



## **2025 Coaches/Safety Meeting:**

**All Managers, Coaches, Volunteers, League Officers,  
Elected Board Members, Concession Workers,  
Facilities Crew, etc.**

**This Safety manual will also be posted on the leagues website for all  
personnel to access at any time.**

**West Babylon Little League**

**League I.D.# 231-34-12**

**District 34**

**Email: [littleleaguestbabylon@gmail.com](mailto:littleleaguestbabylon@gmail.com)**

P.O. Box 1545

West Babylon, NY 11704

[www.westbabylonlittleleague.org](http://www.westbabylonlittleleague.org)

## **Key Official & Emergency Phone Numbers:**

### **Little League Board:**

WBLL Board President: TJ Sullo, (631) 612-0941

Email: [littleleaguewestbabylon@gmail.com](mailto:littleleaguewestbabylon@gmail.com)

Vice President; Baseball: Jason Dluginski, (631) 926-8482

Email: [littleleaguewbvp@gmail.com](mailto:littleleaguewbvp@gmail.com)

Vice President; Softball; Matt Amore, (631)806-3190

Email: [vpsoftballwbl@gmail.com](mailto:vpsoftballwbl@gmail.com)

Treasurer: Kim Sullo (xxx) xxx-xxxx

Email: [Treasurerwestbabylonll@gmail.com](mailto:Treasurerwestbabylonll@gmail.com)

Secretary: Nicole Dluginski (xxx) xxx-xxxx

Email: [westbabllsecretary@gmail.com](mailto:westbabllsecretary@gmail.com)

Player Agent: Brian Maire (xxx) xxx-xxxx

Email: [playeragent.wbl@gmail.com](mailto:playeragent.wbl@gmail.com)

Coaching Coordinator: William Filliberto (xxx) xxx-xxxx

Email:

Equipment Manager: Jason Dluginski (xxx) xxx-xxxx

Email: [wbllequipment@gmail.com](mailto:wbllequipment@gmail.com)

Safety Officer: Anthony Lauro (516) 351-2067

Email: [safteyofficerwbl@gmail.com](mailto:safteyofficerwbl@gmail.com)

### **Emergency Numbers:**

**Police, 1ST Precinct: (631) 854-8100**

**West Babylon Fire Department: (631) 226-1212**

**In Case Of Emergency: 911**

**Volunteers:**

- All key WBLL volunteers shall be required to complete the Little League "Volunteer Application" form with a government-issued photo identification card for ID verification,
- Must conduct a nationwide background check utilizing JDP. Anyone refusing to fill out a Volunteer Application is ineligible to be a league member.
- All individuals who complete the volunteer application to complete the required annual abuse awareness training through the Little League Abuse Awareness Course, available at [LittleLeague.org/Abuse Awareness](http://LittleLeague.org/Abuse Awareness).

**Managers/Coaches**

- WBLL managers shall download the Little League (Baseball or Softball) Official Regulations and Playing Rules APP from Little League Internationals Website before the season starts.
- Local League Rules and Regulations: Can be found on Leagues website.
- The manager should also maintain
  - a call list for volunteers who will assist with game operations.
  - roster of players that denotes family contact information and league ages, game schedule, medical forms, contact information for league officials, and a cell phone.
  -
- WBLL managers and coaches shall ensure that all players use personal protective equipment, when necessary, check their team equipment to ensure proper fit and is safe for the players to use.
- WBLL managers and coaches shall check equipment before each game and report any equipment that needs to be taken out of service to the Equipment Manager.
- WBLL managers and coaches shall remove any unsafe equipment from the game and turn it into the WBLL at the end of the game. (EXCEPTION -immediate replacement or repair shall occur when a piece of equipment is needed in order to continue play.)
- The WBLL managers and coaches are responsible for the actions of their players both on the field and in the dugout.
- Players who are ejected, ill or injured during game or practice play should remain under supervision by a manager, coach, parent helper or Board member until released to a parent or guardian.
- The use of any tobacco product and/or alcoholic beverages in any form are prohibited on any of the playing/practice facilities, school fields, benches, dugout, parking lots, or playing area complex.
- Tips and training videos can be found on league's site under DID YOU KNOW
- No Gum, seeds or alcoholic

WBLL managers and coaches shall avoid at all costs child abuse including neglect. Neglect is defined as ignoring a child who needs to develop skills. Verbal abuse is the demeaning of a child until him/her withdraws or suffers diminished self-esteem. Physical abuse is the striking of a child or other intentional acts, which may cause physical harm such as hitting harder balls at a child until a skill is mastered.

**Mandatory Training & Continuing Education: Annually require all volunteers to complete the Little League Abuse Awareness Course.**

**Mandatory Reporting Requirements:** Report Child Abuse, including sexual abuse involving a minor, to the proper authorities with 24 hours.

Fundamentals Training is required with at least one coach or manager from each team attending (Fundamentals includes: hitting, sliding, fielding, pitching, etc.) (At least once every 3 years). First-Aid Training is required, with at least one coach or manager from each team attending (At least once every 3 years). Coaches/Managers/Umpires are required to walk fields for hazards before each use.

- Bat rules: Can be found on League's website
  - Must be stamped saying USA BASEBALL
  - The bat diameter shall not exceed 2 $\frac{5}{8}$ "
  - T-Ball and Sandlot use T-Ball bat 26" and shorter, USA BASEBALL, and text which reads ONLY FOR USE WITH APPROVED TEE BALLS.
  - No cleats in T-Ball or Sandlot. No metal cleats at all. Turf cleats only at Sawyer.
  
- Only 4 adults, the manager and 3 coaches, will be allowed inside the fenced area. All adults invited inside the fenced area by the manager must have completed and filed a volunteer form with the WBLL.
  - At Bat:
    - One adult in the dugout always.
    - One adult coaching first base.
    - One adult coaching third base.
    - One adult catching and instructing the batters.
  - In Field:
    - One adult in the dugout always.
    - Three remaining adults are on the field to instruct the fielders. Suggested locations would be one on the pitcher's mound and two in the outfield.
  
- All players that come to the game should be included in the lineup.
- Lineups should be rotated from game to game to allow all players the opportunity to hit in all places throughout the lineup from top to bottom.
- Every player should be given the opportunity to play both outfield and infield during a game and the opportunity to play every position during the season.
- A maximum of 10 players should be in the field – no more than 6 infielders, which includes the pitcher's position. Only one player should be positioned on the pitcher's mound.
- The game length is 45min- 1 hour. Play as many innings as you can in the allotted time and do not keep score.

**Sandlot:**

- A maximum of 5 pitches utilizing Coach Pitch is allowed for each batter. After 5 pitches you must revert to using a tee.
- All players must hit off the tee. A player bats until he has struck the ball into fair territory.
- There are no strikeouts.

- Bunting is not permitted.  
No leading off or stealing any base.  
The infield fly rule is not in effect.  
Sandlot Coaches will pitch from 1 knee in front of the pitching mound.

**T-Ball:**

- All players must hit off the tee.
- A player bats until he has struck the ball into fair territory. After 5 unsuccessful swings, the coach/catcher will assist the batter in hand over hand fashion.
- An inning ends when every player in the lineup has come to the plate for an at bat.
- There are no strikeouts.
- Players, both batters and base runners, may only advance one base on any batted ball.
- All players remain on base to run the bases.
- No Sliding, leading off or stealing any base.
- No Defensive outs
- No Bunting
- No Infield Fly Rule

**League's ASAP Plan:**

- A full copy can be found on the website and should be printed and kept in coaches bag.
- League has a safety program in place that has been approved by Little League International. Provide each manager with a copy of the plan, or make it clear where they can go to review the plan. Take the time to explain how the ASAP program works and how effects them.

**Safety and First-Aid:**

- All WBLL teams will be issued a team's first aid kit and dry cold packs. Coaches shall ensure the first aid kit is available at all home or away games as well as practices.
  - Coaches shall obtain replenishment first aid supplies from the Safety Officer or at the concession stands. The concession stands will have a more advanced Kit. In the event of a serious injury requiring emergency or Ambulance care at any home field; the West Babylon Fire Department shall be contacted at (631) 226-1212 or 911.
- **Does every coach have a code to brick house?**
- We have two AED's one located at Sawyer complex, and the second at Pape field complex. We recommend that Managers and Coaches receive this training.
- WBLL managers/coaches shall promptly report all incidents of injury or accident within (24) hours to the Safety Director, WBLL President, WBLL Vice President or a WBLL Executive Board Member. WBLL requires prompt reporting of any accident. The League will use the provided accident reporting form and tracking form from Little League website. The WBLL President or Safety Officer shall submit an Incident Report to the District 34 Safety Director within three Calendar days.
- Found on League's website:
  - Medical release form
  - Accident report
  - Incident Injury Form

**Inclement Weather and Game Cancellation Policy:**

WBLL Requires field inspections before games and practices. In the event of lightning, a WBLL game or practice shall immediately be suspended. A (15) minute minimum waiting period with no additional lightning shall be observed prior to commencement of the game or practice.

**Field Conditions:**

All fields will be visually inspected daily for any obstructions, holes, foreign objects {e.g... glass, litter, etc.) or other conditions in need of correction prior to game commencement.

**Batting Machines/Cages:**

Any WBLL team or player under the direct supervision of either the WBLL team manager, coach or WBLL Board member may use batting cages or portable pitching machines.

- Lock code/key?

**WBLL Issued Player Equipment:**

All WBLL equipment shall be inspected for safety and conformance to Little League Baseball Incorporated Official Regulations and Rules, either by the Equipment Manager, Safety Director or other WBLL Board member, or Coach. Any equipment found to be unusable, defective, or non-conforming to Little League regulations shall be removed from the playing field immediately.

**Player's Personal Equipment:**

Any player using their own equipment (e.g. helmets, bats, mandatory catcher's equipment etc.) must have the equipment inspected prior to use in a game. The equipment must meet Little League specifications and standards. Any personal equipment that does not meet the Little League specifications or standards shall be removed from the playing field and the game will be stopped until the equipment is removed from the field. Cleats must meet divisional standards and players shall not wear metal cleats at any Little League level.

**Player Safety:**

- Each player shall conduct him/herself in a safe manner at all times.
- WBLL Managers will immediately take necessary corrective action for safety violators. Repetitive violators of safety rules are subject to disciplinary action including suspension.
- An offensive player must wear a Little League Baseball Incorporated approved helmet (i.e. NOCSAE) once he or she leaves the dugout to become a batter or base runner. The batter/runner is required to keep the helmet on at all times until the player returns to the dugout.
- Players shall not wear watches, rings, pins, jewelry or other metal objects at any time during practice or game play.
- Parents of players who wear eye glasses shall be encouraged to provide safety glasses.
- Players shall not eat or drink while on the playing field.
- All players must be in the dugout and behind the protective screen when they are not at the plate. No player shall be permitted to stand in the dugout opening to the field.
- On-deck batters are not permitted below the Junior/Senior/Big League playing level (i.e. Tee Ball, Minor or Major Divisions). Batting donuts are not permitted.
- If a WBLL player, offensive or defensive, is struck in the head with a thrown or batted ball, please refer to the concussion policy.
- Male players are required to wear a protective athletic supporter during games All WBLL players must use a heart guard.

- Again, no metal cleats are permitted at any WBLL playing level below Junior/Senior/Big league levels.

**Runners:**

- All players shall be instructed in the proper technique to minimize the risk of injury.
- All players shall be instructed as base runners to avoid contact with fielders. A base runner has three options: to avoid contact, slide or give themselves up (the so called Pete Rose Rule) so as to avoid contact with fielders and to minimize the risk of injury. Players intentionally barreling into a fielder are subject to ejection by the umpire.
- All players shall be instructed that except when a runner is returning to a base, head first sliding is not permitted.
- All players shall be instructed that sliding into first base is prohibited at WBLL games and practices.
- All players shall be instructed to make contact with the orange part of the safety first base when utilized.

**Spectators:**

All spectators will conduct themselves in a sportsmanlike manner at all times. Loud or violent conduct will not be tolerated under any circumstances. No alcoholic beverages or tobacco products are permitted inside WB parks, school fields, or any other playing fields during practice or game play. Only players, managers, coaches, and umpires are permitted on the playing field during game play or practice.





# 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/LocalB@check](http://LittleLeague.org/LocalB@check) 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 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](http://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 law 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](http://LittleLeague.org/AbuseAwareness)

Last Updated: 12/4/2024





## **HEY COACH, HAVE YOU:**

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



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

League Name			League I.D.		
PART 1					
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) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   |   |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |   |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |   |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |   |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |   |

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 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
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## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

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

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

### TREATMENT OF DENTAL INJURIES

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

### CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

**For Local League Use Only**

**Activities/Reporting**

**A Safety Awareness Program's Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

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

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

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

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

**Type of incident and location:**

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

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

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# First Aid Kits: What Goes in Them?

## ASAP Requirement #12

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



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

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

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

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

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







## **West Babylon Little League**

P.O. Box 1148

West Babylon, NY 11704

[www.wblittleleague.com](http://www.wblittleleague.com)

Email: [wblittleleague@email.com](mailto:wblittleleague@email.com)

### **CONCUSSION POLICY**

#### **PLAN OF ACTION**

- 1- Remove athlete from field of play
- 2- Inform athletes' parents or guardian about the injury or concussion
- 3- Recommend that the athlete be evaluated by an appropriate health care professional
- 4- Allow the athlete to return to playing **only with a written note from a Medical Dr. or health care professional** - no exceptions

#### **SIGNS and SYMPTOMS OF A CONCUSSION**

- 1- Athlete appears dazed or stunned
- 2- Athlete is confused
- 3- When given instructions the athlete cannot follow the instructions
- 4- Athlete is not sure of game score or opponent
- 5- Athlete answers questions slowly
- 6- Athlete moves clumsy
- 7- Can't recall events
- 8- Athlete has a headache
- 9- Nausea or vomiting
- 10- Dizzy
- 11- Blurry vision
- 12- Sensitive to light and noise
- 13- Feels sluggish
- 14- Just does not feel right

#### **IF YOU SUSPECT A CONCUSSION INJURY**

If you suspect that an athlete has a concussion you **WILL** follow the following plan of action.

- 1- Remove the athlete from field of play. Look for signs and symptoms, if you feel the head and there is a bump and the athlete feels dazed and dizzy there is no doubt that a head injury has occurred. The athlete **cannot** go back in the game and should seek medical attention.
- 2- Inform parents/guardian you think the athlete may have a concussion. Explain the serious issues about the injury.
- 3- Recommend the athlete seeks immediate medical attention.
- 4- KEEP THE ATHLETE OUT OF PLAYING/PRACTICING UNTIL AN OFFICIAL NOTE FROM THE DOCTOR HAS BEEN SUBMITTED ALLOWING HIM/HER TO PLAY. HE/SHE MAY NOT DO ANYTHING INVOLVING PHYSICAL ACTIVITY UNTIL HE/SHE HAS BEEN CLEARED BY A PROFESSIONAL MEDICAL PHYSICIAN. A NOTE FROM MOM & DAD IS NOT VALID PROOF FOR CLEARANCE.

5- An injury report must be filled out and submitted to the league. (Please see web site for form and instructions)

## **WHAT IS A CONCUSSION?**

A [concussion](#) is a type of traumatic [brain](#) injury that is caused by a blow to the head, to the body, a fall, or any injury that jars or shakes the brain inside the skull. Although there may be superficial cuts or [bruises](#) on the head or face, there may be no other visible signs of a brain injury. Concussions are not necessarily caused by big impacts directly to the head; they can often be the result from a very small hit, blow or even bump to another part of the body. A “ding”, or “bell rung”, a push, or even a shove can be serious enough to be considered for a concussion. Since it is an internal injury to the brain, it is very difficult to prove and diagnose as there is no “visible” evidence to area. Hence, you will not see a concussion, signs and symptoms can show up quickly or later. If the athlete reports any signs or symptoms seek medical attention immediately.

You don't have to pass out (lose consciousness) to have a [concussion](#). Some people will have obvious symptoms of a concussion, such as passing out or forgetting what happened right before the injury - but most people won't. Again, let's examine the obvious; a concussion is a serious injury to a very delicate and vital organ which controls our entire human body's functions. Proper attention, preventative measures, and extended time to heal are essential in recovery. With enough rest and caution, most people fully recover from a concussion over time. Some people may recover within a few hours, but other people take a few weeks to recover.

In rare cases, concussions cause more serious problems. Repeated concussions or a severe concussion may require surgery or lead to [long-lasting problems](#) with movement, learning, or speaking. Because of the small chance of permanent brain problems, it is important to contact a doctor if you or someone you know has symptoms of a concussion.

The West Babylon Little League recognizes that concussions have been a growing concern among parents, athletes and the medical community. As a result, we've taken the following steps and policies to raise the awareness of the dangers of concussions. Our ultimate goal is to protect our young athletes.

## **OVERVIEW**

### **WHAT SHOULD A COACH ASK OR LOOK FOR?**

- 1- Cause of the injury
- 2- Any loss of consciousness
- 3- Any memory loss
- 4- Any seizures
- 5- Previous concussions
- 6- Dazed and confused

### **WHAT SHOULD COACH DO?**

- 1- Remove athlete from the game
- 2- Advise parents of the injury
- 3- Seek/Suggest medical attention from a Medical Doctor
- 4- Fill out injury report, inform the safety officer
- 5- Welcome the athlete back only with a written note from a medical professional

Thank you,  
West Babylon Little League





## 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.

League: \_\_\_\_\_ – Baseball Game Pitch Log

Team: \_\_\_\_\_ Opponent: \_\_\_\_\_ Date: \_\_\_\_\_



Pitcher's Name	Uniform Number	League Age	X Cross out the number as that pitch is thrown. O Circle the number for the last pitch thrown in each half-inning.																																		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
			71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
			71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105

Pitching eligibility varies by the league age of a pitcher, which is determined by the approved League Age Chart indicated within the Little League Rulebook in Appendix G and in accordance with Regulation VI.\*



# Sport Parent Code of Conduct

We, the \_\_\_\_\_ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

### *Preamble*

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

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, 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 well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

\_\_\_\_\_  
Parent/Guardian Signature



# TIPS for PROTECTING CHILD ATHLETES from Sexual Abuse

Every child athlete deserves a safe and fun sports experience. Use these tips to help your child have one.

## Make a game plan

Ask these questions to find out if preventing child sexual abuse is a priority for your child's youth-sports program.

- Are background checks performed on all staff with access to youth?
- Does staff receive training on recognizing and reporting child sexual abuse? How often?
- Is there a staff code of conduct/ethics? Does it address inappropriate behaviors?
- What is your organization's reporting procedure?

## Know the plays

Every youth-sports program should have policies addressing:

**Bullying and hazing** - There should be a zero-tolerance policy.

**Coach-athlete communications** - Staff should not communicate with youth about non-sports related matters. Parents should be included in all communications, including those via text message, telephone or social media.

**Locker and restrooms** - These areas should be supervised by two staff of the same sex as the children using them. Staff should respect children's privacy while supervising them. Parents should have access to the facilities in order to assist young children and those with disabilities.

**Supervision** - Children should be supervised by at least two staff while at all team activities.

**Travel** - Staff should not stay in the same hotel rooms as youth.

## Get off the bench

Child sex abusers often target youth whose parents appear uninvolved. Help protect your child by being an active participant in his or her athletic experience.

**Go to practices and games.** You'll be able to get to know the staff and monitor their treatment of children.

**Talk to your child about being on the team.** If he or she does not like it, find out why. It may indicate a more serious problem or concern.

**Help children set boundaries.** Teach them they have the right to be treated with respect, even by adults.

**Empower youth to say "no."** Let them know it's OK to stand up to anyone who makes them feel confused or uncomfortable. Use role-playing scenarios to practice this skill.

**Speak up.** Address red flag behaviors by speaking with the team's coach. If the issue remains unresolved, discuss your concerns with the organization's administration.

**Report.** Contact local law enforcement with suspicions of child sexual abuse **immediately**. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678) for additional assistance.

**Be a team player.** Not all children have someone looking out for them. Bring up red flag behaviors even if your child is not the one being affected.

## Learn red flag behaviors

While these warning signs do not always indicate abuse, they do cross appropriate athlete-coach boundaries.

 Singling youth out for special attention or gift giving.

 Spending one-on-one time with children such as in private practice sessions.

 Touching children in ways not related to training for the sport.

 Telling youth sexual or inappropriate jokes and stories.

 Commenting on children's appearances when not related to the sport.

For more resources visit [www.SafeToCompete.org](http://www.SafeToCompete.org)

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This project was supported by Grant No. 2013-MC-FR-HD01 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice. Know the Rules®, National Center for Missing & Exploited Children® and 1-800-THE-LOST® are registered trademarks of the National Center for Missing & Exploited Children.





SEGURO PARA COMPETIR

CONSEJOS para PROTEGER A LOS NIÑOS ATLETAS del abuso sexual

Todos los niños atletas merecen tener una experiencia deportiva segura y divertida. Utilice estos consejos para ayudar a su hijo a tener una.

Realice un plan de juego

Haga las siguientes preguntas para averiguar si la prevención del abuso sexual infantil es una prioridad para el programa de deportes juvenil en el que participa su hijo.

- > ¿Se verifican los antecedentes de todo el personal que tiene acceso a los jóvenes?
-> ¿El personal recibe capacitación sobre cómo reconocer e informar el abuso sexual infantil?
-> ¿Cada cuánto tiempo?
-> ¿Existe algún código de conducta/ética del personal?
-> ¿Trata sobre comportamientos inapropiados?
-> ¿Cuál es el procedimiento para informar de su organización?

Conozca el juego

Todos los programas de deportes juveniles deberían tener políticas que traten lo siguiente:

Hostigamiento y acoso: debe haber una política de tolerancia cero.

Comunicación entre el entrenador y el atleta: el personal debe hablar con los jóvenes solo sobre asuntos relacionados con el deporte. Los padres deben estar incluidos en todas las comunicaciones, incluidas aquellas vía mensaje de texto, o medios de comunicación social.

Vestuarios y baños: estas áreas deben estar supervisadas por dos miembros del personal del mismo sexo que los niños que lo utilizan. El personal debe respetar la privacidad de los niños mientras los supervisa. Los padres deben tener acceso a las instalaciones para ayudar a sus hijos y a aquellos con discapacidades.

Supervisión: los niños deben ser supervisados por al menos dos miembros del personal mientras realizan actividades en equipo.

Viajes: el personal no debe alojarse en la misma habitación de hotel que los jóvenes.

Entre en acción

Los abusadores sexuales infantiles, a menudo, buscan jóvenes cuyos padres no se involucran. Ayude a proteger a su hijo al participar activamente en sus experiencias atléticas.

Asista a prácticas y juegos: podrá conocer al personal y controlar el trato de los niños.

Hable con su hijo sobre estar en el equipo: si no le gusta, averigüe por qué. Esto puede indicar una inquietud o problema más serio.

Ayude a los niños a poner límites: enséñeles que tienen el derecho a ser tratados con respeto, incluso por los adultos.

Enséñeles a decir "no": explíqueles que está bien defenderse de alguien que los haga sentir confundidos o incómodos. Utilice juegos de roles para practicar esta habilidad.

Hable con un responsable: hable sobre comportamientos alarmantes con el entrenador del equipo. Si el asunto sigue sin resolverse, hable con la administración de la organización.

Informe: comuníquese inmediatamente con la policía local si sospecha de abuso sexual infantil. Llame al National Center for Missing & Exploited Children® al 1-800-THE-LOST®(1-800-843-5678) para obtener asistencia adicional.

Sea un jugador del equipo: no todos los niños tienen a alguien que los cuide. Informe comportamientos alarmantes incluso cuando su hijo no es el niño afectado.

Conozca los comportamientos alarmantes

Estas señales de advertencia no siempre indican abuso, pero cruzan límites apropiados entre el entrenador y el atleta.

- > Distinguir a los jóvenes para darles especial atención o hacerles regalos.
-> Pasar tiempo a solas con los niños como en sesiones de prácticas privadas.
-> Tocar a los niños de maneras que no están relacionadas con el entrenamiento deportivo.
-> Contarles a los jóvenes historias o chistes inapropiados o sexuales.
-> Hacer comentarios no relacionados con el deporte sobre la apariencia de los niños.

Para obtener más recursos visite www.SafeToCompete.org

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Este proyecto fue financiado con la Subvención Núm. 2013-MC-FX-K001, otorgada por la Oficina de Justicia Juvenil y Prevención de la Delincuencia, Oficina de Programas de Justicia, Departamento de Justicia de los EE. UU. (Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice). Los comentarios u opiniones incluidos en este documento son los del autor y no representan necesariamente la postura ni las políticas oficiales del Departamento de Justicia de los EE. UU. Know the Rules®, National Center for Missing & Exploited Children® y 1-800-THE-LOST® son marcas registradas de National Center for Missing & Exploited Children.





# SAFE TO COMPETE: Protecting Child Athletes From Sexual Abuse

## DISCUSSION GUIDE: AGES 5-10

It's never too early to start the conversation about personal safety with your child.

### What to Talk About

#### TRUSTED ADULTS:

Trusted adults are people a child can count on to make them feel safe, listen, and help.

**Tell Them** "If anything ever makes you feel sad, scared, confused, or uncomfortable, you can tell a trusted adult and they'll help make things right! But not everyone is a trusted adult. If an adult says or does something to make you sad, scared, confused, or uncomfortable, you should tell another trusted adult about what happened."

#### CHECKING FIRST:

Kids are often trusting of offers from adults, but it's important that they check first with parents or guardians before accepting anything from or going anywhere with someone- even coaches or teammates' parents.

**Tell Them** "It's important that I know where you are and who you are with. Check first with me before going anywhere, helping anyone, or accepting anything."

#### IT'S OK TO SAY "NO!":

Children may not feel comfortable objecting to an adult who makes them feel sad, scared, confused, or uncomfortable, especially if they are made to feel that way by someone they know and may have trusted, like a coach or teammate.

**Tell Them** "It's OK to say 'No!' to anyone, even an adult, who makes you feel sad, scared, confused, or uncomfortable. If someone touches you in a way that makes you feel uncomfortable you can say 'no' and 'stop'. If that ever happens tell me or another trusted adult about what happened."

### How to Talk About it

#### TACKLE THE TOUGH STUFF:

The idea of discussing personal safety with younger children can be hard, especially safety issues involving sexuality. Children in various sports often find themselves being positioned, caught, assisted, "spotted", or otherwise in appropriate physical contact with coaches. By having open conversations with children about their bodies and the types of appropriate touch, you empower children with the knowledge they need in order to recognize any inappropriate physicality from adults.

**Tell Them** "There are parts of your body that your bathing suit covers that are private. If anyone touches you there or anywhere else that makes you feel uncomfortable, tell them to stop and tell me or another trusted adult."

#### IT'S ALL IN THE APPROACH:

Kids are more likely to be open and honest with adults when they know they can count on them to listen attentively and react calmly. When discussing personal safety, it's important not to overwhelm or scare younger children. Try to keep the tone of discussion calm and conversational. If a child ever discloses an incident of abuse, do your best to respond in a measured and calm manner.

**Tell Them** "Telling me was the right thing to do. We'll make sure this doesn't happen again."

**Take Action** Contact local law enforcement immediately. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.

# SAFE TO COMPETE: Protecting Child Athletes From Sexual Abuse

DISCUSSION GUIDE: AGES 11-17

Discussing personal safety is increasingly important as tweens and teens grow more independent.

## What to Talk About

### PHYSICAL CONTACT:

From stretching exercises to tackling drills, different sports require varying degrees of physical contact between athletes and coaching staff. Talking to adolescents about appropriate touch is important in helping them recognize any inappropriate contact by peers or adults.

**Tell Them** "You have the right to tell anyone who touches you in a way that makes you feel uncomfortable to stop."

### POWER DYNAMICS:

Child sexual abuse victims are often emotionally linked to their abusers, and these abusers are often authority figures. Coaches, training staff, and even team captains often wield a great deal of authority over younger athletes. This may deter victims from disclosing abuse in fear that they may lose their place on a team, be harmed, discredited, or otherwise retaliated against.

**Tell Them** "No one has the right to threaten or coerce others. If they do, tell a trusted adult about what happened."

### CHECKING IN:

Youth are often trusting of offers from adults, but it's important that they check first with parents or guardians before accepting anything from or going anywhere with someone- even coaches or teammates' parents.

**Tell Them** "It's important that we communicate about where you are and who you are with. Check in with me before changing plans or going somewhere."

## How to Talk About it

### DON'T EXAGGERATE:

Teens may dismiss the message and real risks if they hear sensational stories.

### TALK OFTEN:

It can be hard to engage tweens and teens in serious conversations about their personal lives, safety, and other tough topics. You might strike out the first time you try to have these conversations, but keep trying! The more often you discuss safety, the easier it gets.

### KEEP EMOTIONS IN CHECK:

If a young person ever discloses a suspicion or incident of abuse, do your best to respond in a measured and calm manner. Reassure them that reporting the abuse was the right thing to do, and reaffirm that you are there to support them.

**Take Action** Contact local law enforcement immediately. Call the National Center for Missing & Exploited Children® at 1-800-THE-LOST for additional assistance.



## Appendix A – Lightning Safety Guidelines Little League® Rulebook

Each year across the United States, thunderstorms produce an estimated 25 million cloud-to-ground flashes of lightning – each one of those flashes is a potential killer. According to the National Weather Service, an average of 73 people are killed by lightning each year and hundreds more are injured, some suffering devastating neurological injuries that persist for the rest of their lives. A growing percentage of those struck are involved in outside recreational activities.

Officials responsible for sports events often lack adequate knowledge of thunderstorms and lightning to make educated decisions on when to seek safety. Without knowledge, officials base their decisions on personal experience and, sometimes, on the desire to complete the activity. Due to the nature of lightning, personal experience can be misleading.

While many people routinely put their lives in jeopardy when thunderstorms are nearby, few are actually struck by lightning. This results in a false sense of safety. Unfortunately, this false sense of safety has resulted in numerous lightning deaths and injuries during the past several decades because people made decisions that unknowingly put their lives or the lives of others at risk.

For organized outdoor activities, the National Weather Service recommends those in charge have a lightning safety plan, and that they follow the plan without exception. The plan should give clear and specific safety guidelines in order to eliminate errors in judgment. Prior to an activity or event, organizers should listen to the latest forecast to determine the likelihood of thunderstorms. NOAA Weather Radio is a good source of up-to-date weather information. Once people start to arrive, the guidelines in your league's lightning safety plan should be followed.

A thunderstorm is approaching or nearby. Are conditions safe, or is it time to head for safety? Not wanting to appear overly cautious, many people wait far too long before reacting to this potentially deadly weather threat. The safety recommendations outlined here based on lightning research and the lessons learned from the unfortunate experiences of thousands of lightning strike victims.

Thunderstorms produce two types of lightning flashes, 'negative' and 'positive.' While both types are deadly, the characteristics of the two are quite different. Negative flashes occur more frequently, usually under or near the base of the thunderstorm where rain is falling. In contrast, positive flashes generally occur away from the center of the storm, often in areas where rain is not falling. There is no place outside that is safe in or near a thunderstorm. Consequently, people need to stop what they are doing and get to a safe place immediately. Small outdoor buildings including dugouts, rain shelters, sheds, etc., are NOT SAFE. Substantial buildings with wiring and plumbing provide the greatest amount of protection. Office buildings, schools, and homes are examples of buildings that would offer protection. Once inside, stay away from windows and doors and anything that conducts electricity such as corded phones, wiring, plumbing, and anything connected to these. In the absence of a substantial building, a hard-topped metal vehicle with the windows closed provides good protection. Occupants should avoid contact with metal in the vehicle and, to the extent possible, move away from windows.

### **Who should monitor the weather and who is responsible for making the decision to stop activities?**

Lightning safety plans should specify that someone be designated to monitor the weather for lightning. The 'lightning monitor' should not include the coaches, umpires, or referees, as they are not able to devote the attention needed to adequately monitor conditions. The 'lightning monitor' must know the plan's guidelines and be empowered to assure that those guidelines are followed.

### **When should activities be stopped?**

The sooner activities are stopped and people get to a safe place, the greater the level of safety. In general, a significant lightning threat extends outward from the base of a thunderstorm cloud about 6



to 10 miles. Therefore, people should move to a safe place when a thunderstorm is 6 to 10 miles away. Also, the plan's guidelines should account for the time it will take for everyone to get to a safe place. Here are some criteria that could be used to halt activities.

1. If lightning is observed. The ability to see lightning varies depending on the time of day, weather conditions, and obstructions such as trees, mountains, etc. In clear air, and especially at night, lightning can be seen from storms more than 10 miles away provided that obstructions don't limit the view of the thunderstorm.
2. If thunder is heard. Thunder can usually be heard from a distance of about 10 miles provided that there is no background noise. Traffic, wind, and precipitation may limit the ability to hear thunder less than 10 miles away. If you hear thunder, though, it's a safe bet that the storm is within ten miles.
3. If the time between lightning and corresponding thunder is 30 seconds or less. This would indicate that the thunderstorm is 6 miles away or less. As with the previous two criteria, obstructions, weather, noise, and other factors may limit the ability to use this criterion. In addition, a designated person must diligently monitor any lightning. In addition to any of the above criteria, activities should be halted if the sky looks threatening. Thunderstorms can develop directly overhead and some storms may develop lightning just as they move into an area.

**When should activities be resumed?**

Because electrical charges can linger in clouds after a thunderstorm has passed, experts agree that people should wait at least 30 minutes after the storm before resuming activities.

**What should be done if someone is struck by lightning?**

Most lightning strike victims can survive a lightning strike; however, medical attention may be needed immediately – have someone call for medical help. Victims do not carry an electrical charge and should be attended to at once. In many cases, the victim's heart and/or breathing may have stopped and CPR may be needed to revive them. The victim should continue to be monitored until medical help arrives; heart and/or respiratory problems could persist, or the victim could go into shock. If possible, move the victim to a safer place away from the threat of another lightning strike.

**Appendix B – Safety Code for Little League  
Little League® Rulebook**

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first-aid. First-Aid Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.

- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball.
- During sliding practice bases should not be strapped down.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

### **Appendix C – Communicable Disease Procedures Little League® Rulebook**

Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition. These conditions include skin infections that occur due to skin contact with competitors and equipment. The transmission of infections such as Methicillin-Resistant Staphylococcus aureus (MRSA) and Herpes Gladiatorum, blood-borne pathogens such as HIV and Hepatitis B, and other infectious diseases such as Influenza can often be greatly reduced through proper hygiene.

#### **Infectious Skin Diseases**

Strategies for reducing the potential exposure to these infectious agents include:

- Athletes must notify a parent/guardian and coach of any skin lesion prior to any competition or practice. An appropriate health-care professional shall evaluate all skin lesions before returning to practices or competition.
- If an outbreak occurs on a team, especially in a contact sport, all team members should be evaluated to help prevent the potential spread of the infection. All shared equipment shall be properly cleaned/disinfected prior to use.
- Coaches, officials, and appropriate health-care professionals must follow Little League, state, or local guidelines on "time until return to competition." Participation with a covered lesion may be considered if in accordance with Little League, state, or local guidelines and the lesion is no longer contagious.

#### **Blood-borne Infectious Diseases**

Strategies for reducing the potential exposure to these agents include following Universal Precautions such as:

- An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.
- Athletic trainers or other caregivers must wear gloves and use Universal Precautions to prevent blood or body fluid-splash from contaminating themselves or others.
- In the event of a blood or body fluid-splash, immediately wash contaminated skin or mucous membranes with soap and water.
- Clean all contaminated surfaces and equipment with disinfectant before returning to competition. Be sure to use gloves when cleaning.
- Any blood exposure or bites to the skin that break the surface must be reported and immediately evaluated by an appropriate health-care professional.

### **Other Communicable Diseases**

Means of reducing the potential exposure to these agents include:

- Appropriate vaccination of athletes, coaches, officials and staff as recommended by the Centers for Disease Control (CDC).
- During times of outbreaks, follow the guidelines set forth by the CDC as well as state and local Health Departments.

Additional information is available from your state high school association and from the National Federation TARGET program.

This Policy was modified with permission from the National Federation of State High School Associations' Communicable Disease and Skin Infection Procedures Policy.

## **Appendix D – Bat Modifications and Alterations Little League® Rulebook**

While Little League International has not received any reports of Little League volunteers or players making alterations to bats designed to increase their performance, it has been an issue in some upper levels of play.

In an effort to ensure this does not become a problem in Little League, this policy statement has been prepared.

No bat, in any level of Little League Baseball or Softball play, is permitted to be altered. This is of particular concern especially when it is clearly done to enhance performance and violate bat standards. Making such alterations to bats is clearly an inappropriate attempt to gain an unfair advantage, and cheating has no place in our program. Umpires, managers, and coaches are instructed to inspect bats before games and practices – as they always should – to determine if bats might have been altered.

This includes using the appropriate Little League Bat Ring. If a bat does not clearly pass through the correct size ring, or if it has a flat spot on it, the bat must not be used. (This may simply indicate the bat has become misshapen with use, and does not necessarily indicate it was purposely altered. Still, the bat must be removed.)

Other signs to look for include contorted or mangled end-caps or knobs on non-wood bats. This could indicate that machinery was used to “shave” the inside of the bat to make it lighter. Bats with evidence of this type of tampering also must not be used.

Little League International wishes to make it clear that tampering with bats (or any other piece of equipment) is dangerous, and the equipment must not be used in any Little League game or practice.

### **Appendix E – Heat Illness Prevention Protection Policy Little League® Rulebook**

Take steps to protect your league's members from heat illness. Heat stroke, heat exhaustion, and heat cramps are all highly possible outcomes for your players and volunteers if they are not protected from the sun's power. When games are played in high heat or heat and high humidity, precautions should be in place.

According to the American Association of Pediatrics (AAP), children's bodies can't tolerate heat as well as adults, so don't expect them to perform in the same conditions you can.

**Watch for heat illness signs: weakness, dizziness, slow pulse, and clammy skin.** If sweating can't cool the body, especially because the player is dehydrated, heat stroke could develop. Signs of this are confusion, collapse, rapid pulse, and dry skin (no longer sweating).

The AAP notes heat stroke may cause convulsions or even unconsciousness. This is a medical emergency and professional help should be sought immediately. In some cases, heat stroke can kill, but it can also cause permanent brain damage in victims who survive.

#### **Drink Early, Drink Often:**

Remember, the best protection for heat illness is water and rest. The maxim is: drink early, drink often, even when players aren't thirsty. Players should arrive for games/practices adequately hydrated and drink at least five (5) ounces of water every 15-20 minutes while they are active in the heat.

Ask players to bring water or a sports drink with modest amounts of electrolytes, but nothing with caffeine that acts as a diuretic and drains water from the body.

Try to provide water for players wherever possible at your facility.

Evidence shows that sunscreen of at least SPF 15 should be applied to exposed skin every time children will be in the sun for extended periods, to help keep the player cool and to protect against future skin cancer risk.

#### **Take first steps:**

- Provide sunshades for all dugouts and spectator areas as possible.
- Provide cool water and wet towels (with or without ice) for players and umpires to apply to necks.
- Recommend participants utilize topical sunscreen on a regular basis and encourage its use on all exposed skin. Take breaks in the shade between innings, or every 20 minutes.
- Set up a sprinkler in a grassy or paved area where players can cool off.

#### **Take it to the next level:**

- Install a water mister near or in dugouts to boost cooling.
- Provide umpires with a Camelback-style water container for hydrating during innings.
- Develop a "cool room" in your concession stand, or just a tent with walls, with fans or air-conditioning for those overcome by heat.

Anyone who begins to develop cramps, dizziness, or other signs of heat stress should be removed from the game, given cool water, and placed in as cool a place as possible: in a car with air-conditioning or in a cool, shaded area.

Make sure volunteers know to call 9-1-1 if the player becomes disoriented or confused, as this is a sign of the more serious heat stroke.