

Mission Peak Little League



“Where Safety comes First”
2026 Safety Plan

League ID #:4051403

Mission Peak Little League Safety Program - 2026

Mission Peak 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.

2026 Board of Directors

Title	Name	Phone Number
Chris Hughes	League President	650-296-1488
Inder Chahal	League Player Agent / Vice-President	510-299-0730
Mubeen Naithy	League Treasurer	510-449-4383
Mike Braham	League Safety Officer	510-851-1533
Mark Davis	League Umpire in Chief	510-299-0076
Vijai Shankar	Chief PA	408-242-6029
Tristen Stephan	Coaching coordinator	510-396-3507
Tamah Vega	Communications	510-676-8710
Khatrina Garcia	Concessions Manager	408-836-0961
Bilal Rizvi	League PA - Farm/T-Ball	513-807-0786
Ben Sorci	Fundraising	510-909-2299
Ash Patel		510-673-5455
Neeraj Ahuja		510-366-9849
Veeraraghavan Natarajan		408-239-3458
Trinity Taylor	Secretary	510-563-9406
Solon Yang	Treasure/Website	415-844-0212

Distribution of Safety Manual

- All board members (via email)
- All managers and coaches (paper/email)
- Safety manual will be available on MPLL website

EMERGENCY PHONE NUMBERS

Police Emergencies	911
Police Business (Non-Emergency)	510-790-6800
Fire Business (Non-Emergency)	510-494-4200
Police Business	510-790-6800
Poison Control	1-800-222-1222
Animal Control	510-790-6630
Child Protective Services	510-259-1800
Poison Control	1-800-222-1222 or 1-800-972-3323
MPLL Safety Officer: Rohini C	303-931-2595

District 14 Little League Administrator - Bruce Marcellus – 510-501- 5769

District 14 Safety Coordinator - Stephanie Tsao – 510-304-8458

email - callbaseballvp.com@yahoo.com

MPLL Field Locations:

Physical Locations:
47370 Warm Springs Blvd,
Fremont, CA 94539

503 Lemos Ln,
Fremont, CA, 94539

NEIGHBORING HOSPITALS

Washington Hospital
PHONE NUMBER: (510) 797-1111

Kaiser Permanente Hospital
PHONE NUMBER: (510) 248-3000


Palo Alto Medical
PHONE NUMBER: (510) 490-1222

Background Checks

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 from 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.

The forms can be found via this link - <https://www.littleleague.org/forms-publications/#asap>

Fingerprinting information - California ORI#: AT725California ORI Literal: CAYOWARM SPRINGS LITT LEA



Little League® Volunteer Application – 2025
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. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.
Visit [LittleLeague.org/LocalBGcheck](https://www.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
(If volunteer answered yes to Question 4, the local league must contact Little League International.)

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 Little League International.)

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 Little League International.)

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

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

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

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

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

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

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

☐ JDP Background Check Completed (Includes review of the US, Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

*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.

☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.
Mandatory Training Course is available at [LittleLeague.org/AbuseAwareness](https://www.littleleague.org/AbuseAwareness)

Last Updated: 12/4/2024

League Training Dates and Times

	Date	Location
Coach Fundamental Training:	2/7/2026	Gomes Club House

Coaches and Managers will have access to Big Al's coaching account free of charge.

	Date	Location
Safety Manual & First-Aid Training:	2/7/2026	Gomes Club House

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.

Field Inspections and Storage Procedures

BEFORE 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			AED is available		
Athletic Cups (boys)			Ice Pack/Ice		
Full Uniform			Safety Manual		
Bats Meet Standards			Injury Report Forms		

REPORT ANY PROBLEMS TO YOUR PLAYER AGENT OR SAFETY OFFICER or

Info@Missonpeakbaseball.org

Turn this form into the concession stand or to your division Rep.

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

Code of Conduct

1. ***SPEED LIMIT 5 MPH*** in roadways and parking lots while attending any MPLL function. Watch for children at all times.
2. ***NO ALCOHOL ALLOWED*** in any parking lot, field, or common areas within the MPLL complex or school grounds.
3. ***NO SMOKING ALLOWED*** within the MPLL complex or school grounds. Smoking only permitted in the parking lot behind the green fence (beyond the batting cages).
4. ***Be RESPECTFUL and COURTEOUS*** to our neighbors. Do not block driveways or park in restricted spaces.
5. ***No playing in parking lots and/or between cars*** at any time.
6. ***No playing on and around lawn or field equipment*** while moving or stationary.
7. ***No person without a valid driver's license is allowed to drive the utility vehicle or riding lawn mower.***
8. ***Use crosswalks*** when crossing roadways. Always be alert for traffic.
9. ***No profanity*** please.
10. ***No swinging bats*** or throwing baseballs at any time within the walkways and common areas of the MPLL complex.
11. ***No throwing balls*** against dugouts or against backstop. Catchers must be used for all batting practice sessions.
12. ***No throwing or hitting*** rocks.
13. ***No horseplay*** in walkways at any time.
14. ***No climbing*** fences or trees.
15. ***No pets without a leash*** are permitted at MPLL games or practices.
16. ***Only a player on the field*** and at bat may swing a bat (Age 4 - 12). Juniors (Age 13) on the field at bat or on deck may swing a bat. Be alert of the area around you when swinging a bat while in the on-deck position.
17. ***Observe and follow all posted signs.*** Players and spectators should be ***alert*** at all times for ***Foul Balls and Errant Throws.***
18. ***During games***, players must remain in the dugout area in an orderly fashion at all times.
19. No food is allowed in the dugout during a game. Only water/sports drinks are allowed.

20. *After each game, each team must clean up trash* in the dugout and around the stands.
21. *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.
22. *No children under the age of 14* are permitted in the Snack Bar without adult supervision.
23. *Failure to comply with the above may result in expulsion from the MPLL field or complex.*
24. Home Team coaches and umpires must walk the field for all hazards before use. Look for rocks, glass, holes, etc. Items that can be fixed in the moment should be emailed to INFO@MissionPeakbaseball.org
25. MPLL goes to great lengths to provide as much training as possible. Attend as many of the Safety and Coaching Coordinator clinics as possible. Mandatory Coaches First Aid & proper mechanics/fundamentals orientation, and Little League philosophy are scheduled annually.
26. Report all hazardous conditions to the Safety Officer or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment.
27. Be sure your players are fully equipped at all times, especially catchers and batters. Managers and/or coaches should check team's equipment often.
28. Remember, **SAFETY IS EVERYONE'S JOB**. Prevention is the key to reducing accidents to a minimum.

Batting Cage Rules

Batting Cages are for use by NCLL players and coaches ONLY. All other players, coaches, persons who are NOT members of NCLL are prohibited from using the batting cages at any time, unless they receive prior written permission from the NCLL Board of Directors.

- Each team must have 2 adults minimum for their batting cage session:

One (1) authorized NCLL Coach to pitch or feed balls into the pitching machine.

One (1) adult to monitor the players outside the cages

- No more than 2 players are allowed inside the gate during a batting session:

One (1) player batting (wearing a helmet)

One (1) player should be waiting behind the safety fence inside the gate (wearing a helmet)

A facemask must be attached to the helmet when the pitching machine is in use.

- All other players must wait/watch from outside the gate.
- Batting Cage door must be closed when batting practice is in session.
- All players with a bat in their hand MUST be wearing a batting helmet. If using a pitching machine inside the batting cage the helmet must have a facemask attached....NO EXCEPTIONS.

**DO NOT SWING BATS OUTSIDE THE BATTING
CAGE...EVER!**

Concession Stand Guidelines

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, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or additives. Use only foods from approved sources, avoiding 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 165° 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 or 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 (80% 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 air until the food is completely cooled. Check temperatures periodically to see if the food is cooling properly. Allowing 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 disease. 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. Anyone who shows symptoms of disease (cough, sneeze, 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 to prevent hair ending up in 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. Transport food with bare hands can transfer germs to food.
8. **Dishwashing.** 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 foods. 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 six inches. After your event is finished, clean the concession area and discard unusable food.
13. **Set a Minimum Worker Age.** Legions should set a minimum age for workers or to be in the stand, in many states this is 16 or 18, due to potential hazards with various equipment.

Safety please must be promulgated no later than May 1st.

4 January/February 2004

Volunteers Must Wash Hands

HOW

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 UM-Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the National Food Safety Education Initiative. UM-Extension Department of Agriculture Cooperative Extension System. UM-Extension provides equal opportunity in programs and employment.

UM-EXTENSION

MPLL 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

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: Rohini Chadha / Pradeep Srinivasan
Cell Number: 303-931-2595 / 513/258-3337
Email: rohini@MPLL.org / prdpvsn@gmail.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 <http://www.littleleague.org/> found under forms and publications.

FIRST AID KITS

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

- 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...
- Managers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time... (rule 3.09)
- 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, Nukes
*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 3.09
*...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."

HEY COACH



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."

***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.



All 50 states have laws specific to the management of concussions and head injuries. Some states require not just leagues but DA's, ADA's, and umpires to undergo annual training.

- Some states may affect only school-based activities, but many also address any group using school facilities or grounds for athletic purposes.
- Little League has developed a concussion overview page for each state that will be similar to the Child Abuse page.
- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • www.cdc.gov/concussion/HeadsUp/youth.html Concussions
- DA's must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the District.
- Failure to adhere to these laws could expose the District and/or host to unwanted liability and penalties • Some states require that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate
- The majority of states also require immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

CONCUSSION Information Sheet

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

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

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to www.cdc.gov/HEADSUP

 Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

HEADS UP CONCUSSION

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

Mission Peak Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Mission Peak Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:

a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,

b) Complete the CDC on-line training course at:

<https://www.train.org/cdctrain/course/1089818/>

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:

a. Be immediately removed from the game or event; and

b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

**Mission Peak Little League Concussion Prevention, Management and Treatment Policy
Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Mission Peak Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: _____
Player

Dated: _____
Parent/Legal Guardian Parent/Legal Guardian

LEAGUE USE: Division: _____ Team: _____

Mandatory - Adult Abuse Awareness Training

Child Abuse

MPLL is committed to preventing any and all forms of child abuse, including emotional, physical, and sexual abuse. We have a zero-tolerance policy for any behavior that is consistent with any type of child abuse or exploitation. In accordance with requirements by the SafeSport Act, California State Law, and Little League International, MPLL adopts the following policies:

A. Reporting of abuse involving a minor to the proper authorities:

1. All volunteers of MPLL are now mandated reporters and must complete a “Volunteer Application”.
2. All volunteers are required to undergo a background check that utilizes national sex offender registry and criminal record databases. MPLL’s background check process will be in accordance with Little League Regulation on background checks and California State’s Law on Background Checks.
3. **If you suspect a case of child abuse within our league, seek help immediately.** Call 911 If the child needs immediate medical attention. Report suspected child abuse, including sexual abuse, within 24 hours to any police department, sheriff’s department, county probation department, or the county welfare department and the MPLL President. The Alameda County Emergency Response Child Abuse Reporting Telephone Number is (510) 259-1800. The MPLL President will notify the District 14 Administrator.
4. Volunteers could face criminal charges if they or the league choose to ignore, or not report to the proper authorities, any act of child abuse, including sexual abuse, within 24 hours.

B. MPLL prohibits retaliation on “good faith” reports of child abuse. Any MPLL member that retaliates against a person or persons who made a good faith report of actual or suspected child abuse will be subject to disciplinary action up to and including dismissal.

C. To the greatest extent possible, the presence of at least two mandated reporters whenever administrators, employees, or volunteers are in contact with, or supervising children (CA B&P Division 8, Chapter 2.9).

D. MPLL requires all board members, team members and volunteers to complete the Abuse Awareness for Adults training provided by USA Baseball and SafeSport on an annual basis. All other MPLL volunteers are highly encouraged to complete this training.

Overview

Child abuse consists of any intentional harm or mistreatment to a child under 18 years of age. There are different types of child abuse, which often occur at the same time.

- **Physical abuse.** This occurs when a child is purposely physically injured or put at risk of harm by another person.
- **Sexual abuse.** This is any sexual activity with a child, such as fondling, oral-genital contact, intercourse, exploitation or exposure to child pornography.
- **Emotional abuse.** This means injuring a child's self-esteem or emotional well-being. It includes verbal and emotional assault, such as continually belittling or berating a child, as well as isolating, ignoring or rejecting a child.
- **Medical abuse.** Medical child abuse occurs when someone gives false information about illness in a child that requires medical attention. This puts the child at risk for unnecessary medical care and injury.
- **Neglect.** This is the failure to provide adequate food, shelter, affection, supervision, education, or dental or medical care.

It is very common for child abuse to be perpetrated by someone the child knows and trusts, often a parent or other relative.

Symptoms of Abuse

A child who is being abused may feel guilty, ashamed, or confused. The child may be afraid to tell anyone about the abuse, especially if the abuser is a family member or friend. For this reason, it is vital to watch for the following:

Red flags of Abuse

- Withdrawal from friends or usual activities
- Changes in behavior, such as aggression, anger, hostility or hyperactivity or changes in performance (eg, school, sports)
- Depression, anxiety or unusual fears, or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school or sports
- Reluctance to leave activities, as if he or she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behavior
- Self-harm or attempts at suicide

Specific signs and symptoms depend on the type of abuse and can vary. Remember that warning signs are just that – warning signs. The presence of warning signs does not necessarily mean that a child is being abused.

Physical abuse signs and symptoms:

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation

Sexual abuse signs and symptoms:

- Sexual behavior or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection
- Blood on the child's underwear
- Statements that he or she was sexually abused
- Inappropriate sexual contact with other children

Emotional abuse signs and symptoms:

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school or other activities
- Loss of previously acquired developmental skills

Neglect signs and symptoms

- Poor growth, weight gain or being overweight
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Hiding food for later

- Poor record of school attendance
- Lack of appropriate attention for medical, dental, or psychological problems or lack of necessary follow-up care

Parental behavior warning signs:

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Blames the child for the problems
- Consistently belittles or berates the child, and describes the child with negative terms
- Expects the child to provide him/her with attention and care and seems jealous of other family members getting attention from the child
- Uses harsh physical discipline
- Demands inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all

Reference: Adapted from Mayo Clinic: Child Abuse. Retrieved from <https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864> on January 21, 2019.

California mandated reporting easy steps...

What must be reported and how to report!

What Must be Reported

Any of the below acts involving anyone under the age of 18:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

The mandated reporter must only have **reasonable suspicion** that a child has been mistreated; no evidence or proof is required prior to making a report. The case will be further investigated by law enforcement and/or child welfare services.

How To Report



By Phone

Immediately, or as soon as possible, make a telephone report to child welfare services and/or to a Police or Sheriff's department.

- | | |
|-----------------------------------|--|
| 1. Child Welfare Services Phone # | <u>(510)259-1800 (24 hour hotline)</u> |
| 2. Police Department Phone # | <u>(510)790-6800</u> |
| 3. Sheriff's Department Phone # | <u>(510)272-6878</u> |



In Writing

Within 36 hours, a written report must be sent, faxed or submitted electronically. The written report should be completed on a state form called the 8572, which can be downloaded at: https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

Other Information

Safeguards for Mandated Reporters:

- The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
- Under state law, mandated reporters cannot be held liable in civil or criminal court when reporting as required; however, under federal law mandated reporters only have immunity for reports made in good faith.

Failure to report:

- Failure to report concerns of child abuse or neglect is considered a misdemeanor and is punishable in California by six months in jail and/or up to a \$1,000 fine.
- For the complete law and a list of mandated reporters refer to California Penal Codes 1664-11174.3.

This document and Mandated Reporting information can be found at
www.mandatedreporterca.com



Directions for Abuse Awareness for Adults Course Completion LITTLE LEAGUE

USA Baseball's BASE (Baseball Athlete Safety Education) program is a zero-tolerance campaign for any type of abuse within the sport of baseball. All Little League coaches and volunteers are required to complete the Abuse Awareness for Adults course. Please follow the instructions below to complete the course.

More information including the USA Baseball Ineligible List and the Online Reporting Form for abuse within the sport can be found at www.USABASE.org. Please contact Develops@USABaseball.com if you need additional support.

1. Create an Account or Sign in to USABDevelops.com

- a) Go to USABDevelops.com or the download the [USA Baseball App](#).
- b) Click "Sign in/Register"
- c) Enter all required information
- d) Select your league from the "Little League – Local Leagues" drop-down menu and click "+Join"
 - a. If you have an existing account, click your name in the top right corner, select MY ACCOUNT, and then UPDATE MY PROFILE to link your account with your local Little League.

2. Complete Abuse Awareness for Adults course*

- a) Click EDUCATION
- b) Select COURSES
- c) Click "Abuse Awareness for Adults"→"+Enroll"→"Go to Course"
- d) Complete the course

***If you have completed the Abuse Awareness for Adults course in the past and need an updated certificate, please select the Restart Course button.**

- a) Click your name in the top right corner and select MY ACCOUNT
- b) Select COURSES
- c) Scroll to the Abuse Awareness for Adults course and click RESTART COURSE

3. Download Certificate

- a) Click your name in the top right corner and select MY ACCOUNT
- b) Select COURSES
- c) Scroll to the Abuse Awareness for Adults course and click DOWNLOAD CERTIFICATE

Automated External Defibrillator (AED)

The AED is stored in a clearly marked storage cabinet located inside the Major's Field's Score Booth mounted on the far wall. The AED Plus® Fully Automated External Defibrillator Operator's Guide (Appendix K) can be found in the AED storage bag.

Device Type: Zoll Fully Automatic AED Plus

Date of Purchase: 10/9/2023

Device Serial Number(s): X231692936

Once monthly, the AED needs to be checked by the Safety Officer for the following:

1. Good condition and appearance of the green check symbol in the status indicator window.
2. Check the expiration date of the pediatric pads which need to be replaced every 18 months.
3. Check the expiration date of the adult pads which need to be replaced every 18 months.
4. Change battery according to unit prompt.
5. Document these checks in the MPLL Safety Equipment Log (See Appendix H) which is kept in the Safety Binder in the Snack Shack.

Fingerprinting Policy

The Fingerprint background check requirement is in effect as of January 1, 2025

Fingerprinting must be completed by all volunteers and administrators who have direct contact with or supervise youth more than 16 hours a month or 32 hours a year (CA Business and Professions code, Division 8, Chapter 2.9). Fingerprinting will be done utilizing a LiveScan system which submits fingerprints to CA DOJ. The cost of fingerprints will be paid by MPLL for all volunteers requiring fingerprinting. During the fingerprinting process, MPLL must be identified as requiring updated alerts should a subsequent event occur involving the volunteer that would generate a notice from CA DOJ. MPLL must notify the state when a volunteer is no longer volunteering in the organization.

It is MPLL's intention to fully comply with the amended California Business and Professions Code subsection 2.9 "Youth Service Organizations" requiring fingerprinting for some of MPLL's volunteers. The following list identifies volunteers who will and will not be required to be fingerprinted. At the discretion of the MPLL League President, other league volunteers or league positions may be identified that are required to be fingerprinted to comply with California law.

Required to LiveScan for MPLL:

- Board member, Managers, Coaches
- Non-voting board members with consistent field presence
- Home plate umpires (substitutes who will not reach the legal hour requirement for LiveScan can be exempted at the direction of the League President)
- On-field volunteers (practice and/or games)
- Safety parent/bleacher parent/Team Parent
- Snack Shack Supervisors

NOT required to LiveScan:

- Scorekeepers
- Volunteer base umpires
- Snack shack volunteers
- Field maintenance/field prep crew

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.
- ***Abuse awareness / mandatory reporter training is now mandatory for volunteers in CA. You can use the USA Baseball / SafeSport training, or it appears there is a mandatory reporter training offered through the state.***
- ***The SafeSport training is free –***
 - o <https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>
 - o <https://www.usabdevelops.com/ItemDetail?iProductCode=OCAAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>

A couple of additional resources:

- Free online First Aid Fundamentals training from USA Baseball is available [here](#). First Aid training for managers and coaches is required every 3 years, but at least one manager or coach from each team must attend each year.
- Free CDC Concussion Training is available [here](#). All managers, coaches, umpires, and league administrators must complete this training annually under CA law. Administrators includes league board members.

Certificate of Completion



THIS CERTIFICATE IS AWARDED TO:

Rohini Chadha

rohini@wsll.org

FOR SUCCESSFULLY COMPLETING

Basic First Aid



Completion Code: 24445b5b-6237-4213-b7ea-53d514

Completion Date: 01/24/2021

Accident Notification Form Page 1 (Parent/Guardian Statement)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	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	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (12/13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

Accident Notification Form Page 2 (League Use Only)

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

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

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

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



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

Player: _____ Date of Birth: _____ Gender (M/F): _____
Parent(s)/Legal Guardian Name: _____ Relationship: _____
Parent(s)/Legal Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

