



San Mateo Little League American Safety Plan 2025

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San Mateo Little League American

Dear Managers, Coaches, and Team Parents:

Welcome San Mateo Little League American's, 2025 Baseball Season. As I'm sure we are all eager for this season to begin, let's please keep a few things in mind in regards to safety.

Enclosed in your team binder are all of the forms and information you will need for your team. Please remember to have your binder (which contains each player's medical release form and contact information) as well as your first aid kits at **ALL games and practices!** This is very important as we strive, as always, to have a safe season for everyone. Also, if you need anything replaced in your first aid kit, any further safety direction, or additional forms, please let me know. The contact information for all board members is on page 10 of the safety manual and also posted in the snack bar. Also, there is a Safety Officer Mailbox located in the snack bar for communications, as well as safety suggestions.

Secondly, **ANY/ALL accidents need to be reported** no matter how minor the injury may seem. Not only should the forms be filled out and turned into me, but also please call/email me ***immediately*** to report the incident so that I am aware of what has happened. Communication of injuries with the league Safety Officer is key and vitally important when someone is or could be injured in any way. Please always remember **SAFETY FIRST!** Keep your eyes and ears open to your surroundings and players, as most accidents are avoidable. We all want nothing more than to have a fun successful season, but above all ***SAFE!***

Finally, I would like to remind you: ALL volunteers involved with any team must have completed the following in order to volunteer with SMLLA. SMLLA reserves the right to deny any volunteer from participating as a volunteer.

1. Little League Volunteer Application
2. Little League Background through JDP
3. Live-Scan fingerprint background check through the DOJ
4. First Aid training
5. Fundamentals Training
6. Abuse Awareness for Adults
7. Sudden Cardiac Arrest Training
8. Concussion "Heads Up" Training
9. Little League Diamond Leadership Training

I would like to personally take this opportunity to thank you for your time as your volunteering in this community does mean a great deal and is absolutely appreciated. Here's to a safe and wonderful season for you and your team.

Sincerely,

Robert Alden

Safety Officer

San Mateo Little League American

Introduction to Little League

Better than any other youth sport activity, baseball and softball have become the thread that has sewn together a patchwork of nations and cultures around the world. Children in diverse nations such as Israel, Jordan, Russia, Germany, Japan, Canada, Australia, Poland, Mexico, China, Venezuela, Namibia, and the U.S. have discovered baseball and softball. Little League Baseball and Softball is a way to bring their people a sport that mirrors life itself.

Baseball and softball embody the discipline of teamwork. They challenge players towards perfection of physical skills and bring into play the exciting contest of tactics and strategy. The very nature of baseball and softball also teach that while every player eventually strikes out, or is on the losing team, there is always another chance in the next at-bat or game.

Millions of youngsters on six continents can attest that baseball, softball and Little League are synonymous – a heritage to be carried forward proudly in the future by ever increasing waves of hundreds of thousands of people who give endless devotion to teaching children how to play and enjoy these great games.

Little League Purpose

Little League is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the atmosphere of wholesome community participation. The movement is dedicated to helping children become good and decent citizens. It strives to inspire them with a goal and to enrich their lives towards the day when they must take their places in the world. It establishes the values of teamwork, sportsmanship and fair play.

Little League Purpose

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Little League Pledge

I Trust In God
I Love My Country And Will Respect Its Laws
I Will Play Fair And Strive To Win
But Win Or Lose,
I Will Always Do My Best

Little League Expectations of Managers

In Little League, it is very important that we work together to create the best possible experience for players, managers and parents. The following checklist outlines many of our responsibilities. We cannot be perfect in our approach, but we can make every effort to meet our own expectations and those of the others directly involved in the Little League Program.

Enforcement of Little League Rules and Regulations

SMLLA encourages all managers and coaches to read, review, and enforce both the Little League Official Rules and SMLLA's Local Rules/Bylaws during games and practices. These documents are available to all managers and coaches on our league website and are emphasized during our manager and coach training sessions.

What kind of effort are you making to approach the game the “Little League Way”? *I will make every effort to...*

- Create a safe and caring environment for players to learn, practice and play.
- Become familiar with current coaching and teaching techniques.
- Be kind and approachable.
- Provide all players the opportunity to learn and to play.
- Demonstrate good health habits and physical fitness.
- Make every player feel that they are an important part of the team.
- Be knowledgeable of the rules of the game.
- Set clear and reasonable expectations.
- Set reachable goals.
- Be courteous and polite.
- Use good judgment as to when and how to discipline.
- Teach the fundamentals of the game.
- Be positive in situations where there seems to be failure.
- Be fair to all players.
- Share ideas and expertise with other managers in the league.
- Demonstrate poise, self-control and self-confidence.
- Ensure that all of the players are instructed in safety.
- Warm up players before every practice and game.
- Support the work of the league organizers and volunteers.
- Be honest to your players and don't be afraid to admit to your mistakes.
- Maintain the dignity of the person you may be in conflict with.
- Be open-minded.
- Communicate appropriately with players and parents. Be a good role model.
- Model a high level of respect for volunteers and umpires. Remember that the game is for the players.
- Follow and abide by Little League's Volunteer Code of Conduct.
- Be aware of changes & new rules from year-to-year.

Little League Expectations of Players *I will make every effort to...*

- Do my best in practices and games.
- Be early for practices.
- Develop a sharing attitude.
- Listen and learn from my manager and my teammates.

- Maintain my cool when I make a mistake.
- Cheer on and support my teammates.
- Hustle on and off the field.
- Understand and follow the safety rules of the game.
- Lend a helping hand.
- Be a good sport at all times.
- Show respect for the umpires and volunteers.
- Develop self-control.
- Respect teammates, opponents and myself.
- Wear my uniform with pride.
- Understand and follow the rules of the game.
- Take responsibility for myself.
- Learn from losing as well as from winning.
- Get fit and stay fit.
- Be dependable.
- Always be positive and remember to have fun.
- Be a kind and caring person.

Little League Expectations of Parents *I will make every effort to...*

- Attend my child's game.
- Be a supportive parent for the manager and team.
- Communicate with the manager in an appropriate way.
- Cheer for all players on the team.
- Be a positive role model.
- Be there when my child is successful or when struggling for success.
- Respect and support volunteers and umpires.
- Understand that the game is very difficult to learn and play.
- Look for opportunities to work with my child on the skills of the game.
- Be positive and supportive when the team wins or loses.
- Model good sportsmanship.

San Mateo Little League American Code of Conduct

- No bicycles, skateboards, roller blades, or scooters are allowed on walkways throughout the league or common park area. (If a bicycle/skateboard should be that player's form of transportation to the playing area, he/she must walk their form of transportation into the field, and lock it up securely).
- San Mateo Little League is not responsible for lost/stolen or damaged property.
- Please pay attention to your surroundings while driving around our fields and do not drive over 5 mph.
- Please obey all posted signs and follow them as appropriately deemed necessary, and always be alert to Foul Balls and Errant Throws.
- No running or horseplay throughout the walkways of the league or common park area.
- No playing around in equipment/grounds keeping/shed areas.
- No playing around in concessions/score keeper's tower.
- No throwing or playing with balls in walkway areas.
- No swinging of bats in walkway areas. (Designated playing or practice areas only).
- Only a player on the field and at bat may swing a bat (ages 5-12). There are no "on-deck" circles for practice to swing a bat.
- Alcohol is not allowed at a Little League game, parking lot, or common areas within San Mateo Little League/San Mateo Community Park.
- No profanity allowed.

- No children under the age of 16 allowed in the snack bar (adult supervision will be provided at all times by the Officer on Duty).
- During the game, players must remain in the dugout area in an orderly fashion. -All gates to playing field area, dugouts, must be kept closed during game time. -No climbing on fences or bleacher areas.
- At all times, treat each other with respect and avoid physical or harmful contact with one another.
- Follow and abide by the Little League Rule Books for all games.
- Follow and abide by Little League's Code of Conduct

FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN EXPULSION FROM THE SAN MATEO LITTLE LEAGUE PLAYING FIELDS OR COMPLEX

Sport Parent Code of Conduct

San Mateo Little League American has implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Volunteer Code of Conduct

The San Mateo Little League American Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct.

No board member, manager, coach, player or spectator shall, **at any time**:

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Little League Safety Code

Dedicated to Injury Prevention

Responsibility for Safety procedures should be that of an adult member of San Mateo Little League American.

- 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 bad, particularly with lightning.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- 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 should be that of a player assigned for this purpose or the team's manager and coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.) • Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS.
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, headfirst slides are **not** permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.
- Managers and Coaches may NOT warm up pitchers before or during a game.
- On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).
- All managers are required to attend San Mateo Little League American's manager's clinic and all coaches are invited as well.
- San Mateo Little League American runs background checks on all of the managers, coaches and other applicable volunteer applicants.

Publication of Safety and Emergency Information

PUBLICATION: To ensure we provide the safest environment possible, we are making our Safety Plan easily accessible to all managers, coaches, parents, umpires, players, and spectators. Here's how we will accomplish this:

- We will keep the most current version of our Safety Plan available on our league website at www.smla.org.
- A copy of the Safety Plan will be provided to all managers, coaches, and umpires during their pre-season training sessions.
- SMLLA Board Members will review the Safety Plan to ensure all are familiar with its contents and know how to access the full plan.
- Parents will be informed that the Safety Plan is available for review on our website.
- SMLLA's Safety Plan will be submitted to the local Little League District 52 office and uploaded to the Little League Data Center.

EMERGENCY INFORMATION

All managers will carry emergency contact information for each player on their team during practices and games. Parents must provide this information to the manager at the beginning of each season when requested. Managers, coaches, parents, umpires and volunteers are instructed to call 911 in any true emergency or for urgent medical assistance. The caller should stay on the line and provide information requested by the dispatcher including the location of the field or practice area they are calling from. Please see additional instructions below on what to do in the event of an injury or emergency. All Managers will have emergency contact information for each player on their team with them at all practices and games. Parents must provide this information at the manager's request at the start of each season.

EMERGENCY CONTACT NUMBERS:

[Must be posted in concession stand and in each team binder]
Field/Clubhouse/Snack Shack - 150 19th Ave, San Mateo, CA 94403
(650) 341-4448 (messages are recorded)
This landline can be used for 911 calls outbound.

Call 9-1-1 in the event of a serious, life-threatening emergency.

San Mateo Police Dept.: (650) 522-7700	Fire Dept Dispatch: (650) 368-1421
San Mateo County Sheriff: (650) 377-4500	SM Co. Office of Emergency Services (650) 363-4790
Cal-Water (water): (650) 343-1808	Ambulance Service (AMR Dispatch) (650) 364 -1313
Allied Waste (dumpster) (650) 592-2411	San Mateo Park & Rec. Dept.: (650) 522-7400/7430
PG&E: (800) 743-5000	Mills-Peninsula Urgent Care (650) 696-4427



Police



Fire



Rescue



Sheriff

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 9-1-1.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.
- **The caller's name?**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

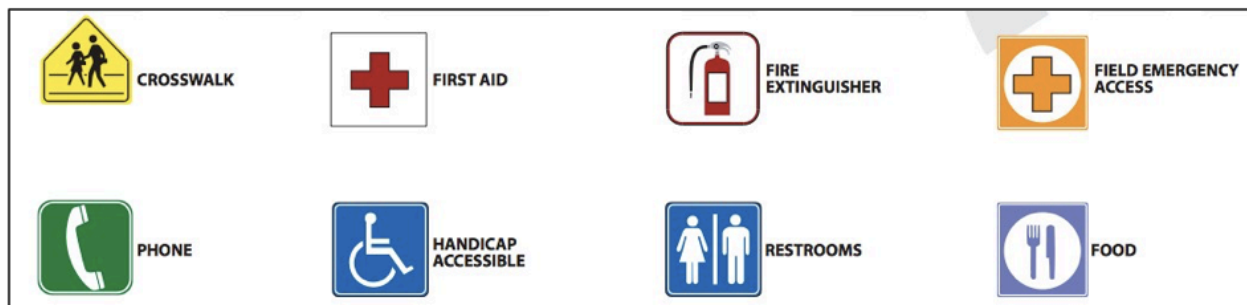
4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Trinta Site Map



Key



San Mateo Little League American 2025 Board of Directors

- Jon Wells - President
- Larry Weyer - VP of Baseball Operations
- Nick Johnson - Player Agent, Juniors-Minors
- Laurie Endaya - Player Agent, Cal-Wiffle
- Brandon Loew - Secretary
- Jim DeMartini - Treasurer
- Joe Godfrey - Auditor
- Jesse Jones - Fields & Facilities - Maintenance
- Andrew Armstrong - Fields & Facilities - Planning
- Andrew Armstrong - Scheduling
- Steve Forrest - Events & Auxiliary
- Robert Alden - Volunteers & Safety
- Russell Wong - Rostering & Registration
- Brett Nakamoto - Umpires
- Jermaine Revelo - Social, Website & Communications
- Dan Provence - Sponsorships
- Joe Girard - Equipment & Uniforms
- Andy Ward - Majors
- Andy Ward - Minors
- Jason Humphrey - PCL
- Joe Godfrey - Minors
- Mark Whiley - Cal
- Craig Klemp - Single A
- Erik Nielsen - T-Ball
- Brian Berger - Wiffle Ball

Safety Officer

- Be responsible to create awareness, through education and information, of the opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
- Develop and implement a plan for increasing safety of activities, equipment and facilities through education, compliance and reporting.
- NOTE: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer:
 - Publish and distribute a safety manual to each team's coaching staff and all board members.
 - Education – facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.
 - Compliance – promote safety compliance leadership by increasing awareness to the the safety opportunities that arise from these responsibilities.
 - Reporting – Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow up information on medical and other data is forwarded as available.
- Conduct mandatory First Aid training for all managers, coaches, umpires and league officials.
- Ensure that all playing and safety equipment is in good working order.
- Ensure that the field is periodically inspected for safety hazards and report such hazards to the Field Maintenance Officer for correction.
- Ensure that the following safety playing rules are adhered to:
 - Batters wear approved batting helmets
 - All male baseball players will wear athletic supporters with cups
 - Catchers wear a facemask and a protective cup while warming up pitchers
 - Steel cleats are not permitted.

- Players shall not wear jewelry while playing or practicing
- Encourage players that wear eyeglasses to wear safety glasses
- Ensure that all the required liability and other insurance policies are current
- Ensure each team Manager is equipped with a first aid kit and ice packs and that both first aid kits and ice packs are present at each and every practice and game.
- Maintain and replenish First Aid kits located on each field and in the league office at Trinta Park.
- Inspect all insurance forms to ensure that they are properly filled out prior to sending a Copy to Little League Headquarters in Williamsport, PA.
- On an annual basis:
 - Submit an annual safety plan registration form with an ASAP plan.
 - Update the SMLLA Safety Manual on an annual basis and have the plan reviewed by the District 52 Administrator.
 - Complete the Qualified Safety Program Registration Form
 - Complete the Qualified Safety Plan Requirements
 - Make certain that the SMLLA Safety Manual is in compliance with best practices dictated by the Little League ASAP program
 - Submit league player registration data as well as data for those volunteering and approved as Managers and Coaches
 - Manage the budget assigned by the Treasurer for Safety and Training.

Facilities & Equipment

San Mateo Little League American follows Little League requirements as they pertain to the safety of our players.

- Annual safety audit for lighted fields (not applicable)
- Long range facility plan for safety improvements
- Reduced impact balls at lower levels.
 - T-Ball uses a #5 soft hardball.
 - Wiffle Ball uses a plastic wiffle ball
 - Double first base to avoid collisions at first base
 - Disenable bases
 - Warning tracks in the outfield
 - Protective fence tops to cover exposed cyclone type fence barbs.
 - Protective netting for foul balls
 - Telephone available for emergency purposes
 - Guard rails on bleachers (not applicable)
 - Have an AED (automatic external defibrillator) available for use (at this time, there is not an adequate location for an AED. Vandalism and required maintenance of the AED is of primary concern. The fields are not occupied by San Mateo Little League at all times.
 - Electronic weather detector. SMLLA utilizes electronic weather forecasting and the "Rained Out" app to notify players and their families of cancelled games due to unsafe playing conditions. Messages and updates are also posted on the "Bulletin Board" on the www.smla.org home page as well as notifications broadcasted by Facebook, Twitter and email.
 - Players are required to use a protective cup at all SMLLA related practices and games.
 - Comments and suggestions are always welcome and can be accessed under "Contacts" on the www.smla.org website.
 - SMLLA provides the following equipment to assure player safety:
 - Catchers gear
 - Batting helmets
 - First aid kits
 - Batting helmets

At the same time SMLLA encourages all parents to be cognizant that injuries can occur in baseball. SMLLA encourages parents to invest in the following personal safety equipment for their children to use while playing baseball.

- Face guards on batting helmets
- Pitching chest protectors like EvoShield or IsoBlox.
- Pitching head protection like IsoBlox or Halo.
- Mouth guards

Manager & Coach Training

Administer and make certain that each and every Manager, Coach and Board Member comply with the following:

1. Little League Volunteer Application <https://www.littleleague.org/downloads/volunteer-application/>
2. Little League Background through JDP
3. Live-Scan fingerprint background check through the DOJ
4. First Aid training
5. Fundamentals Training
6. Abuse Awareness for Adults
7. Sudden Cardiac Arrest Training
8. Concussion “Heads Up” Training
9. Little League Diamond Leadership Training

San Mateo Little League American shall use their best judgment regarding overlap and policy conflicts. It is for this reason that SMLLA has decided to follow and adopt California AB 506 and San Mateo City Penal Code 11105.3. SMLLA will require Managers, Coaches and Board Members to participate in the “Live Scan” fingerprinting process through the Department of Justice. Failure to comply with the requirements listed above will disqualify an individual from serving as a volunteer.

Manager & Coach Safety, Risk & Liability

- Complete all coach training required by San Mateo Little League American.
- Must have physical copies of Medical Release forms for each and every player on hand at all practices, scrimmages and games.
- Must not let or encourage parents without completion of volunteer requirements to participate as a coach or be on the field with the team.
- Make certain that fields are safe and free of obstructions and hazards before practices and games.

Failure to comply with these requirements places personal risk and liability on the manager or coach. Let’s mitigate risk. If anything were ever to happen, you could be held personally liable.

League Player Registration Data

League Player Registration Data/Rosters and Manager/Coach Data - Shall be submitted to Little League Headquarters via the Little League Data center each season by May 1st. As required by Little League, SMLLA utilizes Sports Connect to collect player registration data.

Volunteer Registration

Why Become a Little League Volunteer?

Little League Baseball is an organization designed to build good citizens. It is a program of leadership and helps to prepare our youth to be tomorrow's leaders. At the local level, Little League relies on a devoted legion of adult volunteers to help ensure that the organization remains structured and runs smoothly. SMLLA is always looking for responsible and enthusiastic individuals to support and coordinate Little League events and activities. As a volunteer you should have a keen interest in safety, well being and overall development of children. You will discover that the benefits of volunteering are endless. You will gain a better understanding of why you should become involved, who volunteers are, what you can do and how you can sign up.

How do I become a Volunteer?

SMLLA is committed to providing a safe, secure and enjoyable youth baseball experience. In recognition of this commitment, each Volunteer must complete a particular registration process dependent upon the volunteer duties they will perform.

Summary

1. Little League Volunteer Application <https://www.littleleague.org/downloads/volunteer-application/>
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Volunteer Screenings and Background Checks

JDP Background Check

As required by Little League, all SMLLA Board Members, managers, coaches, and other adult volunteers who regularly come in contact with children are required to complete volunteer registration/application and a background check through our SMLLA website. Our website uses Little League International's preferred background check provider, JDP. The JDP background check provides a nationwide criminal search, national sex offender registry search and review of the US Center for SafeSport's Centralized Database & Little League Ineligible List. As mandated by Little League International, SMLLA will not permit any person to participate in the League, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. Background checks are required prior to the volunteer assuming his/her duties for the current season. Failure to complete a background check as required by the League and upon request makes that adult ineligible to volunteer in any capacity with SMLLA. Information provided or revealed during a background check may be securely stored by SMLLA for all personnel named above, for a minimum of the duration of the applicant's service to the league. SMLLA will maintain the privacy of these records, and will use them only for the intended purpose, i.e., to perform the mandatory background check. SMLLA will prohibit any individual from participating as a volunteer or hired worker if the league deems the individual unfit to work with minors.

Live Scan Fingerprinting

SMLLA requires LiveScan fingerprinting per California Assembly Bill 506. All SMLLA Board Members, managers, coaches, and, volunteers with regular, repetitive access to players MUST have a one-time background check as approved by the California Department of Justice to exclude individuals with a history of child abuse. This form of background check requires live scan fingerprinting. SMLLA will not permit someone whose background deems them unfit to work with minors.

In order to preserve the safety and wellbeing of participants, SMLLA has adopted the following policy to ensure a protected and safe environment for the children participating in SMLLA's youth baseball program. Accordingly, SMLLA mandates that: (i) all **board members, and (ii) managers and coaches** participate in the following background screening process.

Volunteers will be required to print, complete and sign an authorization form, which will be provided during the volunteer registration process. The form can be taken to any "Live Scan" facility for the purpose of conducting fingerprinting and a background check through the California Department of Justice. All authorization forms and results of screening must be received prior to the start of volunteer participation.

The fingerprinting and background check process includes, not only those volunteers specifically identified above, but also any volunteer who expects that during the regular course of performance their volunteer duties for SMLLA they will "to be alone with one or more children." Except for board members and managers and coaches (at the T-Ball level or above) who must comply with this Policy, volunteers who do not expect during the regular course of performance of their volunteer duties "to be alone with one or more children" are not be subject to provisions of this.

A volunteer is "alone with one or more children" when there is no other adult person 18 years of age or older (1) present in the same room with the child or children or (2) if the activity is out-of-doors, present within a 30 yard radius of the child or children. The number of children with an adult is not relevant to whether a volunteer is alone with a child; it is the absence of a second adult that is controlling. A volunteer is not "alone with one or more children" in the ordinary course of their volunteer duties when a volunteer is occasionally alone with children (1) due to the late arrival or illness of a second adult, (2) due to the unexpected need to take a child to his parent or guardian, or (3) due to unplanned or emergency incidents where a second adult is not present.

Notwithstanding that this Policy does not require that all volunteers undergo the fingerprinting and background check policy outlined above, SMLLA strongly encourages that all volunteers comply with this Policy.

All information received as a result of the screening will be kept confidential and not disclosed to anyone outside of SMLLA. All authorization forms, records or reports shall be maintained in a confidential manner. If any disqualifying information is found that prevents an applicant from being accepted, SMLLA will notify the applicant of disqualification in a confidential manner. In the event the applicant feels a mistake has been reported in their criminal background check, it is the applicant's responsibility to contact the Department of Justice and resolve any issues. SMLLA and its board members are not responsible for errors or omissions that may be reported on background checks.

Standards

Applicants shall be disqualified from consideration for Board Member, Manager or Coach if the applicant has ever been found guilty or entered a plea of guilty, nolo contendere (no contest), or Alford Pleas, regardless of the adjudication, for any of the following:

- a. Any Felony conviction involving violence
- b. Any Felony conviction involving a minor
- c. Any Felony conviction involving a sexual offense

Should any pending charges described in "A", "B" or "C" be discovered, or should any charges be brought against an Applicant during the season, the Applicant shall be suspended from serving as a volunteer until such time as the charges have been cleared or dropped and he/she is reinstated by SMLLA.

In addition, Applicants shall be disqualified if they have been found guilty or entered a plea of, nolo contendere (no contest), or Alford Pleas, regardless of the adjudication, for any of the following within the past ten (10) years:

- a. Any Misdemeanor conviction involving violence
- b. Any Misdemeanor conviction involving a Minor
- c. Any Misdemeanor conviction involving a sexual offense
- d. Any Felony Conviction not listed under "A", "B" or "C"

*SMLLA reserves the right to review "White Collar" felony/misdemeanor convictions on a case-by-case basis. In addition, Applicants shall be disqualified if they have been found guilty or entered a plea of guilty,

nolo contender (no contest), or Alford Pleas, regardless of the adjudication, for any of the following within the past five (5) years:

a. More than one alcohol conviction.

In addition, Applicants shall be disqualified if they have been found guilty or entered a plea of guilty, nolo contender (no contest), or Alford Pleas, regardless of the adjudication, for any of the following within the past five (5) years:

a. Any conviction involving illegal drugs or other controlled substances.

Live Scan FAQ

Why Live Scan?

Live Scan systems provide a means for individuals to produce consistent, high quality fingerprint images, thereby reducing rejection rates and saving time and money in processing and other related administrative costs. Live Scan captures your fingerprints directly into an inkless, digital format. The antiquated method of the traditional ink and paper is now a thing of the past. The Live Scan technology replaces the process of recording an individual's fingerprint patterns through a rolling process using ink. Rolled ink fingerprints would become smudged through handling and mailing, causing prints to become illegible. This slowed the process of criminal background clearances to a period of WEEKS and MONTHS. The Live Scan process gets results to the employer or licensing agency within days.

Where can I get a request for Live Scan form?

The requesting agency "SMLLA" (agency that is requesting the background check) will make the Live Scan forms available at www.smla.org.

Where can I go to have Live Scan fingerprints completed?

A listing of California Live Scan sites can be found at <http://ag.ca.gov/fingerprints/publications/contact.php#countylist>

Do I have to go through the fingerprint process every year?

No. The fingerprinting process is good year-after-year.

What costs are involved with Live Scan?

SMLLA is a non-profit and the California state imposed fee of \$32 will be waived, however there will still be a rolling fee which SMLLA will absorb. If volunteers are unable to attend SMLLA Safety Days in which LiveScan fingerprinting is offered, volunteers on their own and fees can run anywhere from \$25 - \$60.

How often must I be fingerprinted through the Live Scan program?

Only once, unless you leave SMLLA and return at a later date.

Why must I be fingerprinted again if I've already been fingerprinted in the past?

- (1) Per DOJ policy, sharing of criminal history is not permitted.
- (2) For identification purposes.
- (3) Each job/license/permit application can require a different level of service, i.e., some require DOJ, and some require both DOJ and FBI, in addition to other checks.

Criminal Offender Record Information (CORI), including responses that no criminal record exists, is confidential. Sections 11142 and 11143 of the Penal Code provide for criminal penalties for the release of this information to unauthorized individuals.

Article I, Section 1 of the California Constitution grants California citizens an absolute right to privacy. Individuals or agencies violating these privacy rights place themselves at both criminal and civil liability. The California right of privacy was created to curb, among other things, the over broad collection and

retention of personal information by government agencies, the improper use of information properly obtained for a proper purpose, and the lack of a reasonable check on the accuracy of existing records. (White v. Davis (1975) 13 Cal.3d 757, 775.)

CORI shall be accessible only to the records custodian and/or hiring authority charged with determining the suitability for employment or licensing of an applicant. The information received shall be used by the requesting agency solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination to any other employing or licensing agency.

The retention and sharing of information between employing and licensing agencies are strictly prohibited. The retention and sharing of information infringe upon the right of privacy and fails to meet the compelling state interest defined in Loder v. Municipal Court (1976) 17 Cal.3d 859. In addition, maintenance of redundant information separate from the information maintained by the California Department of Justice (DOJ) avoids the updates and makes it impossible for DOJ to control dissemination of CORI as outlined in section 11105 of the Penal Code.

How do I know the status of my prints?

Checking on Status of Fingerprint Submission. Please allow a minimum of seven days from the date fingerprint impressions were taken before making a status inquiry. If you need to check the status of your fingerprints, below are the steps to follow:

You can check the status of your fingerprint submission by calling the DOJ's 24-hour Automated Telephone service at (916) 227-4557. You will need the following information before placing the call:

Your date of birth (i.e. 01/01/1975); and, the 10-digit Automated Transaction Identifier (ATI) number that appears at the bottom of the DOJ form requesting Live Scan fingerprint background checks. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS and 3 NUMBERS. This number will allow the DOJ's automated telephone service to check on the status of your fingerprints. The DOJ or FBI may need to manually process the fingerprint impressions. This process may delay the reporting of results.

When your fingerprint impressions are processed, the DOJ's recording will state the following, "The California level of services and/or FBI level of services were completed on [date]." The level of service is the request for a background check to be completed by both the DOJ and the FBI. If the search has been completed your agency should already have your results. Please contact the agency directly for the results of the background check. However, if the recording states that the fingerprint results are still in process, please continue to contact the DOJ's 24-hour Automated Telephone service at (916) 227-4557.

How long does it take to get the results back from DOJ and/or FBI?

In most cases, the results from DOJ come back within 72 hours. Please note, due to various reasons, results can be delayed. For any significant delay, DOJ will contact the requesting agency. The results are either emailed or sent to the requesting agency listed on the Request for Live Scan Service form. If the requesting agency has not received the results you may contact the Applicant Processing Program at (916) 227-3823. This department is the only one who can check to see if your record was dropped or not completely processed. Coastal Live Scan Services cannot resubmit a record without written permission from the DOJ. This process may take up to 30 days.

How do I know what "Level of Service" I need?

The level of service is to be predetermined by the agency that wants you printed. If you are unsure of the level of service needed or the boxes have not been checked off, then you must contact the agency that wants you printed for them to fill it out for you.

If my fingerprints have been rejected because they are difficult to read, how many times must I re-submit by prints?

You are only required to have your fingerprints done two times. If after two unsuccessful attempts to capture your prints, your suitability will be determined by the Department of Justice by using an alternate method of verification.

Why do fingerprints get rejected? If my prints were rejected, would I be required to pay additional fees?

Fingerprints will and can be rejected for several reasons. The most common are characteristics with the Applicant's fingerprints that make them difficult to capture. This would include wear of the surface skin, cuts, cracks, scars, calluses and other skin conditions. If an Applicant's fingerprints are rejected on this basis, the originating Live Scan agency should re-take the Applicant's fingerprints at no additional cost.

An Applicant's application for Live Scan service may also be rejected if the Applicant's BCII 8016 form is incomplete or improperly filled out. In this instance, a fee would be charged to the Applicant to provide them with repeated Live Scan service. It is important that the Application for Live Scan form BCII 8016 is complete and accurate when presented to the Live Scan technician for service.

Rarely there will be an instance where an Applicant's fingerprints are rejected because of error on the part of the Live Scan technician. If this is the basis of the rejection the originating Live Scan agency must re-take the Applicant's fingerprints at no additional cost.

If I received a letter that my prints have been rejected, what do I do?

Bring your letter of rejection from the agency that sent it. This letter contains your original ATI (Applicant Transmission Identifier) number, which is necessary for resubmission.

Game-day Manager's Mandatory Pregame Checklist

Prior to the start of every game, both team managers will inspect the following items:

- Field conditions
- Equipment
- Games will not be allowed to start until all safety issues discovered during the Pregame Safety Inspection are addressed.



HEY COACH, HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

Field Maintenance Officer

- Field Maintenance Officer is responsible to maintain all playing fields in good condition.
- Additionally, the Field Maintenance Officer shall be responsible for maintaining all equipment on the fields and in the league office in good working order i.e., lighting, scoreboards, heating, air conditioning, etc.

SMLLA “Field Supervisor” Representative

The “Blue Jacket” representative is a SMLLA Board Member or a delegated representative of the SMLLA Board who acts as a liaison to the Board of Directors and represents the Board at every scheduled game at Trinta Park. Blue Jacket duties are listed in a separate document.

SMLLA Umpires

Umpire Roles and Responsibilities – an umpire shall:

- Know and enforce the playing and local league rules
- Arrive early and conduct the pre-game check with managers before each game
- Represent the SMLLA in behavior, appearance, demeanor and language
- Make a good faith effort to comply with the Little League umpire uniform code of
 - blue shirt
 - black hat
 - proper umpire safety gear
- Maintain discipline on the field, keep control of the game and keep calm
- Inform the Lead Umpire Coordinator of any disputes
- Take care of loaned equipment and return equipment at the end of each game
- Give as much notice as possible if unable to umpire scheduled games
- Attend (or have attended) the SMLLA Umpire clinics and
- Have the authority to eject anyone involved with the game, including spectators off the playing field that is abusive in any way. An umpire shall try to rectify the situation with a warning to the offending person as well as the managers of both teams. Extreme circumstances may not require a warning. An ejected adult person shall have three (3) minutes to leave the field or have their team forfeit the game. The umpire will provide a written report of the ejection to the Lead Umpire Coordinator and to the President within twenty-four (24) of the end of the game.

In Case of Emergency:

If a victim needs professional medical attention, the proper procedure is to defer to the emergency personnel that are present and allow them to take over care and transport the injured person to the appropriate facility. If the victim is not an adult, consult with the victim’s parent(s), guardians(s), if present, for physician or hospital information, and ask if they wish to their children to the facility of their choice.

Little League Medical Release Form: <https://www.littleleague.org/downloads/medical-release-form/>

First Aid Safety Reminders

First Aid Kits

All SMLLA teams are provided with a fully equipped first aid kit. These first aid kits are stored in the equipment bags issued to each team, ensuring they are accessible for every game. Coaches and managers are also instructed to have the kit on hand during all practices and games. Additionally, basic

first aid materials are available in the equipment shed at each field, and the Equipment Manager will ensure that these supplies are replenished.



First Aid Kits: What Goes in Them? ASAP Requirement #12



Bringing a first aid kit to all games and practices is an important part of implementing your league's ASAP Safety Plan. Your league's Safety Officer should ensure first aid kits are fully stocked throughout the season. Keep a list of supplies in your first aid kit, so it can be replenished as needed. If managers or coaches use any first aid supplies, they should work to replace them through your league's appropriate purchasing process before the team meets again.

Each league can decide what to put in their first aid kits. Suggested items include:

- Adhesive Bandages
- Gauze
- Athletic tape
- Antiseptic cleanser
- Gloves
- Bag to dispose of soiled items
- Scissors
- Tweezers
- CPR face mask
- First aid manual
- Instant chemical cold packs

The concession stand should have a stocked first aid kit, as well as access to ice for treating bruises and sprains; and plenty of drinking water. In addition to having first aid kits at game and practice locations, it is critical that a representative from each team attends a first aid training every year. Your league should also have an emergency plan as part of your ASAP safety plan. This should be accessible and include your field address and emergency phone numbers. There must be a working cell phone on site, or, if you're location isn't in cell service, a working landline.

When fundraising and budgeting for your league, factor in the cost of first aid kits. Make sure you have enough supplies for each team to last throughout the season. At the end of the season, throw out any expired items and determine what you'll need to restock each kit.

Leagues are encouraged to review the ASAP requirements when building an ASAP plan for the current season.



THE A-B-C's OF BASIC FIRST AID

In the event of a MINOR injury:

Use the first aid kit as needed to apply ice packs or support bandages. When treating an injury remember:

PRICES...Pressure, Rest, Ice, Compression, Elevation, Support

If blood is present, wear barrier gloves (latex gloves) whenever possible to protect yourself and the injured person. Clean wounds with soap and water or an antiseptic wipe. Apply light pressure to stop bleeding. Apply bandages to cover the wound.

If any part of the uniform is soiled with blood, the uniform must be replaced and thoroughly cleaned prior to continued use.

In the event of a MAJOR injury:

If you believe a player has sustained a major injury, you must seek professional medical attention immediately.

Call 9-1-1

Stay with the injured person and provide comfort until medical attention arrives. Keep the person calm and as comfortable as possible. Avoid moving the player in any way unless remaining there would cause greater injury.

When calling 911, REMAIN CALM and be prepared to give your name, location and a brief description of the emergency. Listen carefully to the operator's requests or questions. DO NOT hangup or end the call until instructed by the operator. Once finished with the phone call, get in position or designate others to an appropriate location to meet and direct emergency personnel and vehicles to the injured person.

PROVIDING FIRST AID – 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.
- Look for signs of injury (blood, bruises, deformity of limbs, etc.).
- Listen to the injured person describe what happened and what hurts.
- Gently and carefully feel the injured area for signs of swelling or grating of broken bones. Carry your players' Medical Release Forms with you at all games, practices and any other team functions.
- Arrange to have a cellular phone available during all games and practices.

DON'T...

- Hesitate in administering aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (such as CPR).
- Transport or move injured individuals except in extreme emergencies.
- EVER leave an unattended child at a practice or game.
- Administer any medications.
- Provide any food or beverage, including water, to a victim you believe may be in shock.
- Hesitate to report any suspected safety hazard to the Safety Officer immediately.

FIRST AID AWARENESS AND BASIC TECHNIQUES***Checking Conscious Victims***

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depressions.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.

8. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands, and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
21. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest while sitting up.
22. When the victim feels ready, help him or her stand up.

Checking Unconscious Victims

1. Tap and shout to see if the person responds. If the victim does not respond to you in any way, assume the victim is unconscious.

Call 9-1-1 and report the emergency immediately.

If no response:

1. Look, listen and feel for breathing for about 5 seconds.
2. Do NOT move the victim, but maintain a clear air passageway in the event the victim is facedown on lying on their side.

Communicable Disease Procedures

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires.

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- Bleeding must be stopped; the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
- Routine use of 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 appropriate disinfectant before competition resumes.

- Practice proper disposal procedures to prevent injuries caused by needles, scalpels 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.
- Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
- Contaminated towels should be properly disposed of/disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling blood dressings, mouth guards and other articles containing blood fluids.

Bleeding (in general)

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

If a victim is bleeding,

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

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops, typically 10 to 15 minutes.

Bleeding on the Inside and/or Outside of the Mouth

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

Infection

To prevent infection when treating open wounds you must:

1. Cleanse the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
2. Treat with ointment supplied in your First-Aid Kit.
3. Cover the wound with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit to absorb fluids and protect the wound from further contamination. (Handle only the edges of sterile pads or dressings)
4. Secure the bandages with First-Aid tape supplied in your First-Aid Kit to help keep out dirt and germs.

Deep Cuts

If the cut is deep, attempt to stop the bleeding and bandage the wound. Encourage the victim to get to a hospital so he/she can be stitched up. Stitches prevent scars.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If a splinter is in the eye, **DO NOT** attempt to remove it.

Removal:

1. First wash your hands thoroughly, and then gently wash the affected area with mild soap and water.
2. Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
3. Loosen skin around splinter with needle; use tweezers to remove splinter. If a splinter breaks or is deeply lodged, consult professional medical help.
4. Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

Heat Exhaustion:

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart.
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes. 4) Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke):

Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

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

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma

usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication.

Each manager should be intimately familiar with each player's known medical condition, as provided by the parents at time of registration and supplied in each Manager's Binder. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 immediately. Never share one child's prescription asthma medicine with another child, even if the child is suffering from an asthma attack. Dial 9-1-1.

Breathing Problems/Emergency Breathing

If Victim is not breathing:

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
4. Check for a pulse at the carotid artery (use fingers instead of thumb).
5. If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6. Continue rescue breathing as long as a pulse is present but person is not breathing.

If Victim is not breathing and Air Won't Go In:

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

Contusion to Sternum

Contusions to the Sternum are usually the result of a thrown or batted ball that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can begin to beat irregularly, known as fibrillation or can become bruised and start filling up with fluid. In both cases, the victim's life is in extreme jeopardy. Do not downplay the seriousness of this injury!

1. If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
2. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken. (See below on how to treat head and neck injuries)

1. If the victim is a child, tell the parents immediately about the injury and have them monitor the child. If the child received the blow to the head during a game or practice, immediately remove that child from play.
2. Note any symptoms and monitor to see if they change within a short period of time.
3. Urge the victim to seek immediate medical attention. If the victim is a child, urge the parents to take the child to a doctor for further examination.

4. See that victim gets adequate rest.
5. If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately.

By Communications Division SOUTH WILLIAMSPORT, Pa. January 27, 2012 Little League Baseball and Softball has always been at the forefront regarding the safety and well being of children.

In an effort to provide all Little League personnel with the most current information on concussions, the youth baseball organization has created an informational page on its website that also includes links to training information and ways to recognize signs and symptoms of a concussion.

As the assessment and treatment of concussions and concussion-like symptoms has evolved, many states have enacted laws designed to educate people about concussions, and protect the health and safety of young athletes.

Little League International has compiled a summary of all currently existing and proposed state laws regarding concussions. The summary of concussion-related state laws can be found at:
<http://www.littleleague.org/learn/programs/childprotection/concussions.htm>.

Some state laws are only applicable to school-sponsored athletics, or to activities taking place on school-owned property. Other laws are applicable to all youth sports organizations, whether, or not, they are affiliated with a school district. It is strongly recommended that local leagues consult with legal counsel in their jurisdiction to determine the applicability of state laws regarding concussions occurring while children are participating in the Little League program.

Not every state has adopted concussion laws and not every state's concussion law is applicable to a local Little League program. Nevertheless, in keeping with its focus on protecting the health, safety and welfare of children, Little League Baseball and Softball strongly encourages all leagues and teams to not only comply with any applicable state laws, but also to review the information and training materials on concussions which is available (free of charge) on the Centers For Disease Control website. The latest concussion information from the Centers for Disease control can be found at:
http://www.cdc.gov/concussion/HeadsUp/online_training.html.

It is essential that each league review this material in order to understand its responsibilities regarding when and how to address concussions.

Concussions in Youth Athletes

Many states have enacted laws designed to prevent concussions and protect the health and safety of young athletes. Little League International has compiled a summary of all currently existing and proposed state laws regarding concussions in youth athletes.

Some state laws are only applicable to school-sponsored athletics or to activities taking place on school-owned property. Other laws are applicable to all youth sports organizations, whether affiliated or not with a school district. It is strongly recommended that local leagues consult with legal counsel in its jurisdiction to determine the applicability of state laws regarding concussions to its program.

Not Every state has adopted concussion laws, and not every state's concussion law is applicable to a LLB program. Nevertheless, in keeping with its focus on protecting the health, safety and welfare of children, Little League International strongly encourages all leagues and teams to not only comply with any applicable state laws, but also, to review the information and training materials on concussions which are available free of charge on the

Centers For Disease Control website:

http://www.cdc.gov/concussion/HeadsUp/online_training.html
www.cdc.gov/Concussion

More information on how to check out an individual state's concussion laws can be found by clicking the particular state link below. ***The information that follows is current up to and including April 1, 2012.***

Concussions in Youth Athletes – California

Governor Brown signed AB 25 into law on October 4, 2011, which can be found at sections 38131(6) and 49475 of the Education Code. (Cal. Educ. Code § 38131(6)).

This law provides that if a school district offers an athletic program, any athlete who is suspected of sustaining a concussion must be removed from the activity for the rest of the day. The student is not permitted to return to activity until cleared in writing by a health care professional. Parents/guardians of any student wishing to participate in an athletic activity are required to annually sign a concussion information sheet before the student can participate. This law also applies to recreational activities taking place on school owned grounds, which are not sponsored, or part of school run activities.

On January 5, 2012, Assembly Bill (AB) 1449 was introduced and referred to the committee on education, but the full committee hearing was cancelled.

The proposed legislation would amend Section 49475 of the Education Code, if adopted; however, as currently proposed there would be no significant effect on the law as it presently exists, but would require concussion information to be available on the school district website.

The official versions of sections 38131(6) and 49475 are currently available online at:

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=38001-39000&file=38130-38139>
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=49001-50000&file=49470-49475>

The text of the AB 1449 bill can be viewed online at: http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1401-1450/ab_1449_bill_20120105_introduced.html

Head and Spine Injuries

When to suspect head and spine injuries:

1. A fall from a height greater than the victim's height.
2. Any bicycle, skateboarding, or rollerblade mishap.
- 3) A person found unconscious for unknown reasons.
3. Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
4. Any injury that penetrates the head or trunk, such as impalement.
5. Any injury in which a victim's helmet is broken, including a batting helmet, etc.
- 7) Any incident involving a lightning strike.

Signals of Head and Spine Injuries:

1. Changes in consciousness
2. Severe pain or pressure in the head, neck, or back
3. Tingling or loss of sensation in the hands, fingers, feet, and toes
4. Partial or complete loss of movement of any body part
5. Unusual bumps or depressions on the head or over the spine
6. Blood or other fluids in the ears or nose
7. Heavy external bleeding of the head, neck, or back
8. Seizures
9. Impaired breathing or vision as a result of injury
10. Nausea or vomiting
11. Persistent Headache
12. Loss of balance
13. Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries:

1. Call 9-1-1 immediately
2. Minimize movement of the head and spine by providing support
- 3) Maintain an open airway.
1. Check consciousness and breathing.
2. Control any external bleeding.
3. Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Muscle, Bone, or Joint Injuries

Always suspect a serious injury when the following signals are present:

1. Significant deformity
2. Bruising and swelling
3. Inability to use the affected part normally
4. Bone fragments sticking out of a wound
5. Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
6. The injured area is cold and numb
7. Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

1. If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
2. Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
3. If a twisted ankle, do not remove the shoe -- this will limit swelling.
4. Consult professional medical assistance for further treatment if necessary.

Treatment for fractures: Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, durable cardboard, sticks, bats, etc. Seek medical attention immediately.

Treatment for fractures and broken bones: Once you have established that the victim has a broken bone, dial 9-1-1 immediately. Comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section).

Osgood Schlaugther's Disease

Osgood Schlaugther's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

1. Icing the painful areas.
2. Making sure the child rests when needed. 3) Using Ace or knee supports.

Heart Attack

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

1. Persistent chest pain or discomfort. Victims usually complain of persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
2. Breathing difficulty. Victim's breathing is noisy; victim feels short of breath and typically breathes faster than normal.
3. Changes in pulse rate. Pulse may be faster or slower than normal and may be irregular.
4. Victim's skin may be pale or bluish in color. Victim's face may be moist and may be perspiring profusely.

Call 9-1-1 immediately upon the first indication that a victim may be suffering a heart attack.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms include: feeling light-headed, dizzy, confused, or weak; changes in skin color (pale or flushed skin), sweating; nausea or vomiting; diarrhea; changes in consciousness; seizures; paralysis or inability to move; slurred speech; impaired vision; severe headache; breathing difficulty; persistent pressure or pain.

Care For Sudden Illness

1. Call 9-1-1 immediately.
2. Help the victim rest comfortably.
3. Keep the victim from getting chilled or overheated. Use a blanket.
4. Reassure the victim.
5. Watch for changes in consciousness and breathing.
6. Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar. Orange juice is best, but soda with extra sugar or candy may be used.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

1. Restlessness or irritability
2. Altered consciousness
3. Pale, cool, moist skin
4. Rapid breathing
5. Rapid pulse

Caring for shock involves the following simple steps:

1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Sunburn

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock")

3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.

Burns (in general)

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available--tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn (see above).

If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2. If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Poisoning

Call 9-1-1 immediately before administering First Aid then:

1. Do not give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
2. If professional medical help does not arrive immediately:

DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

1. Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Transporting an Injured Person

If injury involves neck or back, *DO NOT* move victim unless absolutely necessary.

Call 9-1-1 and wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

Carefully turn victim toward you and slip a half-rolled blanket under back. Turn victim on side over blanket, unroll, and return victim onto back. Drag victim head first, keeping back as straight as possible.

If victim must be lifted, support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and Moreland Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his/her cold or flu on to others. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

1) Avoid additional trauma to tooth while handling. Do not handle tooth by the root. Do not brush or scrub tooth. Do not sterilize tooth. 2) If debris is on tooth, gently rinse with water.

1. If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
2. If unable to re-implant:

Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth." 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.

3rd best - Wrap tooth in saline soaked gauze.

4th best - Place tooth under victim's tongue. Do only if athlete is conscious and alert. 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate.

Transport victim and tooth immediately to the dentist.

Luxation (Tooth in Socket, but Wrong Position)

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth is raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief. 3) Transport victim immediately to the dentist.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. Transport victim immediately to the dentist.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1) Do nothing - avoid any repositioning of tooth. 2) Transport victim immediately to the dentist.

Fracture (Broken Tooth)

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4 (above). Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete. Save all fragments of fractured tooth as described under Avulsion, Item

4 (above) and immediately transport the victim and any/all tooth fragments to the dentist.

Dismemberment

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

If an object, such as a knife or a piece of glass or metal, is impaled in a wound: 1) Call 9-1-1 immediately.

1. Do not remove it.
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.
4. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5. Treat for shock if needed (see "Care for Shock" section).

Communicable Disease Procedures

While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

1. A bleeding player should be removed from competition as soon as possible.
2. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
3. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (latex gloves are provided in First Aid Kit).
4. Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
5. Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach. A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
6. The use of CPR Masks.
7. Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
8. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The virus enters the body in 3 basic ways:

1. Through direct contact with the bloodstream. Example: Sharing a non-sterilized needle with an HIV-positive person.
2. Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina.

Example: Having unprotected sex with an HIV-positive person.

1. Through the womb, birth canal, or breast milk. Example: Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk.

Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.

Incidents and Accidents – Policies & Procedures

What to report: Any incident or accident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment and/or first aid including even passive treatments such as an extent of injury evaluation and diagnosis or periods of rest must be reported to the Safety Officer.

When to report: All incidents as described above must be reported to the Safety Officer within 48 hours. (Sooner is desired: please all contact info. readily available.) The Safety Officer's email is safety@smlla.org

How to report: Appropriate forms to be filled out are in a binder in the Snack Shack and on our website www.smlla.org or Little League <http://www.littleleague.org/learn/forms.htm>

- Call and then return completed form to the Safety Officer at safety@smlla.org within 48 hours.
- If needed, you may make a report over the phone (650-315-5008) to the Safety Officer. The minimum required info is:
 - The name and phone number of the individual involved.
 - The date, time, and location of the incident.
 - As detailed a description of the incident as possible.
 - A preliminary estimation of the extent of any injuries.
 - The name and phone number of the person reporting any incident.
 - Any witness statements obtained.

Safety Officer's Responsibilities: Within 48 hours of receiving the incident report, the safety officer should:

- Contact the injured party or the parents.
- Verify the information received.
- Obtain any other info deemed necessary.
- Check on the status of the injured party.
- In the event that the injured party required any medical attention (i.e. Emergency Room, Doctor Office), the Safety Officer will advise parents/guardians of San Mateo Little League's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall contact the parents/guardians to:

- Check on the status of any injury and treatment.
- Check if any other assistance is necessary in areas such as submission of any forms, etc. until such time any claim has expired and is considered **CLOSED** (i.e. no further claims are expected and/or the individual is participating in the league again.)
- <https://www.littleleague.org/downloads/accident-claim-form/>
- <https://www.littleleague.org/downloads/accident-claim-form-instructions/>

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 being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Other Policies and Reminders

“Weather” to Play or Not

A NOTE ABOUT INCLEMENT WEATHER

Most of our days in Northern California are warm and sunny but there are those days when the weather turns bad and creates unsafe weather conditions.

Rain:

If it begins to rain:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe. Use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of downdrafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

Evacuate at the first flash of lightning or sound of thunder:

- **DO:** Suspend all games and practices immediately, evacuate to a car with windows up, an enclosed building, or if necessary, low ground, stay away from metal including fencing and bleachers, get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
- **DO NOT:** Do not hold metal bats, never stay near outdoor metal objects like flagpoles, fences, light poles and metal bleachers. Avoid trees, water, open fields, and using the telephone.

RAIN/HAIL: Wet playing fields can be a safety hazard and so can wet equipment.

- **DO:** Have a designated place for all to get out of a hailstorm.
- **DO NOT:** Play on soaked fields or use wet equipment.

WIND/HEAT: Extreme heat can create serious injury as can wind.

- **DO:** Have players dress appropriately for the weather.
- **DO:** Have plenty of water available at games and practices for adequate hydration.
- **DO:** Take frequent breaks if needed and have players find cool/shady shelter.
- **DO:** Watch for signs of heat related illness or in extreme wind blow, encourage no excessive kicking up of dirt/sand and watch for dirt in the eyes, treat appropriately.
- **DO NOT:** Give a player anything to drink if he/she is unable to drink on his/her own.
- **DO NOT:** Put you or your players at risk.

Weather Notifications

SMLLA has implemented several solutions on the www.smla.org homepage to better inform our baseball community about weather conditions and field conditions as a result of weather.

- Notifications posted on the SMLLA online "Bulletin Board"
- Weather forecast app
- Rained out app
- Twitter & Facebook updates
- SM Park & Rec Field Update link

REMEMBER: THE SAFETY OFFICER AND/OR UMPIRES HAVE THE FINAL SAY ON THE SAFETY OF ALL PLAYING CONDITIONS.

Concession Stand Policy:

- SMLLA has outsourced their concession operations to a third party vendor who is required to follow SMLLA's Concession Stand Policy & Procedures.

- Minimum age for concession workers is 16 years of age without prior approval of the Snack Bar Director.
- When handling food, all workers must wear appropriate gloves.
- Refrigeration must be kept at appropriate temperatures set by the Health Department.
- First-Aid kits must be kept complete with a First Aid instruction manual.
- Fire extinguisher must be inspected regularly.
- All cleaning products must be kept away from food in designated areas.
- Wet spills must be cleaned up immediately and made visible with "caution" sign(s).
- All full "CO2" tanks must be secured (chained) to a wall.
- All food handlers must use proper hand washing techniques.
- Water temperatures must be kept at appropriate recommendations set by the Health Department.
- Ziploc bags must be available and used for "ice packs".
- Children are not allowed in the snack bar without adult supervision.
- All knives and other sharp objects must be stored appropriately.
- All electrical appliances must be kept away from water and used properly.

Storage Container Policies:

- Must be locked at all times.
- No children allowed in shed.
- All hazardous materials must be labeled and kept in designated areas.
- All materials used must have visible warning labels and be properly marked.
- Knowledgeable adults must only operate machinery.
- Equipment sheds for field preparation must be kept locked when not in use. Rakes, shovels, hoses, chalk liner, templates and bases must be kept in an orderly fashion.
- Storage Containers with storage of flammable substances shall be adequately vented.

Reminders:

- Score booths will be locked when not in use and no "horse-playing" in or on steps.
- Snack Shack must have a well-equipped, easily accessible First Aid kit with a manual.
- Land Line Telephone systems must be available for EMERGENCY use.
- Do not allow children to climb on fences.
- Field Inspection/Injury/Incident reports must be filled out and returned to the Safety Officer's email at safety@smlla.org
- Practice at designated fields only
- Be sure to have a cell phone in case of an EMERGENCY.

Ideas for Improvement:

There is a safety suggestion box in the Snack Shack; feel free to suggest anything you think would be helpful to the safety of San Mateo Little League American in any way. The best way to communicate suggestions is to email them to safety@smlla.org.

A REMINDER ABOUT PROPER HYDRATION Good nutrition is important for children. Sometimes, the most important nutrient children need is water, especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism, perspiration, kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the

winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. Thirst is not an indicator of fluid requirements. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity, water is an excellent fluid to keep the body well hydrated. Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

San Mateo Little League American Anti-Bullying Policy

Given the serious effects that bullying has on youth and organizations, SMLLA have adopted an anti-bullying policy. This policy overview is intended to guide all **Managers, Coaches, Players, Volunteers, Parents, Guardians** and **Spectators** in their behavior at SMLLA Little League games, events and fields. Bullying not only leads to anxiety and low self esteem in youth who are targeted, but also causes other youth to feel unsafe. Youth of all ages deserve the right to feel safe and supported by all SMLLA Board Members, Managers, Coaches, players, volunteers and parents.

By raising awareness throughout our league, Board Members, Coaches and Parents can work together to ensure that SMLLA is a place that youth and parents feel welcome and included.

Bullying: Bullying involves behavior by one person or a group of people with the intent to ridicule, harass, humiliate or intimidate another person during league games, events and/or at league fields. Verbal bullying involves **repetitious** behavior and includes the use of words and gestures. Emotional bullying involves rejection, terrorizing, extorting, humiliating, rating/ranking personal characteristics such as race, disability, ethnicity, or perceived sexual orientation. Physical bullying can include a **single** incident of pushing, hitting or kicking a person or interfering with their property.

Bullying which occurs outside of the Little League setting may be addressed by Little League officials **only** if such conduct markedly interrupts or severely impedes the purposes of the SMLLA Little League. No amount of bullying is acceptable. Not all joking or horseplay is bullying, but when the intent or effect is to cause distress, continuation or repetition of such behavior is bullying and will not be tolerated.

Reporting Bullying: If you are being bullied, or know of someone being bullied, you must tell a team manager, coach, player agent, commissioner or the President of SMLLA as soon as possible.

Consequences of Bullying: If a person involved in the league (including managers, coaches, players, volunteers, guardians and spectators) has taken part in bullying behavior, a warning will be given to that individual. If the behavior continues, that person may be suspended or excluded from the fields for at least one (1) full game.

Any further incidents will be referred to the Board of Directors for further action, pursuant to the Little League Regulation XIV – Field Decorum, which can include further warnings, discussions with parents and guardians, further suspensions or exclusions, ineligibility for playoff, tournament and/or all-star involvement, up to and including permanent removal from the league, and reporting to local law enforcement.

Emotional Security and Attitudes In Children

By Dr. Luke LaPorta

An understanding of children is the most important component of the Little League® program. Adults working with youth should be constantly aware of emotional security and attitudes of children under their direction. Dr. LaPorta, of Liverpool, New York, is widely recognized as an authority in this field and was a recipient of the Athletic Director of the Year Award sponsored by the National Council of Secondary School Athletic Directors. He has been active in Little League for more than 40 years and served as the Chairman of the Little League International Board of Directors.

From the sum of the total experience, along with the physical and mental reactions to such experiences, the player begins to develop certain attitudes. These attitudes then manifest themselves in patterns of behavior, behavior that could prove to be acceptable or unacceptable.

When working with children it is important to remember that at this particular age they are sensitive to the subtle pressures of acceptance and rejection.

In choosing activities in which they will take part, children make their choices for a variety of reasons. Some will choose an activity where they can be with someone they like, others will choose an activity that they enjoy, but, for the most part, children will choose the game or activity in which they have the greatest success. Children like to do the things that they can do best. The real fast runner wants to run races, the good basketball player wants to shoot baskets, and the heavy hitter wants to play baseball. For the most part, children enjoy most games they play, but they enjoy them that much more when they have a certain degree of success in that game.

Success feelings are necessary for the emotional growth and emotional security in children. These feelings help immeasurably in establishing and developing confidence, independence, poise and positive attitudes in youngsters. Frequently when faced with something new, youngsters will balk somewhat. However, in facing the challenge they suddenly find that they achieve some degree of success. At this point, the balkiness changes to aggressiveness and the newness is met with vigor and confidence.

Furthermore, children seem to respond readily to solicitous encouragement and to recognition of small successes they achieve. Success experiences for children are important to emotional security and to eventual emotional maturity.

Love, acceptance and success are strong emotional needs. They are necessary for establishing emotional security in the child and, in turn, emotional security, if necessary, in the attainment of emotional maturity. Children will satisfy these emotional needs in one way or another. Their first choice, of course, is to do so in a socially acceptable manner. However, if they have no opportunity to do so, they will use other methods, usually in

a socially unacceptable manner and from this derive satisfaction from the notoriety of unacceptable behavior.

Little League Baseball seems to be a well-established, acceptable way to provide degrees of satisfaction for the emotional needs of the child. Little League is an entirely new experience and, with its unique appeal to youngsters, plays a vital role in helping to fulfill these emotional needs. This is especially true if these needs are not met at home, or if there is a loss of a father or mother or if other complications deprive the child of an opportunity to satisfy these needs. In addition, Little League offers adult companionship, which, for a variety of reasons, may be lacking at this age.

In an organization such as Little League Baseball, volunteer leaders will run into many problems with youngsters. They will be working with youngsters deprived of love and affection; they will work with highly over-protected children and come in contact with the out and out rejected child. Leaders must do their utmost to help these children, and, if they are unable to help them, the least that can be done is to attempt to understand them.

Attitudes

In Little League Baseball there are many new and varied experiences facing the youngsters participating in the program. The children, probably for the first time, find themselves in situations that they alone must cope with. They alone must meet the challenge of each new experience.

Emotional Security

In order to grow, children must have food, fresh air, light and exercise. This food, fresh air, light and exercise provide children with nourishment and activity required to satisfy the needs of physical growth and development. Along with this physical development, children must also develop emotionally. As children reach maturity, they will also reach certain levels of emotional maturity. It is hoped that the emotional maturity attained will be at a desirable level so that the individuals may function normally within their own sphere of relationships, whether it be with their peers, their immediate family or other adults.

The nutrients or ingredients necessary for emotional growth are not the same as they are for physical growth. However, they are very bit as important as food and drink are to physical growth and development. These nutrients satisfy the needs for emotional security just as food and drink satisfy a physical hunger pain. If children are to attain a level of emotional maturity, they must first have certain securities.

For example, children need to know that they are loved. It is possible that children who are deprived of love will suffer in a number of ways. One of these ways would be the inability of children to relate to other children and adults. Usually, children who feel they are not loved will be withdrawn, will find it difficult to make friends and, many times, will react to social situations in a manner that is unacceptable as normal behavior. Very often unloved children will react in a way that is harmful to themselves and also to the community in which they live. Some quarters contend that juvenile delinquency, in part, is a result of the deprivation of love.

In addition to being loved, there are other ways that children are able to satisfy the need for emotional security. Children have to feel that they are accepted, whether it is acceptance as part of a family, a school group, church group, gang or club. The need for acceptance is not limited to children, of course. Young teenagers want to be accepted in sororities, fraternities, social cliques or athletic teams. Even adults sometimes feel the need for acceptance in local associations, clubs, school groups and neighborhood circles.

In its healthiest form, acceptance is based on what the child actually is and not what the child has done or what family history reflects. Many times, however, acceptance is not based on the human qualities of the child and is, in effect, denied for a variety of reasons. Some of these being: color, physical handicaps, speech handicaps, or even a mischievous childhood prank that just can't seem to be forgiven.

Children must be made to feel that they are liked and accepted for what they are. This kind of acceptance fosters an independence and confidence, which the child needs in order to grow emotionally. This does not mean that children have Carte Blanche to

do anything that they desire without disapproval of their acts. Much to the contrary, unacceptable behavior should be dealt with firmly and with decisive action. For example, a manager in Little League could encounter a problem with a youngster, which, if not handled firmly, might cause further trouble, i.e., talking back to an umpire or rough play. The player could be told that this is not the behavior expected of a Little Leaguer and disapproval could be voiced quite strongly. However, it could be followed with, "remember I like you, but I sure didn't like what you did out on that field."

Thus, it is extremely important that the experiences arising out of Little League activity be healthy and stimulating. Furthermore, it is equally important that volunteer personnel recognize this fact and strive to help the youngster meet the challenges. It is within the province of responsibility of the volunteer to help the player to develop desirable attitudes.

I. Is an attempt made to point out the desirability of:

- Fair play.
- Playing without finding fault or making excuses about mistakes.
- Listening to directions.
- Winning without bragging.
- Recognizing certain standards of achievement.
- Subscribing to the spirit of give and take.

II. Have you observed any progress on the part of the youngsters in your league concerning the following:

- They participate in practice and drills as you have planned them.
- They accept the fact that there are some youngsters who have more or less skills than they do.
- They have respect for other people's property.
- They take care of equipment properly.

III. In working with the players, do you sense that:

- They are beginning to develop self-confidence.
- They are showing signs of courage.
- They are beginning to develop leadership qualities.
- They are beginning to set standards for themselves.

IV. In your observations, can you say that you have noticed improvement in the following areas:

- Learning to accept reversals without undue emotional upset.
- Accepting and playing by the rules of the game.
- Learning to develop self-control over personal feelings.
- Widening their circle of friends.

V. Do you feel that the youngsters under your supervision recognize that:

- Working to improve skills leads to self-satisfaction and achievement.
- Being a good follower in certain situations is as important as being a good leader.
- Self-sacrifice for the good of the team is necessary.
- There are occasions when one must accept certain responsibilities for others.

2025 Guidelines with respect to Covid-19 Safety

SMLLA remains committed to helping our players, families, coaches and communities stay active on the field while abiding by state, county and city guidelines at all times in an effort to reduce the exposure and spread of covid-19. The safety of our community members has been and remains a top priority when evaluating all of our programs. We have been hard at work putting together all particulars to ensure a safe, exciting and successful season of baseball development for every child.

SMLLA will adhere to the San Mateo County & CDC guidelines and resources as it pertains to Covid-19. <https://www.smchealth.org/guidance-resources-0>



LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

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? <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.

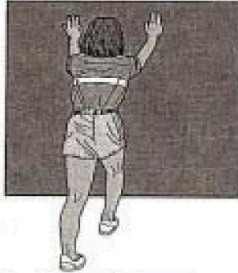
POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<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 _____

Suggestions for Warm-up Drills



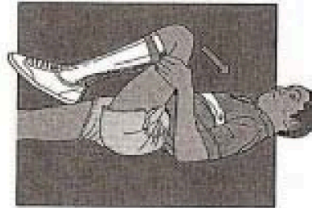
Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



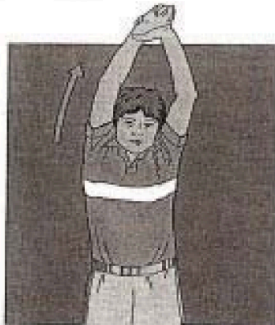
Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



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CPR	Adult and Older Children (puberty and older)	Child (1 year old to puberty)
Establish that the victim does not respond Activate your emergency response system.	Activate your emergency response system as soon as the victim is found.	If child is observed going down – activate the emergency response system immediately – otherwise give 5 cycles of CPR first.
Open the airway Use head tilt-chin lift	Head tilt-chin lift (suspected trauma: jaw thrust)	same
Check breathing If the victim is not breathing, give 2 breaths that make the chest rise.	Open the airway, look, listen, and feel. Take at least 5 seconds and no more than 10 seconds.	same
First 2 breaths	Give 2 breaths 1 second each	same
Start CPR		
Compression location	Center of breastbone between nipples	same
Compression method	1 ½ to 2 inches	1/3 to 1/2 depth of chest
Compression rate	100 per minute	100 per minute
Compression-ventilation ratio	30:2 (1 or 2 rescuers doing CRP)	30:2 for 1 rescuer doing CPR 15:2 for 2 rescuers doing CPR

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)**
 - + Child's chest or neck is pulling in while struggling to breathe**
 - + Child has trouble walking or talking**
 - + Child stops playing and cannot start again**
 - + Child's fingernails and/or lips turn blue or gray**
 - + Skin between child's ribs sucks in when breathing**
- Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

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Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise

During: Drink at least 4 oz. every 20 minutes

After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed

What to do: Stop exercising, get out of sun, drink

Severe signs: Muscle spasms, dizziness, delirium

Falls

Falls are common in young children who are walking, running, and climbing for the first time. Although most result in mild bumps and bruises, some falls can cause serious injuries that require immediate medical attention.

What to Do:

Do not move the child and call for emergency help (911) if the child:

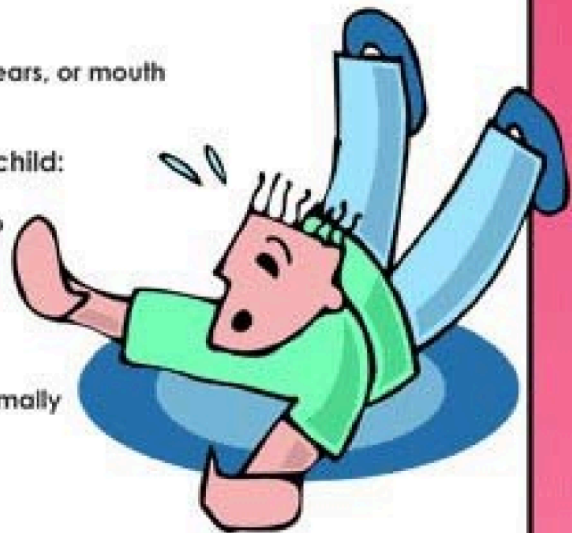
- may have seriously injured the head, neck, back, hipbones, or thighs
- is unconscious, or was briefly unconscious
- is having difficulty breathing
- isn't breathing (start CPR)
- has a seizure
- has clear fluid or blood coming from the nose, ears, or mouth

Call a doctor or seek medical attention if the child:

- won't stop crying
- becomes very sleepy and is difficult to wake up
- becomes irritable and difficult to console
- vomits
- complains of neck or back pain
- complains of increasing pain
- isn't walking normally
- doesn't seem to be focusing his or her eyes normally
- has any behavior or symptoms that worry you

If you think it's safe to move the child:

1. Hold the child and comfort him or her until crying stops.
2. Place a cold compress or ice pack on any bumps or bruises.
3. Give acetaminophen for pain.
4. Let the child rest, as needed, for the next few hours.
5. Watch the child closely for the next 24 hours for any unusual symptoms or behavior.



Think Prevention!

Never leave young children on any bed or other furniture unsupervised. Childproof against falls and avoid using walkers. Always strap children into high chairs, changing tables, shopping carts, and strollers. Always buckle kids into age-appropriate safety seats when riding in motor vehicles, and make sure they always wear helmets when biking or skating, or when using skateboards or scooters.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Broken Bones

Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.

The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Heat Exhaustion and Heatstroke




Signs and Symptoms:

Heat Exhaustion:

- severe thirst
- muscle weakness
- nausea, sometimes vomiting
- fast, shallow breathing
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 104 degrees Fahrenheit (40 degrees Celsius)

Heatstroke:

- severe, throbbing headache
- weakness, dizziness, or confusion
- difficulty breathing
- decreased responsiveness or loss of consciousness
- may not be sweating
- flushed, hot, dry skin
- elevation of body temperature to 104 degrees Fahrenheit (40 degrees Celsius) or higher



During hot, humid weather, the body's internal temperature can rise and can result in heat exhaustion and heatstroke. If not quickly treated, heat exhaustion can progress to heatstroke, which requires immediate emergency medical care and can be fatal.



What to Do:

If the child has a temperature of 104 degrees Fahrenheit (40 degrees Celsius) or more, or shows any symptoms of heatstroke, seek emergency medical care immediately. In cases of heat exhaustion and while awaiting help for a child with possible heatstroke:

1. Bring the child indoors or into the shade immediately.
2. Undress the child.
3. Have the child lie down; elevate feet slightly.
4. If the child is alert, place in cool (not cold) bath water, or sponge bathe the child repeatedly. If outside, spray the child with mist from a garden hose.
5. If the child is alert, give frequent sips of cool, clear fluids (clear juices or sports drinks are best).
6. If the child is vomiting, turn his or her body to the side to prevent choking.
7. Monitor the child's temperature.

Think Prevention!

Teach children to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren't thirsty. Make sure kids wear light-colored loose clothing and only participate in heavy activity outdoors before noon or after 6 PM. Teach children to come indoors immediately whenever they feel overheated.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life-threatening and can require immediate medical attention.

Signs and Symptoms:

Mild Reaction

- Itchiness
- mild skin redness
- mild swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) that occur anywhere



Severe Reaction

- swelling of the face or mouth
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal pain, nausea, vomiting, or diarrhea
- dizziness or fainting

What to Do:



1. Contact a doctor if a child has an allergic reaction that is more than mild or the reaction concerns you.
2. If the child has symptoms of a mild reaction, give an oral antihistamine such as diphenhydramine.
3. If the child has symptoms of a severe allergic reaction and you have injectable epinephrine, immediately use it as directed and call for emergency medical help.

Seek emergency medical care if the child:

- has any symptoms of a severe allergic reaction
- was exposed to a food or substance that has triggered a severe reaction in the past
- was given injectable epinephrine

Think Prevention!

Avoid substances that are known to trigger an allergic reaction in the child. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure that doctor-prescribed injectable epinephrine is kept with or near the child at all times, and that you, caretakers, and the child (if old enough) know how to use it.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:

Rest: Rest the injured part until it's less painful.

Ice: Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.

Compression: Support the injury with an elastic compression bandage for at least 2 days.

Elevation: Raise the injured part above heart level to decrease swelling.

3. Give the child ibuprofen (such as Motrin) for pain and to reduce swelling.
4. The doctor will prescribe an exercise program to prevent stiffness.

Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

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Reviewed by: Kate Cronan, MD Date reviewed: June 2007

Cuts

Many cuts can be safely treated at home. Large and deeper cuts — or any wounds that won't stop bleeding — need emergency medical treatment.

Vein or Artery?



Bleeding from an artery flows quickly and in spurts, and the blood is bright red. Bleeding from a vein flows evenly, and the blood is dark red.



What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Rinse the wound with water and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
2. If blood soaks through, place another bandage over the first and continue applying pressure.
3. Raise the injured body part to slow bleeding, but don't apply a tourniquet. When bleeding stops, cover the wound with a new, clean bandage.

For cuts that are not severe, contact a doctor if the cut:

- seems deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continues to ooze and bleed even after applying pressure
- is from a bite (animal or human)

Seek emergency medical care: call 911 if the child:

- has a body part that is partially or fully amputated
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

Think Prevention!

Childproof so that infants and toddlers are less likely to become injured on table corners, windows, or doors that may slam shut. Take precautions to prevent falls and supervise teens when they are cutting with sharp knives.

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Reviewed by: Kate Cronan, MD Date reviewed: June 2007

Insect Stings

Although insect stings can be irritating, symptoms usually don't require treatment by a doctor. However, kids who are highly allergic to insect stings may have life-threatening symptoms and may require emergency treatment.

Signs of a Severe Allergic Reaction:



- swelling of the face or mouth
- difficulty swallowing or speaking
- chest tightness, wheezing, or difficulty breathing
- dizziness or fainting
- abdominal pain, nausea, or vomiting



What to Do:

If there are signs of a severe reaction, call for emergency medical care, and give diphenhydramine while waiting for the ambulance. If your child has been previously prescribed injectable epinephrine, it should be given if signs of a severe reaction are present.

If there are not signs of a severe reaction:

1. Remove the child from the area where he or she was stung.
2. If the child was stung by a honeybee, wasp, hornet, or yellow jacket, and the stinger is visible, remove it by gently scraping the skin horizontally with the edge of a credit card or your fingernail.
3. Wash the area with soap and water.
4. Apply ice or a cool wet cloth to the area to relieve pain and swelling.
5. If the area is itchy, apply a paste of baking soda and water, or calamine lotion (do not apply calamine to the child's face or genitals).

Seek emergency medical care if:

- the child shows symptoms of a severe allergic reaction
- the sting is anywhere in the mouth
- the child has a known severe allergy to a stinging insect
- injectable epinephrine (EpiPen) was used

Think Prevention!

Try to have the child avoid: walking barefoot while on grass; using scented soaps, perfumes, or hair spray; dressing in bright colors or flowery prints; areas where insects nest or congregate; and drinking from soda cans. Also make sure that: outside garbage cans have tight-fitting lids; there are no stagnant pools of water (in rain gutters, flower pots, birdbaths, etc.); and food is covered when eating outside.

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Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

CHAMP'S Bicycle Safety Tips



Riding your bicycle is lots of fun. I love to go out with my parents and run along side when they are on their bicycles. They follow all the safety rules. You have to remember to wear your helmet and follow bike riding safety guidelines too.

Your bike is fun but it is not a toy so make sure you learn all of the "Rules of the Road." Read these tips before going out for a ride. Maybe you can print out a copy to give to a friend to help me keep them safe as well! You can also ask your parents to check with your local police department or local Safe Kids

organization (www.safekids.org) to see if they have any upcoming bicycle safety clinics which are great fun. Remember, I always say "Helmets are Cool." WOOF!



LEARN the basic six "Rules of the Road" and have a parent or guardian quiz you on them before you go out for a bike ride:

1. When turning or stopping, always use hand signals.
2. Look both ways at street corners and driveways.
3. Always ride with traffic, to the right.
4. Always stop at STOP signs, and don't ride up on the curb.
5. When you ride on the sidewalk watch out for people.
6. Riders must wear their helmet.

ALWAYS wear an approved and properly fitted bike helmet. Make sure your helmet has been approved by the Consumer Product Safety Commission (CPSC) by looking for their sticker on your gear. Your helmet should fit snug but not too tight. It should sit centered on top of your head in a level position, and not rock forward and backward or side-to-side. The helmet straps must always be buckled snugly against your chin.

USE appropriate hand signals to warn drivers before you turn. Not using signals will surprise drivers and may cause an accident.

KEEP both of your hands on the handlebars while riding unless using hand signals for traffic.

OBEY traffic signs and signals. When traveling with the flow of traffic, you also need to stop and go at the same time as the traffic.



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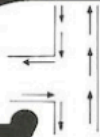
Bicycle Safety

12 RULES OF THE ROAD



1 OBEY ALL TRAFFIC REGULATIONS!

Red and green lights, stop signs, highway directions.



2 KEEP TO THE RIGHT ... FOLLOW TRAFFIC.

Always ride in a straight line, never weave in and out.



3 HAVE PROPER LIGHTS FRONT AND REAR.

Never ride at night unless you have a white headlamp in front, and state approved red reflector in the rear.



4 HAVE A PROPER SIGNALLING DEVICE.

Warn others of your approach with a horn or bell.



5 YIELD THE RIGHT OF WAY TO PEDESTRIANS.

Avoid the sidewalks and use care at crosswalks.



6 WATCH OUT FOR CARS.

Beware of cars pulling out or doors opening unexpectedly.



7 NEVER HITCH RIDES.

Hanging on a moving vehicle while riding is extremely dangerous. Never "stunt".



8 ALWAYS RIDE ALONE.

Bikes made for one rider should never carry two — don't overload.



9 CHECK YOUR BRAKES.

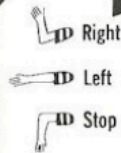
Be sure they work efficiently and safely without squeek or failure.

Added caution must be used in wet conditions. See page 7.



10 WATCH THE INTERSECTIONS.

Slow down and look to right and left before crossing.



11 USE HAND SIGNALS.

Let the other driver know your intent, use hand signals.



12 NEVER WEAVER OR SWERVE.

Unexpected moves cause accidents. Ride safely and watch out for the other rider.

DRUG IDENTIFICATION GUIDE

Inhalants



Club Drugs



Cocaine



Heroin



Cannabis



Methamphetamine



Paraphernalia



Prescription & Over-the-Counter Drugs

Pain relievers



Depressants



Stimulants



Dextromethorphan

