



# **BROAD RIPPLE HAVERFORD LITTLE LEAGUE**

## **2020 SAFETY PLAN**



***Prepared by:***

Christopher Bailey, BRHLL Safety Officer

Mike Jones, BRHLL President

## ***Safety is Everyone's Responsibility***

Broad Ripple Haverford Little League's ("BRHLL") highest priority is for the safety of our children. Prevention is the key to reducing accidents.

At BRHLL we are committed to encouraging and providing a safe environment. In order to succeed we need your commitment to adhere to the guidelines contained in this safety manual. BRHLL is actively participating in Little League's A Safety Awareness Program ("ASAP"), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

The purpose of this manual is to provide important safety information to BRHLL. While specifically written for Managers and Coaches the information contained in this document can be a useful resource for all participants of BRHLL. Please take the time to review this manual in its entirety.

We request your assistance and guidance in continuing to make BRHLL a great program. If you have any concerns, or suggestions for improvement, please contact us at [president@brhll.com](mailto:president@brhll.com) or [safety@brhll.com](mailto:safety@brhll.com). For additional information please visit our web site [www.brhll.com](http://www.brhll.com)

We want to hear from you!

Thank you for your commitment to manage and coach in BRHLL.

**The BRHLL Board of Directors**

## **Introduction to the BRHLL Safety Plan**

The Safety Plan herein refers to play at the **Main Fields (Diamonds 1, 2 and 3)** located behind IPS School 55, 1300 E. 54<sup>th</sup> Street, Indianapolis, Indiana 46220; **Fairgrounds Fields (Diamonds 4, 5 and 6)** located on south of 46<sup>th</sup> street (closest intersection is 46<sup>th</sup> and Crestview) on the north side of the Indiana State Fairgrounds; **Indiana School for the Deaf (Diamonds 7 and 8)** located behind the Indiana School for the Deaf, 1200 E. 42<sup>nd</sup> Street, Indianapolis, Indiana 46205; **Broad Ripple High School (Diamond 9)** located at 1115 Broad Ripple Ave, Indianapolis, Indiana 46220; and **Bishop Chatard High School (Diamonds 10 and 11)** located at 5885 N. Crittenden Ave, Indianapolis, Indiana 46220, as well as any off-site practices or games.

Further information beyond this document regarding safety and the ASAP program is available by contacting the BRHLL League Safety Officer listed below.

There are several points addressed in this document that are required for an approved ASAP compliant Safety Plan. The following is a list of the important features, policies, and requirements of the Safety Plan:

### **1. Active Safety Officer**

Broad Ripple Haverford Little League (BRHLL) has an active safety officer who is also a member of the Board of Directors. For the 2020 Season, the safety officer is:

**Christopher Bailey**  
**(904) 860-7700 (cell)**  
**(317) 986- 8555 (office)**  
**Email: [safety@brhll.com](mailto:safety@brhll.com)**

### **2. Distribute a Safety Manual**

The Broad Ripple Haverford Little League Safety Manual is available online at [www.brhll.com](http://www.brhll.com) and all Managers and Coaches should download a copy to your smart phone, tablet, or computer.

### **3. Post board and emergency numbers**

All managers and coaches shall use "911" for all on field emergencies requiring fire, police, or ambulance. Managers and coaches shall keep player emergency contact information with them at all times and have a working cell phone during practice and games.

The emergency contact information sheet is contained in the appendix, which also contains contact information for league officers and coordinators and will be posted in the concession stands. Also, Emergency Contact Procedures to assist in the event of an emergency situation are provided with the contact information.

#### 4. Background Checks for Volunteers

##### BRHLL Child Protection Program

BRHLL utilizes the **Little League® Volunteer Application – 2020**, **Little League® “Basic” Volunteer Application – 2020**, and **JDP Background Screening**, and checks for sex abuse history as well as criminal background. BRHLL requires all managers, coaches, board members, and any other persons, volunteers or hired workers, who provide regular services to the league or who have repetitive access to or contact with the players or teams, to complete an application form and the JDP Background Screening as well as provide a government issued photo identification card for ID verification. BRHLL conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications received through resources such as First Advantage. Anyone refusing to fill out a volunteer application will not be considered for a volunteer position or even be a league member. The league president is required to retain these confidential forms for one year of service. After such year of service, these forms will be destroyed.

##### 2020 Little League® Volunteer Application Form:

**Little League® Volunteer Application - 2020**  
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations (L). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/InClubChecks](http://LittleLeague.org/InClubChecks) for more information. A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
First Middle Name or Initial Last

**Address** \_\_\_\_\_  
City State Zip

**Local Security # (mandatory)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Occupation** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Special professional training, skills, hobbies:** \_\_\_\_\_

**Community affiliations (Clubs, Service Organizations, etc.):** \_\_\_\_\_

**Previous volunteer experience (including baseball/softball and year):** \_\_\_\_\_

1. Do you have children in the program? Yes  No   
If yes, list full name and what level?

2. Special Certification (CPR, Medical, etc.)? Yes  No  If yes, list: \_\_\_\_\_

3. Do you have a valid driver's license? Yes  No   
Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5 does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 6 does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

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

League Official     Umpire     Manager     Concession Stand  
 Coach     Field Maintenance     Scorekeeper     Other \_\_\_\_\_

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

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

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

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**If Minor/Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Applicant Name (please print or type)** \_\_\_\_\_

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

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer: \_\_\_\_\_

or

System(s) used for background check (minimum of one must be checked):  
**Regulation 1(c)(9)** Mandates all checks include criminal records and sex offender registry records  
 \* JDP  Sex Offender Registry Data and National Criminal   
 Records check, as mandated in the current season's official regulations.

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the First Chance Reporting Act concerning information regarding all the criminal records associates who remain, which may not necessarily be the League volunteer.

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

Email a photocopy of your Little League® Volunteer Application – 2020 along with your government issued photo id to [president@brhll.com](mailto:president@brhll.com) or mail to BRHLL President, PO Box 20744, Indianapolis, IN 46220.

## 2020 Little League® “Basic” Volunteer Application:

**Little League® “Basic” Volunteer Application - 2020**  
Do not use forms from past years. Use extra paper to complete if additional space is required.

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

**All fields are required.**

Name: \_\_\_\_\_  
First Middle Name or Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes  No   
If yes, describe each in full: \_\_\_\_\_

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes  No   
If yes, describe each in full: \_\_\_\_\_

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
If yes, describe each in full: \_\_\_\_\_

4. Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

5. In which of the following would you like to participate? (Check one or more.)  
 League Official     Field Maintenance     Concession Stand  
 Coach     Manager     Other  
 Umpire     Scorekeeper

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_  
and for background check provider of use must be checked (regardless of whether or not a check was conducted by the league officer)

\*SEP  \_\_\_\_\_  
check, as mandated in the current season's official regulations

\*Please be advised that if you are OFF and there is a name entry before the application only your name can be entered. You must verify the information on this application with the local league officer before the application is processed. If you are OFF and there is a name entry before the application only your name can be entered. You must verify the information on this application with the local league officer before the application is processed.

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).  
 Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (EPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.): \_\_\_\_\_

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

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

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

Applicant Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Last updated: 07/2019

Email a photocopy of your Little League® “Basic” Volunteer Application – 2020 along with a copy of your government issued photo id to [president@brhll.com](mailto:president@brhll.com) or mail to BRHLL President, PO Box 20744, Indianapolis, IN 46220.

## Child Abuse Prevention and Requirements to Report Child Abuse in Indiana Indiana Child Abuse and Neglect Hotline

1-800-800-5556

If you suspect a child is being abused or neglected, call Indiana's Child Abuse and Neglect Hotline today. It is available 24 hours a day, 7 days a week, 365 days a year. You do not have to be afraid anyone will find out who made the report because you can report abuse and neglect anonymously.

### Who is required to report child abuse or neglect?

**Under Indiana law any individual who has a reason to believe a child is a victim of abuse or neglect has the duty to make a report; therefore, each citizen of Indiana is considered a**

**“mandated reporter.”** While reporting child abuse is everyone’s responsibility, Indiana law requires some in certain occupations to do so. These professional reporters are staff members in a medical or other public or private institution, school, facility, or agency. These reporters are legally obligated by their profession to report alleged child abuse or neglect.

Everyone has an important role and responsibility to prevent child abuse and neglect. Children need everyone to stand up for their safety when they may be in harm's way or when families in crisis or turmoil need support from those close to them. By contacting the Indiana Child Abuse and Neglect Hotline if you suspect a child is a victim of abuse or neglect, you can play your part in protecting a child and/or making it possible for a family in crisis to get the help and support they need.

For more information: <http://www.in.gov/dcs/2971.htm>

#### **5. Provide Fundamentals Training**

Broad Ripple Haverford Little League conducts annual softball and baseball coaches’ clinic prior to each season. The 2020 Coaches’ Clinic will be held on February 29, 2020, from 9:00 AM to 12:30 PM, at the Northside Knights of Columbus.

This event is REQUIRED for ALL baseball and softball managers AND at least ONE coach for each team. We will be taking attendance. Involving our coaches is vital to the future of our league – they’re the future managers! If you have a scheduling conflict, please contact Chad Saalfrank, Director of Coaching Development.

#### **6. Require First Aid Training**

Basic first aid training is overviewed in the BRHLL annual coaches’ meeting prior to the season starting and again at a special First Aid training to be conducted prior to Opening Day. Coaches will receive first aid kits with their equipment bags and replacement ice packs are available in the equipment room above the 54<sup>th</sup> Street concession stand.

BRHLL has acquired two automatic external defibrillators (“AED”), which will be located at the concession stands at both the Main Fields (Diamonds 1, 2 and 3) and the Fairgrounds Fields (Diamonds 4, 5 and 6). The members of the Board of Directors, who also serve as the Officers of the Day on game days, will be receiving AED training on the use of these devices and the general operation of the AEDs will be demonstrated at the First Aid training prior to opening day.

#### **7. Field Inspections**

The BRHLL fields and surrounding areas are reviewed on a regular basis during the season by the Safety Officer and/or other Board Members. In addition, BRHLL team managers, coaches

and umpires will be required to review the field on which they will be playing before each game to look for and correct any unsafe conditions (holes, broken glass, rocks, equipment, etc.) prior to the start of play.

Please refer to checklist in the appendix section of this document. Any field or areas used for league practices shall be inspected for unsafe conditions by team coaches prior to all league practices as well.

#### **8. 2020 Annual Little League Facility Survey**

BRHLL conducts a formal Facility Survey that is updated on an annual basis and submitted to the Little League Headquarters in Williamsport, PA, along with this Safety Plan. A copy of the Facility Survey is located in the appendix section of this document.

#### **9. Concession Stand Procedures**

BRHLL has a contract to outsource the operation and management of the concession stand adjacent to the Main Fields (between Diamonds 1 and 2), and to operate an additional concession stand at the Fairgrounds Fields (between Diamonds 4, 5 and 6). A grill and deep fryer are used for preparation of hot dogs, hamburgers, French fries and chicken.

The concession stand vendor operates the concession stands in accordance with the rules and regulations of the Marion County, Indiana Board of Health and is responsible for training all of its workers in the safe handling, cooking and storage of food, proper hand washing, and the cleaning of all utensils, cooking surfaces and food handling equipment. A copy of the Concession Stand Policy is in the appendix section of this document.

#### **10. Regular Inspection of Equipment**

Regular inspection of equipment is necessary to ensure safety. Replacement of defective equipment must be done immediately by contacting the Equipment Manager or any league official. Equipment checks are done formally by three sources:

- a. By the equipment manager at the beginning of the season and periodically throughout the year;
- b. By coaches at the beginning of each game; and
- c. Umpires during the course of games.

#### **11. Accident Reporting and Tracking:**

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid **must be reported to the league Safety Officer at [safety@brhll.com](mailto:safety@brhll.com) no later than 24 hours after it occurs.**

BRHLL will provide hardcopy printouts of the Incident / Injury Tracking Report (included in the appendix) with all First Aid kits that are provided to every Team as part of the standard issue equipment. This will allow teams to have the form with them when at practices or games. In addition, copies of this form will be kept in the concession stands at both the Main Fields and the Fairgrounds Fields.

A coach or league official must complete the incident/injury tracking report. The coach or official should email the report to the Safety Officer at [safety@brhll.com](mailto:safety@brhll.com). If you have an iPhone, iPad or similar device, you can email a clear picture of the completed form.

This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

For any injury, accident or illness requiring a 911 call or likely visit to the doctor or emergency room, please call **BRHLL Safety Officer, Christopher Bailey at (904) 860-7700** as soon as possible after the incident. If you cannot reach the safety officer, then contact **BRHLL President, Mike Jones at (317) 753-9417** so that appropriate follow-up and support can be made in a timely manner.

#### Follow-Up by Safety Officer:

Within 2 days following the report of an incident, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.), advise the parent or guardian of BRHLL's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to:

- (1) Check on the status of any injuries, and
- (2) Determine if any other assistance is necessary in areas such as submission of insurance forms, etc.



The Safety Officer will continue this process until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again). An Accident Notification Form will be generated and sent to Little League Headquarters in Williamsport and reported to the District Safety Officer when required.

**All incidents and accidents should be reported to the Safety Officer within 24 hours of the incident so that timely follow-up and tracking can occur.**

### ***A Brief Explanation of the Little League Insurance Program***

The Little League Insurance program is designed to afford protection to all eligible participants at the most economical cost to BRHLL. Little League Insurance covers all eligible participants while traveling directly, without delay, to and from the field as well as during practice sessions and games. The benefits include provisions for accident, death, or dismemberment and also for medical expense.

This insurance is only meant to supplement other insurance carried under a family policy or provided by the injured person's private insurance. If there is no other coverage, Little League Insurance which is purchased by Broad Ripple Haverford Little League, not the parent, takes over and provides benefits for all covered injury treatment costs, up to the maximum stated benefits.

This plan makes it possible for BRHLL to offer low cost protection that most youth sports cannot match, with assurance to parents that adequate coverage is in force at all times during season.

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

- a. **Any injury must be reported within 24 hours to the BRHLL Safety Officer, Christopher Bailey at [safety@brhll.com](mailto:safety@brhll.com) or (904) 860-7700, and the BRHLL President, Mike Jones at [president@brhll.com](mailto:president@brhll.com) or (317)753-9417.**
- b. File a claim under the insurance carried by the family.
- c. Should your family insurance plan not fully cover the injury, the Little League Insurance Policy will help pay the difference up to the maximum stated benefits. This includes any deductibles or exclusions in your own policy.

- d. If your child is not covered by any family insurance, the Little League Insurance Policy becomes primary and will provide benefits for all covered injury treatment costs up to the maximum benefits of the policy.
- e. Treatment of dental injuries can extend beyond the normal 52 week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500.00 for eligible deferred dental treatment after the normal 52 week period.

#### **12. First Aid Kits:**

A First-Aid Kit is **required** to be on hand for every game and practice. BRHLL supplies each team a First-Aid Kit with the team's equipment bag. In addition, First-Aid Kits and first aid supplies are located in the concession stand and in the equipment shed for use as needed. If supplies are depleted during the season, contact the Safety Officer or a league official for replacements.

#### **13. Little League Rules**

BRHLL Managers, Coaches, Umpires, and League Officials are required to enforce Little League rules at all games and practices, including proper equipment. Most Little League rules have some basis in safety, so it is important to follow them. A list of both BRHLL league rules and key Little League rules pertaining to safety is below.

#### **FIELD AND DUGOUT SAFETY**

It is important to remember that we want to make baseball a safe and enjoyable experience for all the players. A bulleted list of several of the league policies and key Little League baseball rules regarding field and dugout safety follows.

- A first-aid kit and first aid supplies are located in the concession stand at the Main Diamonds and in the concession stand at the Fairgrounds Fields. In addition each team is issued a first-aid kit with the team's equipment bag. If supplies are depleted during the season, contact the Safety Officer or league officials for replacements.
- No games or practices should be held under severe weather conditions (especially lightning) or when field conditions are unsafe. It is important for coaches and officials to be diligent with regard to playing conditions. Always err on the side of caution.
- Follow league policy regarding Lightning Safety.

- The fields and surrounding areas must be inspected on a regular basis. The field will be reviewed before each game by the umpire and team coaches to look for and to correct any unsafe conditions (holes, broken glass, rocks). Any field or areas used for league practices shall be inspected for unsafe conditions by team coaches prior to all league practices.
- A Little League Facility Survey is updated annually, submitted to Little League headquarters and kept on file. Contact the Safety Officer or a league official for a copy or access if necessary.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- All bats and loose equipment must be kept off the playing fields. Bat racks should be placed behind screens. Organized equipment can prevent tripping hazards.
- Coaches should establish a procedure for retrieval of fouls balls batted out of play. During practice sessions and games, all players should be alert and watching the batter on each pitch.
- Coaching staffs, Safety Officer and umpires are responsible for the regular inspection of equipment. This includes both league equipment and equipment brought by the player. Non-safe equipment must be removed immediately and replaced as soon as needed. Make sure the equipment is properly fitted to the players.
- Ensure players have required equipment at all times, even catchers warming up pitchers.
- All fields are to use bases that disengage from their anchors, as required by Little League.
- Pitching Machines will be maintained in good working order and must be operated only by adult Managers and Coaches.
- "Horseplay" should not be permitted on the playing fields.

## PLAYER SAFETY

BRHLL and Little League key rules pertaining to player safety are outlined below:

- Coaches should inspect equipment on a regular basis, making sure it fits correctly and is in proper working order. Broken or improper equipment can be replaced by contacting the Equipment Manager or league officials. Batting and catching helmets are not permitted when they have been painted by anyone other than the manufacturer.
- Batters must wear protective helmets during practices and games.
- Catchers must wear a catcher's helmet with face mask and throat guard, chest protector and shin guards. Male catchers must also wear a cup at all times.
- Warm-up catchers must wear catcher's helmet, facemask, and throat guard while warming up pitchers (skull caps are not permitted). This applies between innings, during bull-pen warm-ups and pre-game infield drills. **Adults may NOT warm up a pitcher (Rule 3.09).** This is a safety issue for both the player and the adult.
- Rule 7.08a (sections 3, and 4) is particularly important for safety. A runner must slide OR avoid a fielder who has the ball and is waiting to make the tag. Except when returning to base, no head-first slides are permitted. If any coach or parent is unsure of the proper interpretation of Rule 7.08a please see the Safety Officer or other league officials.
- Coaches shall instruct all players in safe sliding techniques as well as how to avoid a pitched ball.
- Players must not wear watches, rings, pins, jewelry or other metallic items by Little League baseball rule.
- Parents of players that wear glasses should be encouraged to provide "safety glasses".
- No on-deck batters are allowed. No player should handle a bat even while in an enclosure, until it is his/her turn at bat at games or at practice.
- Players who are ejected, ill or injured should remain under coach supervision until released to the parent or guardian.

- After a game or practice, coaches should not leave the area until all players have been picked up.
- Players will be instructed in proper stretching and general sports health maintenance procedures, including proper throwing, fielding and hitting techniques to limit injury.
- Injuries should be reported immediately per BRHLL's "Accident Reporting & Tracking" procedures as outlined in the Safety Plan.
- Pitcher's helper in Minors baseball and softball will wear face mask.

**14. League Registration Data Reporting**

BRHLL will submit via the Little League Data Center player, coach and manager data by the required date.

## APPENDIX

- A. Emergency BRHLL Contact Information
- B. Emergency Contact Procedures
- C. Hey Coach! Game Day Flyer
- D. Lighting Safety Policy and Brochure
- E. Concession Stand Policy
- F. Communicable Disease Procedures
- G. Youth Sports Parent Code of Conduct
- H. BRHLL Volunteer Code of Conduct
- I. CDC Heads Up Concussion in Youth Sports Fact Sheet for Coaches
- J. Injury Tracking Form
- K. Accident Notification Form
- L. 2020 BRHLL Facility Survey

## BROAD RIPPLE HAVERFORD LITTLE LEAGUE

**Police – Fire – Ambulance Emergency: 911**  
**Indiana State Fairgrounds Security: (317) 927-7520**

### BRHLL Board of Directors Contact Information

Name	Title	Cell Phone	Email	Email 2
President	Mike Jones	317-753-9417	<a href="mailto:president@brhll.com">president@brhll.com</a>	<a href="mailto:mjones@brhll.com">mjones@brhll.com</a>
VP Baseball	Jason Reyome	317-710-4357	<a href="mailto:vpbaseball@brhll.com">vpbaseball@brhll.com</a>	<a href="mailto:jreyome@brhll.com">jreyome@brhll.com</a>
AVP Baseball	Reggie Lyons	317-213-0787	<a href="mailto:avpbaseball1@brhll.com">avpbaseball1@brhll.com</a>	<a href="mailto:rlyons@brhll.com">rlyons@brhll.com</a>
	Michael Bennett	317-979-2331	<a href="mailto:avpbaseball2@brhll.com">avpbaseball2@brhll.com</a>	<a href="mailto:mbennett@brhll.com">mbennett@brhll.com</a>
VP Softball	Tess Krueger	317-652-7662	<a href="mailto:vpsoftball@brhll.com">vpsoftball@brhll.com</a>	<a href="mailto:tkrueger@brhll.com">tkrueger@brhll.com</a>
AVP Softball	Mike Krueger	317-373-3120	<a href="mailto:avpsoftball@brhll.com">avpsoftball@brhll.com</a>	<a href="mailto:mkrueger@brhll.com">mkrueger@brhll.com</a>
Player Agent	Kip Chase	317-982-2578	<a href="mailto:playeragent@brhll.com">playeragent@brhll.com</a>	<a href="mailto:kchase@brhll.com">kchase@brhll.com</a>
Asst. Player Agent - Baseball	Chad Gilvin	317-995-1271	<a href="mailto:apabaseball@brhll.com">apabaseball@brhll.com</a>	<a href="mailto:cgilvin@brhll.com">cgilvin@brhll.com</a>
Asst. Player Agent - Softball	Katie Meek	207-318-7663	<a href="mailto:apasoftball@brhll.com">apasoftball@brhll.com</a>	<a href="mailto:kmeek@brhll.com">kmeek@brhll.com</a>
Treasurer	Tod Perry	317-431-1194	<a href="mailto:treasurer@brhll.com">treasurer@brhll.com</a>	<a href="mailto:tperry@brhll.com">tperry@brhll.com</a>
Asst. Treasurer	David Higgins	317-457-4742	<a href="mailto:assttreasurer@brhll.com">assttreasurer@brhll.com</a>	<a href="mailto:dhiggins@brhll.com">dhiggins@brhll.com</a>
Secretary	Sean Burke	317-614-7320	<a href="mailto:secretary@brhll.com">secretary@brhll.com</a>	<a href="mailto:sburke@brhll.com">sburke@brhll.com</a>
Umpire in Chief	Jim Strenski	317-431-2931	<a href="mailto:UIC@brhll.com">UIC@brhll.com</a>	<a href="mailto:jstrenski@brhll.com">jstrenski@brhll.com</a>
Safety Officer	Chris Bailey	904-860-7700	<a href="mailto:safety@brhll.com">safety@brhll.com</a>	<a href="mailto:cbailey@brhll.com">cbailey@brhll.com</a>
Information Director	Erica Morriral	317-523-2548	<a href="mailto:info@brhll.com">info@brhll.com</a>	<a href="mailto:emorrical@brhll.com">emorrical@brhll.com</a>
Volunteer Director	Jen McCormack	317-258-5813	<a href="mailto:volunteer@brhll.com">volunteer@brhll.com</a>	<a href="mailto:cwhaley@brhll.com">cwhaley@brhll.com</a>
Sponsorship Director	Tom Mariani	317-607-5904	<a href="mailto:sponsorship@brhll.com">sponsorship@brhll.com</a>	<a href="mailto:tmariani@brhll.com">tmariani@brhll.com</a>
Sponsorship Director	Paul Cotter	317-709-9410	<a href="mailto:sponsorship2@brhll.com">sponsorship2@brhll.com</a>	<a href="mailto:pcotter@brhll.com">pcotter@brhll.com</a>
Sponsorship Director	John Bannister	317-408-0886	<a href="mailto:sponsonship3@brhll.com">sponsonship3@brhll.com</a>	<a href="mailto:jbannister@brhll.com">jbannister@brhll.com</a>
Maintenance Director	Josh Ferry	317-525-4005	<a href="mailto:maintenance@brhll.com">maintenance@brhll.com</a>	<a href="mailto:jferry@brhll.com">jferry@brhll.com</a>
Facilities Director	Andy Sahm	317-432-4814	<a href="mailto:facilities@brhll.com">facilities@brhll.com</a>	<a href="mailto:asahm@brhll.com">asahm@brhll.com</a>
Fall Ball Director	Bryant Bray	317-771-7317	<a href="mailto:fallball@brhll.com">fallball@brhll.com</a>	<a href="mailto:bbray@brhll.com">bbray@brhll.com</a>
Uniforms	Andy Mallon	317-697-4525	<a href="mailto:uniforms@brhll.com">uniforms@brhll.com</a>	<a href="mailto:amallon@brhll.com">amallon@brhll.com</a>
Equipment	Jason Giust	513-405-3709	<a href="mailto:equipment@brhll.com">equipment@brhll.com</a>	<a href="mailto:jgiust@brhll.com">jgiust@brhll.com</a>
Equipment	Cari Roush	317-509-7687	<a href="mailto:equipment2@brhll.com">equipment2@brhll.com</a>	<a href="mailto:croush@brhll.com">croush@brhll.com</a>
Coaching Development	Chad Saalfrank	317-523-2227	<a href="mailto:coachingdevelopment@brhll.com">coachingdevelopment@brhll.com</a>	<a href="mailto:csaalfrank@brhll.com">csaalfrank@brhll.com</a>
Concessions Coordinator			<a href="mailto:concessions@brhll.com">concessions@brhll.com</a>	
Teen Baseball/Softball Director			<a href="mailto:teenball@brhll.com">teenball@brhll.com</a>	
At-Large	T. Ray Phillips	317-809-3707	<a href="mailto:atlarge1@brhll.com">atlarge1@brhll.com</a>	<a href="mailto:trphillips@brhll.com">trphillips@brhll.com</a>
At-Large	Alan Pyrz	317-701-0018	<a href="mailto:atlarge2@brhll.com">atlarge2@brhll.com</a>	<a href="mailto:apyrz@brhll.com">apyrz@brhll.com</a>

## EMERGENCY CONTACT PROCEDURES

The most important help you can provide to a person 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 telephone.

**Be sure that you or another caller follows these steps:**

**1) First dial 9-1-1.**

**2) Give the dispatcher the necessary information.** Answer any questions that they might ask. Most dispatchers will ask: **The exact location or address of the emergency?** Include the town name, nearby intersections, landmarks, etc. as well as the field name and location of the person(s) needing care, if applicable.

**BRHLL field locations:**

Main Fields (Diamonds 1, 2 and 3), 1349 E. 54<sup>th</sup> Street, closest intersection is 54<sup>th</sup> and Haverford (behind IPS School 55)

Fairgrounds Fields (Diamonds 4, 5 and 6), 1209 E. 46<sup>th</sup> Street, closest intersection is 46<sup>th</sup> and Crestview Avenue)

Indiana School for the Deaf (Diamonds 7 and 8), 1200 E. 42<sup>nd</sup> Street (closest intersection 42<sup>nd</sup> and Ralston Avenue)

Broad Ripple High School (Diamond 9), 1115 Broad Ripple Ave, Indianapolis, IN 46220 (closest intersection 61<sup>st</sup> and Crestview Avenue)

Bishop Chatard High School (Diamonds 10 and 11), 5885 N. Crittenden Ave, Indianapolis, Indiana 46220 (closest intersection Evanston Ave and E. 58<sup>th</sup> Street)

- The telephone number from which the call is being made?
- The caller's name?
- What happened — e.g., a baseball-related accident, bicycle accident..
- How many people are involved?
- The condition of the injured person—unconscious, chest pains, etc.
- What help is being given (first aid, CPR, etc.)?

**3) Do not hang up until the dispatcher hangs up.** The dispatcher may be able to tell you how to best care for the victim.

**4) Continue to care for the victim until professional help arrives.**

**5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary.** This can save valuable time.





## **HAVE YOU:**

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



## LIGHTNING SAFETY AND PROCEDURES

Broad Ripple Haverford Little League follows Little League policy regarding lightning safety with the following guidelines:

1. Watch for developing or approaching storms; use all resources (iPhone, web, TV, radio, etc.) to determine the risk level.
2. At the first sound of thunder or visible lightning - **CLEAR THE FIELD!**

A thunderstorm can cast lightning up to 10 miles from the edge of the storm, or about as far as the sound thunder can carry.

### WHAT TO DO:

- Go to a large enclosed building, if one is nearby
- Go to metal-top cars, with windows rolled up, if no enclosed building is available
- Complete a check of the facility for anyone still outdoors

### WHAT NOT TO DO:

- Don't allow players to remain in the dugouts or spectators to stay in the stands
- Don't carry metal items (like bats) or walk beside metal fences
- Don't go to an open-sided shelter; it is not adequate and should not be used.

3. Wait at least 20 minutes after the last lightning strike/peal of thunder before returning to play.
4. Do not leave facility until directed; wait at designated location(s) at field until the game is postponed or cancelled.
5. Make sure all players are accounted for and leaving with approved person(s)

### If someone is struck by lightning:

- ✓ Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.
- ✓ Call for help. Have someone call 9-1-1 or your local ambulance service.
- ✓ Give first aid. Begin CPR if necessary.
- ✓ If possible, move the victim to a safer place.

## Know what to do if someone is struck by lightning.

Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention. Cardiac arrest is the immediate cause of death in lightning fatalities. Some deaths can be prevented if the victim immediately receives the proper first aid.

- ▶ **Call for help.** Call 9-1-1 or your local ambulance service.
- ▶ **Give first aid.** Check the victim's pulse and breathing. Begin CPR if necessary. An Automatic External Defibrillator (AED) may also be useful if one is available.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



## Stay informed, listen to NOAA Weather Radio!

There are an estimated 25 million cloud-to-ground lightning flashes in the United States each year. While the National Weather Service issues severe thunderstorm watches and warnings for storms that produce damaging wind or hail, watches and warnings are NOT issued for lightning. However, the sound of thunder should serve as an immediate warning of the lightning danger.

As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio. The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to [www.nws.noaa.gov/wtr](http://www.nws.noaa.gov/wtr) and click on "Station Listing and Coverage."

A SEVERE THUNDERSTORM is defined as a storm that produces wind gusts of 58 mph or greater, and/or hail 3/4 of an inch or larger in diameter.

A SEVERE THUNDERSTORM WATCH is issued when conditions are favorable for severe weather to develop.

A SEVERE THUNDERSTORM WARNING is issued when severe weather is imminent.



## Lightning Safety Awareness Week

is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

[www.lightningsafety.noaa.gov](http://www.lightningsafety.noaa.gov)

## Lightning Kills... Play It Safe!

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

U.S. Department of Commerce  
National Oceanic and Atmospheric Administration  
NOAA's National Weather Service



This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions



National Lightning Safety Institute

## Coaches & Sports Officials Guide to

## Lightning Safety



## Lightning... The Underrated Killer!

A Safety Guide



NOAA PA200461

## Lightning Kills... Play it Safe!

Each year in the United States, more than 400 people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

## Know the basic facts about lightning and its dangers.

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, lifelong disabilities.

## Avoid the lightning threat.

- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety and how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety. Follow the plan without exception.

- ▶ **Postpone activities.** Prior to a practice or event, check the latest forecast. If thunderstorms are forecast, consider postponing activities early to avoid being caught in a dangerous situation.
- ▶ **Monitor the weather.** Watch and listen for clues of impending danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of a developing or approaching thunderstorm. Listen for thunder.
- ▶ **Get to a safe place.** If you hear thunder, suspend your activity immediately and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones and away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection.
- ▶ **Stay inside.** Do not resume activities until 30 minutes have passed since the last thunder was heard.

## What you should do if you can't get to a safe place.

- ▶ **Being outside during a thunderstorm puts you at risk of being struck by lightning.** The measures listed below will reduce that risk somewhat, but are no substitute for getting to a safe place.
- ▶ **Avoid open areas and stay away from isolated tall trees, towers, or utility poles.** Lightning tends to strike the taller objects.

- ▶ **Stay away from metal bleachers, backstops, and fences.** Lightning can travel long distances through metal.
- ▶ **Spread out.** This reduces the risk of multiple lightning casualties.

## If you feel your hair stand on end, lightning is about to strike.

There may be little or nothing you can do to keep from being struck by lightning. As a last desperate resort:

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- ▶ **Do not lie flat on the ground.**



Lightning Kills... Play it Safe Lightning Kills... Play it Safe Lightning Kills... Play it Safe Lightning Kills... Play it Safe Lightning Kills... Play it Safe

## YOUTH SPORTS PARENT CODE OF CONDUCT

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We, the Broad Ripple Haverford Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports.

Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

### ***Preamble***

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

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

### ***I hereby agree that:***

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.

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

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

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Parent/Guardian Signature



## **VOLUNTEER CODE OF CONDUCT**

The Broad Ripple Haverford Little League Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and return it to Mike Jones, President of the Broad Ripple Haverford Little League.

### **BROAD RIPPLE LITTLE LEAGUE CODE OF CONDUCT**

- No board member, manager, coach, player or spectator shall, at any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, bats, balls, or any other forceful unsportsmanlike conduct.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official, manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.

- Smoke while on the grounds of the Indianapolis Public School Corporation. BRHLL leases land owned by IPS and will adhere to their smoke-free policy.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during any game.
- As a manager or coach, be guilty of excessive mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulating any league rosters, schedules, draft positions, or selections, official score books, pitch counts, rankings, financial records or procedures.
- Challenge an umpire’s authority. The umpires shall have the authority and discretion during the game to penalize the offender according to the infraction up to an including expulsion from the game.

*The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the Board may assess additional disciplinary action up to and including expulsion from the league.*

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I have read the Broad Ripple Haverford Little League Code of Conduct and promise to adhere to its rules and regulations.

\_\_\_\_\_  
Print Name of Manager/Coach

\_\_\_\_\_  
Team Name and Division



# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

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

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper 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 from an approved source.

#### 12. Food Storage and Cleanliness.

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

#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

***Safety plans must be postmarked no later than May 1st.***

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**  
20 seconds  
Use soap



**Rinse**



**Dry**  
Use single-service  
paper towels



**Gloves**



## WHEN

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

**Wash after you:**

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

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

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

**Wear gloves.**

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

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS  
EXTENSION**

## COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids.

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards, and other articles containing body fluids.

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



## A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)  
Para descargar la hoja informativa para los entrenadores en español, por favor visite  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

*It's better to miss one game than the whole season.*

## SIGNS AND SYMPTOMS<sup>1</sup>

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

*Adapted from Lowell et al. 2004*

### WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.<sup>2,3</sup>

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

**STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.

## ACTION PLAN

### WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

#### 1. REMOVE THE ATHLETE FROM

**PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

#### 2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing 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/ knocked out) and if so, for how long
- Any memory loss immediately following the injury

- Any seizures immediately following the injury
- Number of previous concussions (if any)

#### 3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

#### 4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

## REFERENCES

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press; 2002.
3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries—United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm).

*If you think your athlete has a concussion... take him/her out of play and seek the advice of a health care professional experienced in evaluating for concussion.*

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

**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 being allowed in a game or practice.)

**Type of incident and location:**

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

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

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

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

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

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





# 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: 570-327-1874 Fax: 570-328-9280

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) |                                                                  |
|                                           | <input type="checkbox"/> BIG (14-18)                  |                                               |                                           |                                                                  |

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
------	---------------------------

# LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2020



League Name: Broad Ripple Haverford

District #: 1140811

ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: Indianapolis State: IN

President: Michael Jones Safety Officer: Christopher Bailey

Address: 66 E. 70<sup>th</sup> Street Address: 5545 Central Ave

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: Indianapolis City: Indianapolis

State: IN ZIP: 46220 State: IN ZIP: 46220

Phone (work): (317) 753-9417 Phone (work): (317) 986-8555

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (cell): (904)860-7700

Email: president@brhll.com Email: safety@brhll.com

## PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms		1	
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts	2		
n. Other (specify): Batting Cages	2		

**SPECIFIC BALLFIELD QUESTIONS**

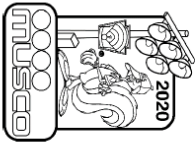
• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.

**ASAP - A Safety Awareness Program**

Limited Edition 10-year Pin Collection

This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2020 Disney® character collector's pin shown at right featuring Windup the pitcher.



Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
1.	How many cars can park in designated parking areas?	None																				
		1-50	X	X	X																	
		51-100				X	X	X	X	X												
		101 or more									X											
2.	How many people can your bleachers seat?	None/NA																				
		1-100	X	X	X	X	X	X	X	X												
		101-300																				
		301-500																				
		501 or more																				
3.	What material is used for bleachers?	Wood	X	X	X	X	X	X	X	X												
		Metal									X											
		Other																				
4.	Metal bleachers: Ground wire attached to ground rod?	Yes																				
5.	Wood bleachers: Are inspected annually for safety?	Yes	YES	YES	YES	YES	YES	YES	YES	YES												
6.	Is a safety railing at the top/back of bleachers?	Yes																				
7.	Is a handrail up the sides of bleachers?	Yes																				
		Permanent	YES	YES	YES																	
		Cellular	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES								
		Permanent	YES	YES	YES	YES	YES															
		Portable	YES	YES	YES																	
9.	Is a public address system available?	Yes	YES	YES																		
10.	Is there a pressbox?	Yes	YES	YES																		
11.	Is there a scoreboard?	Yes	YES	YES	YES	YES	YES	YES	YES	YES												
12.	Adequate bathroom facilities available?	Yes	YES	YES	YES	YES	YES	YES	YES	YES												
13.	Permanent concession stands?	Yes	YES	YES	YES	YES	YES	YES	YES	YES												
14.	Mobile concession stands?	Yes	YES	YES	YES	YES	YES	YES	YES	YES												

FIELD	Field #																					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
15. Is field completely fenced?	Yes																					
16. What type of fencing material is used?	Chainlink	X	X	X	X	X	X	X	X	X												
	Wood																					
	Wire																					
	Sand, clay, soil mix Ground burnt brick	X	X	X	X	X	X	X	X													
17. What base path material is used?	Other:																					
	Non-caustic lime																					
	Spray paint	X	X	X	X	X	X	X	X	X												
18. What is used to mark baseline?	Commercial marking																					
	Commercial marking	X	X	X	X	X	X	X	X	X												
19. Is your the infield surface grass?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
20. Does field have conventional dirt pitching mound?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
21. Does field have a temporary pitching mound?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
22. Are there foul poles?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
23. Backstop behind home plate?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
<b>PERFORMANCE AND PLAYER SAFETY</b>																						
24. Is there an outfield warning track?	Yes																					
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																					
25. Batter's eye (screen/covering) at center field?	Yes	YES	YES																			
26. Pitcher's eye (screen/covering) behind home plate?	Yes	YES	YES																			
27. Are there protective fences in front of the dugouts?	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																					
29. Do you have fenced, limited access bull pens?	Yes																					
30. Is a first aid kit provided per field?	Yes																					
31. Do bleachers have spectator foul ball protection?	Overhead screens Fencing behind	YES	YES																			
32. Do your bases disengage from their anchors? (Mandatory since 2009)	Yes	YES	YES	YES	YES	YES	YES	YES	YES	YES												
33. Is the field lighted?	Yes																					
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																					
	Don't know																					
	Wood*																					
	Steel																					
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Concrete																					
	Yes																					
36. Is electrical wiring to each pole underground?	Yes																					
37. Ground wires connected to ground rods on each pole?	Yes																					
38. Which fields were tested/inspected in the last two years? <b>Please indicate month/year testing was done (example: 3/10)</b>	Electrical System																					
	Light Levels																					
39. Fields tested/inspected by qualified technician?	Electrical System																					
	Light Levels																					



### FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	6'10"	192	197	175	18	21	19	19	21	19	18
2	6'10"	174	197	193	18	21	19	19	20	20	20
3	8'	133	160	132	23	18	16	8	20	22	21
4	5'	205	206	178	27	32	30	23	29	28	36
5	6'	183	197	174	20	21	24	13	22	20	N/A
6	NONE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7	4'	214	213	215	25	24	29	34	25	29	29
8	6'2"	303	339	307	44	36	41	20	36	41	20
9	5'	N/A	N/A	130	21	20	19	19	20	19	19
10											
11											
12											
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15											
16											
17											
18											
19											
20											

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