

ENGLEWOOD LITTLE LEAGUE
Statement of League Policy

Our league's Safety Program is based on the belief that the safety and well-being of its players must be the primary consideration in all activities. Children are the league's most valuable and important asset and their safety is our greatest responsibility.

It is the objective of our league to take all reasonable and practical measures to ensure the safety, health, and welfare of its children on and around the field, and to ensure that other persons affected by league operations are not exposed to safety and health risks.

Safety is the primary importance in our organization and activities. Each of us, as parents and coaches, has the responsibility of making safety for our children and ourselves a fundamental concern.

All coaches, parents, players and umpires are required to cooperate and contribute to the overall success of this program by performing their assigned tasks in the safest manner possible and by conducting themselves in such a way that enhances their personal safety and that of others.

No game is so important, no practice is so urgent, that we cannot take time to perform them safely.

ENGLEWOOD LITTLE LEAGUE
Safety Code

1. The Safety Director is responsible for overseeing the overall safety of all league activities.
2. First aid kits are available at playing fields in the concession stand.
3. Emergency numbers are posted at each of the concession stands.
4. Don't practice or play if hazardous weather is in doubt. (Rain, lightning, or extreme wind, etc.)
5. Inspect playing area prior to any practice or game for holes, glass, damage, and other foreign objects.
6. Only Managers, Coaches, Umpires and Players are allowed on field during practice or games.
7. All players and coaches should be alert at all times during practice and games.
8. Inspect equipment on a regular basis. (Before and after each practice and game.)
9. Pitching Machines are in good working order (including extension cords, outlets, etc.), and are only to be operated by adult managers and coaches.
10. Batters must wear protective helmets during practice and games. ELL will provide helmets with face guards and encourage their use.
11. Catchers must wear a protective cup (baseball), catcher's helmet (with face mask and "dangling" type throat protector), long-model chest protector, and shin guards (Girls Softball and Junior/Senior League Baseball catcher's long or short model chest protector).
12. Except when a runner is returning to a base, head first slides are not permitted (does not apply in Junior/Senior League play).
13. At no time should "horse play" be permitted on the playing field.
14. Parents of players who wear glasses should be encouraged to provide "safety glasses".
15. Players must not wear watches, rings, pins, jewelry or other metallic items.
16. Regulations prohibit on-deck batters. This means no player shall handle a bat, even while in

- an enclosure, until it is his/her time at bat (does not apply in Junior/Senior League play).
17. Use caution when entering and leaving ballpark.
 18. Managers and/or Coaches never leave practice until all children are picked up.

EMERGENCY PROCEDURE

If an accident occurs that requires medical personnel, follow the steps listed below:

Have someone call proper medical personnel.

Give first aid.

Call 911 if head injury, possible broken bone or life threatening.

Call Safety Director or league official.

What to Report: Any incident that causes any player, manager, coach, umpires, or volunteers who receive an injury.

When to Report: All such incidents must be reported to the safety Director within 48 hours.

Fill out Report: Safety Director fills out incident/injury-tracking report.

1. Safety Director's Responsibility:

- a. Contact injured party or parent/guardian and check on status.
- b. Verify the information received.
- c. Obtain any other information deemed necessary.
- d. If injured party receives medical attention from ER or Doctor, advise of insurance coverage.
- e. Follow-up on status until recovered.
- f. Submit a qualified safety plan registration form with the ASAP plan to Little League Int.
- G. Submit facility survey to Little League Int.
- H. Submit Safety manual to Little league Int.

EMERGENCY PHONE NUMBERS

Police or Medical Emergency: 911

Englewood Police: 937-836-2678

Non-Emergency Montgomery County Sheriff: 937-225-4357

Englewood Little League Officials

League President – Pete Bardonaro 432-5325

Safety Director – Ron McGilton 361-8484

Player Agent – Ryan Meeds 671-8009

Treasurer – Tim Woodard: 545-2670

ENGLEWOOD LITTLE LEAGUE SAFETY PROGRAM

Part I: Safety Director. I am Ron McGilton, the Safety Director of Englewood Little League. I have been involved with the Englewood Little League program for 7 years. I have served as a Manager, Coach, and Safety Director. Safety is a very important part of the Little League program. We want to make it as safe and enjoyable as possible for the children we are around every day.

Part II: Safety Manual. The Safety Manual includes the following:

1. Statement of League Policy
2. Safety Code
3. Emergency Procedure
4. Emergency Phone Numbers
5. Safety Program
6. Communicable Disease Procedure
7. Weather Facts
8. Some Important Do's and Don'ts
9. Concession Stand Safety Rules

Part III: Emergency Numbers. Numbers are listed at the concession stand as well as in this manual.

Part IV: First Aid. The league provides First Aid kits at the playing fields for minor First Aid. We utilize local EMT'S and Paramedics for anything beyond a first responder type.

Part V: Field Inspection. As part of the continuing effort to free any games of hazards, we ask our Managers and Coaches to incorporate field inspection during their warm-up at practice. On the game fields, we include umpires in the pre-game inspection. We ask them to look for anything that would be unsafe, including player's equipment.

Part VI: Facility survey. The Facility survey in our safety package is completed and included with this package.

Part VII: Concession area. We have an individual that manages the operation of the concession stand on a full time daily basis for consistency of safe operation.

Part VIII: Equipment inspection. Prior to the start of this baseball season, league equipment has been inventoried and inspected by divisional VP's. Equipment that was unsafe or unfit for use was destroyed and discarded. Managers, Coaches and Umpires do inspection of league equipment during the season. During the season divisional VP's will replace equipment that is found unsafe or unfit. All equipment purchased by our league is Little League approved.

Part IX: Accident Reporting. The accident reporting procedure is included in our safety manual.

What to Report: Any incident to any player, manager, coach, umpires, or volunteer.

When to Report: All such incidents must be reported to the Safety Director within 48 hours.

Fill Out Report: The Safety Director fills out incident/injury-tracking report.

Safety Director's Responsibilities:

- a. Contact injured party or parent/guardian and check on status.
- b. Verify the information received.
- c. Obtain any other information deemed necessary.
- d. If injured party receives medical attention from ER or Doctor, advise of insurance coverage.
- e. Follow-up on status until recovered.

Part X: First Aid Equipment. First Aid kits are located at each park in the concession stand.

Part XI: Continuing Education. Assist all members of Englewood Little League in practicing good safety habits. Practice safety through "positive" re-enforcement and by setting an example for all to follow. When League Officers are on field duty, make an extra effort to ensure all safety rules are being followed. Managers were provided first aid training, the Little League Official Regulations and Playing Rules, and a copy of the Little League Safety Code.

Part XII: Little League Volunteer Form. We use the volunteer application for to screen our Managers, Coaches, league Officials, and Volunteers.

Part XIII: Player roster and Coach and Manager Data are to be sent to little league Int. via the Little League Data Center at www.LittleLeague.org. This is one of the Player agent duties.

Part XIV: Coaches, Managers and Umpires will be required to fill out the concussion and head injury information sheet supplied by Little League in addition to going online and taking and completing the free online training program every three years in recognizing the symptoms of concussion posted to the Ohio Department of Health's web site @ www.healthyohiprogram.org/concussion.

First Aid Training

Purpose: The purpose of safety training is to make coaches aware of proper procedures in the event of an accident or injury. The intent of this training is to allow recognition of potential situations and prevent further injury; anything beyond this scope should be referred to qualified medical personnel.

ELL First Aid Trainer: Ron McGilton is the safety director for the Englewood Little League. Tom will conduct a first aid training session at our coaches and managers meeting March 9, 2014 an additional session will be made available if necessary.

Safety items covered in training session:

1. First and foremost, everyone should have a medical form filled out for each player on your team. You should look at the forms to see if there are medical conditions to be aware of. Such as asthma, allergies, etc.
2. If you are ever in doubt of what to do, you should call 911. It is their job to know what to do and that is why they are available. If there is a need to call 911, you will need to send someone to the park entrance to direct the personnel. Telling the dispatcher to look for a kid in a green shirt lying on the ground, it could be a while before they find you. Identify field number if possible.
3. The most common issue seen on the field is dehydration. Discuss this with your players. Adequate hydration starts a day before; drinking lots of fluids right before the game during the game will only maintain not increase hydration. Watch catchers during the hot afternoons. Cramping is the most coming symptom (especially in the leg).
4. Sore muscles- talk to your players about making sure they alert the coaches when muscles are sore, and then the coaches need to make sure they don't overuse. Proper stretching can help prevent issues and ice can help with the healing.
5. Bug/ Insect bites- reading the medical forms will help make you aware of potential issues. If you have a player who is allergic to bee stings, talk to them so you can find out the potential risk to the player. The more info you have, the better you will be able to respond (or get the necessary help).
6. Joint injuries- as coaches, many times a player will slide in the base and say they hurt their ankle or knee etc., and a coach's reaction is to pull the kid up and start dusting him off, don't do this! Let the kid lie on the ground for a few seconds. Let them catch their breath. Ask them how they feel. If they are not getting better, don't move them. Get their parents.
7. Broken bones- this could be anything from a pinky to a femur. If you are not qualified to diagnose the injury, resist the temptation. Even a doctor will not look at your finger and say it is broken without more evidence. Don't try to splint or any of that – call 911. Again, get their parents.

8. Head injuries- ELL provides helmets with face guards. They are good quality and provide much protection. If a player is hit in the head, keep them down for a moment. Many players want to show you they are okay and try to jump up. Inspect the helmet, if it has a crack that is an indication of how hard they were hit. (Also, discard the helmet.) This could be a situation for the EMT's. Get the child's parents involved. If the incident involves a fielding or throwing situation, there may not be a helmet involved. When in doubt, call 911.

Conclusion: This session is not intended to cover all possible solutions, but designed to make you think about proper first aid responses. We do not expect you to be able to administer to the player in very situations, but we want you to exercise caution in these situations.

COMMUNICABLE DISEASE PROCEDURES

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 born infectious diseases can be transmitted. For example, hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmissions of these infectious agents include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. (Available in the concession stand.)
5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
6. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic contact until the condition resolves.
7. Contaminated towels should be properly disposed of/disinfected.
8. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids

ELL Fundamental Training for Managers and Coaches

Purpose: The purpose of the fundamental training is to make managers and coaches aware of the correct way to teach proper hitting, sliding, fielding, and pitching technique.

ELL Fundamental Trainers are the divisional VP's: The training takes place after the Safety Training sessions at our coaches and managers meeting.

Fundamentals covered in this training session:

1. Hitting - bat selection, balance, footwork, hands, swing plane, mental attitude, bunting, drills.
2. Throwing - grip, arm position, motion, follow through, drills.
3. Pitching – mechanics for windup and stretch positions, balance point, stride, arm slot, drills.
4. Base running – techniques, base coaches, situations, leadoffs, sliding, drills.
5. Fielding – preparation, stance, charging, footwork, balance, backhand, setting for the throw, drills.
6. Practice organization – warm up, stations, team drills, activities.
Additional resources, league videos, books, other coaches, outside clinics.

These are all basic fundamentals that our coaches and managers are taught in this training session. The fundamentals are age specific (for instance, bunting is taught in the kid pitch divisions, but not covered in the younger age group).

WEATHER FACTS

The weather in Southwest Ohio varies greatly during the Little League season.

Rain:

If it begins to rain

1. Evaluate the strength of the rain. Is it light drizzle or is it pouring
2. Evaluate the playing field as it becomes more and more saturated.
3. Stop practicing / game if the playing conditions become unsafe – use common sense.
4. Prior to the start of the game, it is the responsibility of the managers to determine if conditions
Allow a game to be played. After the start of the game

Lightning:

The average lightning bolt is 5-6 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 moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches, to within 10 miles, you are at immediate

risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away! With the safety in mind, Englewood Little League knowing that lightning can strike up to 10 miles from a thunderstorm. Knowing that lightning strikes kill we use the following rules based on the NOAA.

If you can HEAR, SEE, or FEEL a THUNDERSTORM:

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parents or designated driver's cars and wait for the decision on whether or not to continue the game or practice. **Do not stay in the dugouts!**
5. Wait 30 min after the last lightning strike or last thunder heard.

Hot weather:

Precaution must be taken in order to make sure the players do not dehydrate or hyperventilate.

1. Suggest players take drinks of water prior to going onto the field and when coming off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into a shaded area as soon as possible.
3. If a player should collapse as a result of heat exhaustion, call 911 immediately. Get the player to drink water and use ice bags to cool him/her down until the emergency medical team arrives.

Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as *melanoma*. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, we recommend the use of sunscreen with SPF (sun protection factor) of at least 15, as a means of protection from damaging ultra-violet light.

SOME IMPORTANT DO'S AND DON'TS

DO'S

1. Know your limitations.
2. Reassure and aid children who are injured, frightened, or lost.
3. Provide or assist in obtaining, medical attention for those requiring it.
4. Assist those who require medical attention. Look for signs of injury.

5. Listen to the injured party describe what happened and what hurts, if conscious.
6. Before questioning you may need to calm and soothe an excited child and/or parents.
7. Feel gently and carefully around the injured area for signs of swelling or grating of broken bone.
8. Have your player's medical release form with you at all times.

DON'TS

1. Be afraid to ask for help if you're not sure of the proper procedure.
2. Administer any medications.
3. Provide any food or beverage (other than water).
4. Hesitate in giving aid when needed.
5. Transport injured individuals except in extreme emergency.
6. Leave an unattended child at a practice game.
7. Hesitate to report any unsafe condition.

CONCESSION STAND SAFETY RULES

1. Wear gloves when handling food.
2. Fire extinguisher should be checked annually.
3. First Aid Kit is available and checked routinely.
4. No children are to handle food.
5. Emergency phone numbers are posted.
6. Keep entrance/exit free of obstruction.
7. Have a qualified electrician inspect all electrical equipment for proper wiring and grounding.

Board of Directors	Position	Email	Phone Number
Pete Bardonaro	President	Bardonaro1@gmail.com	937-432-5325
Bob Menker	Assistant to President	robert.menker@4wilmer.com	937-832-9699
Tim Woodard	Treasurer	TWoodard@dupps.com	937-545-2670
Chris Eifert	Umpire-in-Chief	ceifert@woh.rr.com	937-657-0795
Tammy Berry	Secretary	purplecow@woh.rr.com	937-890-6759
Solomon Islam	VP Boys Coach Pitch	solislam@woh.rr.com	937-609-0682
Mike Furl	VP Boys Minors	mikefurl@hotmail.com	937-529-1205
Aaron Roach	VP Boys T-ball	aaronroach@woh.rr.com	937-239-4964
Rob Brandonisio	VP Boys Majors	Rbrandonisio46@gmail.com	937-7519768
Mike Kessler	VP Boys Sen/Big	LewisKessler3@aol.com	937-832-2142
Marissa Bardonaro	VP Special Projects	Beattygirl9@aol.com	937-475-2493
Pete Bardonaro	VP Majors Softball	Peter.bardonaro@53.com	937-432-5325
Tom Clutter	VP Softball Jr & Sr	Northmonts@aol.com	937-771-0567
Brian Wise	VP Operations	betawise@woh.rr.com	937-684-3337
Michele Stoltz	VP of Sponsorships	MSTOLTZ3@woh.rr.com	937-832-2727
Lisa Menker	VP Concessions	mmenker@aol.com	937-832-9699
Jeff Garrison	VP Minors Softball	jngarri@aol.com	937-898-4330
Justin Weaver	VP Softball CP	Jmichaelw33@aol.com	937-903-5540
Tom Slentz	VP fundraising	Tslentz42@aol.com	937-673-4826
Ron McGilton	Safety Director	Rmcgilton1@Gmail.com	937-361-8484
Mike Stoffel	VP Information	mikes@toolcraftproducts.com	937-478-3697
Ryan Meeds	Player Agent	meedsr@asaohio.com	937-671-8009
Jason Skinner	VP Girls T-Ball	Skindog25@gmail.com	937-603-7828

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 NUFI 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's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

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
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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) | |
| | <input type="checkbox"/> BIG (14-18) | | | |

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 _____