

District 33

MISSION TRAILS

Little League



“Where Safety comes First”
2023 Safety Plan

League ID #: 0405-33-04
Safety Officer: Janna M. Ferraro
Mission Trails Little League
Safety Program

Safety Mission Statement

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

2023 Board of Directors

Requirement 1:

Title	Name	E-Mail	Phone Number
President	Randy Herold	randy.herold@missiontrailssl.com	619-254-2164
Vice President	Nikki Scribner	nikkiscribner@missiontrailssl.com	915-433-0740
Secretary	Patrick Banning	patrick.banning@missiontrailssl.com	858-342-3601
Treasurer	Vanessa Teachout	vanessa.teachout@missiontrailssl.com	619-301-1387
Safety Officer	Janna Ferraro	janna.ferraro@missiontrailssl.com	619-847-9462
Info. Officer	Michelle Mosqueda	mmosquedamtl@gmail.com	619-204-0994
Player Agent	Amber Banning	amber.banning@missiontrailssl.com	619-347-1666
Player Agent	Elizabeth Hensley	elizabeth.hensley@missiontrailssl.com	619-869-5355
Umpire in Chief	Rich Rosenkrans	rich.rosenkrans@missiontrailssl.com	858-405-5698
Coaches Coordinator	Damien Scribner	Damien.scribner@missiontrailssl.com	619-962-2945
Team Parent Coord.	Tiffany Blado	tiffany.blado@missiontrailssl.com	619-957-0722
Div. Coordinator-TB	Jeff Hammett	jeff.hammett@missiontrailssl.com	619-984-7394
Div. Coordinator-CAPS	Rachael Coughlin	rachael.coughlin@missiontrailssl.com	619-995-0676
Div. Coordinator-Min.	Nikki Scribner	nikkiscribner@missiontrailssl.com	915-433-0740
Div. Coordinator-Maj.	Nikki Scribner	nikkiscribner@missiontrailssl.com	915-433-0740
Snack Bar Coord.	Nikki Scribner	nikkiscribner@missiontrailssl.com	915-433-0740
Scorekeeping Coord.	Janna Ferraro	janna.ferraro@missiontrailssl.com	619-847-9462
Fields Coordinator	Indo Reyes	inderzio@gmail.com	619-917-9584
City Liaison	Ally Reyes	amcgrory@ljmjm.com	619-917-9598
Equipment Manager	Derrick Teachout	derrick.teachout@missiontrailssl.com	619-834-3031
Sponsorship Coord.	Blair Soper	blair.soper@missiontrailssl.com	619-851-8492
Fundraiser Coord.	Helen Dote	helen.dote@missiontrailssl.com	808-223-5819

Distribution of Safety Manual

Requirement 2:

An electronic copy of this safety plan will be distributed as follows: Posted prominently on the league website. Links will be made to emails of the following league participants: Board Members, Managers and Coaches and Facility Managers. A digital copy will be emailed to the CA District 33 Safety Officer.

A printed copy will be available in the Snack Bar, at Score Booths/tables and in Equipment sheds.

A printed copy will accompany all teams participating in CA District 33 sponsored tournaments.

EMERGENCY PHONE NUMBERS

Requirement 3:

Police Emergencies	911
Fire	911
San Diego Police Non-Emergency	619-531-2000
Ambulance Dispatch	911
Animal Control	619-236-2341 www.sddac.com
Poison Control	211 or 1-800-222-1222 www.calpoison.org
San Carlos Rec Center	619-527-3443

District Administrator and CA D-33 Website: <http://www.cadistrict33.org>
Clay Berry, District 33 Administrator (619)-787-7593 llcad33@yahoo.com
Stephen Seefeldt, District Safety Officer (619)-913-0901 seefeldtmtll@gmail.com

Little League Support Numbers

Western Region Little League
6707 Little League Drive
San Bernardino, California 92407
Phone: 909-887-6444 Fax: 909-887-6135

LL International Office (570) 326-1921
FAX - LL International Office (570) 322-2376 or (570) 326-1074
Mailing address: P.O. Box 3485 Williamsport, PA 17701

NEIGHBORING HOSPITALS

Sharp Grossmont Hospital
5555 Grossmont Center Drive, La Mesa, CA
619-740-6000
www.sharp.com

Rady Children's Hospital
3020 Children's Way, San Diego, CA
858-573-1700
www.rchsd.org

MISSION TRAILS LITTLE LEAGUE

Declaration by the Manager of MISSION TRAILS LITTLE LEAGUE

I have reviewed this League Safety Plan and am aware of its contents and my responsibilities as a manager. I will also:

- 1) Make sure my coaches have accessed and reviewed this Safety Plan via the League website in order to promote safety awareness.
- 2) Make sure my coaches and I have met league requirements for Player Development and Emergency Management/Safety Clinics as described in this League Safety Plan.
- 3) I understand my coaches and I must sign in at all clinics we attend to ensure credit for clinic attendance on the CA District 33 Clinic Attendance List.
- 4) I am aware that coaches and managers who do not meet clinic attendance requirements as stated in the League Safety Plan are not eligible to participate in any CA District 33 sponsored tournaments during or at the end of the season.
- 5) I will ensure a First Aid Kit is at **every game and practice**, even if I am not attending.
- 6) I will ensure that I know where Emergency Medical Services (EMS) will access the playing fields and practice areas and the procedure for meeting and directing them.
- 7) I will verify that I have completed Medical Releases for all players on my team no later than the third practice at the beginning of the season.
- 8) I will review all Medical Releases so that I understand any medical issues and necessary treatments.
- 9) I will ensure that all players who have need for asthma inhalers, Epi-Pens or other necessary medications have **Non-expired medications/devices with them and that I know where these are located in the player's equipment bag.**
- 10) I am aware of my responsibility to inform the league of any injuries that occur to players, coaches or myself in the course of Little League activities.
- 11) I am aware of my responsibility to check the fields and practice areas for any hazards before games or practices.
- 12) I have the names and phone numbers of the League President, Vice President, Coach Coordinator and Safety Officer entered into my cell phone.

Team: _____ Division: _____

Manager signature

Date

League Copy- Retained for reference. Coaches' copy in Coaches section of this Safety Plan

COACHES' CODE OF ETHICS PLEDGE

I will place the emotional and physical well-being of my players ahead of a personal desire to win.

I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.

I will do my best to provide a safe playing situation for my players.

I will promise to review and practice the basic first aid principles needed to treat injuries of my players.

I will do my best to organize practices that are fun and challenging for all my players.

I will lead by example in demonstrating fair play and sportsmanship to all my players.

I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.

I will use those coaching techniques appropriate for each of the skills that I teach.

I will remember that I am a youth sports coach, and that the game is for children rather than adults.

Team: _____ Division: _____

Manager	Date
Coach	Date
Coach	Date
Coach	Date

League Copy- Retained for reference. Coaches copy in Coaches section of this Safety Plan

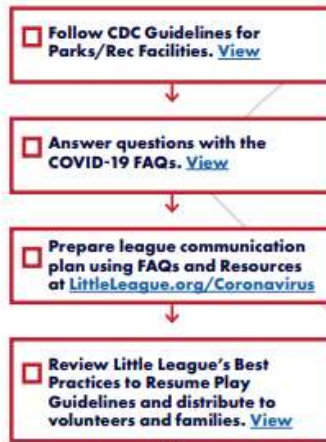
Requirement 3: COVID-19 Guidelines **NEW FOR 2021**



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



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



When all boxes are checked -

Play Ball!

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

STAY SAFE ON AND OFF THE FIELD



Stay home if you are sick.



Bring your own equipment and gear (if possible)



Cover your coughs and sneezes with a tissue or your elbow.



Wash your hands or use sanitizer before and after events and sharing equipment.



Tell a coach or staff member if you don't feel well.



cdc.gov/coronavirus

Background Checks

Requirement 4:

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

VOLUNTEER APPLICATION AND BACKGROUND CHECKS

Each Adult Volunteer for MISSION TRAILS LITTLE LEAGUE will be sent an email link to fill out a **Volunteer Application** online. This includes, but is not limited to, coaches, managers, board members, umpires and members of the auxiliary or anyone who provides regular service to the league and/or has repetitive access to or contact with players or teams. Each applicant must present a government-issued identification card for ID verification in support of the application. **Anyone failing to complete an online Volunteer Application annually will not be able to serve as a volunteer league member or provide ongoing service to MISSION TRAILS LITTLE LEAGUE. If an individual prefers, a current year LL Volunteer form can be completed and the league will initiate the background check. Government issued Picture ID and SS number required.**

Little League® International and MISSION TRAILS LITTLE LEAGUE both share a commitment to the safety of its players, families, and volunteers, both on and off the field. MISSION TRAILS LITTLE LEAGUE will conduct the national criminal & sex offender background check through J.D. Palatine (JDP).

The league board member conducting the background checks will send a link (QuickappJDP) to potential volunteers so they can complete the Little League Volunteer Application online. To do this the league board member enters the volunteer's information: name and email address on the JDP website under "Quick App." Upon receipt of the online link, the potential league volunteer will complete his or her own volunteer application, including entering the social security number, which is secure on the website. The online Little League Volunteer Application is linked with the background check, which can be viewed on the league's JDP Portal by designated board members. MISSION TRAILS LITTLE LEAGUE will verify the volunteer's application with a government-issued photo ID and retain a record that this ID has been verified for the current year. In the event concerns regarding a potential volunteer surface, a committee of three board members will review the information and make a determination as to the appropriateness of the individual volunteering in their role for the league. If the committee determines the individual should not serve, they will inform the board of the committee's decision while acting with discretion, out of consideration of embarrassment to the individual unless it is determined that the need for the entire board of directors to know the reason for declining service overrides this concern.

VOLUNTEER CODE OF CONDUCT

Volunteers working on behalf of MISSION TRAILS LITTLE LEAGUE, having submitted to a background check and having been accepted as a volunteer by the league Board of Directors, shall be aware of the following responsibilities:

- 1) To interact with other league volunteers and players in a positive manner, setting an example for all participants in the league;
- 2) To fulfill your role within the league in a way that facilitates cooperation with other volunteers and is supportive of them in fulfilling their role;
- 3) To complete in a timely manner any required training for your position, for example, fundamentals and first aid/safety clinics, concussions awareness, child abuse awareness...

- 4) To accept direction from volunteers who are in a leadership role;
- 5) In the event of differences of opinion, to take appropriate steps to address concerns with the intent to reach an amicable resolution;
- 6) When acting as a Scorekeeper, Umpire, or in some other official capacity, to conduct yourself in a manner that is impartial and above reproach so as to not create the appearance of favoritism.

Little League® Volunteer Application – 2023

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

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

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____
 City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____
 Home Phone _____ E-mail Address _____

Date of Birth _____

Occupation _____
 Employer _____
 Address _____

Special professional training, skills, hobbies: _____

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
 If yes, explain: _____
 (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

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

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/3pStateLaw

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

Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____
 Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)(9) for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)* **OR** U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

National Criminal Database check National Sex Offender Registry

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

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

last updated: 10/11/2022

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Little League® "Basic" Volunteer Application – 2023

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)(9). Visit LittleLeague.org/localBGcheck for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last

Address _____
 City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____
 Work Phone _____ E-mail Address _____

Driver's License#: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)
2. 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 2, does not automatically disqualify you as a volunteer.)
3. 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 3, does not automatically disqualify you as a volunteer.)
4. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
 If yes, explain: _____
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
5. In which of the following would you like to participate? (Check one or more.)
 League Official Field Maintenance Concession Stand
 Coach Manager Other _____
 Umpire Scorekeeper

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____
 Employer: _____
 Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

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

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/3pStateLaw

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____
 If Minor/Parent Signature _____ Date _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)(9) for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)* **OR** U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

National Criminal Database check National Sex Offender Registry

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

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

VOLUNTEER BACKGROUND CHECKS & SAFETY



Volunteer Background Checks & Safety

Little League® Baseball and Softball has always strived to create a safe and healthy environment for all Little Leaguers and their families.

In 2018, the “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation’s sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment. There are certain requirements from the SafeSport Act that Little League International and all local Little League programs must adhere to. To learn about SafeSport and how it impacts your league, visit LittleLeague.org/SafeSport.

As a condition of service to any Little League program, the following groups of individuals must submit a Little League Volunteer Application and complete an annual background screening prior to involvement in the league in any fashion:

- Board Members
- Managers and Coaches
- Umpires
- Any other volunteer or hired worker who provide regular services to the league and/or have repetitive access to, or contact with, players or teams

Any individual with a conviction, guilty plea, no contest plea, or admission of guilty to a crime against or involving a minor may not participate in the Little League program.

On average, leagues can estimate the number of background checks that should be completed by multiplying the total number of teams in the league by six. To assist leagues in completing this requirement, **Little League provides 125 free searches** through an agreement with J.D. Polarine (JDP). Additional searches are available for a nominal cost.

LLU Learn More About Background Checks:
 • LittleLeague.org/BackgroundCheckQuestions

Little League International has contracted with JDP Background Screening to provide local leagues and districts with a special web site that allows members to instantly search a criminal records database of more than 450 million criminal records. This site provides searches of available criminal records from various repository sources and state-level sex offender registries. The fee for the first 125 searches per chartered league and district is free to the local league and district as the cost for these searches is being provided by Little League International. Any additional searches above 125 will cost the league or district a minimal fee.



Little League International requires all leagues in the United States to conduct background checks that utilize JDP Background Screening, or another provider that is comparable to JDP in accessing background check records for sex offender registry data and criminal records. Leagues must include a review of the U.S. Center for SafeSport’s Centralized Disciplinary Database and Little League International Ineligible list as part of the background check process (JDP includes this additional review as a part of the standard background check.) The JDP National Criminal File database that contains more than 450 million records, including criminal and sex offender registry records covering 50 states and the District of Columbia, and meets the current regulation requirement. Leagues are not required to use the JDP website, but may also use alternate resources. However the alternate resources must equal or exceed the services provided by JDP.

LLU For More Information on JDP and Background Check Process:
 • LittleLeague.org/LocalBGCheck

Requirement 5: Coach Fundamental Training: **Date:** February 26, 2023 **Location:** MTLL **Time:** 10:00 a.m.

Requirement 6: Safety Manual & First-Aid Training: **Date:** February 26, 2023 **Location:** MTLL **Time:** 10:00 a.m.

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

FOR MANAGERS AND COACHES

This Safety Plan is to be kept by all managers in their equipment bag.

Responsibility for implementing safety procedures/practices belongs to all adult members of MISSION TRAILS LITTLE LEAGUE.

MANDATORY CLINICS

League will maintain a record of clinic participation and a list of all managers and coaches (to verify clinic attendance). The CA District 33 Clinic Attendance List may be used for reference- linked to cadistrict33.org website.

One manager/coach from each team must attend the two required clinics annually. All other coaches/managers must have attended both required clinics within the last two years- 2019, 2020 or 2021 to be eligible for TOC and other CA District 33 sponsored tournaments.

1) **Manager/Coach Fundamentals Clinic** (required for all new coaches and every three years for continuing coaches/managers). At minimum, one Manager or Coach from a team must attend a D-33 sponsored or D-33 approved fundamentals clinic during 2021 and all other Managers and Coaches within the past two years as reflected on CA District 33's Clinic Attendance record on the cadistrict33.org website- 2020, 2021 or 2022. Manager/Coach Clinic dates in 2023: 1/23/23. **Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the cadistrict33.org website).

2) **Emergency Management/Safety Clinic-** District sponsored or district approved- Same requirements as for Manager/Coach Clinics-At minimum, **one Manager/Coach attends in 2021 and all other coaches on the team must be on District 33's Clinic Attendance record as attending within the past two years- 2020, 2021 or 2022.** Emergency Management/Safety Clinic dates in 2022: 1/23/22. **Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the cadistrict33.org website). Safety Clinic Participant Handouts, and Presenter Notes are available on the cadistrict33.org website.

Concussion Certification

Also see CDC Concussion Youth Sports- All coaches, managers, umpires and league officials must complete the online concussion awareness course through “**Heads Up, Concussion in Youth Sports**” and have proof of attendance- paper certificate or copy of certificate of completion on a mobile device (state law).

Sudden Cardiac Arrest Certification

Also, as per CA State law, AB379 (2019) Coaches and League Officials must be trained in Sudden Cardiac Awareness signs and symptoms and treatment protocols.

Training is available through the **Sudden Cardiac Arrest Course** available for free via the National Federation of High Schools (NFHS), which includes a printable certificate of completion.

Child Abuse Awareness Certification

Additionally, as per federal law, all coaches and managers must complete and be able to show a certificate of training in **child abuse awareness-** “Abuse Awareness for Adults through USA Baseball/SafeSport (direct link on the LittleLeague.org website. This certificate can be kept digitally on a cell phone or mobile device or printed for presentation

Parents: League Participation

1. Parents will be given a copy of the **District 33 Parent Code of Conduct** to read and sign (see included form).
2. A **member of the league board of directors will be present** at every scheduled game, which will be designated as the **Officer on Duty**.
3. The Officer on Duty will be responsible for enforcing proper parent conduct before, during and after games.
4. Offending parents will be removed from the premises if the improper behavior continues.
5. A report will be filed with the board of directors if a parent is asked to leave the premises so that further action can be considered.

Umpire Duties and Responsibilities

Before the Game

1. **Check the field for unsafe conditions by walking it.**
2. Check the equipment in each dugout.
 - Make sure helmets have foam inserts and the helmets meet Little League specifications and bear the NOCSAE Label. Inspect helmets for cracks and damage to padding.
 - Check bats for damage (i.e. cracks, dents, flat spots, loose tape, etc.)Equipment that does not meet specifications must be removed from the game.
3. Make sure all catchers are wearing at least a catcher's helmet while warming up pitchers.
4. Check players for jewelry.
5. Check for Medical Releases for each team.

During The Game

- Govern the game as mandated by Little League Rules.
- No Spectators are allowed on the field at any time during the game.
- Ensure catchers are wearing all the proper equipment (including a cup). Have the player tap the cup.
- Monitor the field for safety hazards and/or obstructions.
- Ensure that players and spectators keep fingers and body parts out of the fence.
- Act as sole judge as to when to sustain or continue play due to weather conditions or visibility conditions (i.e. darkness).

After the Game

- Report any unsafe situations to the League Official on Duty and the League Safety Officer by telephone, email or text.
- Write up any incidents of player/coach/manager misconduct that would warrant discipline by the League Board of Directors. Send this information to the League President and V.P.

Field Inspections and Storage Procedures

Requirement 7:

BERORE THE SEASON STARTS

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

PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your commissioner. Or to the League Safety Officer.

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

STORAGE SHED

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

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

PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			Dugouts	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches' boxes Lined					
Free Of Foreign Objects			Spectator Area	Yes	No
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		

Player Equipment	Yes	No	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		

**REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.
Turn this form into the concession stand or to your division Rep.**

Requirement 8:

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

Concession Stand Guidelines

Requirement 9:

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

Wash your hands regularly:

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

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

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

Basic Rules:

1. Menu... smaller is better. No salads cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one a top of the other and lids should be off or afar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**
5. **FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.**
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
7. Food handling: Avoid hand contact with raw food, ready-to-eat foods, and food contact surfaces. Use a utensil and/or glove.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
9. Ice that is used to cool cans/bottles should not be used in cup beverages. And should be stored separately. Use scoop to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.
11. Insect control and waste. Keep foods covered to protect from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms, do not pour outside. All water that is used should be potable from and approved source.
12. Keep food stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

THE TOP SIX CAUSES FOR ILLNESS

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

Concession Stand Tips

SAFETY FIRST

Requirement 9

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

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

1. **Menu:** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, greens, salads, cut fruits and vegetables, etc.) to a minimum. Avoid using pre-cooked foods or leftovers. The only foods from approved sources, including foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 147° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F; poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. **Reheating:** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over stoves with other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. **Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (50% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or far when the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allow only hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. **Hand Washing:** Frequent and thorough hand washing remains the first line of defense in preventing foodborne illness. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.

6. **Health and Hygiene:** Only healthy workers should prepare and serve food. Advise your staff about symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended for all workers handling up on food products.

7. **Food Handling:** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. **Disinfecting:** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

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

9. **Ice:** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

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

11. **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from food. Place garbage and paper waste in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. **Food Storage and Cleanliness:** Keep foods stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard unusable food.


13. **Set a Minimum Worker Age:** Leagues should set a minimum age for workers or to be in the stand, in many states this is 16 or 17, due to potential hazards with various equipment.

Safety plans must be posted and not later than May 1st.


Volunteers Must Wash Hands

HOW


Wet
warm water



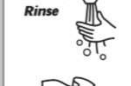
Wash
20 seconds
Use soap




Rinse



Dry
Use single-service paper towels



Gloves



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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


If you wear gloves:

- wash your hands before you put on new gloves.

Change them:

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

Developed by the United States National Education Program with support from the U.S. Dept. of Health and Human Services in cooperation with the Department of Agriculture (Cooperating). When a minimum age is set, it is subject to change without notice.



Inspection of Equipment

Requirement 10:

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

Accident Reporting Procedure

Requirement 11:

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

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

The Safety Officer is

NAME: **Janna Ferraro**
Cell Number: **619-847-9462**
Home Number: **619-847-9462**
Email: janna.ferraro@missiontrailssl.com

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

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

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

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

FIRST AID KITS

Requirement 12:

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

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

Communicable Disease Procedures

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

Enforcement of Little League Rules

Requirement 13:

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.

- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

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




(Photos from North Scott, Iowa, Little League)

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

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

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

Coach, Please Let Players Catch!



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

RULE 9.09
*...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."



HAVE YOU:

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



Make Sure They Are Safe!

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

RULE 5.11
*...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Consider

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

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

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

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

First Aid for a Lightning Victim:

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

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

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

Hydration

***Managers are required to bring water to each practice and game.
Players are encouraged to bring bottled water or sports drinks.***

Tips to Prevent Heat Illness:

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

How is it treated?

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

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



Submitting Player, Manager and Coach Data

Requirement 14:

Player, Manager, and Coach information will be submitted through the Little League Data Center at www.littleleague.org by April 1, 2023, or two weeks following the draft.

Requirement 15:

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

Concussions

MISSION TRAILS LITTLE LEAGUE

CONCUSSION INFORMATION SHEET FOR PARENTS AND PLAYERS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the signs listed below yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion. The individual may report symptoms, you observe signs:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality changes

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon-while the brain is still healing- risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- Tell your child's manager about any recent concussion. Managers should be informed if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell him or her.

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed from activity may not return to play or practice until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!

Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____ Date _____

Athlete Name (print) _____

Parent or Legal Guardian Signature _____ Date _____

Parent or Legal Guardian Name (print) _____

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

**ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS
Information Sheet – Acknowledgement of Receipt and Review**

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of young people, too. However, the causes of sudden cardiac arrest in youth and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. **SCA is not a heart attack.** A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is Sudden Cardiac Arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 people under 25 die of SCA each year. Sudden cardiac arrest is the #1 cause of death for student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may experience symptoms, such as:

- Fainting or seizures during exercise Unexplained shortness of breath
- Dizziness Extreme fatigue
- Chest pains Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parent or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;
Fainting or seizures during exercise Unexplained shortness of breath
Dizziness Extreme fatigue
Chest pains Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.

Page 1 of 2, signatures required on second page

What are the risks of practicing or playing after experiencing symptoms of SCA?

There are risks associated with continuing to practice or play after experiencing SCA symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

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- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;

Fainting or seizures during exercise	Unexplained shortness of breath
Dizziness	Extreme fatigue
Chest pains	Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.

		/ /
Signature of Athlete	Print name of Athlete	Date

		/ /
Signature of Parent/Guardian	Print name of Parent/Guardian	Date

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

Safe Sports Act

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

USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

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

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



Completion Certificate

Valarie Walton
has successfully completed

Concussion In Sports

11/23/2020
Date of Completion

Nevada
State of Completion

Dr. Karina L. Nickoff
NFHS Executive Director

586E3395F27E
Completion Code

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



Certificate of Completion

USA BASEBALL

THIS CERTIFICATE IS AWARDED TO:
Valarie Walton
fwalton@live.com

FOR SUCCESSFULLY COMPLETING
Abuse Awareness for Adults



Completion Code: 27fa09a1-6d6f-4ee0-909f-188c522! Completion Date: 07/09/2019

LITTLE LEAGUE[®] BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS



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

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 25 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. Notified 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.
- B. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
					Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (inc. Area Code)		Bus. Phone (inc. Area Code)
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

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

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

Check all applicable responses in each column:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (8-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | <input type="checkbox"/> SPECIAL GAME(S)
(Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> SENIOR (10/11/12-13/14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (13-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (15-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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

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

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

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

Date _____ Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: [] [] [] [] [] [] Business: [] [] [] [] [] [] Fax: [] [] [] [] [] []

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TOP/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional? At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
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D-33 Parent Code of Conduct

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, vaping products and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature _____

Parent/Guardian Signature _____