



Safety Plan League #00226354

Effective: January 2025

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Little League Code of Conduct

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Introduction

In the Spring & Summer of 2025 the Little Laagers of Kenosha will begin their 73rd year of youth baseball.

In 2014, we moved to a new Little League Sports Complex located in the City of Kenosha, Wisconsin. The new complex was dedicated to youth baseball and features four Little League diamonds and two pony league baseball diamonds. The complex provides ample parking for 172 vehicles along with an additional eight handicap parking spots. The City of Kenosha Parks Division is responsible for maintaining the diamonds at now, Dr. James L. Santarelli Sports Complex.

Becoming A Safety Awareness Program (ASAP) compliant will be our number one priority. Prior to each season, the Little Leaguers of Kenosha must submit their approved safety plan to Little League International and file a copy of the Safety Plan with our District Administrator or District Safety Officer.

Everyone will have access to the Safety Manual, it is posted on the website:
www.littleleaguersofkenosha.com.

As we begin the season at the complex, we are confident that our safety plan will allow for a safe and fun baseball environment for our fans, volunteers, players, and coaches.

Our motto is:

- First base is it he first step to reaching home.
- Honor the game.
- Obey the rules.
- Mistakes are okay.
- Everyone wins.

Organization

Little Leaguers of Kenosha Board of Directors/Officers:

League President/Commissioner:	James L. Santarelli	262.945.4297
League Vice President:	Phil Limbach	262.945.3748
League Secretary:	Kyle Vitkus	262.331.3396
League Treasurer:	Laurie Jacobs	262.657.3728
League Safety Officer:	Dan Santarelli	262.705.4385
League Chief of Umpires:	Bob Hale	262.515.2546
League Email:	commissioner@littleleaguersofkenosha.com	
League Website:	www.littleleaguersofkenosha.com	

Safety Officer

The Safety Officer position in the Little Leaguers of Kenosha was formed in 2008 as a board member position. This person acts as the liaison for all safety concerns. The Safety Officer is responsible to review, change, and communicate the league's safety plan each baseball season. The plan is presented to the Board of Directors in January or February of each year for approval. Upon approval, it is then submitted to Williamsport and is on file with Little League International. The league President and Safety Officer have primary responsibility to ensure that the entire league complies with the safety plan. However, the entire Little Leaguers of Kenosha Board of Directors, officers, and coaches share equal responsibility to promote awareness and compliance as well.

League Safety Policies

All league safety policies will be made available to all Little League personnel (board members, managers, coaches, volunteers, police, fire, and rescue). Reading and acknowledging this plan is MANDATORY for all managers and coaches.

The managers and coaches must familiarize themselves with the plan and it **MUST** be adhered to. The policies will include but not limited to, facilities safety plan, concession manual, first aid response, and general safety environment rules. Copies of the league Safety Manual will be in common areas of the ballpark, such as, the concession stands and facility crew area. Policies can also be viewed on the league website.

2025 Overview

The Little Leaguers of Kenosha Commissioner must electronically submit league player registration and roster data and coach/manager data ASAP.

The league will also have all applicable volunteers fill out the 2025 Volunteer Application Form and conduct a nationwide background check on all applicable volunteers (Reg.1 (b), Reg.1 (c)B and Reg.1 (c)9).

One representative from each team must attend the first aid clinic and the player fundamental clinic. Each coach/manager must attend these clinics once every three years. The Commissioner's office keeps on file which coaches/managers have attended and when they must re-attend.

Emergency Procedures

Emergency Phone Numbers

Kenosha Police/Fire/Rescue	911
Poison Control Center	1-800-222-1222
Weather Forecast	262-653-5503

Non-Emergency

Kenosha Police/Fire/Rescue	262-656-1234
Kenosha Police Sergeant Desk	262-605-5212

Utilities – Emergency

Water Utility	262-653-4330
Sewer Service	262-653-4335
WE Energies (Electrical Outage)	1-800-662-4797
WE Energies (Gas Leak)	1-800-261-5325

Utilities – Non-Emergency

Parks Department	262-653-4052
Public Works Streets Division	262-653-4070

Area Hospitals

Aurora Medical Center	262-948-5600
Froedtert Pleasant Prairie Hospital	262-577-8000

Kenosha Sports Complex / Dr. James L. Santarelli Sports Complex

Concession Stand
4200 – 39th Avenue, Kenosha, WI 53144

Rainout communication will be on website (www.littleleaguersofkenosha.com) and our Facebook page.

911 Procedure

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby phone. Be sure that you or another caller follows these steps. **REMAIN CALM!!!**

1. Call 911.
2. When the dispatcher answers, say "I have an emergency."
3. Tell them what happened – i.e. baseball related accident, pedestrian accident, car accident, fire, medical emergency, etc.

Answer any question the dispatcher might ask you. Most dispatchers will ask the following:

1. Address of the Emergency – Kenosha Sports Complex / Dr. James L. Santarelli Sports Complex, 3800 – 42nd Street.
2. Location of Emergency – i.e. diamond number, concession stand, parking lot, etc.
3. Condition of Injured Person – i.e. unconscious, severe bleeding, chest pains, not breathing, approximate age of injured person, etc.
4. Callers Name.
5. Telephone number from which the call was made.
6. What aid has been given to the injured.
7. How many people were involved.

Don't hang up until the dispatcher tells you to! Continue to care for the victim until help arrives. Appoint someone to go to the street to flag down the rescue squad.

All players are to be sent to their respective dugouts when it is determined rescue is needed. There is no practice or playing during this time!

Note:

For emergencies access to diamonds, #1 and #2, the rescue squad should park on 39th Avenue by these two ball diamonds.

For emergency access to diamonds, #3, #4, #5, #6, the rescue squad should enter the complex at the service drive off 42nd Street. This drive runs between diamonds #4 and #6.

No other vehicles other than emergency vehicles should be parked on the complex grounds! If rescue personnel are moving an injured person between two diamonds, all play will be stopped. Play will resume when the situation has been resolved.

MANAGERS AND COACHES FROM BOTH TEAMS WHERE THE INJURY TOOK PLACE, MUST ASSIST RESCUE PERSONNEL WITH CROWD CONTROL AND CLEAR A PATH TO THE RESCUE SQUAD.

Emergency Incident Reports

Any incident that warrants notification of Police/Fire/Rescue, must be reported. Medical incidents that warrant reporting are any injury when a player, manager, coach, umpire, or volunteer sustain an injury that requires medical treatment and/or first aid, any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis and/or causes the individual to miss any practice/game, etc.

An incident/injury tracking form, page 34, must be complete and placed in the Safety Officer's mailbox in the concession stand.

If anyone is transported by Police/EMS/Parent/Guardian, include the following information on the back of the accident/injury tracking form:

1. Where he/she was transported to.
2. Who transported the injured person, i.e. Police/EMS/Parent/Guardian. Give specific name, if able.

AIG Insurance Form

If a player, manager, coach, umpire, official scorekeeper, Safety Officer, or volunteer worker sustains any injury where the injured party seeks medical treatment, an AIG Accident Notification Form, page 37-38, is to be filled out and completed by the claimant. If the claimant is a minor, his/her parent or guardian are responsible for completing the form. These forms must be turned into the President (262-945-4297) or Safety Officer (see page 5) within 24-48 hours of the incident. When filling out this form, please make sure all boxes are filled out. The following information can be found on our league's website:

1. What parents should know about Little League Insurance.
2. Accident/injury claim form instructions.
3. Treatment of dental injuries.

Copies of all forms and instructions, including the AIG Accident Notification Form are included in your Safety Manual, starting on page 33.

Parent Notification

Parents/Guardians must be notified of any incident medical or involving the Police or Fire department. When a parent is not at the scene, the manager must get in contact with the parent or guardian. This must be done immediately.

Clinics and Training

Little Leaguers of Kenosha will provide adequate training on basic first aid and concussions, along with fundamental training. Fundamental training will include hitting, sliding, fielding, and pitching. This training will take place prior to the start of your team's first practice. This a requirement of Little League International. Concussion information can be found on our league's website and starting on page 42 of this manual.

CPR training is offered every two years for managers. At least one manager/coach from each team must attend the training at least once every three years. Remember, you will be with the players on the field when they are most vulnerable to injury. If you are unable to attend, you must contact the President or Safety Officer.

Injury Prevention

Medical Release Form

Keeping a player safe from injury or worsening an injury that was sustained, is to have the past and present medical history and related social history of the player. By obtaining these important medical conditions that he/she has (ADD, ADHD, asthma, diabetes, medications, environmental, food, or insect allergies, etc.) will help the manager/coaches deal with each situation. If parent(s) or guardian(s) are not around when an incident occurs, the medical release form can be potential lifesaving information. A copy of this form can be located on our league's website and page 41 of this manual.

Incident/Injury Tracking Form

If an injury does occur, minor or major, it is the responsibility of the manager to complete an incident/injury tracking report, page 34. Copies will also be available in the concession stand and on the website. The form MUST be completed and turned into the concession stand at the end of your game. This form is to be placed in the Safety Officer's mailbox.

Injury Prevention

Dr. Thomas J. Gill, M.D., from the Department of Orthopedics at Massachusetts General Hospital and co-author of a study on pitcher's states, "Many injuries in baseball involve the throwing arm and shoulder and most pitching injuries are caused by overuse, which may be the result of insufficient conditioning of certain muscles".

- Pre-season training and conditioning can help prevent injuries.
- Conditioning related injuries occur most often at the beginning of a season.
- Follow a regular conditioning program before the season starts.
- Incorporate exercises designed specifically for baseball.
- Catchers should do exercises such as leg extensions, leg curls, and toe raises. These exercises develop strength and flexibility of the muscles around the knees, thighs, and calves.
- Players should run or engage in some type of physical activity once or twice a week. Gradually increasing the number of workouts to three or four times a week by the time practice begins.
- All players, especially pitchers should incorporate conditioning and stretching exercises for the shoulder.
- The muscles in the front of the arm are naturally stronger. Many shoulder injuries result from weaker muscles in the back of the arm that are used to stop the pitching motion. Your conditioning program should emphasize building up those muscles. Cross body curls, using light dumbbell weights or wall push-ups are useful for strengthening shoulder muscles.
- As always though, before starting an exercise program, please consult your child's physician for the proper program for your child.

Teaching Proper Throwing Mechanics

- A pitcher's arm movements during different phases of the pitching motion, if performed incorrectly, can cause injury.
- A pitcher needs maximum shoulder rotation. The pitcher needs to rotate their body more to avoid placing too much stress on the arm and shoulder which occurs when the arm is positioned too far behind his/her body.
- Improper elbow angle – the pitcher's arm needs to be away from his/her body when the ball is released. The closer the arm is to the body, the more potential for injury.
- When a pitcher gets tired, the pitching arm tends to lag behind his/her body, placing undue stress on the shoulder.
- Trying to throw hard can be harmful, especially in younger players.
- Videos are available at www.LittleLeague.org.

Practice and Game Training and Conditioning

The American Academy of Orthopedic Surgeons recommends that your child warm up and stretch by:

- Doing jumping jacks, jogging, or walking for 3 to 5 minutes to get the blood moving through the muscles and ligaments.
- Slowly and gently stretching. Dynamic or static (30 second holds).
- Pitchers should concentrate on stretching his/her arms, shoulders, neck, wrists, and legs.
- Catchers should concentrate on stretching his/her legs, knees, feet, and back.

First Aid Kits

Prior to every game or practice, managers/coaches are expected to have on hand a fully stocked league approved first aid kit. A spare first aid kit will be kept at the concession stand. Managers/coaches are responsible to make sure their first aid kit is fully stocked with proper items. If using the spare first aid kit, the team's manager must return and sign the first aid kit back into the concession stand after use. If any items have been used up, it is up to the manager to leave a note in the Safety Officer's mailbox as to what supplies need to be replaced. Ice packs will be made available upon request at the concession stand. If supplies are needed for your private kits, please contact the Safety Officer, or leave a note for him in the concession stand.

First Aid Kit Inventory

- Cold packs **
- Tweezers
- Compresses
- Sterile pads
- Scissors
- Tape
- Antiseptic towelettes
- Eye patch
- Bandages
- Safety pins
- Rescue blanket
- Triangular bandages
- Ace bandages
- 2 pair of latex gloves
- Antibacterial cream

**While instant cold packs or gel packs are easy to store and more convenient than ice, experts say that they may damage the skin because of the cold temperature that they reach. Because ice does not get as cold, it is safer and thus preferable to cold or gel packs. Please use the cold or gel pack as a last resort. Ice should be brought with to practices and games. The concession stand will also provide ice for any injuries on the field.

Animal Bites

- Call 911 if bites are severe, especially involved the face or ears.
- Control bleeding with pressure, if needed.
- Wash minor bites well with soap and water. Apply dressing or band-aid.
- Keep the animal confined and away from the child.

Bumps and Bruises

- Apply ice or cold to the area.
- Rest injured body part.

First Degree Burns

- First degree burns are like sunburn, red skin with no blisters.
- Apply cold wet compress to the area.
- Leave open to the air or cover with a light dressing.

Second Degree Burns

Second degree burns are red and form blisters.

- Apply cold compress to help relieve pain.
- Do not break blisters.
- Do not apply any creams or ointments.
- A dry dressing may be applied.
- Child may need medical care.

Third Degree Burns

Third degree burns are deep burns involving the entire thickness of the skin.

- Call 911.
- Have the child lie down.
- Remove all clothing and jewelry around the burn area.
- It is not always possible to tell if a burn is second or third degree right away. If the burn is large and serious, call 911.

Cuts and Scrapes

- Control any bleeding, if needed. Use a clean cloth or paper towel and apply pressure for 4-5 minutes. It is normal for cuts on the head to bleed quite a bit.
- Look at the wound. If the cut goes all the way through the skin and the edges of the cut are apart, it may need stitches. If the cut is on the face or on the knuckle, it may need stitches, even if it is small.
- Small scrapes or cuts that do not need stitches should be washed with soap and water.
- Apply a clean dressing or band-aid.
- If you think the injury may need stitches, or are not sure, notify the parents right away.

Eye Injuries

- Prevent the child from rubbing the eye. Tearing or crying helps flush the eye surface.
- Sand or dirt may be rinsed from the eye by flushing it with water.
- Do not try to remove something if it is stuck on the eye surface.
- If the eye remains painful or tearing after rinsing or removing sand or other objects from the eye, notify the parents right away.

Fractures (broken bones) or Sprains

- If the arm or leg is deformed, obviously broken, bone protruding, or there are open wounds over the area of the break, call 911.
- If an arm or leg is injured, prop it on a pillow. Arms and legs should be kept above the level of the heart.
- Apply cold or ice to the area.

Head Bumps

- If the child is or was unconscious, call 911.
- For minor injuries, have the child lie down and rest quietly.
- Observe the child's behavior for the next several hours. If the child becomes confused, sleepy, or begins to vomit, call 911.

Insect Bites

- Signs of a serious allergic reaction can include:
 - Swelling or itching of the mouth, lips, tongue, or throat.
 - Trouble breathing or wheezing.
 - Hives.
 - Fainting or loss of consciousness.
- Call 911 immediately if you think the child is having an allergic reaction.
- Normal reaction to a bee/hornet sting or insect bite includes, redness or swelling right around the area of the bite or sting, itching, and pain.
- If a stinger is clearly visible, you may gently remove it, trying not to squeeze it.
- Apply ice or cold pack.
- Observe the child for signs of a serious reaction.

Slivers

- Small slivers may be removed with a tweezer, pulling out in the direction it went in.
- If unable to remove easily, leave it alone.
- Wash the area with soap and water, but do not soak a wood sliver is still in place.
- Apply a band-aid.
- Slivers that are deep, extremely painful, or unable to be removed, please notify the parents right away.

Nosebleeds

- Have the child sit with the head tilted slightly forward.
- Pinch the nostrils closed where the bony part of the nose ends. Hold pressure for 10 minutes.
- After 10 minutes, release pressure. Do not allow forceful nose-blowing or picking the nose.
- Watch for more bleeding or swallowing of blood. If bleeding continues, notify parents.

***Remember to report all injuries or illness, even ones which appear minor, to the parents when they return.

Concussions

State Statute

- Wisconsin State Statute 118.292 requires a person operating a youth athletic league to distribute concussion and head information sheet annually to each coach and participating athlete.
- The information sheet for each youth athlete shall be signed by a parent or guardian and returned prior to participation.
- Supply each athlete a copy of the CDC's fact sheet on concussions. You can locate this in the back of the Safety Manual, page 46-48, or on our league's website.
- Supply each parent or guardian a copy of the CDC's fact sheet on concussions. You can locate this in the back of the Safety Manual, page 42-45, or on our league's website.
- It also requires the removal of a youth athlete by a coach, official, or health care provider if it is determined that the athlete exhibits signs and symptoms of a concussion or head injury.
- The athlete may not return until evaluated by a licensed health care professional and receives written clearance to return to sport.
- The law defines "Health Care Provider" as a person who holds a credential (license or certification issued by the State of Wisconsin), is trained, and has experience in evaluating and managing pediatric concussions and head injuries and is practicing within his/her scope of practice. Coaches, officials, or volunteers are immune from civil liability unless an omission rises to the level of gross negligence or wanton or willful misconduct.

Definition of a Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or hit to the body that causes your head and brain to move rapidly back and forth.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to suffer from a concussion and take longer to recover than adults.

What to Watch For

- Remember, you can't see a concussion and there is not one single indicator for a concussion.
- Signs and symptoms to help recognize a concussion:
 - A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
 - Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical function.
- Your Safety Manual will have a copy of the signs and symptoms of a concussion, page 41-44, or on our league's website.
- Signs and symptoms of a concussion generally show up soon after the injury. Please note, the full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days later.
- Assess the player multiple times. Make sure the athlete is supervised for at least one to two hours after you suspect a concussion.
- Also, talk to the athlete's parents about watching for symptoms at home and when the athlete returns to school.
 - The "key" is to keep a list of concussion signs and symptoms in your clip board, and to use it while repeatedly checking on your athlete with a suspected concussion.

Danger Signs!

If signs or symptoms get worse, you need to consider it a medical emergency.

Call 911 or take the athlete to the emergency department right away if there is a bump, blow, or jolt to the head or body, or if he/she exhibits one or more of the following signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- Convulsions or seizures.
- Inability to recognize people or places.
- Increasing confusion, restlessness, or agitation.
- Unusual behavior.
- Loss of consciousness (even a brief loss of consciousness should be taken seriously).

What To Do When You Suspect a Concussion:

- Remove the athlete from the practice or game and look for signs or symptoms.
- Ensure the athlete is evaluated by a health care professional experienced in evaluating for a concussion. Do not try to judge the severity of the injury yourself. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury. (Remember to use our “Incident/Injury Tracking Form” at the end of the Safety Manual, page 34, or from the concession stand/league’s website).
 - Cause of the injury and force of the hit or blow to the head or body.
 - Any loss of consciousness (passed out or knocked out) and if so, for how long.
 - Any memory loss immediately following injury.
 - Any seizures immediately following the injury.
 - Number of previous concussions, if any.
- Inform the athlete’s parents or guardians about the possible concussion and give them a copy of the CDC fact sheet on concussions for parents. A copy is included in the Safety Manual, page 41-44 and extra copies are in the concession stand and can be found on our league’s website.
- Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, gives written release to return to play.

“Toughing it Out” Isn’t Strong – It’s Dangerous

- Sometimes people believe it shows strength and courage to play when you are injured. Not only is that wrong, but it can also put a young athlete at risk for serious injury.
- Taking a time out is not a sign of weakness.
- Playing with a concussion is very dangerous!

Why Take a Time Out?

- Resting after a concussion is critical in helping the brain recover.
- Be prepared for your player to resist. The player may feel frustrated, sad, or even angry about having to sit out. Take the following steps:
 - Talk to them about it.
 - Be honest about the risks of getting put back into play too soon.
 - Offer your support and encouragement.
 - Tell them that as the days go by, they will feel better.

Remember: IF AN ATHLETE HAS SUFFERED A CONCUSSION, ONLY THE HEALTH CARE PROFESSIONAL CAN RETURN THE ATHLETE BACK TO PRACTICE AND GAME ACTIVITIES. FOLLOW ALL INSTRUCTIONS FROM THE HEALTH CARE PROFESSIONAL REGARDING THE ATHLETE’S REINSTATEMENT OF ATHLETIC ACTIVITIES.

Pre-season Check List!!!

- Prior to any activities, parents/guardians, and athletes, must sign the concussion policy statement at the beginning of each sporting season.
- Dedicate a team meeting to talk about concussions.
- Remind athletes to immediately tell the coaching staff if they suspect that they have a concussion or think that a teammate has a concussion.
- ALWAYS REMEMBER – when in doubt, sit them out!

Pre-Game Responsibilities

Pre-Game Inspection

- Coaches and umpires should inspect all equipment. Report any equipment problems to the league's Safety Officer by leaving an equipment/field damage form in the Safety Officer's mailbox in the concession stand. A copy of this form is in the form section of this manual, page 39. Extra copies can be picked up at the concession stand or found on the league's website.
- Don't discard bad equipment. Turn it into the concession stand to be destroyed or made unusable.
- Make sure all players are wearing all required safety gear every time they take the field for a game or practice.
- Inspect the ball diamond, i.e. holes in the ground, ruts in the grass, broken glass, protective fence tops, damage to fences, etc. Remind players that if they notice anything to report it to you. Any damage needs to be reported to the Safety Officer. Fill out an equipment/field damage form. A copy of this form is in the form section of this manual, page 39. Extra copies can be picked up at the concession stand on the league's website.
- All teams are to use Little League approved baseballs. Bat regulations are available at www.LittleLeague.org. No cracks or chips are allowed in the bats. Handgrip of bat is in place and not damaged.
- Catcher's must always use a league issued equipment – catcher's mitt, helmet, facemask, throat guard, long model chest protector, protective supporter and shin guards.
 - Exception: Letter approval from league President for personal catcher's equipment. It must meet all Little League requirements and can only be navy or black in color.
- Clean uniforms are to be worn. Unsanitary clothes pose a risk for staph infections to your child and teammates.
- Players are to check their gloves for damage. Stitching and webbing are to be in good condition and not in danger of breaking.
- Players to wear properly fitted league issued helmets while batting, waiting to bat, or running the bases. All helmets are to remain on until the player enters the dugout.
- Players who wear glasses should obtain protective eyewear from an eye care professional who is aware of sports safety standards.
- Use only shatterproof sunglasses that are designed for sport.
- Little League prohibits the use of shoes with metal spikes. Shoes with molded cleats are allowed.

Weather Preparation / Heat

- Make sure players keep themselves hydrated.
- Do not give them soda while playing in a game.
- Sunscreen should be used with minimum SPF of 15. Apply to child's face, neck, and arms. Re-apply if the child is sweating.
- Catchers should have a towel soaking in ice water. This can be applied to their neck in between innings.

Hydration

- Have players drink at least 16 ounces of water two hours before a practice or game.
- They should drink an additional 5-10 ounces every 15 minute during practice.
- Increase consumption of water if it's hotter out or if players are working harder.
- To get an idea on how much hydration is needed, one gulp equals about an ounce of water.
- Sports drinks:
 - Good during longer periods of exercise.
 - When an athlete sweats a lot, they need to replace carbohydrates and electrolytes which are found in sports drinks.

Cool and Damp Weather

- Sweatshirts or cold gear may be worn under the player's uniform to keep them warm.
- Pitchers are not allowed to wear long sleeved t-shirts or sweatshirts, over their jerseys.
- Windbreakers/jackets may be worn, but only in between innings.

Batting Practice

- Batting practice is to be conducted only in the batting cages.
- No players are to be swinging bats outside the batting cage or inside the fenced in diamonds.
- Managers and coaches are the only ones to throw batting practice.
- Players are to be wearing only league issued helmets when taking batting practice.
- No batting practice is allowed on the diamonds.

Infield Practice

- Is not permitted on game days.
- Be alert for errant throws.
- Infield and outfield drills may take place simultaneously in the outfield. Be aware of errant throws or hit balls, yell "HEADS UP!!!"

Play Ball – Game Time

Pitch Count

- A pitch count will be taken on every pitcher in the game.
- Pitchers will have specific limits for balls pitched in each game. The number of pitches is based on his/her age.
- The number of pitches delivered determine the amount of rest the player must have before pitching again.
- Detailed rules for the pitch count can be found in your rulebook.
- A coach or designee of the opposing team will monitor pitch counts.
- A pitch is any ball thrown by the pitcher from the mound that the umpire defines as a pitch.
- Routinely monitor your catcher's arm. No one on the field throws the ball more than the catcher.
- A pitcher can play the catcher position in the same game if the pitcher has thrown 40 or less pitches.
- If a catcher catches more than 4 innings, the catcher cannot pitch.

On Deck Hitter

- There is NO on deck batter allowed outside the dugout. NO EXCEPTIONS!

Tornado Siren

- If the tornado siren is activated, the game will be suspended immediately. All players and coaches will take immediate shelter.

Inclement Weather

- In baseball, 3 strikes and you are out. With lightening, one strike is all it takes.
- Local weather forecast should be monitored from the concession stand.
- Remember, all thunderstorms produce lightening, and all lightening can be deadly to those outside.
- Lightening's distance from you can be referenced by noting the time from its flash to the bang of the associated thunder.
- For every 5 second count between lightning and thunder, the lightening is one mile away.
 - i.e. 10 seconds = 2 miles
- The lightning evacuation plan will be implemented if the count reaches 15 or three miles away.
- The evacuation plan consists of suspension of the game. It is the umpire's discretion.

- Players and coaches are to leave the dugout area and go to an enclosed building or their car.
 - The concession stand, bathrooms, and basement maybe used.
 - An adult must accompany any player using the basement.
- Do not stand near any metallic objects, i.e. flag poles, fences, light poles, metal bleachers, etc.
- Do not carry any metal bats.
- If you feel your hair standing on end or hear "crackling noises", you are in the lightning's electric field. Move to a safe area.
- If the storm passes and the field is in playing condition, the game will be resumed after a 30-minute wait.

Little League Code of Conduct

The Little Leaguers of Kenosha Board, its league managers, coaches, and umpires must enforce this code. All league officers, participants, members, volunteers, and players are required to abide by this code.

Each year the league's Safety Officer will consider revising or modifying the Code of Conduct to ensure proper baseball operations and safety. Failure to comply with this Code of Conduct, can result in expulsion from the Dr. James L. Santarelli Sports Complex.

Expected Code of Conduct

- Observe all posted signs.
- Players and spectators must always be aware of foul balls.
- No food is to be consumed in the dugout during games.
- Do not climb on fences or dugout.
- Mandatory 5mph speed limit in parking lot. Watch out for small children.
- Only emergency vehicles are allowed on the complex grounds.
- No alcoholic beverages are allowed at the complex.
- No smoking is allowed at the complex.
- Only players, managers, coaches, umpires, and league officials are allowed on the field or in the dugouts during the game.
- Managers and coaches must wear a shirt and hat with the Little League logo, no exceptions. If you fail to do so, you will not be allowed to coach that game.
- Use of profanity will not be allowed.
- No pets are allowed on the complex grounds.
- Only authorized personnel are allowed in the concession stand. NO PLAYERS!
- After each game, each team is responsible to pick up all trash in the dugout and around the seating areas.
- Please recycle all bottles and cans.

Parent Code of Conduct

- One of the most challenging aspects of coaching is to play the part of a role model to our players. For the most part, our players throughout the years have displayed good sportsmanship during our season.
- In the heat of the game, it is not hard to get emotional and as coaches we have an obligation to the players to reinforce teamwork and continued good sportsmanship.
- At times poor behavior of individuals off the field has caught our attention. Just like coaches, parents must also be role models to the young athlete. Parents need to set positive examples.

- Please review the guidelines set aside for our parents and help us provide an enjoyable season for the children and spectators.
- Set an example of good sportsmanship.
- Remember, these are kids playing a game. There are no Major League scouts in the stands.
- Do not criticize the umpires and always treat them with respect. Remember they are human.
- Do not criticize the opposing team, players, coaches, or fans with words or gestures.
- Remember managers, coaches and league officials are unpaid volunteers.
- Do not promote slanderous or hurtful gossip by word of mouth or social media. See our league's social media contract at the end of the Safety Manual, page 53, or on the league's website.

Player Code of Conduct

- Any player using foul or abusive language or gestures to any other player, coach, or umpire will be ejected from the game.
- Fighting is an automatic ejection.
- All players are to treat their teammates, coaches, umpires, fans, and opponents with respect.
- Players will not taunt, yell at, or in any way try to distract players on the opposing team.
- Players will shake hands with the opposing team after the game.

We must remember to get respect; we must first give respect. Therefore, both children and adults need to set good examples toward one another.

Winning vs Losing

- Winning is a component of competition, not the essence of it. The essence of competition is the process of competing and all that it entails.
- We have the responsibility to educate coaches, parents, and children about the true meaning of winning and losing.
- Competition is not a measure of self-worth. It is a simple way to measure our present abilities and efforts against the abilities and efforts of others. Competitive situations should be viewed as an area where we can have a positive effect on building character traits like confidence, poise, self-control, self-esteem, discipline, and the value of setting goals and striving to achieve them. Winning cannot be a goal. However, all the components of competing can be goals that we achieve to win.
- When winning becomes the only goal, competition turns to conflict.
- **SPORTS ARE COMPETITIVE - WARS ARE CONFLICTS!**

Little Leaguers of Kenosha Safety Code

All participants, league officials, volunteers, and players are required to follow this code. It is mandatory during practices and games that all take necessary action(s) to comply with this code. The Safety Officer will monitor the league to make sure this code is being followed. If needed, this code can be revised at any time by the Safety Officer and notification will then be made to all league officials. Revisions will be posted at the concession stand and online for managers and coaches. Suggestions are always welcome as to how we can make our program safer. Suggestions can be left in the concession stand and placed in the Safety Officer's mailbox.

- All managers should have a current Little League rule book. It is located on our website.
- All volunteers are required to have background checks completed.
- A volunteer application form must be filled out and on file with Little Leaguers of Kenosha.
- All teams should have access to a cellular phone, for emergencies.
- Equipment must be in good shape and inspected regularly.
- All batters must wear only league issued batting helmets.
- All equipment should remain off the fields during practice and games.
- No coach may be outside the dugout, except when coaching a base.
- During warm-ups, use ample space between the players to avoid being struck by errant throws or missed catches.
- Catchers must wear only league issued protective equipment (unless given permission by league President to use the player's personal equipment) during practice and games. This includes catcher's helmet, mask with throat protector, long chest protector, shin guards and protective cup with athletic supporter for males. All players are encouraged to wear protective cups, supporters, and mouth guards for practice and games.
 - Catchers must wear catchers' helmet and mask with throat guard while warming up pitchers. This applies between innings and in the designated bullpen area during all games and practices.
- Headfirst slides are not permitted while advancing to a base. Runner will be called out. NO WARNINGS!
- Players who wear glasses are encouraged to wear safety/sport glasses.

Concession Stand

- Only authorized volunteers are allowed in the concession stand.
- NO LITTLE LEAGUE PLAYERS ARE ALLOWED INSIDE THE CONCESSION STAND!

Cooking

A food thermometer should be used to check on cooking and holding temperatures of all hazardous foods. All potentially hazardous foods should be kept at 41 degrees F or below, if cold, or at 140 degrees F or above, if hot. Ground beef and ground pork products should be cooked at an internal temperature of 155 degrees F and poultry parts should be cooked to 165 degrees F. Most food-borne illnesses from temperature events can be traced back to lapses in temperature control.

Reheating

Rapidly reheat potentially hazardous foods to 165 degrees F. Do not attempt to heat foods in crock pots, steam tables, over steam units, or other holding devices. Slow cooking mechanisms may activate bacteria and never reach killing temperature.

Cooling and Cold Storage

Foods that require refrigeration must be cooled to 41 degrees F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath, 60% ice to 40% water, stirring the product frequently, or place the food in shallow pans no more than 4" in depth and refrigerate. Pans should not be stored one on top of the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain un-refrigerated for too long has been the number one cause of food-borne illness.

Health and Hygiene

Only healthy workers should prepare and serve food. Anyone that shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments. The use of hair restraints is recommended to prevent hair ending up in food products.

Food Handling

Avoid hand contact with raw, ready to eat foods and food contact with surfaces. Use an acceptable dispensing tool to serve food. Touching food with bare hands can transfer germs to food.

Dishwashing

Use disposable utensils for food service. Keep your hands away from food contact surfaces and never use disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:

1. Wash in hot soapy water.
2. Rinse in clean water.
3. Chemical or heat sanitizing.
4. Air dry.

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 your hands. Ice can become contaminated with bacteria and viruses and cause food-borne illness.

Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (i.e. 1 gallon of water and 1 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross contamination and discourage flies.

Insect Control and Waste

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes 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, suitable for drinking, from an approved source.

Food Storage and Cleanliness

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

Clean Hands for Clean Food

Since the staff at concession stands may not be professional food workers, it is important that they are thoroughly instructed in the proper method of washing hands.

The following may serve as a guide:

1. Use soap and warm water.
2. Rub your hand vigorously as you wash them.
3. Wash all surfaces including the back of hands, wrists, between fingers and under fingernails.
4. Rinse your hands well.
5. Dry hands with a paper towel.
6. Turn the water off with a paper towel, instead of your hand.
7. Wash your hands in this fashion before you begin work and frequently during your time in the concession stand. Make sure to wash your hands after performing any of the following:

- a. Touching bare human body parts other than clean hands.
- b. Using the restroom.
- c. Caring for or handling animals.
- d. Coughing, sneezing, using a handkerchief or disposable tissue.
- e. Handling soiled surfaces, equipment, or utensils.
- f. Drinking or eating.
- g. During food preparation, as often as necessary to remove soil and contamination to prevent cross-contamination when changing tasks.
- h. When switching between working with raw food and working with ready-to-eat food.
- i. Directly before touching ready-to-eat food or food contact.
- j. Engaging in activities that contaminate hands.

Miscellaneous Forms

The following pages have forms that may be required to be filled out during the upcoming season. If additional forms are needed, they can be obtained by contacting the Safety Officer, found in the concession stand, or on our website.

Any extra forms needed for Insurance Claims can be found in the concession stand or by contacting the President or Safety Officer.

The forms are listed below and are in the following order starting on page 32:

1. What Parent's Should Know About Little League Insurance
2. Incident/Injury Tracking Form
3. AIG Accident Notification Form Instructions for Parents (2 pages)
4. AIG Accident Notification Form (2 pages)
5. Equipment/Field Damage Form
6. General Liability Claim Form
7. Medical Release Form
8. Parent Athlete Concussion Information Sheet (2 pages – English and Spanish Versions)
9. CDC Fact Sheet for Athletes (English & Spanish Versions)
10. CDC Fact Sheet for Coaches (4 pages)
11. Social Media Contract

What Parent's Should Know About Little League Insurance

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Incident/Injury Tracking Form

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:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

AIG Accident Notification Form Instructions for Parents

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.

AIG Accident Notification Form



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.			
Name of Injured Person/Claimant		SSN	PART 1	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 (6-12) | <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 (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
------	---------------------------

Equipment/Field Damage Form



Little Leaguers of Kenosha Equipment/Field Damage Form

Completely fill out this form to report damage to diamonds, player equipment, or the complex. Please return the form to the concession stand or place in the Safety Officer's mailbox.

Reporting Person: _____

Phone Number: _____

Diamonds

Diamond #: _____

Please circle what best describes the damage:

Backstop

Home plate

Bases: 1st, 2nd, 3rd

Fencing (location): _____

Fence padding (location): _____

Infield (location): _____

Outfield (location): _____

Please explain:

Player Equipment

Catcher's equipment (please explain):

Complex

- Parking lot
- Side walks
- Garbage cans
- Concession stand
- Bathroom
- Other

Please explain:

General Liability Claim Form

General Liability Claim Form

Send Completed form to:
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League Baseball International

CN

Insured		Name of League		League I. D. Number (Used as location code)	
		Name of League Official (please print)		Position in League	
		Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
				Phone No. (Bus.)	
Time and Place of Accident	Date of Accident		Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at			<input type="checkbox"/> PM	
	Was Police Report made? If yes, where?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				
		Who owns Premises		Person in charge of Premises	
Coverage Data	Limits		Elevator:	Products:	Cont.
	BI / PD:		Yes	Yes	Yes
	Med. Pay: None				
		Policy Number:		Policy Dates:	
				Begin: End:	
		Is there any other insurance applicable to this Risk?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repairs		
Insured Person and Injuries:	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married
			<input type="checkbox"/> Single		
		Employers Name and Address			
		Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Attending Doctor's Name and Address			
		Description of Injury			
		Where was the injured taken after accident?		Probable length of Disability	
Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				
Date of Report:	Signature of League Official:			Position in League:	

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



Medical Release Form



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.

Parent Athlete Concussion Information Sheet

Concussion INFORMATION SHEET



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.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

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.*



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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' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

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.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries 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 injuries.

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's Name Printed: _____ Date: _____

Athlete's 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's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____

Revised January 2019

HOJA INFORMATIVA sobre la conmoción cerebral



Esta hoja contiene información que ayuda a proteger a sus hijos o adolescentes de una conmoción cerebral u otra lesión cerebral grave. Use esta información en los juegos y las prácticas de sus hijos o adolescentes para aprender a identificar una conmoción cerebral y saber qué hacer en caso de que ocurra.

¿Qué es una conmoción cerebral?

Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

¿Cómo puedo mantener a mis hijos o adolescentes seguros?

Los deportes son una buena manera para que los niños y adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para reducir las probabilidades de que sus hijos o adolescentes sufran una conmoción cerebral u otra lesión cerebral grave, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
 - Junto con el entrenador enseñe maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
 - Hable con sus hijos o adolescentes sobre las conmociones cerebrales y pregúnteles si les preocupa tener que notificar una conmoción cerebral. Hable sobre las preocupaciones que tengan y déjeles saber que es la responsabilidad de ellos, y que está bien, notificar una conmoción cerebral y tomarse el tiempo necesario para recuperarse.
 - Asegúrese de que sigan las reglas de seguridad del entrenador y las reglas del deporte.
 - Explíqueles a sus hijos o adolescentes que espera que mantengan el espíritu deportivo en todo momento.
- Enseñarles que deben usar un casco para disminuir la probabilidad de sufrir los tipos de lesiones cerebrales o de la cabeza más graves, si es adecuado para el deporte o la actividad que practiquen. Sin embargo, no existe un casco que sea a prueba de conmociones cerebrales, por lo tanto, hasta con un casco es importante que los niños y adolescentes eviten los golpes en la cabeza.

Hable con sus hijos y adolescentes sobre las conmociones cerebrales. Pídale que notifiquen los síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos niños y adolescentes piensan que las conmociones cerebrales no son graves, mientras que a otros les preocupa perder su puesto en el equipo o ser vistos como débiles si notifican una conmoción cerebral. Asegúrese de recordarles que *es mejor perder un juego que toda la temporada.*



Planifique. ¿Qué le gustaría que su hijo o adolescente supiera sobre las conmociones cerebrales?

¿Cómo puedo identificar una posible conmoción cerebral?

Los niños y adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se "sienten del todo bien" después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una conmoción cerebral u otra lesión cerebral grave.

Signos observados por padres o entrenadores

- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje o de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (aunque sea por poco tiempo).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos antes o después de un golpe o una caída.

Síntomas reportados por niños y adolescentes

- Dolor de cabeza o "presión" en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o grogui.
- Confusión o problemas de concentración o memoria.
- No se siente "del todo bien" o no tiene "ganas de hacer nada".

Enero de 2021



www.cdc.gov/HEADSUP

LAS CONMOCIONES CEREBRALES AFECTAN A CADA NIÑO Y ADOLESCENTE DE MANERA DIFERENTE.

Aunque la mayoría de los niños y adolescentes se sienten mejor a las pocas semanas, algunos tendrán síntomas por meses o aún más. Hable con el proveedor de atención médica de sus hijos o adolescentes si los síntomas de conmoción cerebral no desaparecen o empeoran después de que regresan a sus actividades normales.

¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo o adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o más de estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que además empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Náuseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayado o inconsciente).

Los niños y adolescentes que continúan jugando cuando tienen síntomas de conmoción cerebral o que regresan a jugar muy pronto, mientras el cerebro todavía se está curando, tienen mayor probabilidad de sufrir otra conmoción cerebral. Una conmoción cerebral repetida que ocurre mientras el cerebro todavía se está curando de la primera lesión puede ser muy grave y puede afectar al niño o adolescente de por vida; y hasta podría ser mortal.

¿Qué debo hacer si creo que mi hijo o adolescente ha sufrido una conmoción cerebral?

Como padre, si usted cree que su hijo o adolescente puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que su hijo o adolescente regrese a jugar el día de la lesión. Su hijo o adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su hijo o adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego.

Trate de no juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un niño o adolescente de una posible conmoción cerebral. Los signos y síntomas de las conmociones cerebrales por lo general aparecen al poco tiempo de que ocurre la lesión. Sin embargo, al principio no sabrá qué tan grave es la conmoción cerebral y es posible que algunos síntomas no aparezcan por varias horas o días.

Después de una conmoción cerebral, el cerebro necesita tiempo para curarse. El regreso de un niño o adolescente a la escuela y a los deportes debe ser un proceso gradual dirigido y monitorizado cuidadosamente por un proveedor de atención médica.

Enero de 2021

Converse con su hijo o adolescente sobre los riesgos de una conmoción cerebral y otras lesiones cerebrales graves y haga que cada persona firme lo siguiente.

Separe la sección de abajo y mantenga esta hoja informativa para usarla en los juegos y las prácticas de sus hijos o adolescentes con el fin de protegerlos de las conmociones cerebrales u otras lesiones cerebrales graves.

- Aprendí sobre las conmociones cerebrales y hablé con uno de mis padres o mi entrenador sobre lo que debo hacer si sufro una conmoción cerebral u otra lesión cerebral grave.**

Nombre del atleta: _____ Fecha: _____

Firma del atleta: _____

- He leído esta hoja informativa para padres sobre conmoción cerebral con mi hijo o adolescente y hablamos sobre lo que debe hacer si tiene una conmoción cerebral u otra lesión cerebral grave.**

Nombre del padre o tutor legal: _____ Fecha: _____

Firma del padre o tutor legal: _____

A FACT SHEET FOR Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?

Report It.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.



Get Checked Out by a Doctor.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other healthcare provider can tell whether you have a concussion and when it's OK to return to school and play.



Give Your Brain Time to Heal.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  **Get a headache**
-  **Feel dizzy, sluggish, or foggy**
-  **Are bothered by light or noise**
-  **Have double or blurry vision**
-  **Vomit or feel sick to your stomach**
-  **Have trouble focusing or problems remembering**
-  **Feel more emotional or “down”**
-  **Feel confused**
-  **Have problems with sleep**

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

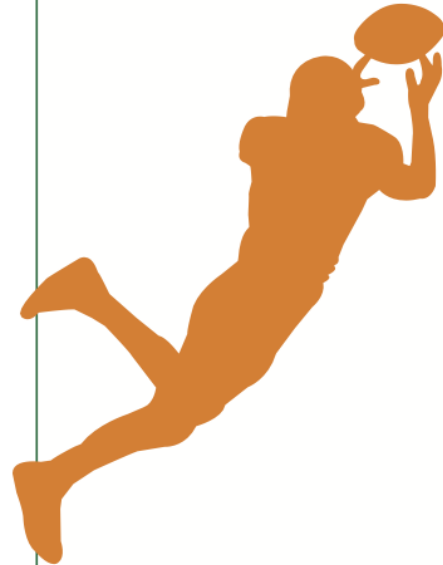
How Can I Help My Team?

Protect Your Brain.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

Be a Team Player.

If one of your teammates has a concussion, tell them that they're an important part of the team and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP





Hoja Informativa para los **ATLETAS**

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

La conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe en la cabeza o una sacudida
- Puede cambiar el funcionamiento normal del cerebro
- Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
- Puede ocurrir aun cuando no se haya perdido el conocimiento
- Puede ser seria aun si se piensa que sólo se trata de un golpe leve

¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

- Dolor o "presión" en la cabeza
- Náuseas (sentir que quieres vomitar)
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Molestia causada por la luz
- Molestia causada por el ruido
- Sentirse debilitado, confuso, aturdido o grogui
- Dificultad para concentrarse
- Problemas de memoria
- Confusión
- No "sentirse bien"

¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?

- **Dile a tus entrenadores y a tus padres.** Nunca ignores un golpe en la cabeza o una sacudida aun cuando te

sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrió una conmoción.

- **Ve al médico para que te examine.** Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- **Tómate el tiempo suficiente para curarte.** Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.

- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.
- Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal (como casco, almohadillas protectoras, canilleras, gafas y protector dental). Para que este equipo te proteja, debe:
 - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
 - Usarse correctamente y ajustarse bien a tu cuerpo
 - Usarse en todo momento durante el juego

Es preferible perderse un juego que toda la temporada.

Para obtener más información o solicitar más materiales de forma gratuita, visite:
www.cdc.gov/ConcussionInYouthSports

Para obtener información más detallada sobre la conmoción cerebral y la lesión cerebral traumática, visite: www.cdc.gov/injury

A FACT SHEET FOR Youth Sports Coaches



Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

What is a concussion?

A concussion is a type of traumatic brain injury 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 brain cells.

What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.³ Here are some ways you can help:

Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and “don’t feel right.”

Focus on safety at games and practices:

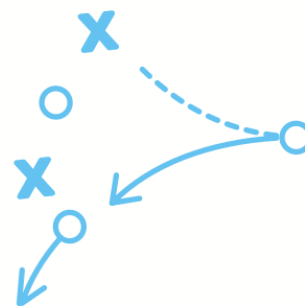
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.^{1,2}

Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.



Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.⁴



How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just “don’t feel right”—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can’t remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not “feel right”

Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

Some athletes may not report a concussion because they don’t think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.⁵⁻⁷

What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out! Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

Inform the athlete's parent(s) about the possible concussion.

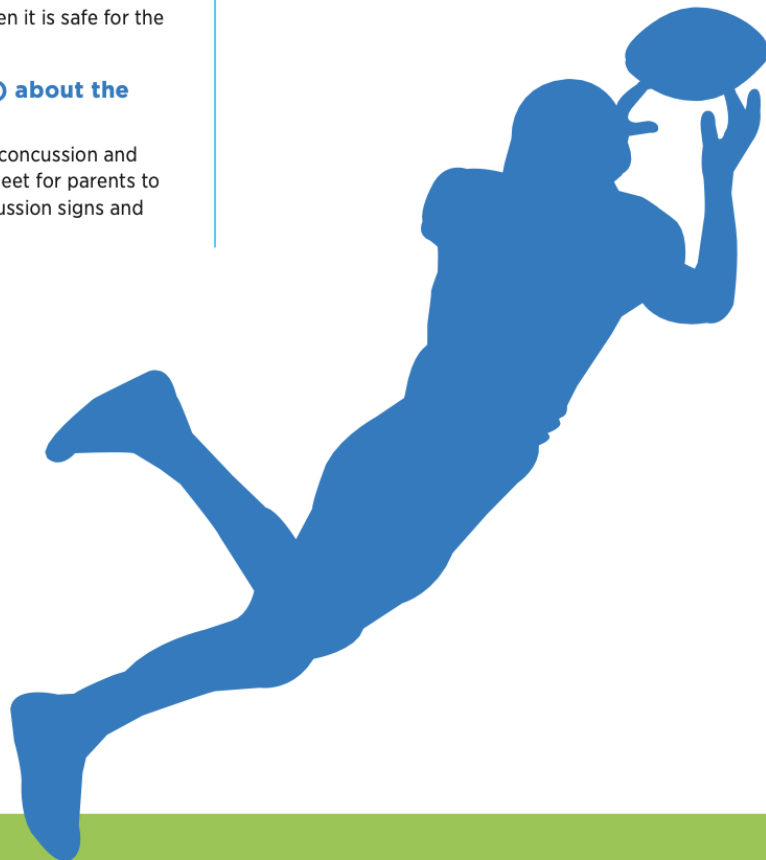
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

Step 1: Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

Step 2: Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

Step 3: Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

Step 4: Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

Step 5: Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

Step 6: Return to regular sports activity

Remember: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



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2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised August 2019

To learn more,
go to cdc.gov/HEADSUP



Social Media Contract



Little Leaguers of Kenosha Social Media Code of Conduct

Little Leaguers of Kenosha (LLOK) uses social media to promote the program and acknowledge accomplishments of our past and current players. Everyone is responsible for his/her own actions and agrees to the consequences set forth by the Board of Directors, if this policy is breached.

1. Use social media for positive reasons, such as promoting the LLOK program, facilities, fundraisers, teams, player accomplishments, etc.
2. Social media can always be used as a positive forum but negativity will never be tolerated. Specifically, degrading comments toward the LLOK Board of Directors, managers, coaches, officials, volunteers, players, and/or families will be strictly prohibited.
3. Please keep in mind that commenting on a negative post expressing your agreement, "liking/loving", and/or sharing a negative post is condoning the negative behavior.
4. Social media is accessible to *everyone*. Our goal is to shed light on the positive aspects of LLOK. For example, we encourage highlighting volunteer board members/managers/coaches, kids who are learning the love of the game, championships, etc.

Failure to comply with these guidelines may result in disciplinary action, including warnings, suspensions, or removal from the league. The LLOK Board of Directors have the right to determine appropriate course of action per incidence.

Your child/children will be held to this same Code of Conduct. Any negative actions by a minor will be the responsibility of his/her parent/guardian and will be subject to equal disciplinary action.