Orangecrest Little League
2022 ASAP Safety Plan

League ID #: 4052422

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POLICY STATEMENT

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

SAFETY / HAZARD RECOGNITION

Safety Mission Statement

Orangecrest Little League is dedicated in its development, implementation, and continual improvement of its safety program. Safety of our participants is the most important aspect of providing a fun and educational Little League experience.

Safety Officer

The position of safety officer is an elected volunteer board member. For the 2022 season the Safety Officer is Phil Schmidt. His cell number is (714) 595-5339.

Hazard Recognition

One of the goals of this safety program is to teach all involved in Orangecrest Little League to recognize and prevent hazards in all aspects of the game. Eliminating all unsafe conditions and unsafe acts will provide a safer atmosphere for all our participants. Teaching hazard recognition will be a part of preseason managers meetings.

CODE OF CONDUCT

Our Mission statement:

"To implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well-adjusted, stronger and happier children and will grow to be good, decent, healthy, and trustworthy citizens."

Therefore, the board of directors of Orangecrest Little League has mandated the following Code of Conduct.

As a member, parent, volunteer or spectator of Orangecrest Little League, I agree to support the Mission Statement, will support a positive environment for all participants and will abide by the Little League Parent/Volunteer Pledge:

I will teach all children to play fair and do their best
I will positively support all Managers, Coaches and Players
I will respect the decisions of the Umpires
I will praise a good effort despite the outcome of the game

In addition, all participants, including: Board Members, Managers, Coaches, Players, Volunteers and Spectators are ***prohibited*** from:

- Any actual or threatened personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Any actual or threatened verbal or physical attack upon any board member, manager, coach, player, volunteer or spectator.
- Use of any profane, obscene or vulgar language in any manner at any time.
- Use of derogatory or abusive language directly or indirectly toward, or about any play, decision or game participants.
- Speaking disrespectfully to any manager, coach, official or representative of the league.
- Demonstrating dissent at an official's decision by throwing of gloves, helmets, hats, bats, ball, or any other forceful unsportsmanlike action.
- Using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Mingling with or fraternizing with spectators during the course of the game.
- Gambling upon any play or outcome of any game at any time.
- Being or appearing to be intoxicated in the field of play, stands or anywhere on the OCLL complex, identified by the presence of odor of substance or behavior commonly attributed to intoxicated persons.
- Smoking anywhere in Orange Terrace Community Park (Riverside Municipal Code Section 9.08.140).
- Tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial record or procedures.

Per Little League rules, umpires shall have the authority and discretion during a game to penalize any offender according to the infraction up to and including removal from the game, which may include automatic suspension from the next game.

The Board of Directors will review all infractions of the OCLL Code of Conduct. In accordance with the Little League rules, the board will evaluate the nature and seriousness of the infractions(s) and may assess additional disciplinary action up to and including expulsion from the league.

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

Parent or Legal Guardian Signature: _____

Parent Printed Name: _____

Board Member Signature: _____

Parent / Guardian Release and Indemnity Agreement

Player Name: _____

I, the parent/guardian of the above named candidate for a position on a Little League team, hereby give my approval for my child to participate in any and all Little League activities, including, but not limited to, transportation to/from said activities. I know that participation in baseball, and transportation to/from activities, may result in serious injuries. I understand that protective equipment does not prevent all injuries to players. I do hereby agree to waive, release, absolve, indemnify, defend, and hold harmless Orangecrest Little League, Inc., its officers and directors, Little League Baseball, Inc., and all organizers, sponsors, supervisors, coaches, and participants, including persons transporting my child to/from activities, from all claims arising out of any bodily injury or any other injury to my child, whether such injuries are the result of negligence or any other cause, except to the extent that such bodily injury or other injury results from the sole active negligence of Orangecrest Little League, Inc., Little League Baseball, Inc., the organizers, sponsors, supervisors, coaches, or participants, including persons transporting my child to/from activities. This release and indemnity agreement shall not apply to the extent that such bodily or other injury is covered by accident or liability insurance maintained by Orangecrest Little League, Inc.

In case of emergency, I hereby authorize the medical treatment of registered child by an emergency healthcare provider.

League Notices – Please Read Carefully & Acknowledge

1) Uniforms remain property of the Orangecrest Little League until the conclusion of the season. Player will be given his/her team uniform at the end of the season so long as all financial obligations have been fulfilled.
2) Siblings might not be placed in the same division or the same team and may have different schedules. Players cannot move from one league to another at any time during the season.
3) Game schedules are subject to change; cancelled games may not be rescheduled; there is no minimum guaranteed number of games; play-offs are subject to time and field availability and may not be played; make-up games (if played) are subject to time and field availability.
4) League games may or may not be played at Orange Terrace Community Park. Games may be played at other locations to be determined at a later date. **Week night games may start as early** as 4:00 p.m. and as late as 8:00 p.m.
5) Practices will be scheduled by the manager at a time, location, and frequency that they desire. Due to limited field availability, practices may or may not be located at Orange Terrace Community Park.
6) Refunds will be given in accordance with our Refund Policy, which is available on our website, www.ocll.com.
7) Major through Senior division "property players" can only be released at the request of the appointed team manager or during a player draft IF the player competed at Try-outs. All releases must be approved by the Board of Directors. Trades are discouraged and rarely approved.
8) All managers and coaches must be appointed by the League President and approved by the Board of Directors.
9) All Little League rules, Orangecrest League Ground Rules, and Draft Rules will be strictly enforced. Current year league ground rules, standing rules, draft rules, and Little League Rule book are available at ocll.com or for purchase from Little League International, Inc.
10) I understand that this is a *volunteer run league* and in order to facilitate revenue generation at the league run snack bar, ***each team is required to staff that snack bar as scheduled by the board,*** and therefore, ***I as a parent on that team, am required to be a help fulfill shifts when directed by the manager / team mom.***
11) I agree to participate in the Spring season fundraiser by selling raffle tickets or buy out at the appropriate cost.

I give permission for Orangecrest Little League, its agents, and contractors, to take and use photographs, post to our website or social media of my child pursuant to the rules set forth by Little League International.

Parent or Legal Guardian Signature: _____

Parent Printed Name: _____

Board Member Signature: _____

OCLL SAFETY CODE

The Board of Directors of Orangecrest Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team. These rules and Little League Baseball rules apply to every participant of Orangecrest Little League.

- Responsibility for safety procedures belongs to every adult member of the Orangecrest Little League.
- Each player, manager, designated coach, umpire, team safety officer/manager shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league approved managers and/or coaches will supervise batting cages.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First-Aid.
- First-Aid kits are issued to each team manager during the pre-season and additional supplies will be located at the Snack Bar.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches.
- Foul balls batted out of the playing area will be returned to the Scorekeeper or On-duty Board Member and not thrown over the fence during a game.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering, spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted for all Divisions, except for Intermediate and Seniors.
- For official games, Managers will only use the official Little League balls supplied by OCLL.

- Female catchers may wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards, catcher's helmet and protective cup, all of which must meet Little League specifications and standards.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible. Majors and below.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: jewelry that alerts medical personnel to specific conditions is permissible and this must be taped in place)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains.)
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 14 are permitted in the Snack Bars unless approved by Snack Bar Manager.
- Never hesitate to report any present or potential safety hazard to the OCLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing on or around maintenance equipment at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on the dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

OCLL BOARD MEMBER PHONE LIST

All board member phone numbers are available to managers and team parents, and OCLL members only. If this applies to you, please go to the website and click on the tab that says Board or Contact Us. This will let you e-mail your request to the Public Information Officer (info@ocll.com). Key contact information:

Brett Varner	President	president@ocll.com	(949) 637-0784
Stephen Ashby	Vice-president	sashby@ocll.com	(951) 836-7717
Mallory Cartwright	Secretary	mcartwright@ocll.com	(951) 478-8212
Melissa Baldwin	Treasurer	treasurer@ocll.com	(951) 500-2679
Phil Schmidt	Safety Officer	safetyofficer@ocll.com	(714) 595-5339
Phil Schmidt	Information Officer	pschmidt@ocll.com	(714) 595-5339
Jenner Goolsby	Player Agent	playeragent@ocll.com	(951) 313-4182
Alex Kantola	Umpire in Chief	akantola@ocll.com	(951) 966-5014
Riverside Police Dept.	General Info		(951) 826-5700
Riverside Fire Dept.	General Info		(951) 826-5321

VOLUNTEER REQUIREMENTS

Volunteer Application & Background Check

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

Shortly after a volunteer registers, a link to the background check questionnaire and volunteer application is sent by JDP. If a volunteer does not have access to email and/or an electronic device, then the paper volunteer application may be submitted (see Form D). Orangecrest Little League is dedicated in its development, implementation, and continual improvement of its safety program. Safety of our participants is the most important aspect of providing a fun and educational Little League experience.

Live Scan

Live Scan requirements are new for Spring 2022, and additional steps and requirements will be communicated once OCLL receives our ORI number.

California Assembly Bill No. 506 requires a fingerprint-based (Live Scan) background check and child abuse and neglect reporting training for individuals who volunteer more than 16 hours a month or 32 hours a year; which, for Little League, includes coaches, managers, board members, umpires, etc.

Volunteers may attend an OCLL sponsored Live Scan event, when scheduled, at no expense to the volunteer. Volunteers who are unable, or choose not to attend, the league sponsored event will be responsible for any applicable fingerprint rolling fees (which may be $ 15-$ 70).

The league will provide the ORI code to volunteers to complete the fingerprint process. A league volunteer must use the correct ORI code for their local Little League, as it is strictly prohibited to share the fingerprint background check results with other local Little Leagues or other non-profits.

The ORI code will be entered on the 8016- Request for Live Scan Services form (available on ocll.com) that must be completed prior to completing the Live Scan.

League Training Dates and Times

Training	Date	Location
Coach Fundamental Training	2/28/2022 from 6:30pm-8:30pm	Orange Terrace Community Center
Safety Manual & First-Aid Training and Rules Clinic	4/4/2022 from 6:30pm-8:30pm (Tentative time)	Orange Terrace Park

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

Volunteer Training Courses

All Managers and Coaches are required to complete the following training courses:

1. CDC HEADS UP to Youth Sports (see Concussion Prevention, Treatment and Management Policy)
2. Sudden Cardiac Arrest (SCA) Awareness (https://sportsafety.com/coach/cardiacwise/)
3. Familiarize self with Safe Sports Act and USA Baseball Pure Baseball Initiative (see below)

Safe Sports Act

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

USA Baseball Pure Baseball Initiative

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

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

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

RESPONSIBILITY

President

The President of OCLL is responsible for ensuring that the policies and regulations of the OCLL Safety Officer are carried out by the entire membership to the best of his/her abilities.

OCLL Safety Officer

The main responsibility of the OCLL Safety Officer is to develop and implement the League's safety program. This includes filling out a Facility Survey each year to help find and correct facility concerns.

The OCLL Safety Officer is the link between the Board of Directors of Orangecrest Little League and its managers, coaches, umpires, Team Safety Officer/Managers, player, spectators, and any other third parties on the complex in regard to safety matters, rules and regulations.

Safety Officer will be available to all participants of Orangecrest Little League at all times and also be on file with Little League Headquarters.

The OCLL Safety Officer's responsibilities include:

- Coordinating the individual Team Safety Ffficer/Managers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First-Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, farm, tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives it Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in all Snack Bars and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting Snack Bars and checking fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid clinic for all managers, designated coaches, umpires, player agents and Team Safety Officer/Managers during the pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid kits.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.

- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety.

Managers and Coaches

The Manager is a person appointed by the Board of Directors of OCLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- **The Manager** is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches and the Team safety officer/Manager (TSO).
- If a **Manager** leaves the field, that **Manager** shall designate a **Coach,** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Pre-Season
Managers will:

- Attend a **mandatory training sessions First-Aid** given by OCLL with his/her designated coaches and TSO. Date and time for the mandatory training session shall be set by the OCLL Board.
- Cover the basics of safe play with his/her team before starting the first practice.
- Return the signed *OCLL Mission Statement Acknowledgment Form* to an OCLL Board Member before the first game.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. ***There are no exceptions to this rule.***
- Encourage players to bring **water bottles** to practices and games.
- Encourage your players to wear **mouth protection**.

Season Play
Managers will:

- Work closely with Team Safety Officer/Manager to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone is always on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players:
    - Catching fly balls
    - Sliding correctly

    - Proper fielding of ground balls
    - Simple pitching motion for balance
- Be open to ideas, suggestions, or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Medical Releases on hand.
- Use common sense.

Pre-Game and Practice
Managers will:

- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager and umpire on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative (e.g., Board Member on Duty or "BOD") shall make the determination.
- Have players do a light jog around the field and dynamic stretching before starting throwing warm-ups. A suggested throwing warm-up includes:
    - Light tosses short distance.
    - Light tosses medium distance.
    - Light tosses large distance.
    - Medium tosses medium distance.
    - Regular tosses medium distance.

During the Game
Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Maintain *discipline* at all times.
- Be *organized*.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think ***Safety First***.
- Observe the ***"no on-deck"*** rule for the divisions of Majors and below.
- Keep players behind the screens at all times.

- No player should handle a bat in the dugout at any time.
- Keep players off fences.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents or passersby.

Post-Game
Managers will:

- Encourage those who throw regularly (pitchers and catchers) to ice their shoulders and elbows.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- *Notify parents if their child has been injured* no matter how small or insignificant the injury is. ***There are no exceptions to this rule***. This protects you, Little League Baseball, Incorporated and OCLL.
- Discuss any safety problems with the Team Safety Officer/Manager that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the OCLL Safety Officer.

If a manager knowingly disregards safety, he or she will come before the OCLL Board of Directors to explain their conduct.

Umpires

Pre-Game
Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and those helmets meet Little League ***NOCSAE*** specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g., rocks and glass).
- Check players to see if they are wearing jewelry.
- Checks players to see if they are wearing appropriate footwear.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from Managers or the snack bar.

During the Game
During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.

Post-Game
After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the OCLL Safety Officer by telephone and in writing.

Snack Bar Manager

The OCLL Snack Bar Manager is responsible to ensure the Snack Bar Volunteers are oriented in the safety procedures as set forth in this manual.

Equipment Manager

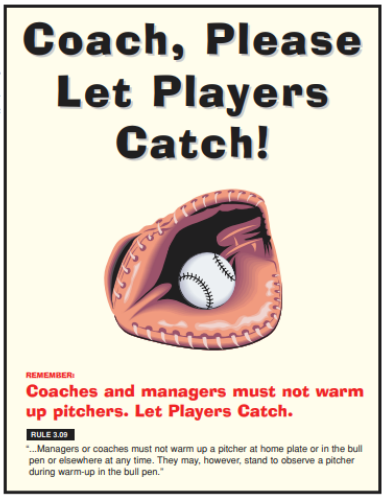
The OCLL Equipment Manager is responsible for getting damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Player Agent

The OCLL Player Agent will be responsible to ensure the timely uploads of player coach, and manager information into the Little League Data Center.

Enforcement of Little League Rules

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used… (rule 1.10)
- The traditional batting donut is not permissible… (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted… (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists… (rule 1.15)
- Players must not wear jewelry… (rule 1.11)
- Catcher must wear a catcher's mitt… (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCSAE stamp, no painting, or stickers on helmets… (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted… (rule 1.17)
- Each team is allowed three coaches in the dugout…
- Mangers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time… (rule 3.09)
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below… (rule 1.08)



HEALTH AND MEDICAL

The following First-Aid information is to help give guidance to Orangecrest Little League volunteers in providing basic victim care. The intent is to give basic information to help stabilize someone in a medical emergency until professional medical assistance can be rendered.

What is First-Aid?

First-Aid means exactly what the term implies – it is the ***first care*** given to a victim. It is usually performed by the ***first person*** on the scene and continued until professional medical help arrives (9-1-1 / (951) 787-7911 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. ***Know your limits!***

First-Aid Kits

Each team will be issued a First-Aid Kit at the beginning of the season. One chemical ice pack, of physical therapy quality, will be issued to each team at the beginning of the season. Others are always available in the Snack Bar. First-Aid Kits are required to be present at all activities. The Snack Bar will have a First-Aid Kit and a Safety Manual readily available. The First-Aid Kit will include the necessary items to treat an injured player until professional help arrives, if need be.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

9-1-1 / (951) 787-7911 EMERGENCY NUMBERS

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

A. First Dial 9-1-1 / (951) 787-7911
B. Give the emergency dispatcher the necessary information. Answer any questions they might ask. Most emergency dispatchers will ask:
    a. The exact location or address of the emergency. Include the name of the City or Town, nearby intersections or landmarks.

       Orange Terrace Community Park
       20010 Orange Terrace Pkwy
       Riverside, CA 92508
       Cross Street is Barton Road

    b. The Telephone number from which the call is being made.
    c. The caller's name.
    d. What happened (Baseball or Softball injury, fire, fall, etc.)?
    e. How many people are involved?
    f. The condition of the injured person.
    g. What help is being given (First Aid)?
    h. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.

C. Continue to care for the victim until professional help arrives.
D. Appoint somebody to go to the street and look for the Fire Engine and Ambulance to flag them down if necessary. This could save valuable time.

When to call 9-1-1 / (951) 787-7911

If the injured person is unconscious, call 9-1-1 / (951) 787-7911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 / (951) 787-7911 anyway and request paramedics if the victim:

- Is or becomes unconscious
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Is bleeding severely
- Has pressure or pain in the abdomen that does not go away
- Is vomiting or passing blood
- Has seizures, a severe headache or slurred speech
- Has injures to the head, neck or back
- Has possible broken bones

If you have any doubt at all, call 9-1-1 / (951) 787-7911 and request paramedics.

Also call 9-1-1 / (951) 787-7911 for any of these situations:

- Fire or Explosion
- Downed electrical wires
- Presence of poisonous gas
- Vehicle collisions
- Vehicle/Bicycle collisions

Communicable Disease Procedures

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

Neighboring Hospital

Riverside Community Hospital
4445 Magnolia Ave
Riverside, CA 92501
(951) 788-3000

Assessing the Victim

Conscious Victim

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed, pass along to emergency dispatchers. A primary survey should be conducted to check for responsiveness:

1) Talk to the victim and to any people standing by who saw the accident take place.
2) Check the victim from head to toe, so you don't overlook any problems.
3) Do not ask the victim to move, and do not move the victim yourself.
4) Examine the scalp, face, ears, nose, and mouth.
5) Look for cuts, bruises, bumps, or depressions.
6) Watch for changes in consciousness.
7) Notice if the victim is drowsy, not alert, or confused.
8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11) Ask the victim again about the areas that hurt.
12) Ask the victim to move each part of the body that doesn't hurt.
13) Check the shoulders by asking the victim to shrug them.
14) Check the chest and abdomen by asking the victim to take a deep breath.
15) Ask the victim if he or she can move the fingers, hands, and arms.
16) Check the hips and legs in the same way.
17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
18) Look for odd bumps or depressions.
19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.

20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victims care to give for that problem, and who to call for help.

21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.

22) When the victim feels ready, help him or her stand up.

Unconscious Victim

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 / (951) 787-7911 and report the emergency immediately.

1) Tap and shout (checking for responsiveness) to see if the person responds. If no response, call 9-1-1.
2) Look, listen and feel for breathing for about 5 seconds.
3) If there is no response, position victim on back, while supporting head and neck.
4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
5) Look, listen, and feel for breathing for about 5 seconds.
6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7) Check pulse for 5 to 10 seconds.
8) Check for severe bleeding.

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries

Always suspect a serious injury when the following symptoms are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating, victim felt a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exist, call 9-1-1 / (951) 787-7911 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries

Bone and joint injuries have similar signs and symptoms where a victim may have:

- Loss of function
- Swelling and discoloration
- Tenderness and pain

Emergency treatment is the same. One should expose the injury, control any bleeding and immobilize the injury.

Treatment for broken bones
If you have established that the victim has a broken bone, and you have called 9-1-1 / (951) 787-7911, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Head, Neck, and Spine Injuries

If injury involves head, neck or spine, DO NOT move victim unless absolutely necessary. Wait for Paramedics.

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

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

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.

Symptoms of Head and Spine Injuries:

- Changes in consciousness
- Severe pain or pressure in the head, neck or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine

- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

1) Call 9-1-1 / (951) 787-7911 immediately.
2) Minimize movement of the head and spine.
3) Maintain an open airway.
4) Check consciousness and breathing.
5) Control any external bleeding.

Concussion Prevention, Treatment and Management Policy

California Assembly Bill No. 2007 (AB-2007) requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

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

Players removed from baseball activities for a suspected concussion **are not permitted to return until** he or she is evaluated by a licensed health care provider. The Player shall not be permitted to return to baseball activities until he or she receives written clearance to return to baseball activities from a licensed health care provider. If the licensed health care provider determines that the Player sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

Orangecrest Little League has adopted the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

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

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

b. Complete the CDC on-line training course at: https://www.train.org/cdctrain/course/1089818/ and a copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

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

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

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

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

- Remove the athlete from play (game or practice). **When in doubt, sit them out!**
- Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.
- Record and share information about the injury, such as how it happened and the athlete's symptoms, to help the healthcare provider assess the athlete.
- Inform the athlete's parent(s) or guardian(s) about the possible concussion and refer them to CDC's website for concussion information (https://www.cdc.gov/headsup/index.html).
- Instruct parents to take the child to a doctor for further examination. Ask for written instructions from the athlete's healthcare provider about the steps you should take to help the athlete safely return to play.
- **If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 / (951) 787-7911 immediately (see below on how to treat head and neck injuries)**

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Caring for shock involves the following simple steps:

- Have victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- Control any external bleeding.
- Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling

- Try to reassure the victim (talk to them).
- Elevate the legs about 12 inches unless you suspect head, neck or back injury or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- **Call 9-1-1 / (951) 787-7911 immediately. Shock cannot be managed effectively by First-Aid alone.**

Heat Related Emergencies

Signs of Heat Exhaustion may include:

- Fatigue
- Irritability
- Headache
- Faintness
- Weak, rapid pulse
- Shallow breathing
- Cold clammy skin
- Profuse perspiration

Caring for Heat Exhaustion includes:

- Remove the victim from the heat source
- Get victim out of the sun
- Provide the victim ample rest
- Provide fluids in small amounts

Signs of Heat Stroke may include:

- Extremely high body temperature (106 degrees F or higher)
- Hot, red, dry skin
- Absence of sweating
- Rapid pulse
- Convulsions
- Sometimes unconscious

Caring for Heat Stroke:

- Call **9-1-1 / (951) 787-7911** immediately
- Cool the body immediately
- Loosen and remove clothing
- Apply wet towels to assist with cooling off the victim

- Monitor the victim's Airway, Breathing and Circulation (ABC's)
- Do not attempt to give fluids to persons who are semi-conscious or unconscious

Other Injuries

Contusion to Sternum

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous, because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed, and the victim dies. Do not downplay the seriousness of this injury.

1) If a player is hit in the chest and appears to be alright, urge the parents to take their child to the hospital for further examination.
2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 / (951) 787-7911 and treat the player until professional medical help arrives.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain

Care for Sudden Illness

1) Call 9-1-1 / (951) 787-7911
2) Help the victim rest comfortable
3) Keep the victim from getting chilled or overheated
4) Reassure the victim
5) Watch for changes in consciousness and breathing
6) Do not give anything to eat or drink unless the victim is fully conscious

Choking

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatments: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe; cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment – The Heimlich Maneuver:

- Stand behind the victim
- Reach around victim with both arms under the victim's arms
- Place thumb side of fist against middle of abdomen just above the navel
- Grasp fist with other hand
- Give quick, upward thrusts
- Repeat until object is coughed up

Breathing Problem/Emergency Breathing

If Victim is not Breathing:

1) Position victim on back while supporting head and neck.
2) With victim's head tilted back and chin lifted, pinch the nose shut.
3) Give two (2) slow breaths into the victim's mouth. Breathe in until the chest gently rises.
4) Check for a pulse at the carotid artery (use fingers instead of thumb).
5) If pulse is present but the person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6) Continue rescue breathing as long as a pulse is present, but the person is not breathing.

Once a victim requires emergency breathing you become the life support for the person – without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there.

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

- Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.
- Avoid additional trauma to tooth while handling. Do Not handle the tooth by the root. Do Not brush or scrub the tooth. Do Not sterilize the tooth.

- Keep the tooth moist (placing it in a cup of water).

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

Burns

Thermal Burns

Characterized as First, Second and Third degrees. Thermal burns can result from a variety of causes which include sunburns, fire and other sources of extreme heat.

Treatment for thermal burns includes the following:

- Remove the victim from the heat source
- Cool the burn with water
- Loosely cover the burned area with clean dressing (Moist dressing for first and second degree burns, dry dressings involving open blisters).

Chemical Burns

Chemical burns typically occur in industrial settings. First-Aid treatment includes:

- Removing excess chemical from clothing
- Flood affected area for 15-30 minutes
- Cover affected area with a dry dressing

Penetrating Objects:

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1) Do not remove it.
2) Place several dressings around the object to keep it from moving (stabilizing it).
3) Bandage the dressings in place around the object.
4) If the object penetrates chest and the victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5) Treat for shock if needed (see “Care for Shock” section).
6) Call 9-1-1 / (951) 787-7911 for professional medical care.

Asthma and Allergies:

Many children suffer from asthma and/or allergies (allergies especially in the spring.) Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medications. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (included in the appendix of this safety manual). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him/her down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 / (951) 787-7911 and request emergency service.

SAFETY MANUAL

Each team manager will be provided an electronic copy of the safety manual in the beginning of the season. The safety manual will also be posted on the Orangecrest Little League website.

- Managers will be responsible for reading and applying Orangecrest Little Leagues safety policies in all league related events.
- The head umpire will be issued a copy of the OCLL safety manual.
- The Snack Bar will maintain a copy of the safety manual.
- The safety manual will include phone numbers for emergency services, and board members. It will also include OCLL Code of Conduct and information for treating injured players.

SEE SOMETHING, SAY SOMETHING

Orangecrest Little League is dedicated to providing a safe environment for players, volunteers and spectators. Please report any unsafe conditions or practices to any OCLL Board Member. OCLL Board Members are present at the Orange Terrace Park during all official games. Additional contact information is provided on page 10 of this manual.

ACCIDENT REPORTING PROCEDURE

What to report

An incident that causes any player, manager, coach, and umpire or volunteer to receive medical treatment and/or First-Aid must be reported to the OCLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report

All such incidents described above must be reported to the OCLL Safety Officer within 24 hours of the incident.

The Safety Officer is

Phil Schmidt
Cell: (714) 595-5339
Email: safetyofficer@ocll.com

Team Safety Officer/Manager's Responsibility

The Team Safety Officer will fill out the OCLL ***Incident/Injury Tracking Report*** and submit it to the OCLL Safety Officer ***within 24 hours of the incident.*** If the team does not have a Safety Officer, then the Team Manager will be responsible for filling out the form and turning it into the OCLL Safety Officer. (OCLL ***Incident/Injury Tracking Report*** Forms can be found on at OCLL.com, under Forms, or in the Incident Recording Book located in the Snack Bar at the Orange Terrace Park.)

Accidents involving spectators or volunteers participating in a sanctioned OCLL event, (i.e., spectator injuries, Snack Bar injuries and third-party injuries) shall be handled directly by the OCLL Safety Officer or the BOD.

OCLL Safety Officer's Responsibilities

Within 24 hours of receiving the OCLL Incident/Injury Tracking Report, the OCLL Safety Officer will contact the injured party or the party's parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party; and
- In the event an injured party requires professional medical treatment, (i.e., Emergency Room visit, doctor's visit, etc.) advise the provisions of the Orangecrest Little League's insurance coverage and the process for submitting any claims.

If the extents of the injuries are more than minor in nature, the OCLL Safety Officers shall periodically call the injured party to:

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

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A $50 deductible applies for all claims, up to the maximum stated benefits.

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

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

1) The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2) Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.

3) When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.

4) Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.

5) Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when: (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of $100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained. (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of $1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy. We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

Claims must be filed with the OCLL Safety Officer and forwarded to:

Little League Baseball, Incorporated.
PO BOX 3485, WILLIAMSPORT, PA, 17701.
Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074.

Contact OCLL Safety Officer for more information

GENERAL FACILITY

- All dugouts will have protective awnings to stop fly balls.
- All dugouts will have bat racks.
- The backstops will be padded and painted green for the safety of the catcher.
- The dugouts will be clean and free of debris at all times.
- Home plate, batter's box, bases, and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).

- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be reported to the City of Riverside for repairs.
- The yellow safety caps on the outfield chain-link fences will be checked regularly for cracks and will be reported to the City of Riverside for repair.
- All volunteers and spectators are encouraged to assist in keeping the Orange Terrace Park free from litter.
- Orangecrest Little League leases the Snack Bar and ballfields from the City of Riverside. Areas needing repairs can be reported to an on-duty OCLL Board Member or to the City of Riverside.

EQUIPMENT

The Equipment Manager is an elected OCLL Board Member and is responsible for purchasing and distributing shared equipment to the individual teams. The shared equipment is checked before being distributed and is the Manager's responsibility to maintain it. Managers, and Umpires when applicable, should inspect equipment before each game and practice.

The OCLL Equipment Manager will promptly replace damaged and ill-fitting equipment provided by OCLL.

At the end of the season, all equipment provided by OCLL must be returned to the OCLL Equipment Manager.

- OCLL will supply a limited number of helmets to be used by the team. All helmets provided by OCLL, or privately purchased by individual team members, will meet NOCSAE standards.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Ensure the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit and are used properly.
- Replace questionable equipment immediately by notifying the OCLL Equipment Manager.

FIELD MAINTENANCE EQUIPMENT

The following applies to all storage sheds/bins used by Orangecrest Little League and those who have been issued, or are in possession of, keys by OCLL for its use.

- Keys to the equipment sheds will only be issued by the OCLL President.
- A record shall be kept of all individuals possessing keys.
- Keys will be returned to the OCLL President immediately once one ceases to have responsibilities relating to these areas.
- All storage sheds/bins will be kept locked at all times.
- All individuals with keys to the equipment sheds/bins are aware of their responsibility for the orderly and safe storage of the equipment and supplies inside.
- Before using, one shall orientate themselves to the proper use of equipment or machinery.
- Keep products in their original containers with the labels in place.
- Disposal of outdated products as recommended.
- It is the responsibility of all league personnel to make sure that field equipment is returned in a safe position and field storage bins are secured.
- Please read written instructions to the operation of equipment before its use.

Remember Safety is Everyone's Job!!

Motorized Carts

Motorized carts will:

- Be operated by appointed personnel only.
- Never be operated under the influence of alcohol or drugs.
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use, with the brakes in the on position and the ignition off.
- Never be operated or ridden in a precarious or dangerous way.

SNACK BAR SAFETY

- Snack Bar Manager will be trained in safe food handling/preparation and procedures. People working in the Snack Bars will be oriented in safe food preparation. Orientation will cover safe use of the equipment. Orientation will be provided by the Snack Bar Manager or other volunteer knowledgeable with the equipment.
- No person under the age of sixteen will be allowed behind the counter in the Snack Bar without approval from the Snack Bar Manager.
- Cooking equipment will be inspected periodically and repaired or replaced when needed.
- Propane tanks on the grill will be turned off at the end of the day.
- Food not purchased by OCLL to sell in its Snack Bar will not be cooked, prepared, or sold in the Snack Bars.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains, so they stand upright preventing them from falling over. Report damaged tanks or valves to the supplier and discontinue use.
- Snack Bar Cleaning chemicals must be clearly labeled and stored away from food in a location designated by the Snack Bar Manager.
- A certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- A fully stocked First-Aid Kit will be placed in the Snack Bar.
- The door to the Snack Bar shall not be locked or blocked while people are inside.

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

Wash your hands regularly:

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

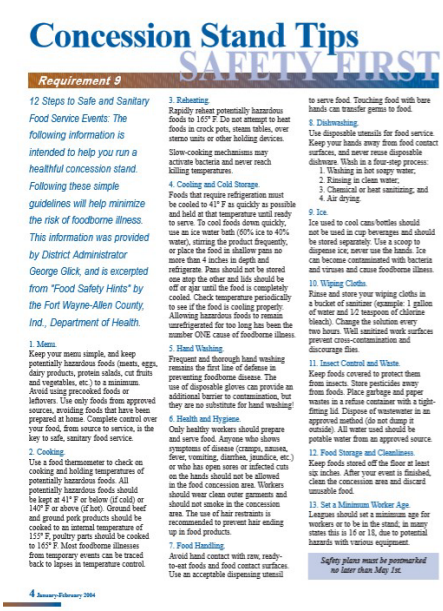
Wash your hands in this fashion before you begin work and especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.

- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

Basic Rules:

1) Menu… smaller is better. No salads cut up fruit or vegetables, no food prepared at home.
2) Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3) Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4) All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water bath (60% ice and 40% water), stirring the product frequently, or place their food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one a top of the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. DO NOT LEAVE FOOD OUT AT ALL!!



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 temperary 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 machanisms 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. Wall sanitized work surfaces prevent cross-contamination and discourage flies.

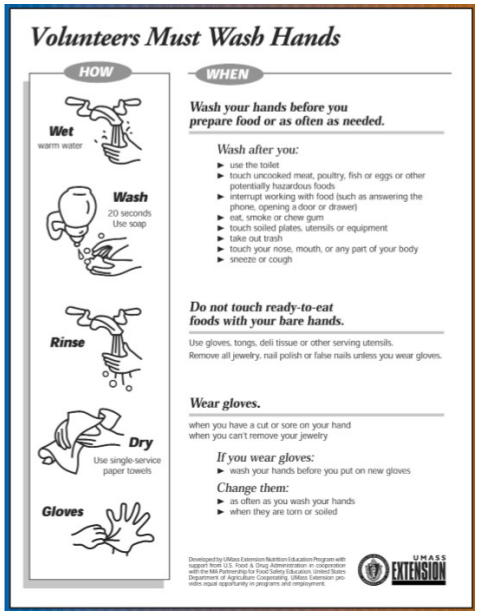
11. Insect Control and Waste.
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water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

4 January-February 2004



WEATHER

Most of our days in Southern California are warm and sunny, but there are those days when the weather turns bad and creates *unsafe weather conditions*.

Rain

If it begins to rain:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.

Stop practice if the playing conditions become unsafe. During games, consult with the other manager, the umpire and the on-duty Board Member to formulate a decision.

Lightning Facts and Procedures

Consider the following facts:

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

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

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

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

If you can **HEAR, SEE, OR FEEL a THUNDERSTORM**:

- Suspend all games and practices immediately.
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.

Get players to walk, not run, to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

First Aid for a Lightning Victim:

- Call **9-1-1 / (951) 787-7911** immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause anymore injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

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

Hot Weather

If a player should collapse as a result of heat exhaustion, call **9-1-1 / (951) 787-7911** immediately. If conscious, have the player drink water and use the instant ice bags supplied in your First-Aid kit. Precautions must be taken in order to make sure the players on your team do not *dehydrate*.

- Encourage players to take drinks of water when coming on and going off the field between innings.
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout.
- Continue to cool him/her down until the emergency medical team arrives. (See section on Hydration)

HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism – sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become ***overheated***.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty.***

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity, water is an excellent fluid to keep the body well hydrated. ***Caffeinated beverages (tea, coffee, and colas) should be avoided as they can further dehydrate the body.***

EVACUATION PLAN

Severe storms, lightning, earthquakes, and fire are all possible in Southern California. For this reason, OCLL must have an ***evacuation plan***.

- If an emergency is declared, it will be announced over the P.A. System or relayed between fields by a member of the Board of Directors.
- At that time all players will return to the dugout and wait for their parents to come and get them.
- If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
- Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
- Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
- Once outside the facility, drivers will observe the posted speed limits.

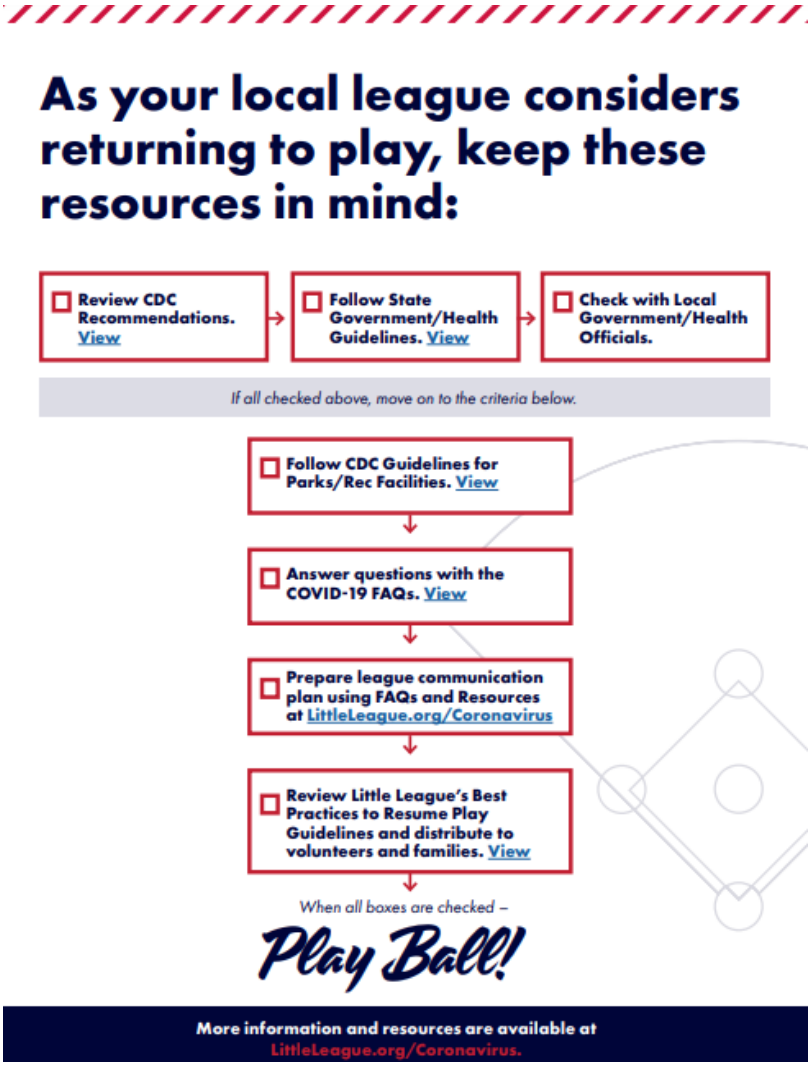
FACILITY SURVEY

A facility survey will be conducted at the beginning of each year to aid in finding and helping to correct any facility concerns. The facility survey will be filed with the safety program to be reviewed annually, and answered in the Little League Data Center, in aiding with the continual improvement of the program.

Lighting Standards and safety audit

Part of the facility survey will be the lighting standards and safety audit which will be conducted annually to ensure proper lighting for Orangecrest Little League facilities that will have night games.

COVID-19 GUIDELINES



FORMS

Form A - Field Inspection Form (Also available in Incident Recording Book)

Form B - Equipment Inspection Form (Also available in Incident Recording Book)

Form C - Snack Bar Inspection Form

Form D - Volunteer Application

Orangecrest Community Park Field Map

Form A - Field Inspection Form

Field Condition Checklist	O.K.	Needs Repair	Comments
Backstop			
Home Plate			
Bases secure			
Bases condition			
Pitcher's mound and rubber			
Batter's box condition			
Infield condition			
Infield fence condition			
Infield marked			
Outfield condition			
Outfield fence			
Foul lines marked			
Dugouts	**O.K.**	**Needs Repair**	**Comments**
Fencing			
Benches			
Roof			
Bat racks			
Helmet racks			
Clean			
Spectator Area	**O.K.**	**Needs Repair**	**Comments**
Bleachers			
Handrails			
Clean			
No smoking			
Parking area			

Form B - Equipment Inspection Form

Catchers Equipment	O.K.	Needs Repair	Comments
Helmet			
Face Mask			
Throat Protector			
Chest protector			
Shin Guards			
Catcher's cup (boys)			
Catcher's glove			
Safety Equipment	**O.K.**	**Needs Repair**	**Comments**
First-Aid Kit			
Medical release forms			
Ice pack			
Injury Report Forms			
Players Equipment	**O.K.**	**Needs Repair**	**Comments**
Batter's helmet			
Bats			
Shoes checked			
Jewelry removed			
Uniforms checked			
Little League patch			

Form C - Snack Bar Inspection Form

Snack Bar Weekly Safety Checklist

Check off conditions that are in compliance, immediately correct unchecked items

FOOD

- ☐ Food is purchased from an approved source (licensed by the county, state, or federal government).
- ☐ Food is inspected and found to be free from contamination, adulteration, and spoilage.
- ☐ Unpackaged foods which have been served or returned from the dining area are discarded.
- ☐ All foods are stored a minimum of 6” off the floor.
- ☐ Restrooms are not used for the storage of food, equipment, or supplies.
- ☐ All paper products are stored in a manner so as to protect them from contamination.
- ☐ Food, and food related products, is protected from dirt, unnecessary handling, over-head leakage, and other forms of contamination.
- ☐ All food storage containers have tight fitting lids and are properly labeled.
- ☐ Foods are dispensed in the self-serve area in an approved manner.
- ☐ Sulfites are not used on Potentially Hazardous Foods.
- ☐ Food products are labeled in an approved manner.
- ☐ There are NO Food products with an alcohol content exceeding .5%.

TEMPERATURE CONTROL

- ☐ Potentially hazardous foods are maintained below 41°F or above 135°F at all times.
- ☐ A thermometer, accurate to + or -2°F, is provided either as an integral part of the refrigerator and freezer (dial outside), or is located inside each unit at its warmest point.
- ☐ Thermometers are readily visible, available, and staff is trained on their proper use.
- ☐ An accurate metal probe thermometer, suitable for measuring food temperatures, is readily available and is being used to check food temperatures daily.
- ☐ Food products are thawed in one of the following methods only: a) in refrigeration units, b) under cold running, potable water of sufficient velocity to flush loose food particles, c) in a microwave oven, d) as part of the cooking process.
- ☐ Frozen food is maintained in a frozen state.
- ☐ Thawed food items are not refrozen. Cooked or processed foods may be refrozen.

PERSONNEL

- ☐ Snack Bar Manager has successfully passed an approved and accredited manager food safety certification examination, and the certificate is posted and current.
- ☐ All employees handling food or utensils have obtained their Food Worker's Certification.
- ☐ Employees wash their hands with soap and warm water for the following reasons: a) before starting work, b) immediately after using the restroom, c) any time needed to prevent food contamination.
- ☐ Employees handling food or utensils have no open sores and are not visibly ill.
- ☐ Employees are wearing clean outer garments.
- ☐ Tongs or other implements are used for serving food products.
- ☐ Hair of employees is properly confined.
- ☐ Employees do not smoke or use tobacco inside the facility.
- ☐ Clothing and personal effects are stored away from food products in a proper manner.

WATER AND SEWAGE

- ☐ All sinks are fully operable with hot and cold water at each faucet.
- ☐ All sinks drain properly. Floor drains and floor sinks are in good working order.
- ☐ Plumbing is in good repair.

EQUIPMENT

- ☐ All equipment (e.g. stoves, grills, refrigerators, tables, sinks.) is clean and well maintained.
- ☐ Inoperable equipment has been repaired or replaced or removed from the facility.
- ☐ Equipment is NSF (National Sanitation Foundation) or equivalent.
- ☐ No equipment has been replaced, moved, or added without prior approval from the local environmental health department office.
- ☐ CO2 cylinders are safety chained to the wall
- ☐ Propane tanks are stored properly

UTENSILS

- ☐ Multiservice utensils are being washed by one of the following means only: hand washing in a three-compartment sink (wash-rinse-sanitize)
- ☐ Testing materials to adequately test sanitizing methods are readily available.
- ☐ All utensils are clean and well maintained.
- ☐ Damaged or unapproved utensils have been repaired or replaced.

☐ Utensils are properly protected during storage.

FLOORS / WALLS / CEILINGS

☐ Floors are clean, well maintained and in good repair.

☐ Walls, ceilings and windows are clean, well maintained and in good repair.

TOILET / DRESSING ROOM / HANDWASHING SINKS

☐ Toilet facilities are clean, well maintained and in good working order.

☐ Self-closing doors in the toilet and dressing rooms are working properly.

☐ Single service soap and towel dispensers above all hand wash sinks are operable and full.

☐ Toilet tissue dispensers are full.

☐ Legible hand washing signs are properly posted.

☐ Ventilation is provided in each restroom and is in proper working order.

LIGHT AND VENTILATION

☐ Adequate lighting and ventilation is provided throughout the facility.

☐ Exhaust ventilation filters are clean and well maintained.

☐ Light fixtures have approved safety covers.

PEST CONTROL

☐ Facility is free from insect and rodent infestations.

☐ Live animals, birds, or fowl are not located in the facility.

☐ Outside doors and screen doors are self-closing and closures are in working order.

REFUSE

☐ Trash containers are lined with disposable plastic bags at all times.

☐ Plastic bags are tied before placing in refuse containers.

☐ Outside trash bin lids are closed.

☐ Outside premises and refuse areas are clean and well maintained.

OPERATION

- ☐ Hazardous substances (e.g. chemicals, cleaning supplies) are properly labeled and stored away from food products.
- ☐ There are no living quarters within the facility.
- ☐ No smoking and First-Aid signs (choking) are properly posted.
- ☐ Cleaning equipment and soiled linens are properly stored.
- ☐ Returned, damaged, or unlabeled food products are properly stored.
- ☐ Facility has a current Environmental Health Permit to operate.

THE FOLLOWING CONDITION(S) IS SERIOUS. THE FACILITY MUST CLOSE UNTIL THEY ARE CORRECTED.

- ☐ Overflowing sewage (inside or outside)
- ☐ No potable water
- ☐ No hot water
- ☐ No electricity
- ☐ Severe rodent or insect infestation
- ☐ Actual or potential threat to the public (foods out of temperature, inadequate sanitization, etc.)

Form D - Volunteer Application

Little League® Volunteer Application – 2022

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

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

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? ☐ Yes ☐ No
   If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No
3. Do you have a valid driver's license? ☐ Yes ☐ No
   Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
   If yes, describe each in full: _____ ☐ Yes ☐ No
   (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)
7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
   If yes, explain: _____
   (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

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

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

Name/Phone

_____
_____
_____

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

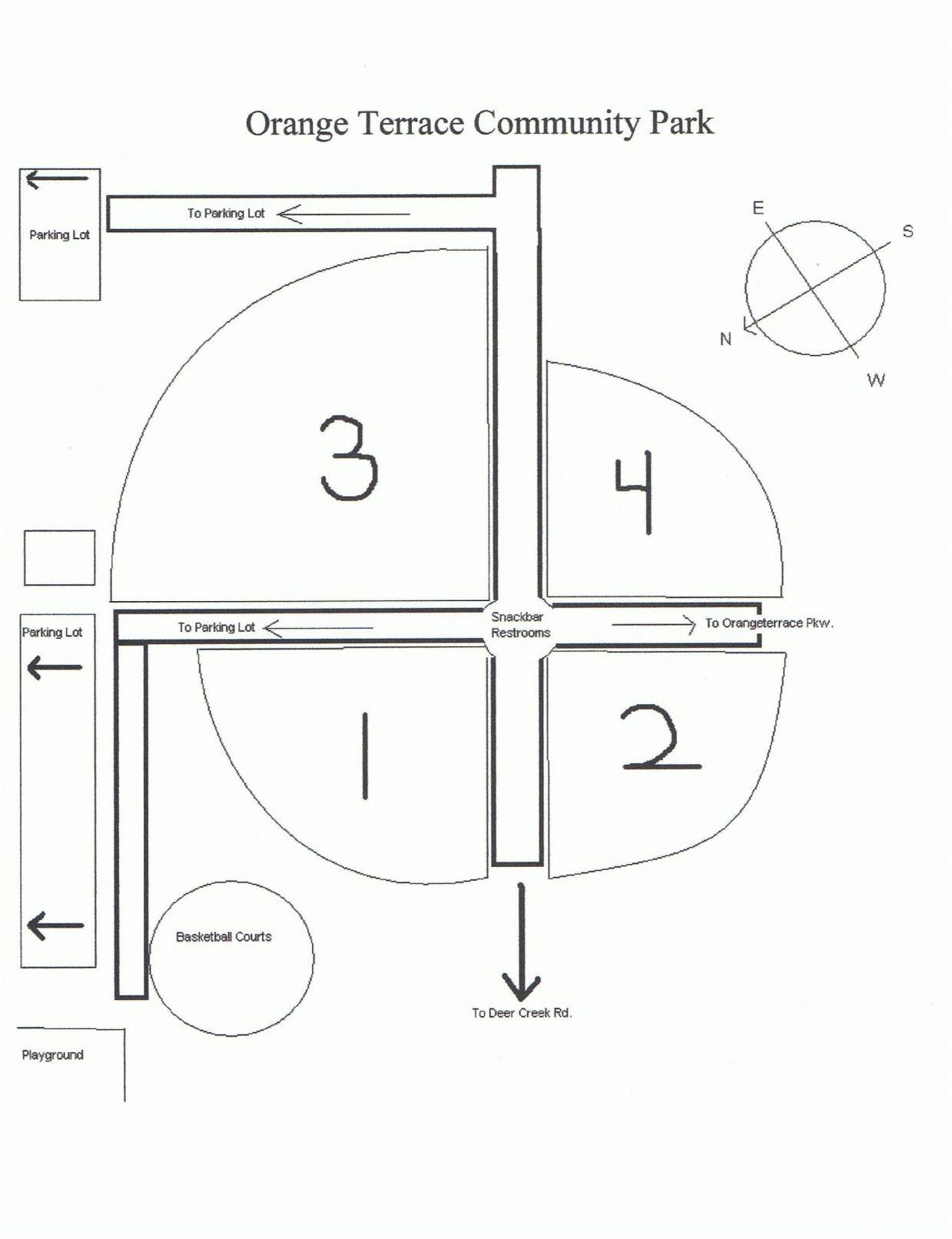
☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)*

OR

☐ National Criminal Database check
☐ National Sex Offender Registry
☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

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

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

Last Updated: 10/11/2021

Map – Orange Terrace Community Park