

Western Region Bellevue East Little League



“Where Safety comes First”
2021 Safety Plan

League ID #447 09 03

Bellevue East Little League Safety Program

Safety Mission Statement

Bellevue East Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

2021 Board of Directors

Requirement 1:

<u>Title</u>	<u>Name</u>	<u>E-Mail</u>	<u>Phone Number</u>
President	Rick Peterson	president@bellevueeastll.org	425.218.3387
Vice President, Baseball	Ryan Stier	vpbaseball-drafted@bellevueeastll.org	206.396.1890
Vice President, T-ball	Fernando Chavez	vpteeball@bellevueeastll.org	425.766.2627
Vice President, Softball	Mark Kalal	vpsoftball@bellevueeastll.org	
Secretary	Randi Peterson	secretary@bellevueeastll.org	425.785.8794
Treasurer	Brittany Stier	treasurer@bellevueeastll.org	425.879.9767
Safety Officer	Michael Molnar	safetyofficer@bellevueeastll.org	253.394.1563
Player Agent	Brian Rutherford	playeragent@bellevueeastll.org	206.949.4710
Umpire in Chief	Brian Rutherford	playeragent@bellevueeastll.org	206.949.4710
Field Scheduler	Nate Larson	fieldscheduling@bellevueeastll.org	206.747.7748
Webmaster	Gabe Archer	webmaster@bellevueeastll.org	

Distribution of Safety Manual

Requirement 2:

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

EMERGENCY PHONE NUMBERS

Requirement 3:

Police Emergencies	911
Non-threat Emergency	311
Fire	911
Bellevue Police Non-Emergency	425.452.6917
Ambulance Dispatch (King County Medic One)	206.296.8550
Public Health — Seattle & King County	206.263.8255
Regional Animal Services of King County (RASKC) (Animal Control)	206.296.7387
Bellevue Parks & Community Services	425.452.6885
Bellevue School District, Facilities, Fields	425.456.4500

NEIGHBORING HOSPITALS

NAME: Seattle Children's Hospital, Bellevue Clinic and Surgery Center

ADDRESS: 1500 116th Ave. NE Bellevue, WA 98004

PHONE NUMBER: 425.454.4644

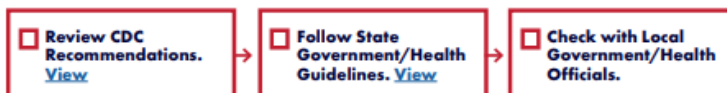
NAME: Overlake Hospital Medical Center

ADDRESS: 1035 116th Ave NE, Bellevue, WA 98004

PHONE NUMBER: 425.688.5000

Requirement 3: COVID-19 Guidelines **NEW FOR 2021**

As your local league considers returning to play, keep these resources in mind:



If all checked above, move on to the criteria below.

☐ Follow CDC Guidelines for Parks/Rec Facilities. [View](#)

☐ Answer questions with the COVID-19 FAQs. [View](#)

☐ Prepare league communication plan using FAQs and Resources at LittleLeague.org/Coronavirus

☐ Review Little League's Best Practices to Resume Play Guidelines and distribute to volunteers and families. [View](#)

When all boxes are checked –

Play Ball!

More information and resources are available at LittleLeague.org/Coronavirus.

staff
on't

Background Checks

Requirement 4:

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application from and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors.

Little League Volunteer Application - 2021

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

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

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

All RED fields are required.

Name Date

First Middle Name or Initial Last

Address

City State Zip

Social Security # (mandatory)

Cell Phone Business Phone

Home Phone E-mail Address

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

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

Previous volunteer experience (include

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

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

☐ League Official

☐ Umpire

☐ Manager

☐ Concession Stand

☐ Coach

☐ Field Maintenance

☐ Scorekeeper

☐ Other

Please list three references, or 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/NoSocialLaw

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 names 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 of violation of Little League policies or principles.

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

If yes, list full name and age:

2. Special Certification (CPR, First Aid, etc.) ☐ Yes ☐ No

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

If yes, describe each in full:

4. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

5. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

6. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

8. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

9. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

10. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

11. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

13. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

14. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

15. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

16. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

18. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

19. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

20. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

21. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

23. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

24. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

25. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

26. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

28. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

29. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

30. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

31. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

33. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

34. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

35. Have you ever been convicted of, or pled no contest to, or guilty to any criminal offense? ☐ Yes ☐ No

If yes, describe each in full:

36. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No

If yes, explain:

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

☐ League Official

☐ Field Maintenance

☐ Manager

☐ Concession Stand

☐ Coach

☐ Scorekeeper

☐ Umpire

☐ Other

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Service Organizations, etc.):

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

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

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 names 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 of violation of Little League policies or principles.

Applicant Name (please print or type):

Applicant Signature:

If Minor/Parent Signature:

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.

38. Do you have any other information that you would like to share with the league? ☐ Yes ☐ No

If yes, describe each in full:

39. Have you ever been charged with, convicted of, or pled no contest to any criminal offense involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full:

40. Have you ever

League Training Dates and Times

Requirement 5:	Date	Location	Time
Coach Fundamental Training:	3 April 2021	Federal Field	9AM

Requirement 6:	Date	Location	Time
Safety Manual & First-Aid Training (drafted):	11 March 2021	Virtual	7PM
Safety Manual & First-Aid Training (undrafted):	8 April 2021	Virtual	7PM
Safety Manual & First-Aid Training (t-ball):	21 April 2021	Virtual	7PM

Requirement 2: Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

Field Inspections and Storage Procedures

Requirement 7:

BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your Commissioner. Or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			Dugouts	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches boxes Lined					
Free Of Foreign Objects			Spectator Area	Yes	No
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		
Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.

Turn this form into the concession stand or to your division Rep.

Requirement 8:

Annual Little League Facility Survey will be submitted in the Data Center.

Concession Stand Guidelines

Requirement 9:

Every worker must be instructed on these guidelines before they can work.

Wash your hands regularly:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using paper towel, instead of your bare hands.

Wash your hands in this fashion before you begin work and especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

1. Menu... smaller is better. No salads cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one a top of the other and lids should be off or afar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**

5. FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
7. Food handling: Avoid hand contact with raw food, ready-to-eat foods and food contact surfaces. Use a utensil and/or glove.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
9. Ice that is used to cool cans/bottles should not be used in cup beverages. And should be stored separately. Use scoop to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.
11. Insect control and waste. Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from and approved source.
12. Keep food stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

THE TOP SIX CAUSES FOR ILLNESS

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance of service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.

Concession Stand Tips SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand.

Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

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 source to service, is the key to safe, sanitary food service.

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 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 157° F; poultry parts should be cooked to 165° F. Most foodborne illnesses from respiratory events can be traced back to lapses in temperature control.

3. **Reheating.** Rapidly reheat potentially hazardous foods to 167° F. Do not attempt to heat foods in crock pots, steam tables, over stove 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 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (50% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be served one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. **Hand Washing.** Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are not a substitute for hand washing!

6. **Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, headache, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke 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 food 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. Wash in a four-step process:

1. Washing in hot water.
2. Rinsing in clean water.
3. Chemical or heat sanitizing.
4. Air drying.

9. **Ice.** Ice used to cool cans/bottles should not be used as 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 foodborne illness.

10. **Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Wet sanitized wiping surfaces prevent cross-contamination and discourage flies.

11. **Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from food. 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 area and discard unusable food.

13. **Set a Minimum Worker Age.** Legumes should set a minimum age for workers or to be the smallest, in many states this is 14 or 15, due to potential hazards with various equipment.

Safety places must be maintained so later times may be.

Volunteers Must Wash Hands

HOW

Wet
warm water

Wash
20 seconds
Use soap

Rinse

Dry
Use single-service
paper towels

Gloves

WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- use the toilet
- touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- interrupt working with food (such as answering the phone, opening a door or drawer)
- eat, smoke or chew gum
- touch soiled plates, utensils or equipment
- take out trash
- touch your nose, mouth, or any part of your body
- sneeze or cough

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

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

Wear gloves.

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

If you wear gloves:

- wash your hands before you put on new gloves

Change them:

- as often as you wash your hands
- when they are torn or soiled

Developed by the Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the National Food Safety Education Program, United States Department of Agriculture Cooperative Extension Program.



Inspection of Equipment

Requirement 10:

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Manager's Coaches and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.

Accident Reporting Procedure

Requirement 11:

What to Report: An incident that causes a Payer, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

When to Report: All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

The Safety Officer is:

NAME:	Michael Molnar
Cell Number:	253.394.1563
Home Number:	425.746.2035
Email:	safetyofficer@bellevueeastll.org

How to Make a Report: Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information is needed.

1. The name and address of the injured person.
2. The date, time, and location of the incident.
3. As detailed of a description of the incident as possible.
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone number of any witnesses.

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

How to Replace the Injury Report Forms: The forms can be replaced by The Safety Officer or downloaded from www.leagueleague.org found under forms and publications.

FIRST AID KITS

Requirement 12:

Each team is provided with a league issued first aid kit. Each kit includes the following.

- (10) Adhesive sterile bandage
- (2) Extra-large adhesive sterile bandage
- (2) Non-adherent pads 2 x 3
- (2) Gauze pad 12-ply 3 x 3 sterile
- (1) Adhesive tape
- (2) Instant cold compress 4 x 4
- (3) Triple antibiotic ointment
- (3) Antiseptic towelette
- 1/8 oz. Burn Cream
- (3) Sting relief wipes
- (1) Tweezers

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (Provided in the first aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, Coaches, and Volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Enforcement of Little League Rules

Requirement 13:

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)

- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Managers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time... (rule 3.09)
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

Don't Swing It
...Until You're Up to the Plate!




(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:
Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes
"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Coach, Please Let Players Catch!



REMEMBER:
Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09
"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

HEY COACH

HAVE YOU:

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

Make Sure They Are Safe!



REMEMBER:
Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 3.17
"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Lightning Facts and Procedures

Consider the following facts:

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 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.

Rule of Thumb: The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or game is called.

Where to Go? No place is safe from lightning threat, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

Where not to go? Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

First Aid for a Lightning Victim:

- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause anymore injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.

Hydration

Managers are required to bring water to each practice and game.

Players are encouraged to bring bottled water or sports drinks.

Tips to Prevent Heat Illness:

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

How is it treated?

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



Submitting Player, Manager and Coach Data

Requirement 14:

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org by April 1, 2021 or two weeks following the draft.

Requirement 15:

We will answer the survey questions in the Little League Data Center.

Concussions

On May 14, 2009 the Governor of Washington, Christine Gregoire, signed House Bill 1824, also known as the Zackery Lystedt Law. Effective July 26, 2009, the Lystedt Law directly affects youth sports and head injury policies. The new law requires that:

- An informed consent must be signed annually by parents and youth athletes acknowledging the risk of head injury prior to practice or competition.
- A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play – “when in doubt, sit them out”
- A youth athlete who has been removed from play **must receive written clearance from a licensed health care provider prior to returning to play.**

The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • www.cdc.gov/concussion/HeadsUp/youth.html Concussions

CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

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

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Talk with your children and teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP

HEADS UP CONCUSSION

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

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

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

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

What Are Some More Serious Danger Signs to Look Out For?

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

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

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below. Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

15 | Page

Bellevue East Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Bellevue East Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:

a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,

b) Complete the CDC on-line training course at:

<https://www.train.org/cdctrain/course/1089818/>

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:

a. Be immediately removed from the game or event; and

b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

Bellevue East Little League Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement

We, the undersigned, acknowledge that we have been provided with a copy of the Bellevue East Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: _____
Player

Dated: _____
Parent/Legal Guardian Parent/Legal Guardian

LEAGUE USE: Division: _____ Team: _____

Safe Sports Act

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of 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 any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “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 the Abuse Awareness training provided by USA Baseball and/or SafeSport.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>



Completion Certificate



Valarie Walton

has successfully completed

Concussion In Sports

11/23/2020

Date of Completion

Nevada

State of Completion

Dr. Karen L. Niehoff
NFHS Executive Director

586E3395F27E
Completion Code

This certificate documents course completion, not mastery of content. This course is approved for 1 (one) Clock Hour by the NFHS.

Certificate of Completion



THIS CERTIFICATE IS AWARDED TO:

Valarie Walton

fwalton@live.com

FOR SUCCESSFULLY COMPLETING

Abuse Awareness for Adults



Completion Code: 27fa09a1-6d6f-4ee0-909f-188c522f

Completion Date: 07/09/2019

Accident Notification Form Page 1 (Parent/Guardian Statement)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)	Age	Sex	
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	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 (8-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (10/11) (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

Accident Notification Form Page 2 (League Use Only)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____