Boxford Little League

Safety Plan
2025

Prepared by: Michael O'Hara
Safety Officer

BOXFORD LITTLE LEAGUE BOXFORD, MA.
League ID# 161409
District 15

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Mission Statement

Boxford Little League continually strives to provide a safe, enjoyable, and educational experience for all participants.

Introduction:

In accordance with National Little League regulations the Boxford Little League (BLL) must comply with thirteen safety requirements. These thirteen requirements are outlined in this manual. This manual is to be used as a reference to assist managers and coaches on the rules and regulations of the Boxford Little League. The safety of the players is our number one priority. Always use common sense and report all incidents, accidents and safety infractions to the Safety Officer as soon as possible.

Requirement 1: **Responsibility of Boxford Little League to National LL Headquarters**

The Board of Directors of Boxford Little League shall have an active BLL Safety Officer on file with Little League Headquarters, Williamsport, PA for the 2025 season.

President

2025 BLL President: Mike McKenzie, 978-853-4068
The role of the President is defined in detail in the National LL requirements document.

BLL Safety Officers

2025 Safety Officer: Michael O'Hara, 781-727-7885
The main responsibility of the BLL Safety Officer is to develop and implement the League's safety program.

The BLL Safety Officer's responsibilities also include, but are not limited to, the following:

- Publish and distribute annual Safety Manual
- Assist parents and individuals with insurance claims
- Keep the Incident/Injury Tracking report Log
- Ensure each team receives First-Aid Kit at the beginning of the season
- Schedule First-Aid training classes for all managers and coaches
- Bring recommendations for safety related baseball property signs to the Board of Directors for approval
- Make spot checks at practices and games to make sure all managers have First-Aid Kits and Safety Manuals

Requirement 2: **Publishing of Safety Manual**

The rules and requirements outlined in this Safety Manual are to be followed by all Board of Director members, Managers, Coaches, and Volunteers at all levels. A copy of this manual shall be distributed to all the Board of Director members, Managers, Coaches, and Volunteers at the Instructional, Farm, Minors, and Major League levels. One copy shall also be distributed to the District 15 Safety Officer. It will also be posted on the Boxford Athletic Association's web site at www.baasports.com.

Requirement 3: **Boxford Little League and Emergency Phone Numbers**

NOTE: There are no public telephones located at the BLL facility. Dialing 911 from a cell phone will direct you to the State Police, who will then transfer the call to the Boxford Police. For immediate Emergency response please Call:

Boxford Emergency: 911
Boxford Police Emergency: 978.887.8135
Boxford Public Safety Communications: 978.887.8136
BLL President: Mike McKenzie, 978-853-4068
BLL Vice President: John Ingalls, 978-395-5668
BLL Safety Officer: Michael O'Hara, 781-727-7885
BLL Secretary: Brandon Sutton, 617-869-9066
BLL Treasurer: Dave Surface, 781-248-0419
BLL Player Agent: Ryan Barnes, 781-439-0433
BLL Player Agent: Paul DeLeo, 781-727-7885
BLL Player Agent: Chris Pinette, 781-690-2981
BLL Player Agent: Brendan Joosten, 603-770-8803
BLL Equipment Manager: Ralph Carrieri, 781-572-0081
BLL Head of Player Development: Paul Deleo, 617-648-6426
BLL Social Media: Dave Surface, 781-248-0419
BLL Umpire Coordinator: Chris Merullo, 978-766-2032
BLL League Information Officer/Registration: Yaro Taeger, 860-794-6596
BLL Field Maintenance Director: Matt Wheeler, 781-858-9109
BLL Sponsorship/Fundraising Manager: Jared LaChance, 617-593-2842
BLL Coach Agents: Ralph Carrieri, Paul Deleo, Chris Merullo (contact info above)

Requirement 4: **Volunteers**

In accordance with National Little League policy, all potential volunteers must fill out the Official Little League Volunteer Application Form (see addendum). This form is available from the League President, Secretary, or League Information Officer. Any person who is volunteering to manage or coach during practices and/or games, or volunteer at the BLL facility in any way, must complete this form and submit it to the League President. Background checks are mandatory and are handled by the President of the Boxford Athletic Association.

Requirement 5: **Training**

The Board of Directors of Boxford Little League shall sponsor and/or conduct an annual Coaches meeting and fundamentals training sessions prior to the start of the season. At least one manager or coach from each team must attend this training session.

April 2025 – Virtual or in Person, TBD

The Board of Directors of Boxford Little League suggest to all first-time Managers and Coaches to read books or view video on Little League Coaching Tips. There are also several websites that provide valuable information for the first time Managers and coaches. See below for a listing:

http://www.littleleague.org/managersandcoaches/coachestoolkit.htm
http://www.alandalbaseball.com/KnowYourBaseball/pages/mainFrame.asp
http://www.coachingtips.com/
http://www.littleleague.org/coaches/tipsindex.asp

http://www.leaguelineup.com/coachingtips.asp

Managers and Coaches:

The Manager is a person appointed by the President of BLL 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. Managers and coaches are advised on how to conduct appropriate warm-ups for player safety, as well as wearing of cups for all infielders (including pitchers and catchers).

- 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/her players. He/She is also ultimately responsible for the actions of designated coaches.
- 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.

Requirement 6: **First-Aid Training**

The BLL Safety Officer is responsible for coordinating First-Aid Training for all Managers, Coaches, and Volunteers of the Boxford Little League. Mandatory First-Aid Training will be scheduled prior to the start of the baseball season. Certified Emergency Medical Technicians (EMT) will be present to assist BLL personnel. At least one manager/coach from each team to attend. Every manager/ coach must attend this training once every 3 years.

First Aid Training will be delivered at the annual coach's clinic in April 2025.

Requirement 7: **Field and Game Safety**

All managers, coaches are responsible for checking the field safety conditions before each practice and or game. Personnel shall inspect the entire playing area including all fences and dugouts. Player's equipment shall also be inspected for acceptable condition. Umpires will also be required to walk and inspect the playing field before any game. First-Aid Kit inspection should be performed prior to any game or practice. If additional supplies are required contact the Safety Officer immediately.

Requirement 8: **Facility Survey- Plans for future needs**

BLL has completed and updated our 2025 Facility Survey on-line using the Little League data center. The Board of Directors of Boxford Little League shall make all necessary improvements to existing fields, fencing, and structures at the current facility to maintain a safe environment and best meet the needs of all players at all levels. Efforts shall also be made to make additional enhancements to the facilities.

Requirement 9: **Concession Stand Safety Requirements**

Concession Stand Manager(s):
N/A: BLL does not offer concession stands at BLL games.

Requirement 10: **Inspection and replacement of Baseball Equipment**

Equipment Manager:
Ralph Carrieri, 781-572-0081

Michael O'Hara, 781-727-7885

The Equipment Manager is a BLL Board Member responsible for purchasing and distributing equipment to the individual teams. The 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.

Equipment:

It is the Team's Manager's responsibility to maintain the equipment. Team Managers should inspect equipment before each game and each practice. The BLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, some players 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. Team Managers should inspect all player equipment prior to any practice or game. First-Aid Kits shall be turned in at the end of the season. Each team shall at all times have six (6) protective helmets in the dugout which must meet NOCSAE specifications and standards. These helmets will be provided by BLL. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

Ensure that the equipment issued to you is appropriate for the age and size of the players on your team. If it is not, request immediately by notifying the BLL Equipment Manager.

Make sure helmets fit!

Replace questionable equipment immediately by notifying the BLL Equipment Manager. Make sure that players RESPECT the equipment that is issued.

Requirement 11: **Incident/Injury Reporting Procedure**

When an injury or incident occurs within the confines of the Boxford Little League facility, an Incident/Injury Tracking Report must be completed. This report must be completed within 24 hours of the occurrence and must be submitted to the Safety Officer no more than 48 hours from occurrence. An example of an Incident/Injury Tracking Report is included in this manual. Copies of the report are available from the Safety Officer.

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents. In the event that the injured party required other medical treatment, (i.e. Emergency Room visit, doctor's visit, etc.) the Safety Officer will advise the parent or guardian of the Boxford Little League's insurance coverage and the provisions for submitting any claims.

Claims must be filed with the BLL 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 BLL Safety Officer for more information.

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 BLL 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 BLL Safety Officer within 24 hours of the incident. The BLL Safety Officer, Michael O'Hara can be reached at the following:
Michael O'Hara
Cell Phone: 781-727-7885
Email: mohara1980@gmail.com

Requirement 12: **First Aid Requirements**

First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games, and any other Boxford Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, designated Coaches, or the appointed Team Safety Officer must contact the BLL Safety Officer.

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package. The First Aid Kit will come in a plastic white and red box and include the following items:

- Instant Ice Packs
- Plastic Bags for Ice
- Antiseptic Wipes
- Large Bandages 2" X 4"
- Large Non-stick Bandages
- Band-Aids 1" X 3"
- Cloth Athletic Tape
- Roll of Gauze
- Pair of Latex Gloves
- Sterile Gauze Pads
- Plastic Kit

If you are missing any of the above items, contact the BLL Safety Officer immediately.

Materials from these additional kits may not be used to replenish materials in the Team's Kit but only used in emergency situations.

What is First-Aid?

First-Aid means exactly what the term implies -- it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives. At no time should anyone administering First-Aid go beyond his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital.
Perform whatever First Aid you can and wait for the paramedics to arrive.

When treating an injury, remember:

Protection Rest Ice Compression Elevation Support

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The **"Good Samaritan Laws"** give legal protection to people who provide emergency care to injured persons. When citizens respond to an emergency and act as a reasonable, prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible. For example, a reasonable and prudent person would –

- Move a victim only if the victim's life was endangered.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **9-1-1**.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Permission is also implied if a victim is unconscious or unable to respond.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Treatment at Site - Some Important Do's and Don'ts
Do . . .

- Assess the injury, find out what happened, where it hurts, and watch for shock.
- Know your limitations.
- Call 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 medications.
- 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.

9-1-1 EMERGENCY CALLS

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, preferably from a cell phone near the injured person. **After you dial 9-1-1**, be sure to follows these steps.

1. Give the dispatcher the necessary information and answer any questions that he or she might ask. Most dispatchers will ask:
    - the exact location or address of the emergency;
    - the caller's name and the telephone number from which the call is being made;
    - what happened – the nature of the accident and how many people are involved;
    - the condition of the injured person - unconsciousness, chest pains, or severe bleeding;
    - what help (first aid) is being given.
2. Do not hang up. The EMS dispatcher may be able to tell you how to best care for the victim.
3. Continue to care for the victim till professional help arrives.
4. 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.

When to call 911-

If a person is unconscious, call ***911*** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call ***911*** anyway and request paramedics if the victim –

- Is or becomes unconscious
- Has chest pain or pressure
- Is bleeding severely
- Cannot be moved easily
- Has possible broken bones
- Is vomiting or passing blood
- Has seizures, a severe headache, or slurred speech
- Has trouble breathing or is breathing in a strange way
- Has injuries to the head, neck or back
- Appears to have been poisoned

- Has pressure/pain in the abdomen that does not go away

If you have any doubt at all, call 9-1-1- and request paramedics

CHECKING THE VICTIM

Conscious Victims:

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

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

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

Checking an Unconscious Victim:

1. Tap and shout to see if the person responds. If no response
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See "**BREATHING"** section below)
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

CARING FOR SHOCK

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

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid Breathing
- Rapid pulse

Caring for shock involves the following simple steps:

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

BREATHING PROBLEMS & EMERGENCY BREATHING

If Victim is NOT Breathing:

1) Position victim on back while supporting head and neck.
2) With victim's head tilted back and chin lifted, pinch the nose shut.
3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

4) Check for a pulse at the carotid artery (use fingers instead of thumb).
5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6) Continue rescue breathing as long as a pulse is present but person is not breathing.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

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

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

MUSCLE, BONE, OR JOINT INJURIES

Symptoms of Serious Muscle, Bone, or Joint Injuries:

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

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

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

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to "walk it off". Do not remove shoe until ice is available. Elevate the leg without moving the knee, if possible.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.

- If a twisted ankle, do not remove the shoe until ice is available -- this will limit swelling. Begin the ICE routine (Ice, Compression, Elevation - elevation helps slow the flow of blood, thus reducing swelling).
- Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc.

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock")

OSGOOD SCHLAUGHTER'S DISEASE

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

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

CONCUSSION

Concussions are defined as any blow to the head. They can be fatal if proper precautions are not taken. The two most common concussion symptoms are confusion and amnesia. The amnesia almost always involves the loss of memory of the impact that caused the concussion. Other immediate signs and symptoms of a concussion may include headache, dizziness, ringing in the ears, nausea or vomiting or slurred speech. Some symptoms of concussions don't appear until hours or days later. They include mood and cognitive disturbances, sensitivity to light and noise or sleep disturbances.

1) If a player, remove player from the game.
2) See that victim gets adequate rest.
3) Note any symptoms and see if they change within a short period of time.
4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
5) Urge parents to take the child to a doctor for further examination.
6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries)**

HEAD AND SPINE INJURIES

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- An injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as an impalement.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, etc.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

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

CONTUSION TO STERNUM- HIT IN THE CHEST

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination. Many times, problems do not appear for days or even weeks after the injury.

2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

SUDDEN ILLNESS

If a victim becomes suddenly ill, he or she often looks and feels sick. **Symptoms** of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea, vomiting or diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech or impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

Care for Sudden Illness

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

If the victim:

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

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

Has a diabetic emergency -- Give the victim some form of sugar.

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

HEART ATTACK

Signals of a Heart Attack

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

- **Persistent chest pain** or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- **Breathing difficulty** -
  - Victim's breathing is noisy.
  - Victim feels short of breath.
  - Victim breathes faster than normal.
- **Changes in pulse rate** -
  - Pulse may be faster or slower than normal
  - Pulse may be irregular.
- **Skin appearance** -
  - Victim's skin may be pale or bluish in color.
  - Victim's face may be moist.
  - Victim may perspire profusely.
- **Absence of pulse** -
  - The absence of a pulse is the main signal of a cardiac arrest.

The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care for a Heart Attack

1) Recognize the signals of a heart attack.

2) Call **9-1-1** and report the emergency.

3) Convince the victim to stop activity and rest.

4) Help the victim to rest comfortably.

5) Try to obtain information about the victim's condition.

6) Comfort the victim.

7) Assist with medication, if prescribed.

8) Monitor the victim's condition.

9) Be prepared to give CPR if the victim's heart stops beating.

LIGHTNING VICTIM

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is "make no more casualties". If the victim is in a high-risk area the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

GIVING CPR

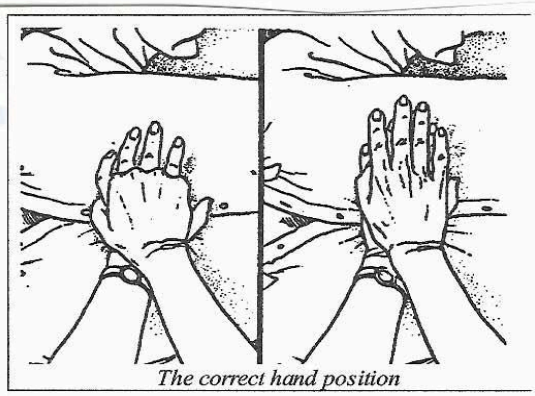
- Position victim on back on a flat surface.
- Position yourself so that you can give rescue breaths and chest compressions without having to move (usually to one side of the victim).
- Find hand position on the breastbone. (See figure)
- Position shoulders over hands for proper leverage.
- Compress chest **15 times**. (For small children only 5 times)
- With victim's head tilted back, and chin lifted, pinch the nose shut.
- Give **two (2) slow breaths** into victim's mouth (1 for small children).
- Breathe in **until chest rises** slightly.
- Do 3 more sets of **15 compressions and 2 breaths**. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.
- If there is no pulse, continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- When giving CPR to small children, use only one hand for compressions to avoid breaking ribs.

  It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

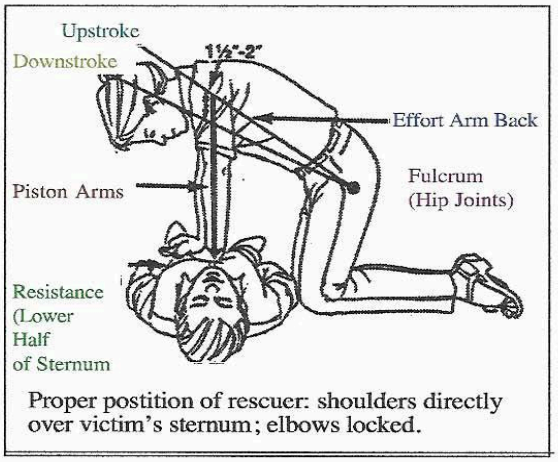
When to Stop CPR:

- If another trained person takes over for you
- If paramedics arrive
- If you are exhausted and unable to continue properly
- If the scene becomes unsafe.

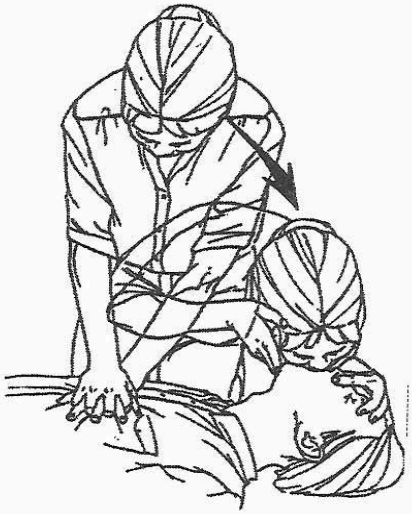
CPR Illustrations

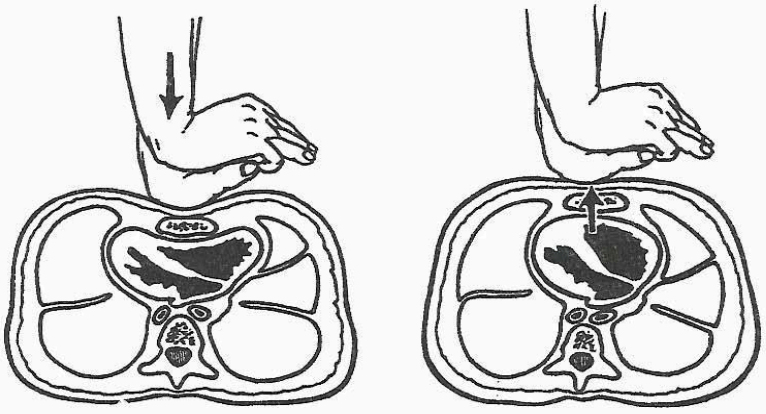


The correct hand position



Proper postition of rescuer: shoulders directly over victim's sternum; elbows locked.





The sternum should be compressed to a depth of 1 1/2 - 2 inches.

CHOKING & THE HEIMLICH MANEUVER

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment – THE HEIMLICH MANEUVER:

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough. If not, follow these steps.

To perform the Heimlich Maneuver:

- Grasp the choking person from behind, by wrapping both of your arms under the victim's arms.
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.
If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by **calling 911** or going to the local emergency room.

The Heimlich Maneuver

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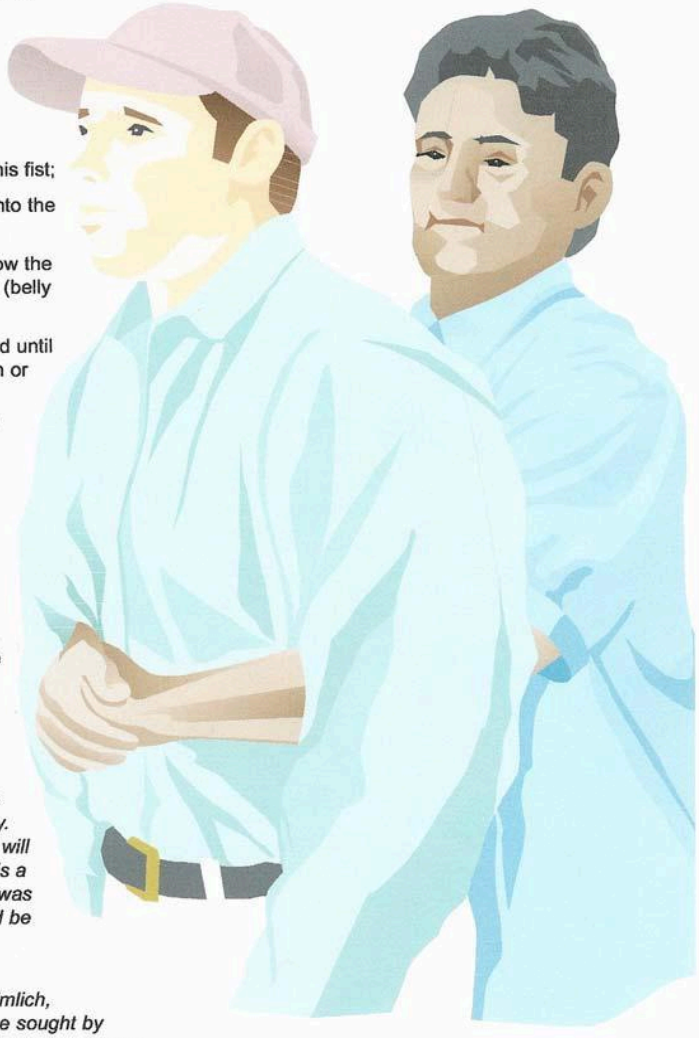

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BLEEDING

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

1) **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
4) If bleeding is not controlled by direct pressure, apply a tourniquet only as a last resort and call 911.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding Inside/Outside Mouth

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

Deep Cuts

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

Infection

To prevent infection when treating open wounds, you must:

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT... to protect against contamination with ointment supplied in your First-Aid Kit.

COVER... to absorb fluids and protect wound from contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads)

TAPE... to secure with First-Aid tape (in your First-Aid Kit) to help keep out dirt and germs.

SPLINTERS

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

Symptoms: May include: Pain, redness and/or swelling.

Treatment: 1) First wash your hands thoroughly, then gently wash affected area with mild soap & water.

2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.

3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.

4) Cover with adhesive bandage or sterile pad, if necessary.

INSECT STINGS

Bee stings are either annoyingly painful or deadly, depending on if the victim is allergic to the venom. **The best way to reduce any reaction to bee venom is to remove the bee stinger as quickly as possible.** If a bee sting victim has had any allergic reactions to bee stings in the past, consider the possibility of **anaphylaxis**, a life-threatening allergic reaction.

If someone is stung, follow these steps:

1. Get away from the bee. Bees release a scent when in danger to attract other bees. If you're still around when reinforcements get there, they'll sting you.
2. **Remove any stingers immediately!** No need to scrape off bee stingers, just remove them. It's OK to pull stingers out with your fingers. The longer bee stingers are allowed to remain in the body, the more severe the reaction will be.
3. **If the victim is allergic to bees, check to see if the victim is carrying an epinephrine auto-injector (EpiPen). If so, help the victim use the device as directed. If the victim is supposed to carry one of these devices and does not have it, call 911 immediately! Do not wait for symptoms to appear.**
4. Non-allergic victims will almost always develop local reactions to bee stings. Redness, swelling, and pain are all common at the site of the bee sting. The pain will usually go away pretty quickly, but swelling may last for more than a day. For mild or moderate symptoms, wash with soap and cold water. Use an ice pack to

reduce swelling at the site. It's common to develop some itching at the sting area. Antihistamines or calamine lotion should help.

5. Take the victim to the emergency department if the victim was **stung more than 10 times**, or if there are bee stings **inside the nose, mouth, or throat**. Swelling from these stings can cause shortness of breath, even in non-allergic victims.
6. Use ibuprofen or acetaminophen for minor pain relief. For tenderness at the site, try a bee-sting swab to dull the pain.

Watch any victim closely for signs allergic reaction including nausea; severe swelling; itching, redness, hives (raised welts) breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness. **If there is any concern that the victim may be developing anaphylaxis, call 911 immediately**.
Antihistamines, such as Benedryl, can slow an anaphylactic reaction, but will not stop it.

Tips:

1. Conventional wisdom says to scrape bee stingers away from the skin because pinching the venom sack could push extra venom into the victim. In fact, *how fast* you get the stinger out is much more important than *how*.
2. Honey bees leave a stinger behind when they sting a victim. Wasps, yellow jackets, and hornets do not leave a stinger. These relatives of the honey bee can also cause an anaphylactic reaction.
3. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

DENTAL INJURIES

AVULSION (Entire Tooth Knocked Out)

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

1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2) If debris is on tooth, gently rinse with water.
3) If possible, re-implant and stabilize by biting down gently on a towel handkerchief. **Do only** if athlete is alert and conscious.
4) If unable to re-implant:
   - Best - Place tooth in "Saveatooth." saline solution, which is kept in the concession stand.
   - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
   - 3rd best - Wrap tooth in saline soaked gauze.
   - 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.

- 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

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

1) Reposition tooth in socket using firm finger pressure.
2) Stabilize tooth by gently biting on towel or handkerchief.
3) **TRANSPORT IMMEDIATELY TO DENTIST**.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1) Try to reposition tooth using finger pressure.
2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3) **TRANSPORT IMMEDIATELY TO DENTIST**.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1) Do nothing - avoid any repositioning of tooth.
2) **TRANSPORT IMMEDIATELY TO DENTIST**.

FRACTURE (Broken Tooth)

1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth be gently biting on a towel or handkerchief to control bleeding.
2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** using the plastic baggie supplied in your First-Aid kit.

BURNS

Care: The care for burns involves the following 3 basic steps.

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

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

face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

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

Chemical Burns:

If a chemical burn,

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

If an **EYE** has been burned:

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

Sunburn:

If victim has been sunburned,

1) Treat as you would any major burn (see above).
2) Treat for shock if necessary (see section on "Caring for Shock")
3) Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4) Give victim fluids to drink.
5) Get professional medical help immediately for severe cases.

HEAT EXHAUSTION

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

Treatment:

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

SUNSTROKE (HEAT STROKE)

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

Treatment:

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

DISMEMBERMENT

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

PENETRATING OBJECTS

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1) **Do not** remove it.
2) Place several dressings around object to keep it from moving.
3) Bandage the dressings in place around the object.
4) If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5) Treat for shock if needed (see "Care for Shock" section).
6) Call 9-1-1 for professional medical care.

POISONING

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

1) **Do not** give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.

2) If professional medical help does not arrive immediately:

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

- Induce vomiting if poison is known and is not a corrosive substance or petroleum product.

  To induce vomiting: If available, give adult one ounce of syrup of Ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

3) Take poison container (or vomit if poison is unknown) with victim to hospital

TRANSPORTING AN INJURED PERSON

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

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

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

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

PRESCRIPTION MEDICATION

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

ASTHMA AND ALLERGIES

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active.

Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Ensure parents to fill out the **Personal Health and Medical History** forms (included in the APPENDIX). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

COLDS AND FLU

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

COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS or the hepatitis B or C virus during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated *(latex gloves are provided in First Aid Kit*).
- Immediately wash hands & other skin surface with antibacterial soap if contaminated with blood.
- Clean all blood contaminated surfaces and equipment with a solution such as Clorox Bleach.
- CPR Masks will be available in the concession stands.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

FACTS ABOUT AIDS AND HEPATITIS

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

The *virus* enters the body in 3 basic ways:

1) Through direct contact with the bloodstream. *Example*: Sharing a non sterilized needle with an HIV-positive person -- male or female.

2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example*: Having unprotected sex with an HIV positive person -- male or female.
3) Through the womb, birth canal, or breast milk. *Example*: Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV.

The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

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

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

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

ATTENTION DEFICIT DISORDER (ADD or ADHD)

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 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 in schoolwork, work, or other activities;
- 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 schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity - This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing or engaging in leisure activities quietly;
- Often "on the go" or often act as if "driven by a motor";
- Often talks excessively.

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability - This is where the child:

- often has angry outbursts;
- is a social loner;
- blames others for problems;
- fights with others quickly;
- is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time "fitting in." They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial "bull in the china closet" and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

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, B-Ball, Major and Senior teams. BLL 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 BLL 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, jaw fractures, and neck injuries, etc. 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.

How do I know that I can trust the volunteer managers and coaches not to be child molesters?
BLL runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give BLL the information and permission it needs to complete an investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the coaching.

How can I complain about the way my child is being treated by the manager, coach, or umpire?
You can directly contact the BLL Player Agent for your division or any GNLL board member. The complaint will be brought to the GNLL President's attention immediately and investigated.

Will that helmet my child wears protect him while he or she is at bat and running around the bases?
The helmets used by the BLL must meet Little League standards. 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.

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

Requirement 13: **Enforcement of Little League Rules and Regulations**

The Board of Directors of Boxford Little League has mandated the following Code of Conduct.

Boxford Little League Code of Conduct:

No Board Member, Manager, Coach, Player or Spectator shall:

- Lay a hand upon, push, shove, strike or threaten to strike an official
- Be verbally or physically abusive toward any official for any real or imaginary belief of a wrong decision or judgment.
- Show objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls or any other forceful unsportsmanlike action.
- Use unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Use profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands or anywhere on the BLL complex while under the influence of drugs or alcohol at any time.
- Gamble upon any play or outcome of any game with anyone at any time.
- Use or smoke tobacco products while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- Discuss 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 – mingle or fraternize with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Tamper or manipulate any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpire 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.

All Managers and Coaches are required to sign off that they have received a copy of the Coaches Code of Conduct. The Board of Directors will review any and all infractions of the BLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

BLL Safety Code

The Board of Directors of Boxford Little League has mandated the following Safety Code. All Managers and Coaches should read this Safety Code and then read it to the players on their team.

- Responsibility for Safety procedures should be that of all adult members of Boxford Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers and/or Coaches shall not leave the facility without first ensuring that all players have been accounted for and have been provided transportation to their residence.
- Managers, Coaches and Umpires should have training in First Aid. First Aid Kits are issued to each Team Manager.
- No games or practices should be held when weather or field conditions are unacceptable, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as "in play".
- Only Players, Managers, Coaches and Umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the Team's Manager and Coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- During practice and games, all Players should be alert and watching the batter on each pitch.
- During warm-ups drills Players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e. playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batter must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first 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".
- Players must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practices.
- On-deck batters are not permitted.

BLL Safety Standards

- Speed Limit 5 mph in parking lots
- Watching for small children around parked cars
- No Alcohol or Tobacco products are allowed in any parking lot or field
- No playing in parking lots at any time
- No Profanity
- No throwing rocks
- No horse play on the field of play
- No climbing fences
- Swinging of hard bats and use of hard baseballs shall be contained to the players on the field during game times
- Only a player on the field and at bat may swing a bat
- Observe all posted signs
- Players and spectators should be alert at all times for foul balls and errant throws
- During game, players must remain in the dugout area in an orderly fashion at all times
- After each game, each team must clean up trash in dugout and around stands
- All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

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

Requirement 14: Boxford LL President will submit league registration data once the process has been finalized on April 1st.

Requirement 15: Survey questions have been answered and recorded in the LL Data Center

Additional Requirements/Procedures

Criminal Checks: Criminal checks are completed using two systems for Boxford LL, Massachusetts CORI, and the LL recommended First Advantage for all coach, manager, and volunteers that will have access to the children. Findings are reviewed with our local CORI officer and the Baseball President.

DSO Review: The Boxford LL Safety Plan is reviewed with our DSO, Dave Gotts, prior to sending to Bristol.

Safety Budget: each year a percentage of the Baseball budget is allocated towards safety equipment as well as training for our league.

ASAP News is distributed to our league members via a news feed on our Boxford LL web site, baasports.com.

Concession Stand Policy:

N/A, BLL does not offer concession stands.

Storage Shed Procedures:

The following applies to any individual who has been issued the combination to storage shed lock by Boxford Little League.

- All individuals with combination to the Boxford Little League equipment shed are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
- Before you use any machinery located in the shed please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in Boxford Little League shed shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e. lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e. rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed unsecured chemicals or organic materials within the shed should be cleaned up and disposed properly as soon as possible to prevent accidental poisoning.

Weather

Rain
If it begins to rain:

1. Evaluate the strength of the rain. Is it light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Suspend practice or game if the playing conditions become unsafe – use common sense. If playing a game, consult with the other Manager and the Umpire to formulate the best decision for all parties.

Lightning
Lightning is unpredictable. Therefore, a Manager, Coach or Umpire who feels threatened by an approaching storm, should stop playing and get to safety. Once the leading edge of a thunderstorm approaches you are at immediate risk due to the possibility of lightning strikes coming from a storm cloud, and encouraged to take immediate shelter. The following steps should be taken:

1. Suspend all games and practices immediately
2. Stay away from metal including fences and bleachers
3. Do not hold metal bats
4. Get players to walk, not run, to their parent's or designated driver's cars
5. Close all windows
6. Wait for Manager or Coach decision on whether or not to continue the game or practice

*Guidelines for Game Officials and Game Management to Use Regarding Lightning

1. National Severe Storm Laboratory (NSSL) staff strongly recommends that all individuals should have left the game site and reached a safe structure or location by the time the person monitoring the weather obtains a flash-to-bang (lightning to thunder) count of 30 seconds (equivalent to lightning being six miles away). This recommendation was developed as a practical way to make a judgment in situations where other resources such as technology and instrumentation are not available. In addition, a smaller, but still real, risk exists with the presence of lightning at greater distances. Unfortunately, current science cannot predict where within the radius the next strike will occur.
2. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.
3. When considering resumption of a game, NSSL staff recommends that everyone ideally should wait at least 30 minutes after the last flash of lightning or sound of thunder before returning to the field of activity.
4. If available, electronic detection devices should be used as additional tools to determine the severity of the weather. However, such devices should not be used as the sole source when considering terminating play.
   (*Information taken from the NCAA Sports Medicine Handbook and NCAA Championships Severe Weather Policy)

Hot Weather

Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**. Suggest players take drinks of water when coming on and going off the field between innings. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

Ultra-Violet Ray Exposure

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

Do not leave the facility unless instructed by Team Manager or Coach.

SAFETY OVERVIEW

Our success or failure in providing safety boils down to the use of **COMMON SENSE** and adequate **PREPARATION**.

BE PREPARED

- Have your first-aid kit, Safety Manual, & players' Medical Clearance Forms with you at all games and practices.
- All umpires, managers and coaches are responsible for checking field safety conditions before each game. Always check playing fields for hazards before games or practice.
- Incorporate adequate stretching/conditioning into your pre-game or pre-practice warm-ups.
- Ensure players wear proper equipment and that equipment is in good shape. Check it often.
- Know players' limits and don't exceed them.
- Help players stay properly hydrated, by encouraging them to drink plenty of fluids, particularly water.
- Be organized, maintain discipline, and always maintain control of the situation.
- Make arrangements to have a cellular phone available at your game or practice.
- Always be alert and encourage your players to do so as well.

Common Sense

- Playing safely boils down to using common sense.
- Remember, safety is everyone's job. Be proactive in reporting any safety issues or hazardous conditions to the Safety Officer or BLL Board member immediately.
- Prevention is the key to keeping accidents to a minimum.
- Do not play on a field that is not safe or with unsafe playing equipment.
- Be sure your players are fully equipped at all times, especially catchers and batters.
- Check equipment often.

Have a safe and enjoyable season!

ADDENDUM:

Little League Claim Form

Little League Claim Form Instructions

Medical Release Form

Injury Tracking Form

Little League Volunteer Application - 2025

Personal Health and Medical History

Driving Permission Slip

Managers and Coaches Expectations

Preliminary Accident Report

Little League Claim Form

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

For claims occurring after January 1, 2005

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280
or 570-326-1921

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

League Name | League I.D. | Claim #

PART 1

Name of Injured Person/Claimant | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

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

☐ BASEBALL	☐ CHALLENGER (5-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)	
☐ SOFTBALL	☐ T-BALL (5-8)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)	
☐ CHALLENGER	☐ MINOR (7-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME		
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO		
	☐ JUNIOR (13-14)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM		
	☐ SENIOR (14-16)	☐ SAFETY OFFICER	☐ TOURNAMENT		
	☐ BIG LEAGUE (16-18)	☐ VOLUNTEER WORKER	☐ OTHER (Describe)		

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa., or its representative, any and all such information. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date | Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)

Date | Claimant/Parent/Guardian Signature

Little League® Baseball & Softball

CLAIM FORM INSTRUCTIONS

For claims occurring after January 1, 2005

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

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

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

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

The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

TREATMENT OF DENTAL INJURIES

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

Medical Release Form

Fill Out Online and Print For Signature

Little League® Baseball and Softball
Medical Release

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

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

_____
Name Phone Relationship to Player

_____
Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

Date of last Tetanus Toxoid Booster: _____

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

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

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

my documents/tournaments/2007/medical release form rev. 2/05.1

Injury Tracking Report

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 (5-8) ❒ Minor (7-12) ❒ Major (9-12) ❒ Junior (13-14)
❒ Senior (14-16) ❒ Big League (16-18)

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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Volunteer Application Form

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?
If yes, describe each in full: _____ ☐ Yes ☐ No
(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 ineligible list?
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact the Little League

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

☐ League Official ☐ Umpire ☐ Manager ☐ Co
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Ot

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

Name/ Phone

_____
_____
_____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTAC BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: Little

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to cond me now and as long as I continue to be active with the organization, which may include a review of su which contain name only searches which may result in a report being generated that may or may not be r history records. I understand that, if appointed, my position is conditional upon the league receiving no inap background. I hereby release and agree to hold harmless from liability the local Little League, Little League officers, employees and volunteers thereof, or any other person or organization that may provide such in that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer positio that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Bo of Little League policies or principles.

Applicant Signature _____

If Minor/Parent Signature _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any 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 requirement

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary D League International Ineligible List)*

OR

☐ National Criminal Database check
☐ National Sex Offender Registry
☐ U.S. Center of SafeSport's Centra Database and Little League Inter

*Please be advised that if you use JDP and there is a name match in the few states where only name match you should notify volunteers that they will receive a letter or email directly from JDP in compliance with th containing information regarding all the criminal records associated with the name, which may not necessa

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

The above is an image only, download the form at https://www.littleleague.org/volunteer/.

Personal Health and Medical History

To be filled out by parent, guardian, or adult participant. Please print in ink.

Name:_____Date of birth: _____Age: _____Sex:____
Name of parent or guardian:_____ Telephone:_____
Home address:_____City:_____ State:_____ ZIP:_____
Business address: _____City:_____ State:_____ ZIP:_____
If person named above is not available in the event of an emergency, notify:
Name: _____Relationship: _____Telephone:_____
Name: _____Relationship: _____Telephone:_____
Name of personal physician:_____
Telephone:_____
Personal health/accident insurance carrier:_____Policy No._____

In case of emergency, I understand every effort will be made to contact me, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date _____Signature of parent/guardian or adult_____

GENERAL INFORMATION:
Circle any items that apply, past or present, to your child's health history and explain below:

Asthma Diabetes High Blood Pressure

Cancer/leukemia Kidney disease Heart Trouble
Seizures Hemophilia Allergies
Explain:_____
VISION: Normal _____ Glasses _____ Contacts _____
HEARING: Normal _____ Abnormal _____ Explain_____
List any medications to be taken during the day:_____

List any physical or behavioral conditions that may affect or limit full participation in playing baseball:

_____
_____

Immunizations: (give date of last inoculation)
Tetanus toxoid _____Measles _____ Polio_____
Diphtheria _____Mumps _____ Other_____
Pertussis _____Rubella _____ Other _____

DRIVING PERMISSION SLIP

We, the undersigned parents of _____, do hereby agree to let my child be transported to the Boxford Little League game on _____, at _____ o'clock. The game will be located at _____. No transportation can take place without prior acknowledgement and approval of the BLL Player Agent assigned to my child's particular division of the League. Boxford Little League has made best efforts to ensue that drivers hold a valid Massachusetts driver's license and currently hold a valid auto insurance policy and that the driver's record shows no past serious infractions of the vehicle code but in no event will Little League Baseball, Incorporated, Boxford Little League or its officers, managers, coaches, umpires, leaders or agents be held liable for any accident as a result of transporting your child.

I further agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest with the team manager, designated coaches or designated driver and that he or she follows their instructions and those of the officials who may be in charge.

A Photostat cop of this agreement is considered the same as the original.

_____ _____

Parent's Name (printed) Child's Name (printed)

_____ _____

Parent's Signature Date

EMERGENCY TELEPHONE NUMBERS

Day Phone # _____ *Evening Phone #* _____

_____ _____

Team Manager's Name (printed)

MANAGERS & COACHES EXPECTATIONS

WHAT DO I EXPECT FROM MY PLAYERS?

- to be on time for all practices and games.
- to always do their best whether in the field or on the bench.
- to be cooperative at all times and share team duties.
- to respect not only others, but themselves as well.
- to be positive with teammates at all times.
- to try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another.
- to understand that winning is only important if you can accept losing, as both are important parts of any sport.

WHAT CAN YOU AND YOUR CHILD EXPECT FROM ME?

- to be on time for all practices and games.
- to be as fair as possible in giving playing time to all players.
- to do my best to teach the fundamentals of the game.
- to be positive and respect each child as an individual.
- to set reasonable expectations for each child and for the season.
- to teach the players the value of winning and losing.
- to be open to ideas, suggestions or help.
- to never yell at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?

- to come out and enjoy the game. Cheer to make all players feel important.
- to allow me to coach and run the team.
- to try not to question my leadership. All players will make mistakes and so will I.
- do not yell at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- if you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support!

PRELIMINARY ACCIDENT REPORT

NAME:(injured)_____ DATE:_____
ADDRESS:_____ PHONE:_____
CITY/STATE:_____ ZIP:_____
TEAM:_____ MANAGER_____

DIVISION IN WHICH ACCIDENT OCCURRED?
Senior Junior Majors A Majors B B-ball T-ball Softball

TREATMENT REQUIRED?
No treatment needed First Aid at field To doctor To hospital Other

STRUCK BY?	COLLIDED WITH?	OTHER?
Pitched ball	Fence or Backstop	Tripped
Batted ball	Hit dirt too hard by sliding	Fell
Thrown ball	Another Player	Over exertion
Bat	Umpire, Manager, Coach	Pre-existing Med. Cond.

UNSAFE CONDITIONS? Yes No (If YES, please explain)
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 or poor-fitting, protective equipment._____
6. Other_____

UNSAFE ACTS? Yes No (If YES, please circle below and explain)

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_____
_____

NOTE: This form is for Little League purposes only. When an accident happens please obtain as much information as possible. Send a copy of this form to the BLL Safety Officer and he or she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer.

The reason for this form is to establish a record of all accidents prior to any lawsuits and to provide Little League Baseball, Incorporated and BLL with advanced information