



2025 SAFETY MANUAL

Emergency Phone Numbers

Emergency 9-1-1

Non-Emergency Placer County Police & Fire: 530-886-5375

Board Position	Name	Phone Number
Joe Myszka	President	530-521-3623
Jim Redin	VP - Baseball Operations	916-671-9822
Shaun Hansen	Safety Director	916-699-6400
	Safety Director	



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Emergency 911

Dear Parents, Managers, and Coaches:

Welcome to another fun and exciting season of Lakeside Little League Baseball!

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has set aside budget money for safety programs and put forth a set of safety rules that are outlined in this manual. Each team will also appoint a Team Safety Officer (**TSO**) who will assist the manager and the designated coaches of that team to ensure that the safety guidelines are met whether at practice or during a game. This manual is reviewed by the Little League District 54 Administrator.

We are committed to safety at Lakeside Little League. Please read this manual carefully as it will refresh your memory with safety fundamentals. Then use the manual as a reference guide throughout the season. In addition, please check our website for Little League ASAP Safety Awareness Newsletters.

Most importantly, use common sense. Make sure helmets are worn during all batting drills and make sure kids are not swinging bats while others are in the area.

Safety rests with all of us. Listen to your better judgment and never doubt what children tell you. Please report all accidents or safety infractions when they occur.

Now, play ball and play it safe!

Very truly yours,

Joe Myszka

President

Shaun Hansen-Safety Officer



Shaun Hansen
Safety Officers

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POLICY STATEMENT

Lakeside Little League:

A Non-profit Organization Run By Volunteers
Whose Mission Is To Provide an Opportunity For
Our Community's Children To Learn the Game of
Baseball In a Safe and Friendly Environment.



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SAFETY MANUAL AND FIRST AID KITS



All coaches and managers are made aware of the League's Safety Manual. Printed copies of the Safety Manuals are stored and available in the concessions shacks @ Feist Park & Granite Bay Park at the beginning of the season. In addition, it will be available from www.lakesidell.org.

Ice will be available at the snack shacks located at the Granite Bay Park and the Feist Park fields. Ice should be brought to each field other than Feist or Granite Bay Parks.

The First Aid Kits are distributed to every manager with their team equipment. The First Aid kits will include items to treat an injured player until professional help arrives if needed. Managers shall bring their First Aid Kits to all games and practices. First aid kits are also kept in each snack and are stocked to treat a wide variety of injuries.



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CODE OF CONDUCT



The board of directors of Lakeside Little League has adopted the following Code of Conduct. All coaches and managers must follow this Code of Conduct.

Lakeside Little League 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 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 unsportsmanlike 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 LAKESIDE complex while in an intoxicated state at any time.
-  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 at any



time.



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- ✖ Be guilty of discussing publicly 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 manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- ✖ Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

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





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Lakeside Little League Parent/Guardian Code of Conduct

Lakeside Little League adheres to essential elements of character-building and ethics in sports embodied in the concept of sportsmanship and the core principles of respect, trustworthiness, responsibility, fairness, caring, and good citizenship.

We, the Lakeside Little League, have implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. We ask that parents read, understand and agree to this form prior to their children participating in our league.

I agree that misconduct by me or my guests may result in my being asked to leave the sports facility and that I could be subject to future suspensions from league games and functions.

I furthermore agree:

1. I will not force my child to participate in sports
2. I will remember that children participate in sports to have fun, develop friendships, and learn valuable life lessons, and that the game is for youth, not adults
3. I will inform the manager or coach of any physical disability or ailment that may affect the safety of my child or the safety of others in a timely manner
4. I will endeavor to 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, managers, coaches, umpires, officials, parents and spectators at every game, practice, or



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6. other league sponsored and/or affiliated events
7. I (and my guests) will not engage in unsportsmanlike conduct with
8. players, managers, coaches, umpires, officials, parents and spectators.
This conduct includes, but is not limited to, physically and/or verbally harassing, taunting, booing or otherwise demeaning or insulting those parties; using profane or crude language and/or gestures; engaging in any other inappropriate behavior
9. I will not exhibit and/or display any behaviors, language and/or other practices that would, or potentially could, endanger the physical and/or emotional health, well-being and/or safety of any players, managers, coaches, umpires, officials, parents and spectators
10. I will teach my child to play by the rules and to resolve conflicts in a safe and respectful manner without resorting to hostility or violence
11. I will demand that my child treat other players, managers, coaches, umpires, officials, parents and spectators with respect regardless of race, creed, color, sex, religion, age, or ability
12. I will teach my child that trying and 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
13. I will praise my child for competing fairly and trying hard
14. I will never ridicule, yell at, berate, antagonize and/or otherwise degrade my child or any other participant for making a mistake or losing a competition
15. I will emphasize skill development and practices and how they benefit my child over winning
16. I will deemphasize games and competition in the lower age groups, and place them in the proper perspective in all other groups



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17. I will promote the emotional and physical well-being of the players ahead of any personal desire I may have for my child and/or his/her team to win
18. I will respect the umpires and other officials and their authority during games and practices and will never question, discuss, and/or confront umpires, officials, managers and/or coaches at the game field, and will take the time to speak in a respectful and civil manner to officials, managers and/or coaches at an agreed upon time and place
19. I will demand a sports environment for my child that is free from drugs, alcohol and tobacco, and I will refrain from their use at all games and practices
20. I will refrain from coaching and/or instructing my child or any other players during games and practices, unless I am one of the official managers or coaches of the team
21. I will accept all decisions of umpires and game officials, regardless of whether I agree with those decisions
22. I will strive to set a positive role model and example for my child and other players
23. I will ensure that there is always adequate supervision when my child is in the company of league officials in order to verify that all interactions with my child are appropriate. Furthermore, I will immediately report any actions that I consider to be inappropriate to a Lakeside Little League Board Member
24. I understand that Lakeside Little League is an organization run by volunteers, and I agree to volunteer to help the League where I am able to do so.



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LAKESIDE SAFETY CODE



The Board of Directors of Lakeside Little League has adopted the following ***Safety Code***. All managers and coaches must abide by all Little League Rules and this ***Safety Code***. **Please read it to the players on your team...**

- ☐ Responsibility for safety procedures belong to every adult member of Lakeside Little League.
- ☐ Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- ☐ Only league approved managers and/or coaches are allowed to practice teams.
- ☐ Only league-approved managers and/or coaches will supervise batting Cages.
- ☐ Arrangement should be made in advance of all games and practices for emergency medical services.
- ☐ Managers, designated coaches and umpires will have mandatory training in First Aid.
- ☐ First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each concession stand and in the clubhouse. First-aid kits are a requirement to have at every practice & game.
- ☐ No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- ☐ Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.





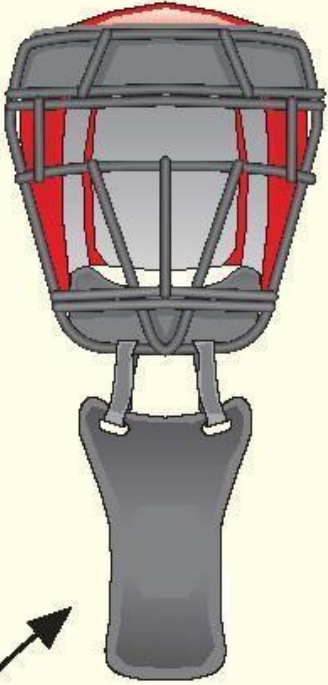
- ☐ Team equipment should be stored within the dugout or behind screens, and not within the area defined by the umpires as “in play”.





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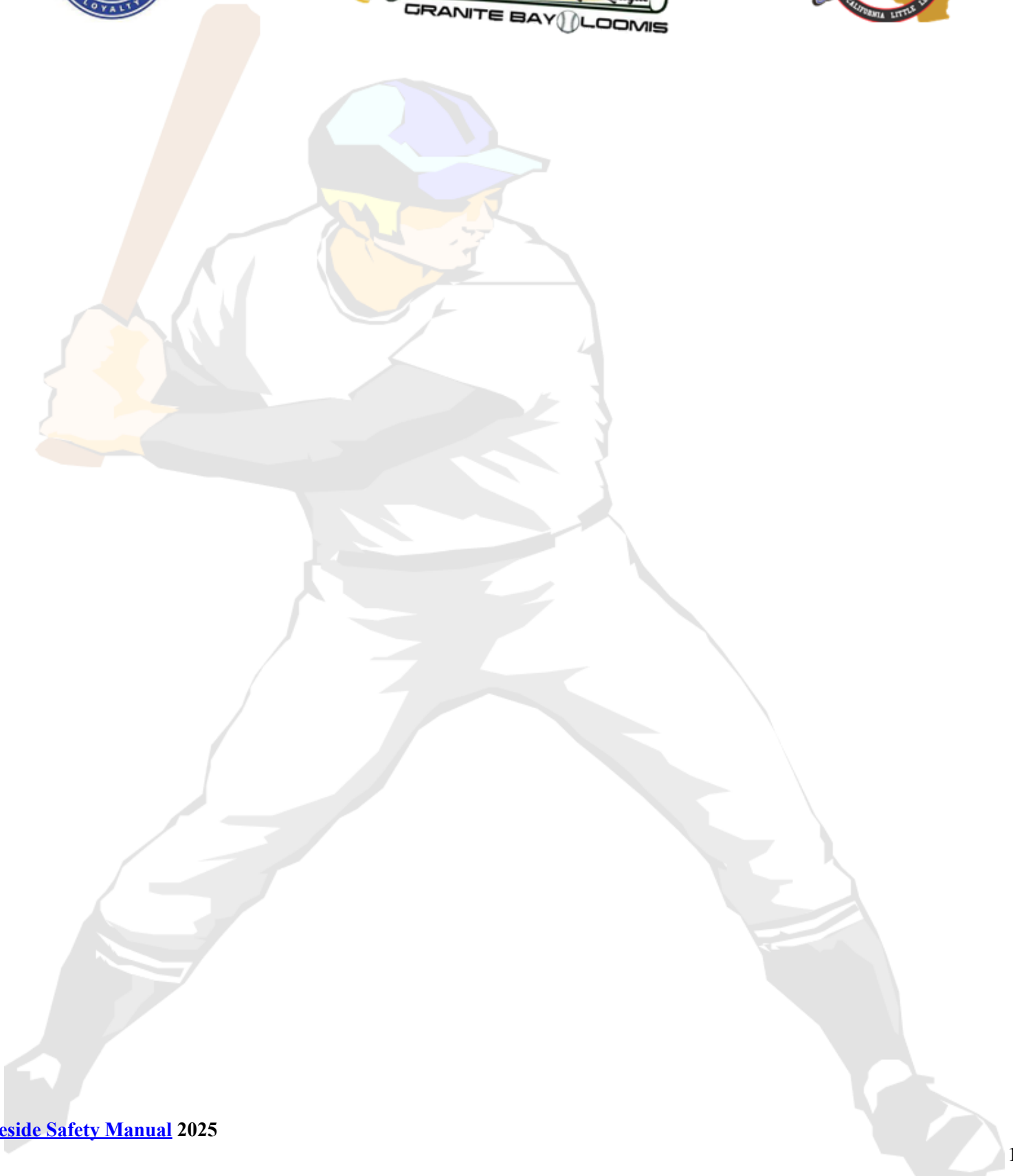


**Make
Sure
They
Are
Safe!**

"Dangling"

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

RULE 1.17
"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."





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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 designated coaches.

Foul balls batted out of the playing area will be returned to the snack bar and not thrown over the fence during a game until our ball returns are installed.

During practice and games, all players should be alert and watch 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 endangering 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. These helmets should have a face guard.

Except when a 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" for their children.

On-deck batters are not permitted.





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Managers will only use the official Little League balls supplied by LAKESIDE. Once a ball has become discolored, it will be discarded.

All male players should wear athletic supporters and cups during games and practices. Catchers must wear a cup. Managers should encourage that cups be worn by all male players at all times.

Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.

Female catchers must wear long or short model chest protectors.

All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.



All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.

Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.



Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)

No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)

Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.

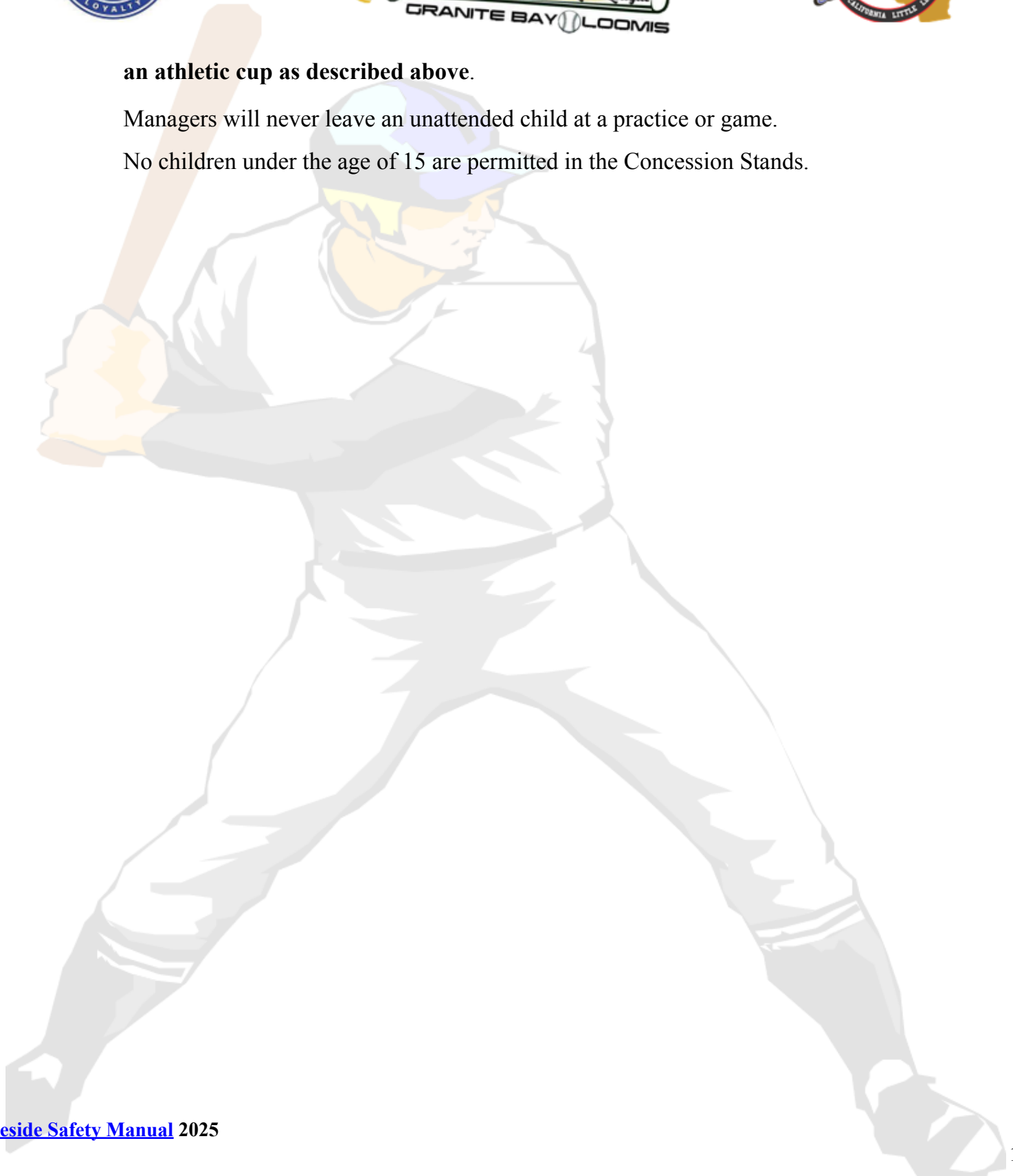
Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and



an athletic cup as described above.

Managers will never leave an unattended child at a practice or game.

No children under the age of 15 are permitted in the Concession Stands.





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Never hesitate to report any present or potential safety hazard to the LAKESIDE Safety Officer immediately.

Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.

Speed Limit is 5 miles per hour in roadways and parking lots.

No alcohol or drugs allowed on the premises at any time.

No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.

No playing in the parking lots at any time.

No playing in construction areas at any time. This includes the sand bins.

No playing on and around lawn equipment, machinery at any time.

No smoking.

No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.

No throwing rocks.

No climbing fences.

No swinging on dugout roofs.

Observe all posted signs.

Players and spectators should be alert at all times for foul balls and errant throws.

No running or jumping on the bleachers.







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Managers and Coaches:



The Manager is a person appointed by the president of LAKESIDE to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- **The Manager** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (**TSO**).

(c) If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.



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Pre-Season:

Managers will:

Take possession of this Safety Manual.

Pass a JDP Screening

Attend a mandatory Safety Clinic.

Appoint a volunteer parent as *Team Safety Officer (TSO)*. The **TSO** must be able to be present at all games and must own or have access to a **cell phone** for emergencies. If a Team Safety Officer is not appointed the Manager will be the TSO.

Meet with parents to discuss Little League philosophy and *safety issues*.

Cover the basics of *safe play* with his/her team before starting the first practice.

Teach players the *fundamentals* of the game while advocating safety.

Teach players how to *slide* before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.

Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This ***medical release*** protects you if that child should become further injured or ill. ***There are no exceptions to this rule.***

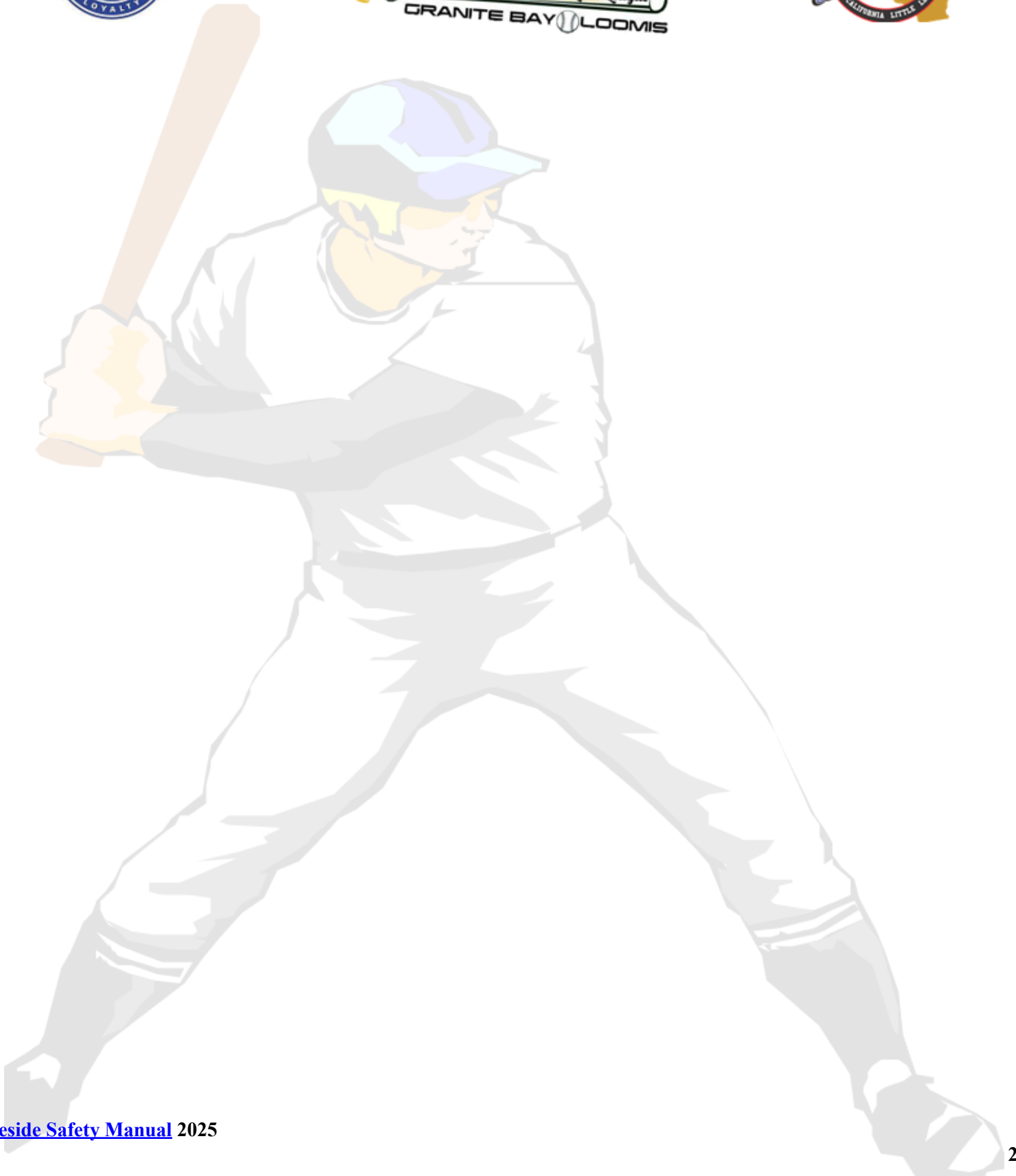
Encourage players to bring *water bottles* to practices and games.

Tell parents to bring ***sunscreen*** for themselves and their child.

Encourage your players to wear ***mouth protection***.

***** First-time Managers and Coaches*** are requested to read books or view video on Little League Baseball mechanics.







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Season Play:

Managers will:

Make sure *equipment* is in first-rate working order.

Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.

Not expect more from their players than what the players are capable of.

Teach the *fundamentals* of the game to players.

- ☐ Catching fly balls
- ☐ Sliding correctly
- ☐ Proper fielding of ground balls
- ☐ Simple pitching motion for balance

Be open to ideas, suggestions or help.

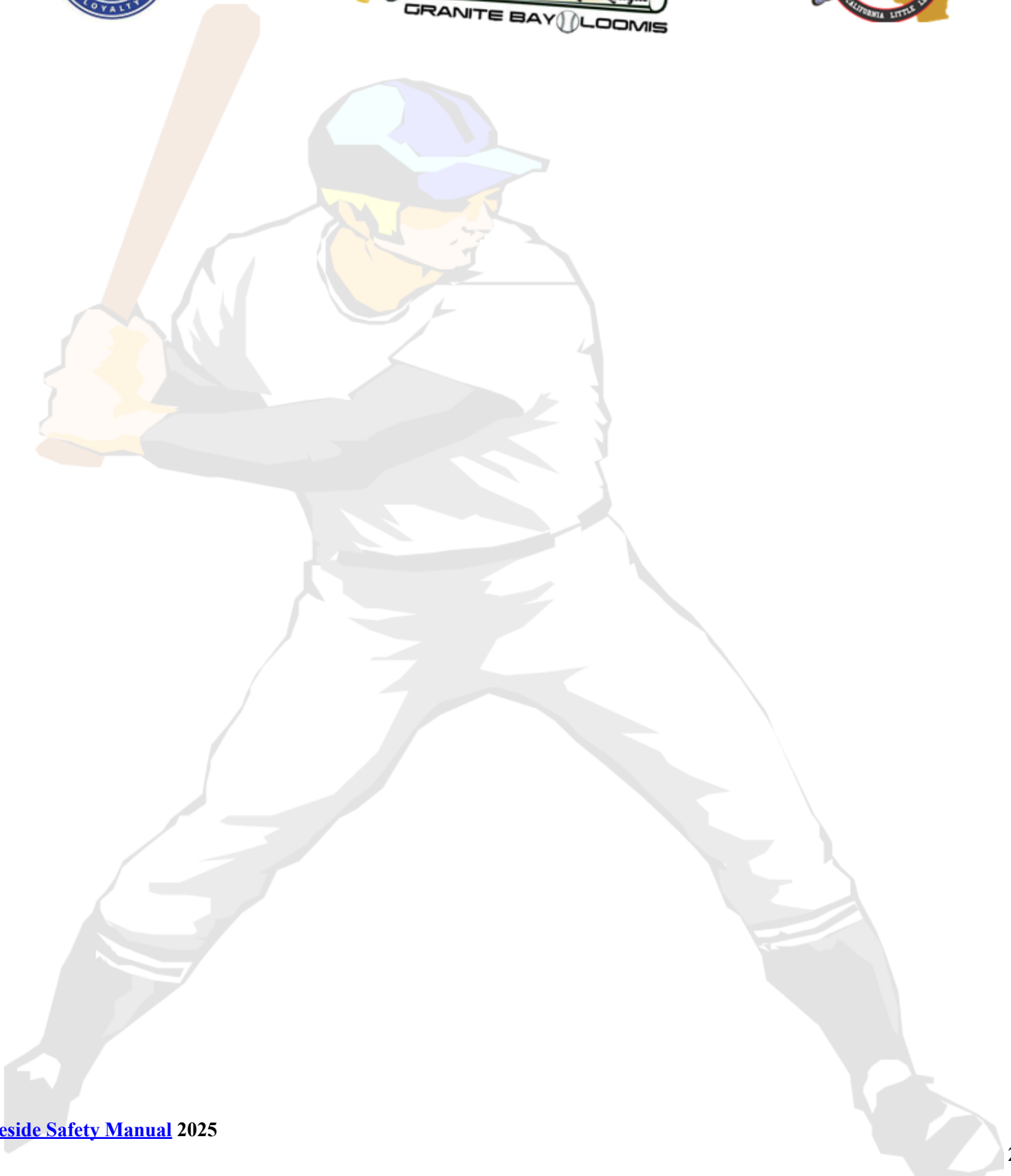
Enforce that *prevention* is the key to reducing accidents to a minimum.

Have players wear sliding pads if they have cuts or scrapes on their legs.

Always have First-Aid Kit available and Safety Manual on hand.

Use common sense.







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Pre-Game and Practice:

Managers will:

Home Manager and Umpires shall walk fields to look for and remove hazards before use. Look for rocks, glass, holes, and use common sense.

Make sure that players are healthy, rested and alert.

Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.

Make sure players are wearing the proper uniform and catchers are wearing a cup.

Make sure that the equipment is in good working order and is safe.

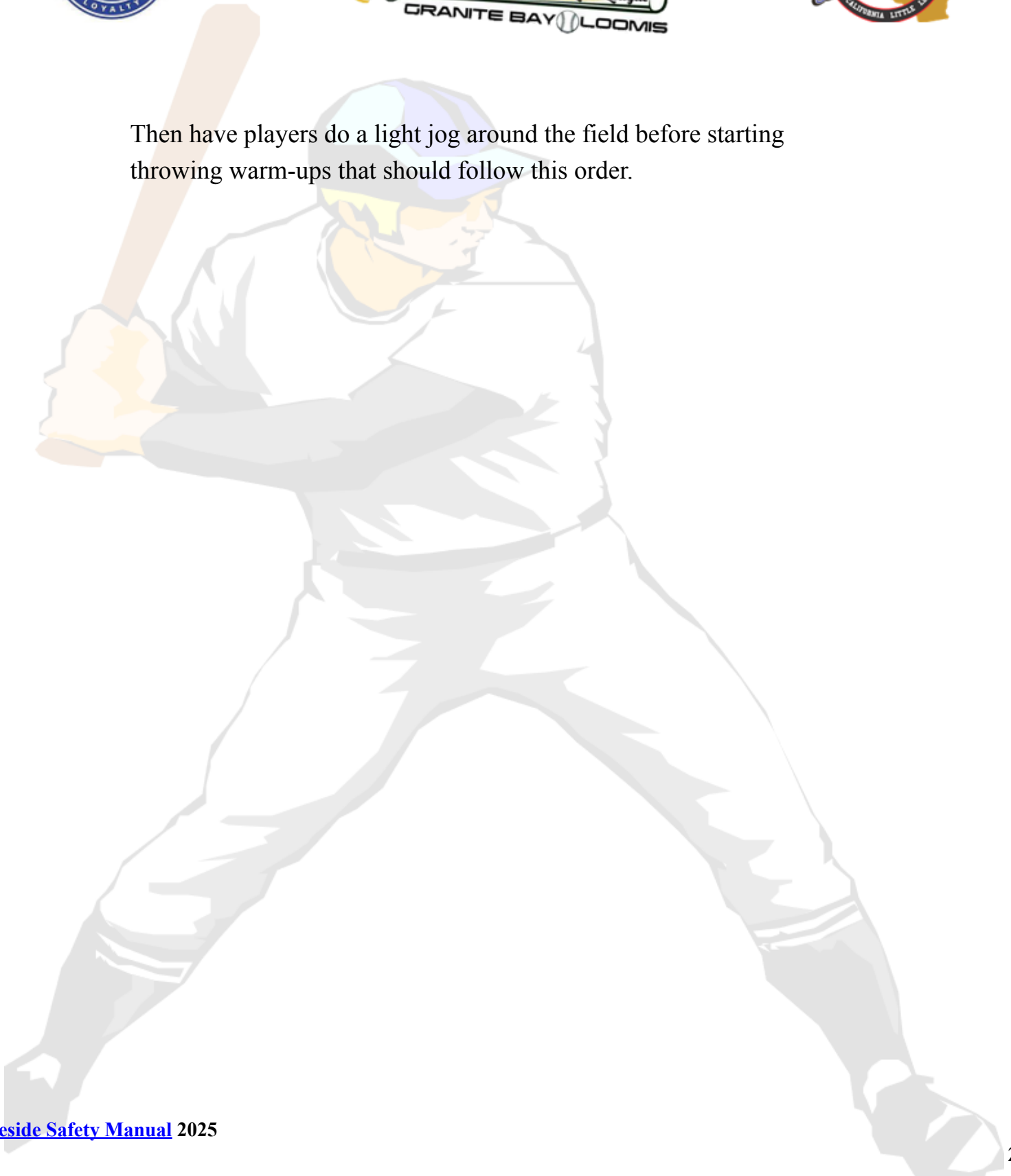
Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.

Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

- | | |
|-----------------|------------------|
| 1. Calf muscles | 6. Shoulders |
| 2. Hamstrings | 7. Elbow/forearm |
| 3. Quadriceps | 8. Arm shake out |
| 4. Groin | 9. Neck |
| 5. Back | |



Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.





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- ☐ Light tosses short distance.
- ☐ Light tosses medium distance.
- ☐ Light tosses large distance.
- ☐ Medium tosses medium distance.
- ☐ Regular tosses medium distance.
- ☐ Field ground balls.
- ☐ Field pop flies

During the Game

Managers will:

Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.

Keep players **alert**.

Maintain **discipline** at all times.

Be **organized**.

Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.

Make sure catchers are wearing the **proper equipment**.

Encourage everyone to think **Safety First**.

Observe the **"no on-deck"** rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.

Keep players off fences.

Get players to **drink** often so they do not dehydrate.





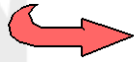
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Not play children that are ill or injured.

Attend to children that become injured in a game.

Not lose focus by engaging in conversation with parents and passerby's.

Post-Game:



Managers will:

Do cool down exercises with the players.

1. Light jog.
2. Stretching as noted above.
3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
4. Catchers should ice their knees.

Not leave the field until every team member has been picked up by a known family member or designated driver.

Notify parents if their child has been injured no matter how small or insignificant the injury is. ***There are no exceptions to this rule.*** This protects you, Little League Baseball, Incorporated and LAKESIDE.

Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.

If there was an injury, make sure an accident report was filled out and given to the LAKESIDE Safety Officer.

Return the field to its pre-game condition, per LAKESIDE policy.

If a manager knowingly disregards safety, he or she will come before the LAKESIDE Board of Directors to explain his or her conduct.

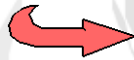




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UMPIRES: *Adherence to the [Code of Conduct](#) outlined above is expected by all coaches, players, and spectators. Any violation will be dealt with directly by the Lakeside Board, which could lead to removal of coaching responsibilities, player suspensions, and or removal from the league. Any concerns with umpires should be communicated to a Lakeside Board member.*

Pre-Game



Before a game starts, the umpire shall:

Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.

Make sure catchers are wearing helmets when warming up pitchers.

Run hands along bats to make sure there are no splinters.

Make sure that bats have grips.

Make sure there are foam inserts in helmets and that helmets meet Little League specifications and bear Little League's seal of approval.

Inspect helmets for cracks.

Walk the field for hazards and obstructions (e.g. rocks and glass).

Check players to see if they are wearing jewelry.

Check players to see if they are wearing metal cleats.

Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.





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Secure official Little League balls for play from both teams.

During the Game:

During the game the umpire shall:

Govern the game as mandated by Little League rules and regulations.

Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.

Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.

Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.

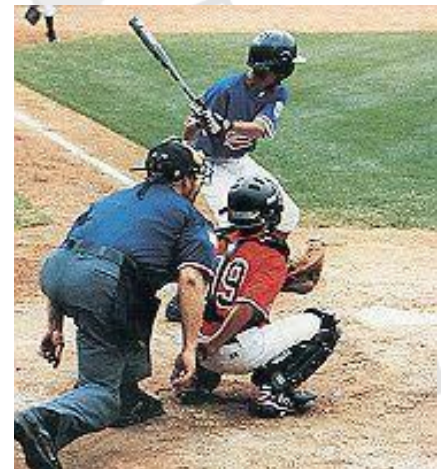
Enforce the rule that no spectators shall be allowed on the field during the game.

Make sure catchers are wearing the proper equipment.

Continue to monitor the field for safety and playability.

Make the calls loud and clear, signaling each call properly.

Make sure players and spectators keep their fingers out of the fencing.





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Fields Manager:

The LAKESIDE Fields manager is responsible to ensure the fields and structures used by LAKESIDE meet the safety requirements as set forth in this manual.

Concession Stand Manager:

The LAKESIDE Concession Stand Manager is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

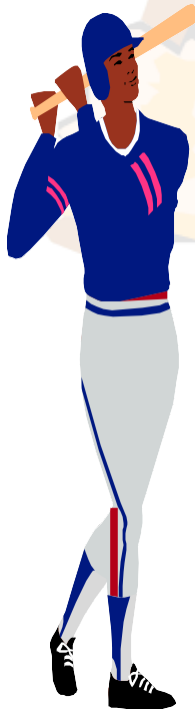
Equipment Manager:

The LAKESIDE Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.





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SAFETY FIRST!

BE ALERT!

MAKE IT FUN!

**CHECK PLAYING FIELD FOR HAZARDS
(Coaches/Umpires walk fields before play)**

PLAYERS MUST WEAR PROPER EQUIPMENT

ENSURE EQUIPMENT IS IN GOOD SHAPE

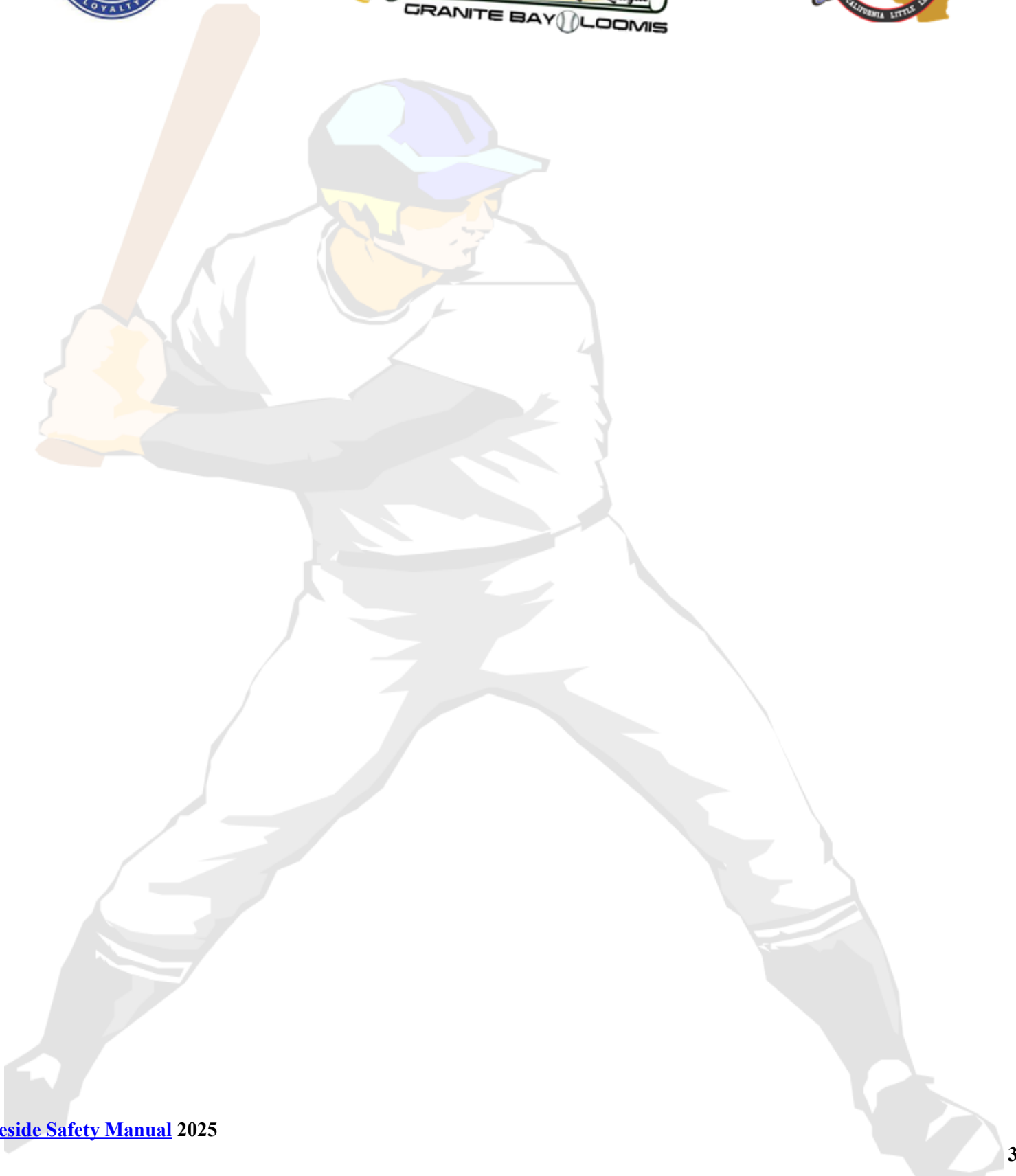
MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

**KNOW PLAYERS' LIMITS AND DON'T
EXCEED THEM**

**Safety is a Managers
Best Friend**

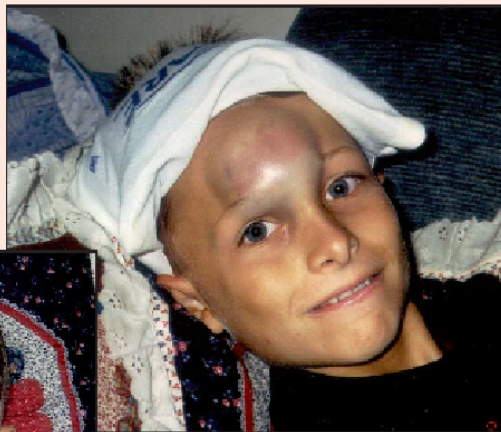




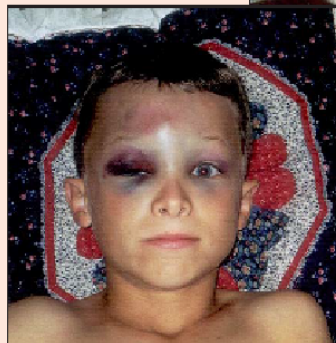
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Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)



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

REMEMBER:

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

RULE 1.08, Notes

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



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

© 1996 Little League Baseball, and Musco Lighting, Inc.

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, clumsiness, delirium



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Understanding Athletes' Learning Style

Understanding Athletes' Learning Style

Understanding Athletes' Learning Style

Dr. Craig Stewart - Professor, Department of Health & Human Development,
Montana State University Lynn M. Owens, Ph.D - Montana State University

Introduction

Coaches are responsible for maximizing individual athlete's performance by consideration of numerous variables. Understanding team members' physical, emotional, social, and cognitive needs is one of the more demanding challenges facing a coach. However, as coaches mature in experience, they often accept that knowledge of the 'total athlete' will, more than likely, enable them to enhance both individual and team success. Athletes' learning styles are an important component of the total athlete, and knowledge of those idiosyncrasies will assist a coach in preparing players and teams to their maximum potential. That knowledge will also help the coach facilitate practices where each athlete is cognitively challenged to learn. Additionally, it can assist coaches in providing practice sessions that will translate into improved performance and success on the field, court, or arena. By understanding individual learning styles, coaches may be better able to maximize their athletes' performance both in practice and in the game and also address development changes in their players as they mature through adolescences to adulthood.

Learning Styles

Visual Learners

Singer (1980) suggested that visual perception is probably the most important source of information when performing sport skills. Visual learners' primary source of information is received through their eyes. The visual learner learns best by watching a demonstration or model. Seeing another player demonstrate a movement, noting visual cues that reinforce key concepts of skill performance, and looking for visual reference points are helpful tools for the enhancement of learning. Coaches using visual aids to supplement their instruction, feedback, and discussions will enhance the visual learning athlete's ability to process information. Studying pictures, analyzing videotape, viewing charts, and accessing diagrams are all useful tools to enhance the learning process of visual learning athletes. However, a coach cannot assume that a player, especially a beginner, will automatically know what to watch, much less be able to know the difference between what she/he the beginner's attempt looked like and what the model actually did. The coach's role, especially with the beginner, is to assist or cue the young athlete as to what input is important.





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Visual learner:

See, look, imagine, focus, view, watch, observe, visualize

Auditory learners

An athlete who is an auditory learner focuses on sounds and rhythms to learn movement patterns along with verbal description of the movement (Coker, 1996). Auditory learners learn best through the use of language including lectures, group discussions and audiotapes (Dakin, 2002). To enhance understanding of athletes who are auditory learners, coaches should provide opportunities for athletes to talk through plays, movements, skill cues, and game strategies with other team members and/or coaches. Coaches can also tape record team talks, instructional cues, and keys to enhanced performance so that their auditory learners could listen repeatedly over time.

Auditory learner

Rhythm, hear, pace, cadence, tempo, pulse, beat



Kinesthetic Learners

Kinesthetic learners learn by doing. Information is actually processed and learned when the performer is provided an opportunity to move. Coaches have been instructed historically to get their players into 'game like' situations as soon as possible. All learners have a need to touch things and try their new skills. But, the athlete who is a kinesthetic learner needs to know what the movement feels like. Eventually, the correct feeling becomes the frame of reference with which to compare all subsequent performances (Coker, 1996). In order to accommodate this learning style, coaches need to provide game and skill simulations along with opportunities for repeated practice. Recognizing that replicating movements are the key for the kinesthetic learner, coaches should pay careful attention to both the accuracy and form of the movement. The coaching cliché that *'Practice does not make perfect, it makes permanent'* has a basis in scientific theory. Through repeatedly practicing a skill, play, and movement sequence, the kinesthetic learner is developing a frame of reference based on what the movement feels like. It is the coach's responsibility to ensure that the correct movements are emphasized and reinforced while incorrect ones are identified and eliminated.

Kinesthetic learner

Feel, experience, stimulate, move, do, demonstrate, practice

The Thinker

The thinker represents the athletes whose learning styles is best described as a movement scientist (Coker, 1996). These athletes require information that they can analyze for understanding movement concepts, principles, plays, skills, and strategies. The thinker athlete is stimulated to find solutions to movement problems by being allowed to ask questions and solve movement problems creatively. Coaches can maximize the performance potential of these athletes by providing opportunities to process information in multiple ways. Coaches can use scientific articles, thought provoking discussions, and analysis of skill performance and game strategy to utilize this athlete's preferred method of processing information.

Thinker learner

Analyze, examine, investigate, compare, assess, explore, understand



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Suggestions for Coaches

Within any team, there will be athletes with various learning styles. To maximize the team potential, coaches need to both understand these styles and accommodate them in their instruction and feedback during both practice and game situations. Even when recognizing the four distinct styles, coaches and teachers tend to instruct using the perceptual mode through which they prefer to learn. In other words, a coach who is a visual learner will use more visual cues than one who is an auditory learner. Therefore, it is suggested that coaches identify their own learning style first. By reflection, videotape analysis, or informal observation.

Examples of simple inventories can be found at Learning Style Inventory (http://pss.uvm.edu/pss162/learning_styles.html)

Coaches can implement several basic instructional strategies to accommodate visual, auditory, kinesthetic, and thinker learners. To accommodate visual learners, coaches should enhance their verbal communication with written words, diagrams, visuals, and videotapes. The visual learner's performance is enhanced when watching demonstrations to understand how a movement is performed. They then are able to compare their current movement with that which they watched.

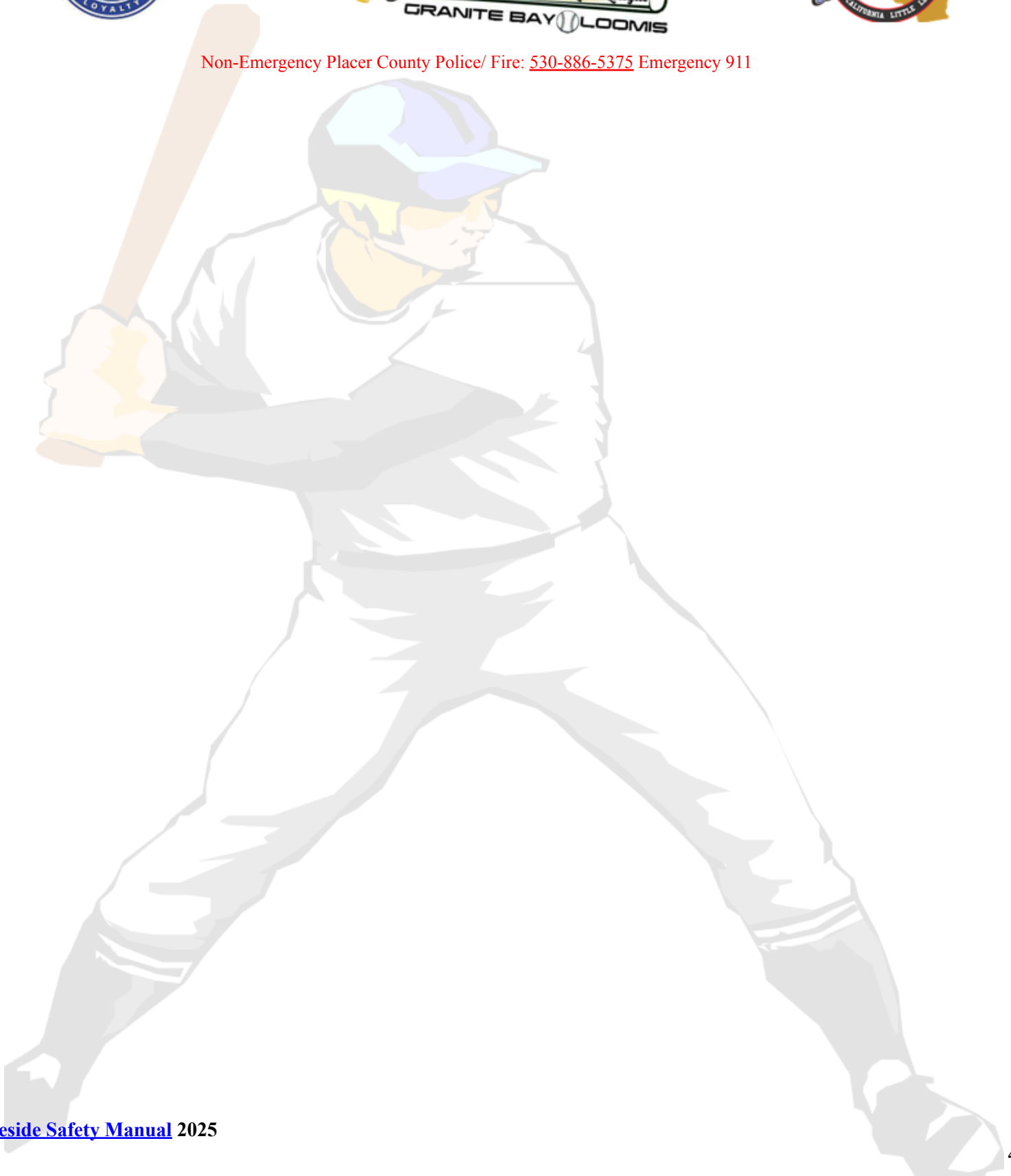
Sound and words are most relevant for auditory learners, therefore coaches should pay attention to specific auditory performance cues and repeat them. In-depth verbal descriptions of movements, skill performance, and game strategy along with attention to rhythmic patterns and sound cues also help enhance learning for athletes who prefer auditory learning.

By providing an opportunity to touch and manipulate equipment, feel the ball, and experience movements, skills, and game sequences, coaches provide their kinesthetic learners the best opportunity for enhancing performance. By utilizing a guided discovery style that instructs athletes through movement sequences, coaches can also enhance their kinesthetic learning athlete's ability to perform.

Coaches should provide a series of analytical questions and movement problems for the thinker athlete. By so doing, the coach will tap into those athletes' need to analyze knowledge to improve performance. Before practice and instruction, coaches can develop **"why" and "how"** questions for these learners. This method will assist these athletes in understanding performance challenges and movement patterns, and, hopefully, improve performance.



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A Better Understanding of ADD/ADHD



Coordinated, speedy and energetic, eight-year-old Jamie seemed to have all the right stuff for a stellar Little League career. But three weeks into his first season, Jamie* came home in tears. "The coach is always yelling at me," he would tell his parents. "All the kids are teasing me." Which wasn't far from the truth. Even on his prescribed dose of a psycho stimulant that keeps his symptoms well under control at school, Jamie couldn't sustain the attention, focus or self-control required to be part of the team. Unable to sit still while waiting his turn at

batting practice, Jamie sometimes ended up in scuffles with the other boys. Distracted by teammates and street noise, he could neither comprehend nor follow most instructions or rules. Banished to the outfield, he appeared to forget where he was as hits went flying by.

His coach used phrases such as "Wake up!" and "Earth to Jamie" to try and keep him on track. It didn't work.

"I don't know whether to force him to stay with it or give in when he wants to quit," laments

Jamie's father, Keith. "In second grade, he already feels like a failure." Children who are diagnosed with ADHD like Jamie benefit from sports in many ways: for one thing, Vigorous activity releases endorphins, brain chemicals that reduce stress and enhance well-being, particularly important. Sports also can help teach social skills crucial to healthy emotional development. But some sports prove so challenging for children who are diagnosed with ADHD that these benefits get canceled out. "Little League became a huge source of stress for Jamie," says Keith. "Not to mention a huge strain on the rest of the family."

What you should know:

Difficulty following directions: "They often want to skip the rules and get right to the activity," Seaman says.

Impulsivity: -often act before thinking, they're more quick to operate on instinct rather than employ strategies and rules that are part of the sport. They also may have difficulty waiting their turn and standing in line, especially during practice.

Inattention: Sports such as baseball that require the child to pay at least moderate attention during periods in which they not fully engaged in the game are particularly challenging. Children often are caught daydreaming or fooling around during low action intervals. They may miss their turn at bat or, like Jamie, be caught mid-daydream when covering the outfield.

Low frustration tolerance: Losing is especially difficult, and may give rise to tantrums, rages, and other inappropriate or even physically aggressive behaviors because the children have a difficult time regulating their feelings.

A Better Understanding of ADD/ADHD



A Better Understanding of ADD/ADHD

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD? -

Inattention - This is where the child:

- *Often fails to give close attention to details or makes careless mistakes.
- *Often has difficulty sustaining attention in tasks or play activities;
- *Often does not seem to listen when spoken to directly;
- *Often does not follow through on instructions and fails to finish.
- *Often has difficulty organizing tasks and activities;
- *Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- *Often loses things necessary for tasks or activities
- *Often easily distracted by extraneous stimuli;
- *Often forgetful in daily activities.



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PITCHING



Pitch count does matter. Every year, at our annual First-Aid clinic, the sports doctor that lectures focuses the majority of his material on warning future managers and coaches about pitching injuries and how to prevent them.

Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. ***A child cannot be expected to perform like an adult!***

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.



The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does

Pitch

Count

Does

Matter



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Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.



Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- 1) A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.



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- 2) A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.
- 3) In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
- 5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- 6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- 7) A slider increased the risk of **both elbow and shoulder** problems.
 - ☐ Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50 for 7-8 age groups, 75 for 9-10 age groups, 85 for 11- 12 age groups, and 95 for 13 on up.
 - ☐ Based on this research, LAKESIDE recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the manager or coach is unsure how to do this, he/she can consult teaching materials in the clubhouse or contact a LAKESIDE board member for further instruction.



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Managers and Coaches will follow Little Leagues current pitch count rules. Managers and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of Avascular Necrosis.

PITCH COUNT RULES

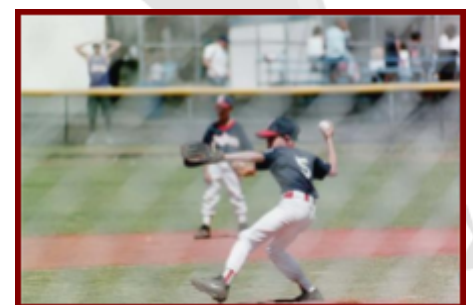
The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position: **League Age:**

- | | |
|-------------------|--------------------|
| • 7 –8 YEAR OLDS | 35 Pitches per day |
| • 9-10 YEAR OLDS | 50 Pitches per day |
| • 11-12 YEAR OLDS | 65 Pitches per day |

If the pitcher reaches the pitch limit imposed by his or her age group while facing a batter, the pitcher may continue to pitch until completion of the at bat. Rest days follow Little League rules. • The pitcher may remain in the game at another position • Any player who has played the position of catcher for more than three innings (three innings plus one pitch) is not eligible to pitch on that day. • Rest days follow Little League rules. • The pitch count rule will be enforced during the regular season and during Lakeside playoff games. This rule is not enforced during all-star games.

Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.

Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do





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this, he/she can consult teaching materials in the clubhouse or contact a LAKESIDE board member for further instruction.

Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.

Concussions

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

SIGNS OBSERVED BY COACHING STAFF:

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

SYMPTOMS REPORTED BY ATHLETES



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

When You Suspect a Concussion

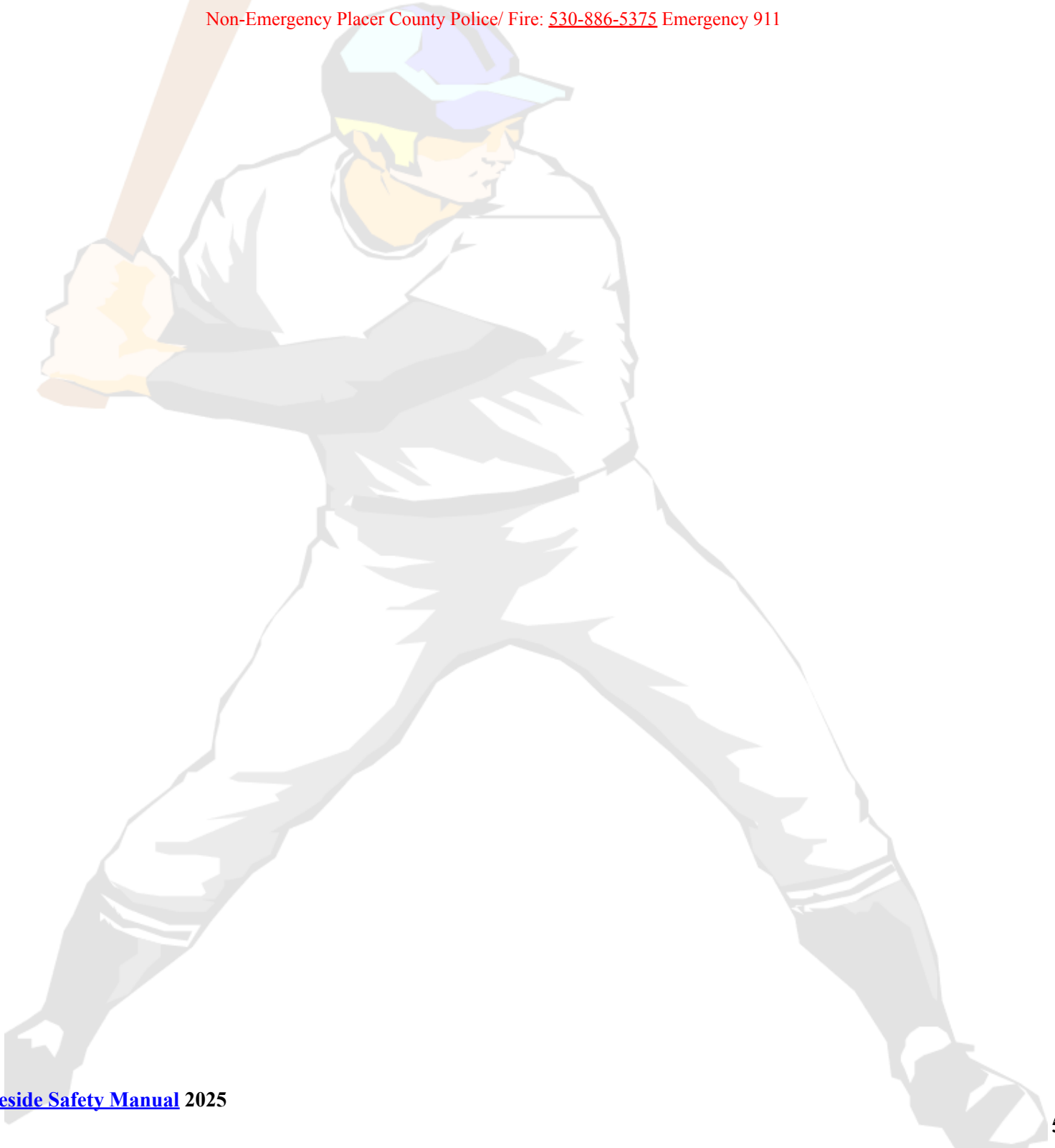
- Remove the athlete from play. When
- Inform the athlete’s parents/guardians about the possible concussion
- Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.

After a Concussion

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider.

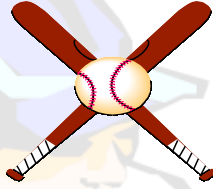


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EQUIPMENT



The Equipment Manager is an elected LAKESIDE Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The LAKESIDE Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the LAKESIDE Equipment Manager.

- Each team, at all times in the dugout, shall have enough protective helmets which must meet Little League specifications and standards. These helmets will be provided by LAKESIDE at the beginning of the season. If players decide to use their own helmets, they must meet Little League specifications and standards.
- Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.

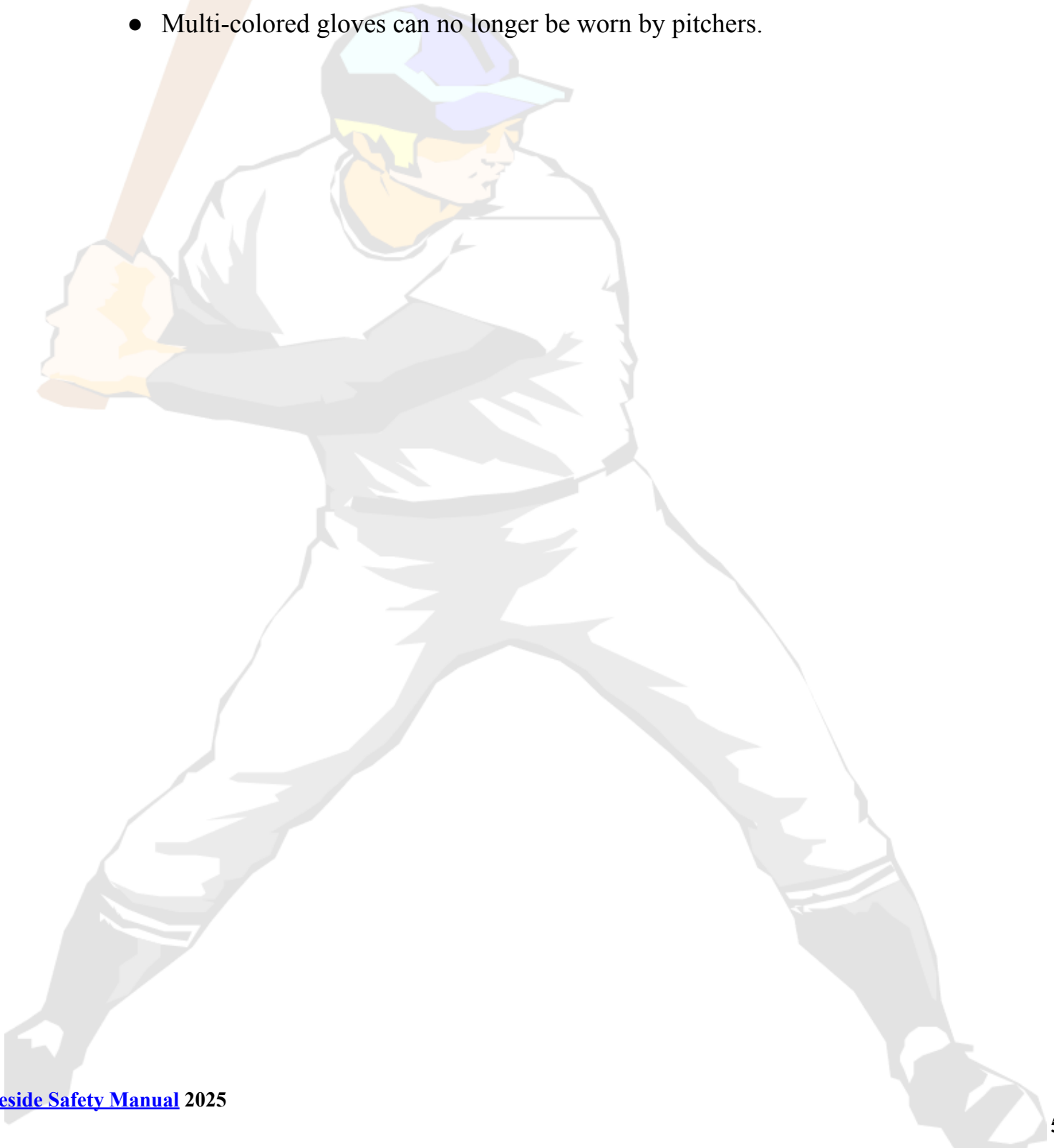


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- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls must be used.
- **Only wood** or **USA** stamped bats are to be used.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the LAKESIDE Equipment Manager.



- Multi-colored gloves can no longer be worn by pitchers.





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ACCIDENT REPORTING PROCEDURE



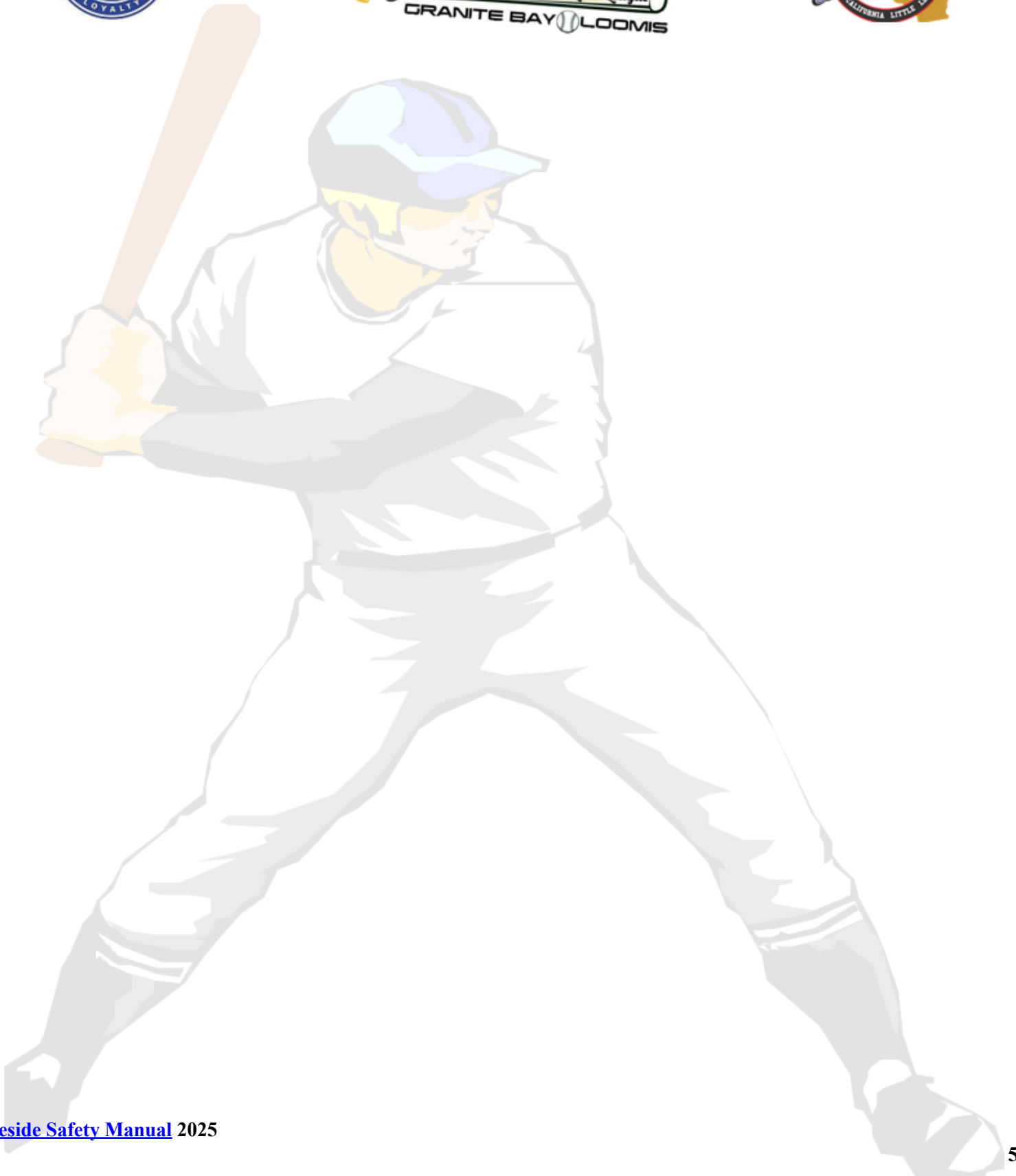
What to report -

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the LAKESIDE Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report -

All such incidents described above must be reported to the LAKESIDE Safety Officer within 24 hours of the incident. The LAKESIDE Safety Officer, Shaun Hansen, can be reached at the following:

Name	Board Position	Phone Number
Shaun Hansen	Safety Director	916-699-6400





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How to make a report -

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- 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.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Team Safety Officer's Responsibility -

The **TSO** will fill out the ***LAKESIDE Accident Investigation Form*** and submit it to the LAKESIDE Safety Officer ***within 24 hours of the incident***. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in, to the LAKESIDE Safety Officer. (LAKESIDE Accident Investigation Forms can be found in the Appendix)

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the LAKESIDE Safety Officer.

LAKESIDE Safety Officer's Responsibilities -

Within 24 hours of receiving the *LAKESIDE Accident Investigation Form*, the LAKESIDE Safety Officer will contact the injured party or the party's parents and:

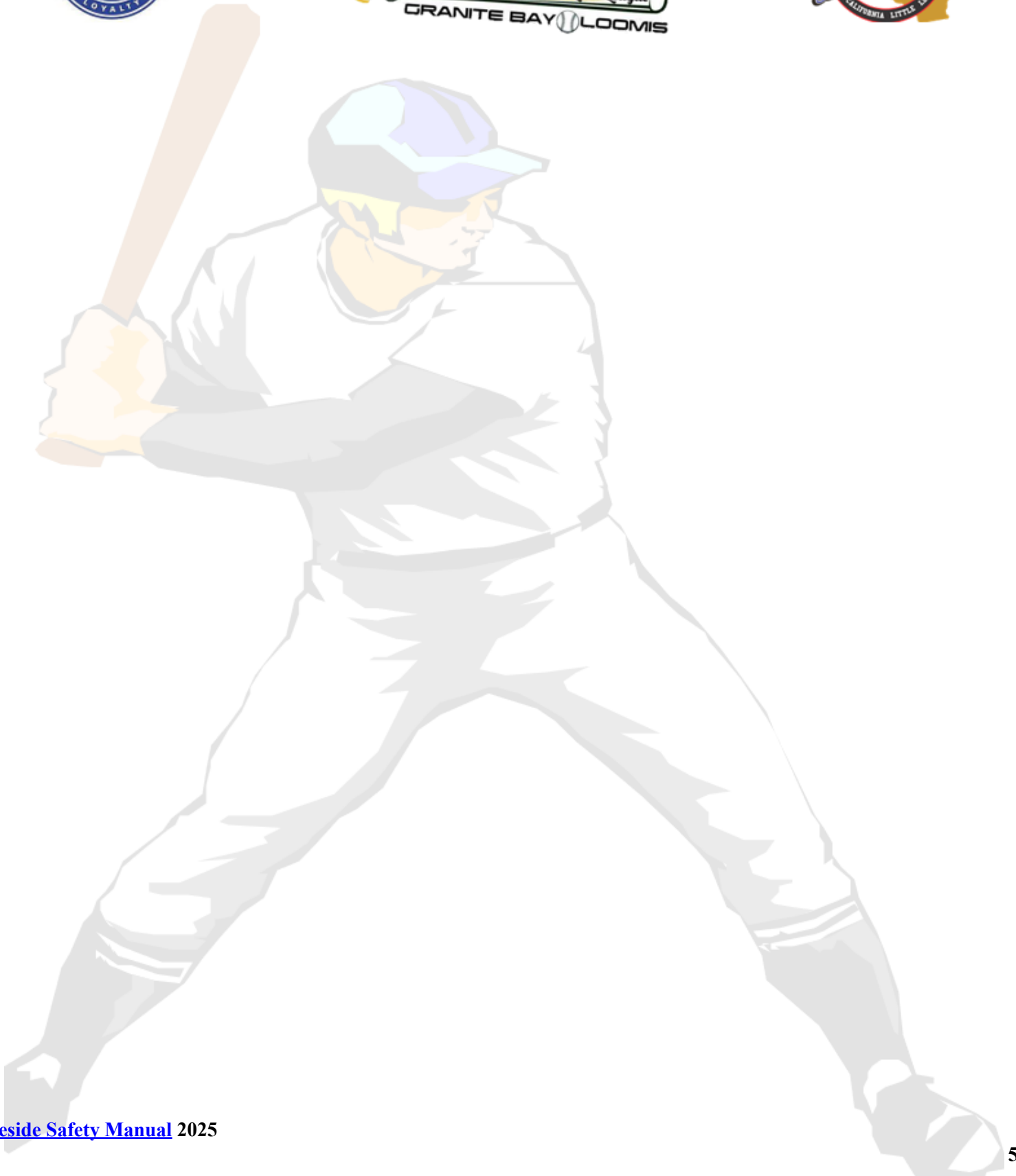


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- ☐ verify the information received;
- ☐ obtain any other information deemed necessary;
- ☐ check on the status of the injured party; and
- ☐ in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Lakeside Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries are more than minor in nature, the LAKESIDE Safety Officer shall periodically call the injured party to:

- ☐ Check on the status of any injuries, and
 - ☐ Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).
-





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INSURANCE POLICIES



Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Lakeside Little League participants shall not participate as a Little League team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Lakeside Little League Insurance Policy is designed to supplement a parent's existing family policy.

Lakeside Little League participants may participate in other programs during the Little League regular season and tournament provided such participation does not disrupt the Little League season or tournament team.

Unless expressly authorized by the Board of Directors of LAKESIDE, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.



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Explanation of Coverage:

The *CNA Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to LAKESIDE. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the LAKESIDE, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the insurance works:

- First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
- Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.
- If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *\$50 deductible* per claim, up to the maximum benefits of the policy.
- Treatment of *dental injuries* can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.



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Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

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

On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the LAKESIDE Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the LAKESIDE Safety Officer for more information.*



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Snack Bars Have Safety Issues Too



CONCESSION STAND SAFETY



No person *under the age of fifteen* will be allowed behind the counter in the concession stands.

People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.

Cooking equipment will be inspected periodically and repaired or replaced if necessary.

Propane tanks will be turned off at the grill and at the tank after use.

Food not purchased by LAKESIDE to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.

Cooking grease will be stored safely in containers away from open flames.

Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use. Cleaning chemicals must be stored in a locked container.

A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.





All concession stand workers are to be instructed on the use of fire extinguishers.

A fully stocked First Aid Kit will be placed in each Concession Stand.

The Concession Stand main entrance door will not be locked or blocked while people are inside.



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Think **PASS!**

1. **P**ull Ring
2. **A**im at Base of Fire
3. **S**queeze Lever
4. **S**weep Side to Side



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Volunteers Must Wash Hands

HOW



Wet
warm water



Wash
20 seconds
Use soap



Rinse



Dry

Use single-service
paper towels



Gloves

WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.





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Some Important Do's and Don'ts

Do...

- ✈ **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ✈ **Know** your limitations.
- ✈ **Call (530) 886-5375 or 9-1-1** immediately if person is unconscious or seriously injured.
- ✈ **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- ✈ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ✈ **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- ✈ **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't...



Administer any needed aid or



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Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)

Transport injured individual except in extreme emergencies.

EMERGENCY NUMBERS



The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly. Each manager is required to bring a cell phone. 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 four steps.

First dial **(530) 886-5375** if you are located within the Granite Bay area. If you are outside of the Granite Bay area **Call 9-1-1.**

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.

The telephone number from which the call is being made.

The caller's name.

What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.

How many people are involved?



The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.

What help (first aid) is being given.

Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim till professional help arrives.

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



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When to call -

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call anyway and request paramedics if the victim -



- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call Emergency and request paramedics.

Also Call Emergency for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved



Non-Emergency Placer County Police/ Fire: [530-886-5375](tel:530-886-5375) Emergency 911

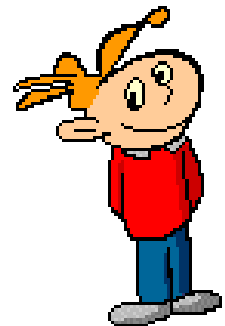
PARENTAL CONCERNS ABOUT SAFETY



The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

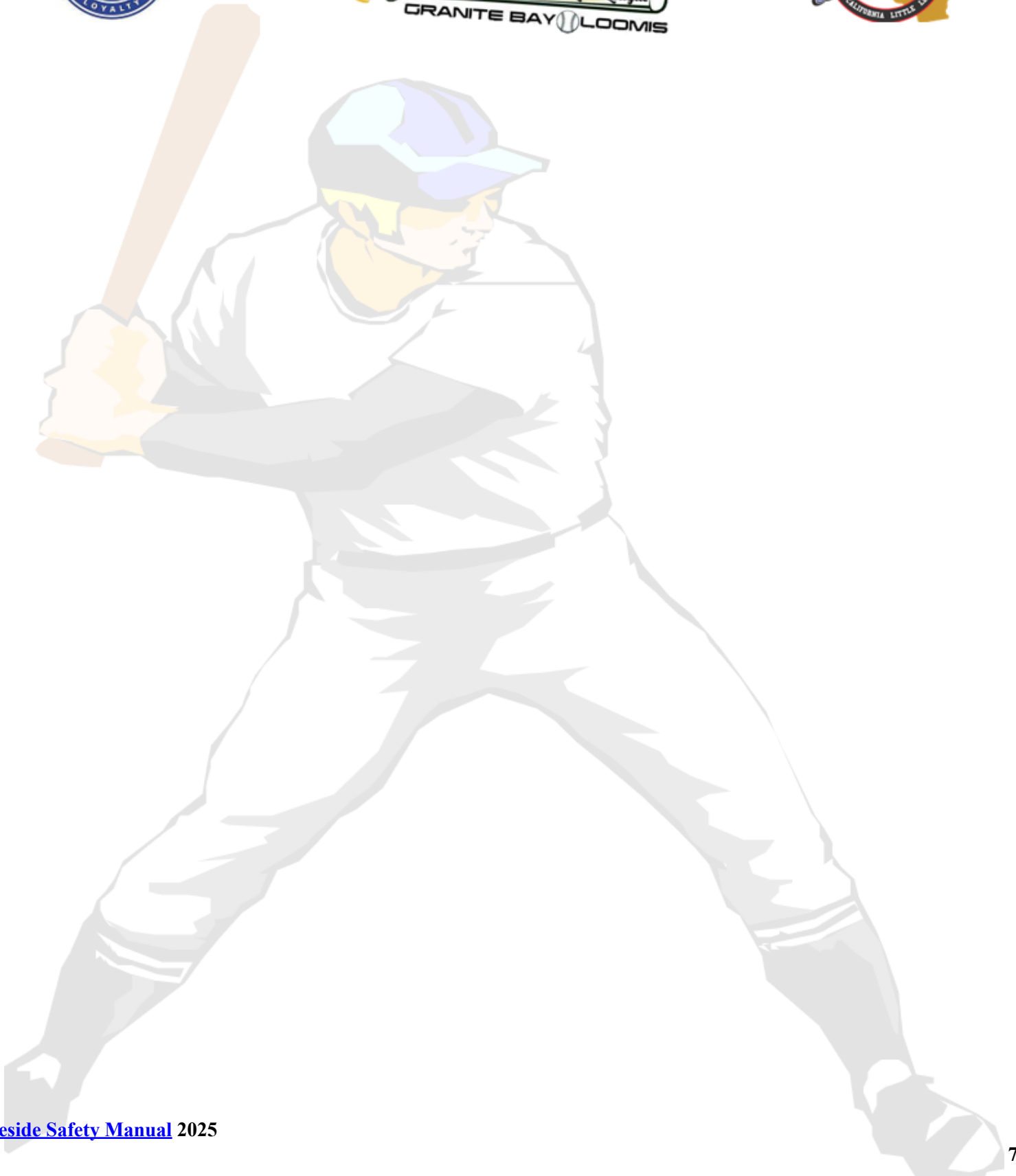
I'm worried that my child is too small or too big to play on the team/division he has been assigned to. Little League has rules concerning the ages of players on T-Ball, Farm, Minor, Major and Senior teams.

Lakeside Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the LAKESIDE Player Agent and share your concerns with him or her.



Should my child be pitching as many innings per game? Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

Do mouth guards prevent injuries? A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.





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How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Lakeside Little League **requires the standard Little League Volunteer Application** and runs **background checks via the California Department of Justice via fingerprint (livescan) and a JDP web-based background check** on all board members, managers, Team Parents and coaches before appointing them. Volunteers are required to fill out applications which give LAKESIDE the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire? You can directly contact the LAKESIDE, Player Agent, President or any LAKESIDE board member. Their names and telephone numbers are posted at www.LakesideLL.org

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases? The helmets used at Lakeside Little League must meet Little League standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.



Is it safe for my child to slide into the bases? Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.



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My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Lakeside Little League now addresses ADD and ADHD in their Safety Manual.

Managers and coaches now have a

reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.



Why can't I smoke at the field? You can smoke but not within 20 feet of the dugouts, bleachers and concession stands. Please obey the rules as they are there for the safety of our children.



SUBMIT YOUR IDEAS FOR SAFETY



Your safety ideas are welcome at LAKESIDE. Please submit them to the LAKESIDE Safety Officer.



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LAKESIDE PRELIMINARY ACCIDENT REPORT

NAME:(injured)_____DATE:_____

ADDRESS:_____

PHONE:_____

CITY:_____

ZIP:_____

TEAM:_____

MANAGER_____

DIVISION IN WHICH

ACCIDENT OCCURRED

SENIOR☐ JUNIOR☐ MAJOR☐ MINOR☐ FARM☐ T-BALL☐ SOFT BALL☐

No treatment needed☐ First Aid at field☐ To doctor☐ To hospital☐ Other☐

Struck by:

- 1. Pitched ball ☐
- 2. Batted ball ☐
- 3. Thrown ball ☐
- 4. Bat ☐

Collided with:

- 5. Fence ☐
- 6. Backstop ☐
- 7. Hit dirt too hard by sliding ☐
- 8. Umpire, Manager, Coach ☐

Other:

- 8. Tripped ☐
- 9. Fell ☐
- 10. Over exertion ☐
- 11. Pre-existing Med. Cond. ☐

Unsafe Conditions?

Yes No

- 1. Uneven field surface such as holes, humps, etc. ☐ ☐
- 2. Foreign objects, such as glass, rakes, stones, etc. ☐ ☐
- 3. Congestion during practice or games ☐ ☐
- 4. Weather conditions, such as rain, sun, darkness ☐ ☐
- 5. Lack of poor-fitting, protective equipment. ☐ ☐
- 6. Other _____



Unsafe Acts?

Yes No

Yes No

1. Mishandled ball

☐☐

9. Poor running form

☐☐

2. Mishandled bat

☐☐

10. Wild pitch

☐☐

3. Poor evasive action

☐☐

11. Wild throw

☐☐

4. Incorrect sliding form

☐☐

12. Wild swing

☐☐

5. Not watching the ball

☐☐

13. Distracted

☐☐

6. Awkward position

☐☐

14. Lack of attention

☐☐

7. Player out of position

☐☐

15. Horseplay

☐☐

8. Lack of grip on bat

☐☐

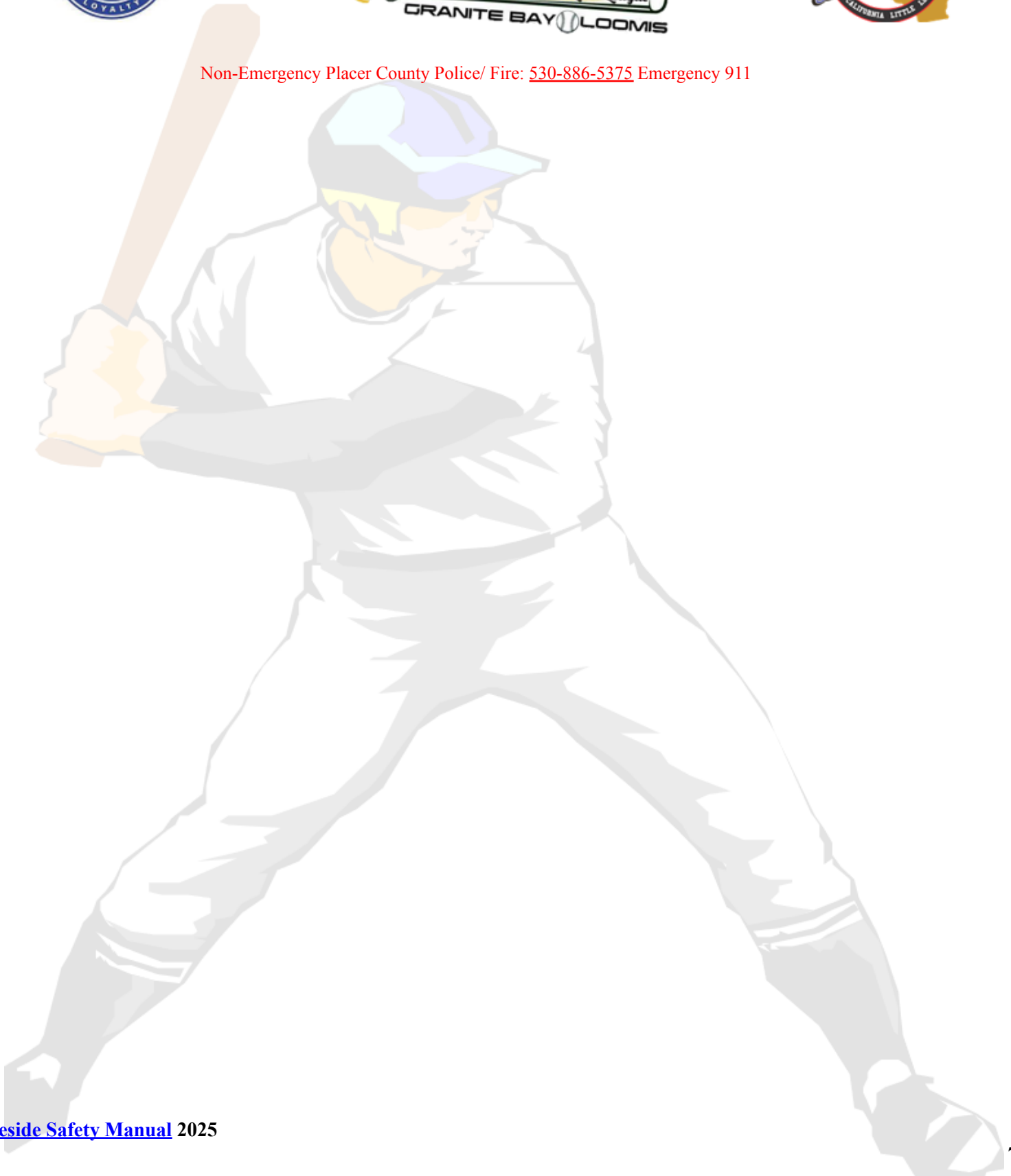
16. Other

☐☐

Brief Statement of What Happened _____



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For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

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

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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



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Lakeside PHILIPS

Philips HeartStart OnSite AED Defibrillator

Philips, the worldwide leader in automated external defibrillators (AEDs), designed the HeartStart OnSite Defibrillator for the ordinary person in the extraordinary moment. The first and only AED available without a prescription, the OnSite is designed to be the easiest to set up and use and the most reliable defibrillator available. Their innovative technology, based on extensive research and user feedback, has produced a defibrillator so easy to use that you can potentially save the life of a coworker, friend, or anyone else stricken with sudden cardiac arrest.

Weighing just 3.3 lbs/1.5 kg, the HeartStart OnSite Defibrillator is small and lightweight. Using clear, calm voice instructions, it guides you through each step of defibrillation, including CPR coaching. Integrated SMART Pads placed on the victims bare skin sense and adapt the defibrillators instructions to your actions every step of the way. HeartStart OnSite includes highly proven Philips technologies for heart rhythm assessment (SMART Analysis) and defibrillation energy delivery (SMART Biphasic). And like all HeartStart Defibrillators, it can be used to treat infants and children as well as adults.



Philips Healthcare, founded in 1891, ranks as one of the worlds largest electronics companies, and the company market AEDs throughout the world. The United States accounts for about a third of the companys sales, but the value of life-saving AED equipment goes beyond numbers and statistics. Philips and Heart Smart proudly offer you the most affordable model at a special price, including lifetime notification and tracking support.

Sudden cardiac arrest leads the cause of death in adults, and treatment delays of 4 to 5 minutes decrease survival chances by almost 40 percent. Most heart attacks occur at work or home, and prompt use of automatic external defibrillators and CPR techniques saves many lives. The Philips HeartStart OnSite AED examines cardiac-event victims and guides inexperienced bystanders in cardiopulmonary resuscitation techniques, by administering shocks at the right time to get hearts pumping again. Preparation and participation could save a life, and the life might be your own.

A Phillips Hearstart AED Defibrillator has been placed in each of the snack shacks, Feist Park and Granite Bay Community Park, and mounted next to each door for quick deployment if needed.



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[Click here to download the Little League Volunteer Application for 2025](#)
[Lakeside Volunteer Application 2025](#)



Little League® Volunteer Application – 2022

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



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

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

All RED fields are required.

Name Date
First Middle Name or Initial Last

Address

City State Zip

Social Security # (mandatory)

Cell Phone Business Phone

Home Phone: E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

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

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

1. Do you have children in the program? ☐ Yes ☐ No
If yes, list full name and what level?

2. Special Certification (CPR, Medical, etc.)? If yes, list: ☐ Yes ☐ No

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

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No

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

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

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

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

Applicant Signature Date

If Minor/Parent Signature Date

Applicant Name (please print or type)

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer on

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

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

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)*
OR
☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
☐ National Sex Offender Registry

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

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

Last Updated: 10/11/2021



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[Access District 54's Covid-19 Update Here](#)



COVID-19 Update for Spring 2022

Little League 2021 was a very successful year in District 54! Our leagues returned to both regular spring season and fall ball season on the tail end (we hope) of a pandemic with great turnout and a safety record that highlighted our exceptional commitment to safety. League registrations are opening soon, and we remind everyone to please remember that certain COVID-19 risk mitigation procedures continue to be in place to protect our players, volunteers and families, and to prevent community spread of the novel coronavirus and its variants. District 54 will continue to update all leagues with new information regarding risk mitigation policies and procedures as they emerge. As of November 1, 2021, the following policy will remain in effect for the season starting in 2022, pending updates from local authorities:

1. Any player or volunteer with a positive coronavirus test may not participate in **any** Little League activities until they have recovered, completed the necessary quarantine period, AND provided a physician's note clearing them to return. This process may include having a subsequent negative coronavirus test and/or physician evaluation of a player for return to play clearance.
2. Any player or volunteer who has a household member with a positive coronavirus test may not participate in **any** Little League activities until they have completed their period of quarantine per CDC and CDPH guidelines (see below).
3. Similarly, any unvaccinated player or volunteer who has had close contact (defined as being within 6 feet for 15 minutes or more in a 24-hour period) with someone who has tested positive for coronavirus may not participate in **any** Little League activities until they have completed their period of quarantine per CDC and CDPH guidelines (see below).
4. Any vaccinated player or volunteer who has had close contact (defined as being within 6 feet for 15 minutes or more in a 24-hour period) with someone who has tested positive for coronavirus may not participate in **any** Little League activities if they have symptoms. Fully vaccinated people do not need to quarantine after contact with someone who had COVID-19 unless they have symptoms. Per the CDC [\[CDC Quarantine and Isolation\]](#), fully vaccinated people should get tested 3-5 days after their exposure, even if they don't have symptoms, and wear a mask indoors in public for 14 days following exposure or until their test result is negative.
5. Any player who is in quarantine or modified quarantine from/at school may not participate in **any** Little League activities until they have completed their quarantine period and have been allowed to return to school.
6. All COVID-19 issues should be reported to the league and district safety officers. Parents/Guardians should send a copy of the physician clearance notes or notification of return to school to the player's manager and the league's safety officer.

CDPH Quarantine Recommendations for K-12 schools (covers all Little League players)

- For vaccinated close contacts: follow the [CDPH Fully Vaccinated People Guidance](#) regarding quarantine [see also [CDC Quarantine and Isolation](#) information].
- For unvaccinated people with close contact when both parties were wearing a mask, modified quarantine applies and they may attend school if they:
 - Are asymptomatic;
 - Continue to appropriately mask, as required;
 - Undergo at least twice weekly testing during quarantine; and
 - Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting [including Little League].
- For unvaccinated close contacts in quarantine or modified quarantine who remain asymptomatic (meaning they have NOT had symptoms):

SafetyOfficer.CA.D54@gmail.com

Updated November 1, 2021



Non-Emergency Placer County Police/ Fire: [530-886-5375](tel:530-886-5375) Emergency 911

- They may discontinue self-quarantine under the following conditions:
 - Quarantine can end after day 10 from the date of last exposure without testing; OR
 - Quarantine can end after day 7 if a diagnostic specimen is collected after day 5 from the last date of exposure and tests negative.
- To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:
 - Continue daily self-monitoring for symptoms through day 14 from last known exposure; AND
 - Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through day 14 from last known exposure.
- If symptoms develop during this 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.

County contacts for coronavirus information (call for information about quarantine, testing, vaccinations, etc):

El Dorado County: call 211 or 833-223-9797

Placer County coronavirus information: 530-886-5310.

Sacramento County COVID-19 Info Hotline: 916-875-2400

California Department of Public Health Resources

CDPH K-12 Guidance 2021-22 School Year

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

CDPH Fully Vaccinated People Guidance for quarantine

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Public-Health-Recommendations-for-Fully-Vaccinated-People.aspx>

CDPH Face Mask Guidance

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

CDPH Guidance if you have COVID-19 symptoms

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Symptoms-Risks.aspx#Question6>

CDPH Self-Isolation Instructions

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/self-isolation-instructions.pdf>

CDC Information

CDC Quarantine and Isolation

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#print>

Coronavirus Testing Information

Coronavirus Testing Basics FDA

<https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics>

Coronavirus Testing Basics PDF (FDA)

<https://www.fda.gov/media/140161/download>

FDA Coronavirus testing information:

In Vitro Diagnostics EUAs - Molecular Diagnostic Tests for SARS-CoV-2 (FDA)

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-molecular-diagnostic-tests-sars-cov-2>

In Vitro Diagnostics EUAs - Antigen Diagnostic Tests for SARS-CoV-2 (FDA)

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2>

In Vitro Diagnostics EUAs - Serology and Other Adaptive Immune Response Tests for SARS-CoV-2 (FDA)

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-serology-and-other-adaptive-immune-response-tests-sars-cov-2>



Non-Emergency Placer County Police/ Fire: [530-886-5375](tel:530-886-5375) Emergency 911

Safety Training Dates

First Aid Training: Lakeside Little League's SAFETY CLINIC is coming up on TBD, Virtual

Managers and Coaches need to attend one of the sessions. Both are virtual and will be approximately 30 mins for the presentation.

Little League's goal is to make the program safe for all, and it starts with the adult volunteers.

Coaches/Skills Clinic: Lakeside Little League's Coaches/Skills clinic is coming on: TBD at Feist field.

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