



SAFETY PLAN

2025

CONTENTS

Introduction - Why a Safety Plan & ASAP.....	3
ASAP – What is It.....	3
1- League Safety Code	3
2 – League Code of Conduct	5
3 – League Safety Manual.....	6
ELL Safety Officer	6
Emergency & Key Contact Information	6
Background Checks.....	7
Training – Fundamentals & Safety.....	8
Playing Field Inspection	8
Annual Facility Survey	9
Concession Stands	9
Equipment Inspection & Replacement Policy.....	9
First-Aid Kits.....	10
Automated External Defibrillators.....	10
Injury Reporting Procedures	10
What to report	10
When to report	10
How to make the report	11
Safety Officer Responsibilities.....	11
General Health	11
Physical Exams	11
Medical Approval and Release.....	11
Communicable Disease Procedures	12
Lightning Evacuation Procedures	12
Some Important Do's and Don'ts.....	13
Do	13
Don't.....	13
Storage Shed Procedures	13
Board Meetings	14
Safety Committee	14
Rules Committee	14
Some IMPORTANT reminders for Managers & coaches	15
Warming up Pitchers During Games	15
Concussion (Lystedt) Law Information	16
Appendix	18

INTRODUCTION - WHY A SAFETY PLAN & ASAP

In 1995, Little League International introduced ASAP (A Safety Awareness Program), with the goal of re-emphasizing the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". Since ASAP began in 1995, injuries in Little League have decreased by over 77% annually. In order to be an ASAP-compliant league, a Little League approved Safety Plan must be filed with Williamsport. Eastlake Little League is fully committed to being an ASAP Compliant League through the development and implementation of this Plan.

Eastlake Little League (ELL) Safety Plan

The goal of the Safety Plan is to develop guidelines for increasing the safety in the three key areas of Activities, Equipment, and Facilities. This is accomplished by applying the three principles of Education, Compliance and Reporting, to each of the three Key areas as detailed throughout this plan. To further support the achievement of this goal, Eastlake Little League also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of this plan.

The Eastlake Little League Safety Plan, by reference, includes the 1- League Safety Code, 2- League Code of Conduct, and 3- League Safety Manual. The combination of these 3 documents contained herein outlines specific safety issues, along with Eastlake Little League's policies and procedures for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

1- LEAGUE SAFETY CODE

The Eastlake Little League Board of Directors has adopted the Safety Code, and it is enforced by the League President, the Safety Officer (SO), the League's Vice Presidents, the Player Agents and the Chief Umpire. All league Officers, participants, and volunteers are required to abide by this code. It is the responsibility of the SO to make any revisions to the Safety Code from year to year as deemed necessary, and submit these for Board approval.

Eastlake Little League Safety Code

- Responsibility for Safety procedures rest with all adult members of Eastlake Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have training in first aid. First-aid kits are issued to each team manager.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Prior to the start of any game it will be the responsibility of the umpires, managers and coaches and field prep volunteers to inspect the field of play for safety related issues (see Playing Field Inspection section).
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play shall be that of a player assigned for this purpose by the team's manager prior to each game, or by the team's manager and coaches themselves.

- Prior to any game or practice, procedures shall be established by the team's managers for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly by the team's manager and coaches to ensure the equipment is in good/safe condition and is of proper fit for the players. Faulty, bad, or worn out equipment is unsafe, and must be removed from use immediately. All removed equipment must be returned to the Procurement Officer for disposal (see Equipment Inspection & Replacement Policy section).
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catchers must wear catcher's helmet, mask, throat guard, long model chest protector, and shin guards during batting sessions. NO EXCEPTIONS.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies at all times during Games, practices, and between inning warm-ups. See section in Safety Plan on "Warming up Pitchers during Games" for additional information.
- Except when runner is returning to a base, headfirst slides are not permitted.
- All male players at AAA level or higher must wear protective cups with athletic supporters for all games and practices. Managers and Coaches are to ensure that players comply with this rule at all practices and games.
- During all practices and games, only Breakaway bases shall be used and the use of strapped down or anchored bases is not permitted. During sliding practices, consider using "throw down" bases in the outfield.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear corrective eyeglasses are strongly encouraged to provide their player with sports specific "safety glasses".
- Players must not wear jewelry during games or practices. Jewelry includes, but is not limited to, rings, watches, earrings, bracelets, watches, nor any hard cosmetic/decorative items. EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible.
- All infielders are encouraged to use helmets with face guards.
- No Manager, Coach, or other adult may warm up pitchers before or during a game.
- On-deck batters are not permitted.
- When using batting cages, only the player in the cage is allowed to hold and swing a bat. Players outside cages waiting to bat may not have bats in their hands. Managers and coaches are expected to enforce this rule. Failure to comply with this rule may result in loss of batting cage privileges for a team for the remainder of the season.
- All pre-game warm-ups must be performed within the confines of the playing field and not within areas that are frequented by spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Managers and Coaches will not leave the field while players, without adult guardians, are present.

RULES VARIANCES FOR INTERMEDIATE LEVEL AND ABOVE:

For Intermediate 50/70 and higher levels of baseball the following variations to the above stated rules are in place:

- Catchers are allowed to wear short model chest protectors
- Headfirst slides are permitted
- On-deck batters are permitted

Note: All variances must be consistent with those in the Little League Official Regulations and Playing Rules (aka "The Golden Book") and will apply to Intermediate and above levels ONLY.

2 – LEAGUE CODE OF CONDUCT

The Eastlake Little League Board of Directors has adopted the Code of Conduct; all board members are responsible for the enforcement of this Code. All league officers, players, employees and volunteers are required to abide by this code. It is the job of the Safety Officer to author and/or make any revisions to this Code of Conduct from year to year, as necessary, and submit these for Board approval.

Eastlake Little League Code of Conduct

- Speed Limit 5 mph in roadways and parking lots while attending any Eastlake Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within any Eastlake Little League complex.
- No Playing in parking lots at any time.
- No Playing on and around lawn equipment.
- Use Crosswalks when crossing roadways. Always be alert for traffic.
- No Profanity.
- No Swinging Bats at any time within the walkways and common areas of an Eastlake Little League complex, or any facility used by Eastlake Little League.
- No throwing balls against dugouts or against backstop. Catchers (in full protective gear) must be used for all batting practice sessions.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- No throwing baseballs at any time within the walkways and common areas of an Eastlake Little League complex.
- No throwing rocks.
- No horseplay in walkways at any time.
- No climbing fences.
- Only a player on the field and at bat, or supervised by a Manager or Coach in a batting cage, or participating in hitting drills and instruction with a Manager or Coach may swing a bat. Be Alert of area around you when swinging bat while in the on deck position.
- Observe all posted signs. Players and spectators are to be Alert at all times for Foul Balls and Errant Throws.
- During games, players must remain in the dugout in an orderly fashion at all times.
- After each game, each team must clean up trash in dugouts and around stands.

Failure to comply with this Code of Conduct may result in expulsion from the complex.

3 – LEAGUE SAFETY MANUAL

ELL SAFETY OFFICER

The Eastlake Little League Board of Directors includes a position of Safety Officer (SO). The SO for the current year is:

Laka Muralidharan

The Safety Officer's responsibilities include the following:

- League's primary point of contact for all safety issues
- Creation, modification, and enactment of an annual Safety Plan
- League compliance with the Eastlake Safety Plan
- Completes the Annual League Facility Survey
- Conducts background checks using Little League-approved Services, and/or with the appropriate government entities.

The annual Safety Plan (the "Plan") is presented to the Board for approval and ratification for the current season. Once ratified, the Plan will be published and distributed to Board Members, Managers, Coaches, and Umpires. It will also be posted on the ELL website for all participants of ELL to view and reference.

The ultimate responsibility for ensuring compliance to the Safety Plan lies with the SO. However, due to the size of Eastlake Little League, to help ensure compliance and enforcement of the plan, the following Board Members as well as the SO, are also tasked with ensuring overall Safety Plan compliance, with respect to the level-of-play specified below:

- Justin Stiles, President – All Levels**
- N/A, Vice President of Big Diamond Baseball**
- Danny Richards, Vice President of Competitive Baseball**
- Lori Stock, Vice President of Softball**
- Tracy Milletello, Vice President of Instructional Baseball**
- David Tompkins, Chief Umpire – Baseball, All Levels**
- Adam Emiliusen, Field Operations**

EMERGENCY & KEY CONTACT INFORMATION

Emergency Phone Numbers

Police Department	Phone Number
Sammamish Police, Fire & Rescue Emergency #	911
Sammamish Police Non-Emergency #:	(425) 836-5674
King County Police, Fire & Rescue Emergency #:	911
King County Police Non-Emergency #:	(206) 296-3311

Safety Officer Contact Information

Laka Muralidharan	
- ELL SO	
<i>Phone Numbers</i>	
Cell	859-489*0780
Home	
<i>email 1</i>	safety@eastlakell.org
<i>email 2</i>	

Additional Key ELL Board Member Contact Information

Name	Position	Phone #	email
Justin Stiles	President	206-280-1684 (cell)	president@eastlakell.org
N/A	Vice President, Big Diamond Baseball	(cell)	vp-juniors@eastlakell.org
Danny Richards	VP Competitive Baseball	206-280-1684 (cell)	vp-baseball@eastlakell.org
Lori Stock	VP Softball	425-269-4348	vp-softball@eastlakell.org
Tracy Miletello	VP Instructional Baseball	508-932-7255	vp-instructional@eastlakell.org
David Tompkins	Chief Umpire	425-442-6567	chief-umpire@eastlakell.org
Patrick Barbeau	Chief Umpire - Softball	425-495-9405 (cell)	chief-umpire-softball@eastlakell.org
Tracy Militello	Player Agent Baseball	508-932-7255	playeragent-baseball@eastlakell.org
Tracy Militello	Player Agent Instructional Baseball	508-932-7255	playeragent-instructional@eastlakell.org
Dax Woolston	Player Agent Softball	425-864-1537	Playeragent-softball@eastlakell.org
Kyle Walker	Coaching Coordinator	503-510-7083 (cell)	coaching-coordinator@eastlakell.org
Adam Emiliusen	Field Operations	425-330-2269 (cell)	fields@eastlakell.org

BACKGROUND CHECKS

All Board Members, Managers, Coaches, Umpires and other individuals expected to work with youth (hereby referred to as League Volunteers) are required to submit a current year Little League Volunteer Application & Background Check Form (see Appendix for copy of current year Form). In addition, unless otherwise specified, League Volunteers must submit a government issued photo identification card (i.e. drivers License, etc.) to aid in ID verification. These items must be re-submitted each current year. Prior year records cannot be used in subsequent years.

It is the responsibility of the Safety Officer to ensure background checks are run each year for all League Volunteers using a Little League-recommended service.

A file of submitted Official Little League Volunteer Applications will be established by the Safety Officer; this file will be transferred to and maintained by the League President, to be retained on file for one year,

after which it will be destroyed. All other submitted materials will be safely destroyed (e.g. shredded) by the Safety Officer once the background check process has been completed. The Safety Officer will maintain a simple list of approved league volunteers for the current playing year, comprised of names, phone #, and background check status, to be referred to for any in-season questions regarding volunteer approval status.

Any person who refuses to submit a COMPLETE volunteer application including **Social Security #, photo ID and Signature** is not allowed to join, participate, or associate with ELL players or youth in any way.

TRAINING – FUNDAMENTALS & SAFETY

Eastlake Little League provides a variety of training opportunities for managers, coaches, umpires, and others. All managers are required to attend annual Safety Training (see Appendix C for Attendance Record Form), covering major safety topics and first aid basics, as well as Fundamental Skills Training. Safety is emphasized at all skills training sessions.

Each team is required to send one participant to Fundamental Skills Training annually, and all Managers and Coaches are required to attend training at least once every three years. For the 2022 Season, Fundamental Skills Training sessions are scheduled to occur January 22, in Bellevue, Washington. Attendance will be taken to ensure each team is properly represented.

Each team is required to send one participant to Safety Training and First Aid Basics annually, and all Managers and Coaches are required to attend training at least once every three years. For the 2022 Season, Safety Training and First Aid Basics will be covered as part of the required Managers Meeting, currently scheduled to occur February 13. First Aid Kits will be distributed to all teams during this session and Attendance will be taken to ensure each team is properly represented.

As of the publication of this Safety Plan, anticipated training opportunities for the season are as follows:

- 1) Softball Pitching Clinic
- 2) District 9 Umpire Clinics
- 3) ELL Umpire Clinic, Rules
- 4) ELL Umpire Clinic, Field Mechanics
- 5) ELL Umpire Clinics, Plate Mechanics
- 6) ELL Umpire Clinics, Refresher for Returners

New training opportunities for skills and Safety/First Aid are added regularly throughout season. Please visit the ELL website calendar for the latest updates on these and additional Training opportunities.

PLAYING FIELD INSPECTION

ELL places a high priority on well maintained, safe playing facilities. The ELL board includes the position of Field Operations Coordinator (Field Ops). Prior to the start of each season, it is the responsibility of Field Operations to determine what repair and improvement work needs to be done to each playing facility.

Before play begins at any facility for the season, Eastlake Little League holds a volunteer “Field Day” for performing most of the needed facility repair and improvement work. These volunteers are made up of ELL Parents, Managers, Coaches, Board Members and Players. In addition to volunteer Field Day work, Professional Field Maintenance companies are be used when required as determined by the by the Field Ops Coordinator and the ELL Board.

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

These problems can include (but are not limited to):

- holes or large depressions in the field;
- rocks, glass or other foreign objects on the field;
- and infields or outfields to wet to safely play on.

Anything presenting a safety problem must be fixed immediately before play begins. Potential problems presenting a long-term fix can be reported to the ELL Safety Officer and/or Field Ops Coordinator in one or preferably both of the following two ways;

- 1- Via email or phone call to the Fields Ops Coordinator and/or the Safety Officer
- 2- Via the "Facility Repair & Safety Issue Reporting Form" as found in the Appendix or the ELL website under Safety. These forms should be turned into the Safety Officer or Field Operations when completed. This officially documents the issue to help ensure it is addressed and fixed.

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

ANNUAL FACILITY SURVEY

It is the responsibility of the ELL Safety Officer to complete the Annual Little League Facility Survey for all fields to be used for both games and practices by ELL in the current season. A copy of this survey is filed on-line through the cooperative site between Musco Lighting and Little League International at <http://facilitysurvey.musco.com> . A copy of the completed annual survey is also contained in the Appendix, along with photographs of the subject facilities.

CONCESSION STANDS

ELL does not have any plans to operate concession stands at any of the fields scheduled for play in the current season. Any league volunteer wishing to operate a concession stand on behalf of the league must complete the following steps.

- 1) Obtain signature permission from the League President
- 2) Notify the league Safety Officer in writing or by email, and obtain acknowledgement of such notification.
- 3) Ensure concession stands are allowed and obtain written authorization from the Lake Washington School District (LWSD) if the stand is to operate at a LWSD owned facility, or the City of Sammamish if the stand is to operate at a City owned facility.
- 4) Obtain all required King County Department of Public Health (KCDPH) food service permits and follow all KCDPH food service safety requirements. See Appendix K for a sample of KCDPH permit and safety requirements.

EQUIPMENT INSPECTION & REPLACEMENT POLICY

The ELL Board includes the positions of Procurement Officer – Baseball, and Procurement Officer-Softball. These two positions in addition to the Safety Officer are responsible for the annual inventory and inspection of all issued ELL equipment prior to the start of each season. Any missing safety equipment or devices, or any equipment determined to be damaged or worn out and thus unfit for safe use, is to be replaced by the Procurement Officers. Damaged and/or worn out equipment that represents a potential safety risk should be rendered "unusable" to prevent accidental use, and must not be issued to any team or individual.

Any equipment when first issued to the team must be further inspected by the team manager and/or coaches prior to use. Any item felt to be unfit for use or potentially unsafe should be immediately returned to the Procurement Officer for replacement.

It is also the team Manager and Coaches responsibility to monitor their team's equipment throughout the season, before each game or practice, whether issued by ELL or supplied by the player, to ensure it is fit for use and meets Little league requirements. Any equipment determined to be unsafe or not in compliance with Little League rules and guidelines, must be removed from service. If ELL issued equipment, it must be returned to the Procurement Officer for replacement.

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

Note: In an effort to reduce the risk of some of the more common player injuries, anchored or permanently fixed base use is no longer allowed (as of 2008). This is a Little League rule, not an ELL local rule. For all games and all practices, only break-away or throw-down bases must be used. All ELL facilities have been updated to use break away bases. For big diamond (Intermediate, Juniors, Seniors or Big League) home and away games OR if a manager or coach independently schedules a team practice or game at a non-ELL facility, they must ensure that only break-away or "throw-down" bases are used prior to the start of the practice or game.

FIRST-AID KITS

Issued with all team equipment is a fully stocked and/or brand new First-Aid kit. This First-Aid kit is required to be brought to all team practices and games.

In addition to the team-issued First-Aid kits, ELL maintains the following at all tool/equipment sheds at each ELL field:

1. Extra First Aid Kits;
2. Save-a-Tooth dental preservation kits (for knocked out teeth);
3. Boxes of ice packs.

These shed items are monitored regularly throughout the season by the Safety Officer to ensure adequate supply. Team managers and coaches are free to re-supply their team issued First-aid kits from these Shed supplies at any time. Please inform the Safety Officer or Procurement Officer right away if it is noticed that any of these Shed First Aid Supplies are running low or are missing.

AUTOMATED EXTERNAL DEFIBRILLATORS

ELL has purchased two Automated External Defibrillator (AED) units, to be used in case of cardiac arrest by an ELL Participant or Spectator, stabilizing the victim while emergency services (Police/Fire/Ambulance) are still in-transit. These easy-to-use units come with straight-forward voice prompts to direct the application of the pads, and will automatically provide electric stimulus to restore & stabilize the heartbeat of an individual experiencing cardiac arrest.

These units will be on-site in a centrally located equipment shed at the following field complexes:

1. Softball Fields at Eastlake High School
2. Competitive Baseball Fields at East Sammamish Park

Signage will be posted at each field within these complexes directing to the specific AED.

INJURY REPORTING PROCEDURES

All managers, coaches, parents, umpires, and volunteers must use the following reporting procedures in response to injuries.

WHAT TO REPORT

An incident or injury that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or first aid, must be reported to the Safety Officer (SO) within 48 hrs. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. *Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance* must be reported promptly. If in doubt whether or not an injury should be reported – Report It.

WHEN TO REPORT

All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident (see prior Emergency & Key Contact Information Section). If for any reason the SO cannot be reached within this time period, the injury must be reported to one of the listed Board Members, starting with the ELL President (see prior Emergency & Key Contact Information Section).

HOW TO MAKE THE REPORT

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations or email. If email notification is used, and no reply email or phone call from the SO is received within 24 hours, it must be assumed that the injury report was not received and thus not officially reported. Follow up with a phone call to the SO or other listed Key Board members. At a minimum, the following information must be provided:

- The name and phone number of the individual involved (or of their parents)
- The date, time, and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the individual reporting the incident.

Please see a copy of the Little League "Incident/Injury Tracking Report" form contained in the Appendix

SAFETY OFFICER RESPONSIBILITIES

The SO will receive this injury report and will enter it into the league's safety injury file. Within 48 hours of receiving the incident report, the SO will contact the injured party or the party's parents and

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League insurance coverage and the provisions for submitting any claims for reimbursement. If the extent of the injuries is more than minor in nature, the SO shall periodically call the injured party to:
 - a. Check on the status of any injuries, and
 - b. To check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

Please see Appendix for copies of:

- General Liability Claim Form
- Accident Notification Form (AIG)
- AIG Insurance Claim Form Instructions
- What Parent Should Know About Little League Insurance

GENERAL HEALTH

PHYSICAL EXAMS

With regard to the general health of its participants, Eastlake Little League includes the following wording in its Registration Information:

"While physical exams are not required by league policy, Little League strongly recommends that participants be in good general health. If your child has a physical impairment that the league should be aware of, PLEASE note the information on the registration form, and contact your leagues' Player Agent. Items such as allergies, eye problems, diabetes, etc., will be kept confidential, except that your child's manager and coach will be aware of any potential problem."

MEDICAL APPROVAL AND RELEASE

Two Forms, the "ELL Liability Release & Medical Aid Consent Form" and the "Concussion Information & Consent Form" (Appendix L), must be executed by a parent or legal guardian of each player on a team. See page 14 for more information on this form, concussions, and State law play requirements.

The Liability Release & Medical Aid Consent Form is completed by Parents or Legal Guardians of all team players during the League Registration process; electronic copies of these executed documents are retained within the league registration system. It is the Safety Officers responsibility to ensure the league registration system does not allow player registrations to be completed without execution of these forms.

For players with special medical conditions or serious allergies, ELL strongly recommends the use of the "Little League Baseball & Softball Medical Release Form" found in the Appendix A. This form has provisions for detailing such conditions and allergies, and how to treat them. It is the responsibility of team Managers to use this form for all such applicable players. A completed copy must be sent to the League Safety Officer, and the original completed copy should be brought to every team game and practice by the manager.

These Forms are very important. Without them, professional emergency first aid may not be able to be administered to an injured player.

ELL strongly recommends laminating completed forms, or placing them in a heavy duty zip lock bag, and keeping them with the ELL issued team equipment and/or First Aid Kit. This will ensure that these forms are present at all team games and practices, even if the team Manager is not.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one participant infecting another with a blood or bodily fluid born communicable disease (i.e. HIV) during league activities is extremely small, there is a remote risk this could happen. Therefore, procedures for reducing the potential for transmission of infectious agents should include, but not be limited to, the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of Latex or similar gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- 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.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct team athletic activities until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling blood contaminated dressings or other articles containing body fluids.

LIGHTNING EVACUATION PROCEDURES

During practices, games, or other ELL official activities, the team manager is ultimately responsible for player safety whether or not the manager is present at the activity. Therefore, team managers must ensure all assistant coaches are adequately trained and fully understand all ELL safety procedures, including the Lightning Evacuation Procedure.

Failure to adhere to the lightning criteria, or fully executing the lightning evacuation plan, will result in the dismissal of the manager for the remainder of the season.

Lightning Evacuation Criteria:

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

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

Lightning Evacuation Action Plan

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

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

SOME IMPORTANT DO'S AND DON'TS

DO

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

DON'T

- Administer any medications not detailed/authorized on the Little League Medical Release Form
- Move an injured person who you suspect has a severe back, neck or head injury. You must keep the injured person still and wait for Professional Emergency Medical personnel to arrive and administer aid.
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by the League and applies to anyone who has been issued a key or combination by The League to use those sheds. All individuals with access to the League

equipment sheds (i.e., Managers, Umpires, etc.) must be aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, First Aid Supplies, etc.*

Before using any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please obtain and review the written operating procedures for that equipment. Think Safety First when operating any equipment. If unsure how to operate a piece of equipment, *play it safe*. Contact Field Operations for training before operating. NOTE: Never allow a rider (other than driver) on the lawn tractor (Gator) or other riding lawn mowers. Never allow any person to ride on equipment (i.e. infield drags) towed by tractors or mowers.

All chemicals or organic materials stored in the League sheds must be properly marked and labeled as to its contents. All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental environmental contamination or poisoning. Remember to help keep a safe playing environment for all the young athletes and other children using the ballparks.

BOARD MEETINGS

The ELL Board meets a minimum of once every month. The date and times of Board meetings are published in the league's registration booklet and/or on the ELL Website. All parents, league officials, managers & coaches and other volunteers are welcome and encouraged to attend.

The Safety Officer (SO) is included on every meeting's agenda. This is to provide an opportunity for the SO to status other Board members on specific safety issues and initiatives (whether they be at the Local, District, or Headquarters level), and to ensure the continued awareness and attention to the subject of safety within Eastlake Little League at the highest level.

SAFETY COMMITTEE

Each year, Eastlake Little League establishes a formal Safety Committee. This committee has the primary responsibility to consider, discuss, and recommend courses of action regarding any safety issues that may present themselves to the League.

The Safety Committee for 2025 consists of:

LAKA MURALIDHARAN	Safety Officer
Justin Stiles	President
N/A	Vice President Big Diamond Baseball
Danny Richards	Vice President Competitive Baseball
Lori Stock	Vice President of Softball
Tracy Militello	Vice President of Instructional Baseball
David Tompkins	Chief Umpire
Adam Emiliusen	Field Operations

RULES COMMITTEE

Each year ELL shall form a Rules Committee. This committee will consist of the League President, and one of more of the following: Chief Umpire, Safety Officer, VP's of Baseball, Softball & Instructional, Chief Umpire, and/or additional Board Member volunteers. This committee is responsible for drafting any proposed new or modified Local Rules for Eastlake Little League. Areas such as competitive balance, player participation, speed of play, and safety are discussed and reviewed. Any changes or additions are presented to the Board for discussion and ratification. Each and every year, this committee evaluates

existing Local Rules and considers any necessary changes and/or additions to these rules, consistent with Little League requirements, recommendations and/or precedents.

For 2025, the Rules Committee is made up of the following individuals:

Justin Stiles	President
N/A	Vice President Big Diamond Baseball
Danny Richards	Vice President Competitive Baseball
Lori Stock	Vice President of Softball,
Dax Woolston	Player Agent Softball
Tracy Militello	Player Agent Baseball
Tracy Militello	Player Agent Instructional Baseball
David Tompkins	Chief Umpire - Baseball
Laka Muralidharan	Safety Officer

SOME IMPORTANT REMINDERS FOR MANAGERS & COACHES

- ***Eastlake Little League goes to great lengths to provide as much training and instruction as possible. Attend as many of the clinics and training opportunities as possible.***
- ***Check your email regularly for league updates, memorandum, and special notices.***
- ***Check the Eastlake Little League website frequently. It is a valuable resource for information. A complete league calendar detailing all events can be found there.***
- ***Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum.***
- ***Report all hazardous conditions to the Safety Officer, Field Operations or other board member immediately.***
- ***Do not play on a field that is unsafe, or when unsafe conditions prevail (lightning, inadequate lighting).***
- ***Do not play with unsafe equipment. Be sure your players are fully and properly equipped at all times, especially catchers and batters. And, check your team's equipment often to ensure it is safe to use (undamaged, good condition).***

WARMING UP PITCHERS DURING GAMES

At any playing field where the bullpens are inside the field perimeter fence, or where no designated bullpens exist but the warming up of pitchers shall take place inside the field fence, the following safety practices apply.

- 1) 3 players are required; the Pitcher, a Catcher and a Spotter. The Catcher must wear catcher's helmet with face guard and throat guard and use a catcher's mitt. The Spotter must wear a batting helmet and use a fielding glove. NOTE: Adults are prohibited from warming up a Pitcher per Little League rules, but an adult/coach should be present to supervise. An adult coach may NOT act as a Spotter.
- 2) It is the job of the Spotter to protect the Pitcher and Catcher from foul balls during a game. Therefore spotter must face the game action, and stand behind the pitcher (catcher if catcher is closest to game action), between the pitcher and game home plate.

- 3) If the field of play must be entered to reach the bullpen area, or to return to the dugout from the bullpen area, request "TIME" from the umpire, and only proceed once TIME has been called by the umpire.
- 4) For fields with no physical bullpens (i.e. Blackwell, IJH)
 - a. An adult/coach *must* escort the 3 players to and from the area to be used as a bullpen, and remain in the bullpen area to supervise the warm-up and ensure safety is maintained.
 - b. Thrown down home plate and pitcher rubber should be used from the supplied team equipment. These must be placed well into the Out-of-Play area on the team's dugout side, beyond the imaginary line formed by the dugout fence-line extended, and beyond the normal playing location of the Left or Right Outfielder.
 - c. The catcher is to be the farthest player from the game action, to help prevent overthrows from contacting spectators.
- 5) Any time a warm-up ball is accidentally thrown into the field of play, a "TIME" request should be made to the umpire and/or the umpire must call "TIME" before the errant ball is retrieved. The warm-up players or supervising adult/coach should never enter the field of play without "TIME" being called by the Umpire.

CONCUSSION (LYSTEDT) LAW INFORMATION

In 2009, Washington State enacted the nation's toughest return-to-play law, for youth athletes suspected of sustaining a concussion. The new "Zackery Lystedt Law", prohibits youth athletes who have incurred a concussion, or are suspected of sustaining a concussion, from returning to play without a licensed health-care provider's approval.

The new law requires that:

1. An informed consent must be signed by parents and youth athletes acknowledging the risk of head injury prior to the commencement of practice or competition.
2. A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play – "when in doubt, sit them out".
3. A youth athlete who has been removed from play **must receive written clearance from a licensed health care provider prior to returning to play.**
4. Private, nonprofit youth sports associations wanting to use publicly owned playfields must comply with this law.

According to the Centers for Disease Control and Prevention (CDC), an estimated 300,000 sports and recreation related head injuries of mild to moderate severity occur in the United States each year. Most can be classified as concussions. Traumatic brain injuries are one of the leading causes of permanent disability and death in youth athletics. A repeat concussion that occurs before the brain recovers from the first, usually within a short period of time (hours, days, or weeks), can result in brain swelling, permanent brain damage, and even death. This condition is called second impact syndrome.

Concussion Information:

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Concussion Symptoms – May include one or more of the following

<ul style="list-style-type: none"> • Headaches • "Pressure in head" 	<ul style="list-style-type: none"> • Amnesia • "Don't feel right"
---	---

<ul style="list-style-type: none"> • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
---	--

Signs of a Concussion – Observed by coaches, teammates, umpires or parents

<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays lack of coordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness
--

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately.

Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that the adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and teammates is the key for the youth athlete's safety.

If you think your child or player has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

The "Zackery Lystedt Law" requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember its better to miss one game or practice than to miss a whole season. **When in doubt, the athlete sits out.**

If you have any questions on the above information or requirements, please contact the League Safety Officer for further information and explanation.

APPENDIX

Appendix A	Little League Baseball and Softball Medical Release
Appendix B	Little League Volunteer Application & Background Check Form
Appendix C	Manager Safety Training Attendance Record Form
Appendix D	Little League Accident Notification Form
Appendix E	General Liability Claim Form
Appendix F	Claim Form Instructions
Appendix G	Injury Tracking & Reporting Form
Appendix H	What Parents Should Know About Little League Insurance
Appendix I	Facility Repair & Safety Issue Reporting Form
Appendix J	Facility Survey & Facility Photographs
Appendix K	King County Dept. of Health Concession Stand Sample Requirements
Appendix L	Concussion Information & Consent Form

Appendix A: Little League Baseball and Softball Medical Release (Optional)



Little League Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

Appendix B: Little League Volunteer Application & Background Check



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/LocalCheck for more information.

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

All RED fields are required.

Name _____ Date _____

First
Middle Name or Initial
Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone _____ E-mail Address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? Yes No
 If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No
3. Do you have a valid driver's license? Yes No
 Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
 If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
 If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs 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, 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/BigDataLaw

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

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

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR

National Criminal Database check SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

National Sex Offender Registry

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

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

Last Updated: 10/26/2020

- All Volunteers are required to include a copy of a valid government ID (Driver's license, passport, etc.) and complete the form above.
- The form supports electronic signatures and can be complete and sent online without printing it.
- All volunteers are required to submit Social Security numbers with their application or their application will not be processed.
- Other missing data may delay processing of your application, so please be as complete as possible.

Appendix C: Manager Safety Training Attendance Record Form

Eastlake Little League
Managers Safety Training Date _____

Print Name	Signature	Team	Level

Appendix D: Little League Accident Notification Form



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

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 <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code) () ()	Bus. Phone (Inc. Area Code) () ()
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

Check all applicable responses in **each** column:

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

Appendix E: General Liability Claim Form

General Liability Claim Form

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

Telephone immediate notice to Little League® International		(LEXINGTON USE ONLY)											
		CN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>											
Insured	Name of League	League I.D. Number (Used as location code) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>											
	Name of League Official (please print)	Position in League											
	Address of League Official (Street, City, State, Zip)	Phone No. (Res.)											
Phone No. (Bus.)													
Time and Place of Accident	Date of Accident	Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)										
	Arising out of Operations conducted at												
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)												
Who owns Premises		Person in charge of Premises											
Coverage Data	Limits	Elevator:	Products:										
	BI/PD: <input type="checkbox"/> Med. Pay: None <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>										
	Policy Number	Cont: Yes <input type="checkbox"/>											
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy Dates: Begin: _____ End: _____											
Property Damage	Name of Owner	Description of Property											
	Address (Street, City, State, Zip)	Name of Insurance Co.											
		Nature and Extent of Damages and Estimate of Repair											
Insured Person and Injuries	Name	Phone No. (Res)											
	Address (Street, City, State, Zip)	Occupation	Age <input type="checkbox"/> Married <input type="checkbox"/> Single										
		Phone No. (Bus)											
	Employers Name and Address												
Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address											
Description of Injury													
Where was the injured taken after accident?		Probable length of Disability											
Witnesses:	Name, Address, Phone Number												
	Name, Address, Phone Number												
	Name, Address, Phone Number												
Date of Report:	Signature of League Official:	Position in League											

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

CHARTIS

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ACORD 3 (2006/02)

Appendix F: Claim Form Instructions

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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

Appendix G: Injury Tracking/ Reporting Form

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State _____ ZIP: _____ Home Phone: () _____
 Parent's Name (If Player): _____ Work Phone: () _____

 Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Baseball Softball Challenger TAD
B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
 (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: (____) _____
 Signature: _____ Date: _____

Appendix H: What Parents Should Know about Little League Insurance

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 International, 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses 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 occurs.
No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.
Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

Appendix I: Facility Repair & Safety Issue Reporting Form

REPORTING SECTION	<p style="text-align: center;"><u>Reporting Instructions:</u></p> <p>Complete the gray top section only. Email or send form to the ELL Safety Officer and/or Field Ops Coordinator to have problem resolved.</p> <p>Reported By (Name): _____ Team Name & Level: _____ Date: _____</p> <p style="text-align: center;">Position with ELL (Check one)</p> <p>Ph No. _____ <input type="checkbox"/> Manager/Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Board Member <input type="checkbox"/> Parent</p> <hr/> <p>Facility/Field Name</p> <p>Describe Issue/Problem <small>(Clearly describe the Issue. Include a digital photo if possible. If pertinent, include where in the field this problem is located. Add brief explanation of what potential problems this issue could cause).</small></p>	REPORTING SECTION
SAFETY & FIELD OPS SECTION	<p>Issue/Problem Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)</p> <p>If Yes - Priority Needed:</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><small>(Priority 1 = Immediate 2 = < 1 wk, 3 = > 1wk</small></p> <p>Actions Taken to Fix Problem (Include date problem was fixed)</p> <hr/> <p><input type="checkbox"/> Reporter Notified Problem Fixed Completed by (Name): _____ Date: _____</p>	SAFETY & FIELD OPS SECTION