, Manager, Coach etc.

Signature

Date

Printed Name and Position i.e. Parent, Player, Manager, Coach etc.

Signature

Date

Printed Name and Position i.e. Parent, Player, Manager, Coach etc.

Signature

Date

Printed Name and Position i.e. Parent, Player, Manager, Coach etc.

