

ASAP Safety Manual



Peabody Tanners Little League Softball

Official Safety Guide for
Coaches, Volunteers and Parents

2019



Peabody Tanners Little League Softball #: 221-16-296769

Dwight
Flewelling
Safety Officer
978-430-2650

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Peabody Tanners Little League Softball

2019

At Peabody Tanners Little League Softball, safety of the players and volunteers is of first and foremost concern. Only through safe participation will everyone have an enjoyable Little League experience.

To that end, we have developed this Safety Manual to be used by all board members, managers, coaches, players and all other volunteers. It is the responsibility of all to become familiar with and utilize the information in this manual in all league activities.

Should anyone have any safety suggestions they wish to include in this manual, please contact the Safety Director or any other member of the Board of Directors.

To assist the league with its requirement to ensure that we have properly trained managers and coaches, the league has and will conduct mandatory in-service training sessions.

On or before April 24, 2019 there will be a series of mandatory managers/coaches meetings at the PMLP auditorium. At these meetings the safety manuals will be distributed and first aid training will be conducted. Members of Atlantic Ambulance, Peabody Police and/or Fire Department emergency medical services, (E.M.S.), will conduct this first aid training for all Major and Minor levels managers/coaches.

We owe it to ourselves and to the children, to do our part to ensure that we have a safe successful season.

Thank you.

The Board of Directors, Peabody Tanners Little League Softball

Visit webpage for registration, updates and photos.

<http://www.peabodyllsoftball.org/>



[PTLLS FaceBook page](#)



Let the Kids Play, but Play Safely

Locations

[Burke School](#)

127 Birch Street
Peabody, Massachusetts 01960

[Kiley School](#)

21 Johnson Street
Peabody, Massachusetts 01960

[Lalikos Park](#)

Nancy Ave
Peabody, Massachusetts 01960

[Lt Ross Park \(Cy Tenney\)](#)

Johnson St
Peabody, Massachusetts 01960

[McCarthy School](#)

76 Lake Street
Peabody, Massachusetts 01960

[Peabody Municipal Light Plant](#)

1 Warren St Ext.
Peabody, Massachusetts 01960

[Raddin Rd](#)

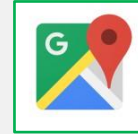
Raddin Road
Peabody, Massachusetts 01960

[Symphony Park](#)

Symphony Rd
Peabody, Massachusetts

[MassGeneral for Children at North Shore Medical Center](#)

57 Highland Avenue
Salem, MA 01970



Click location to view
with Google Maps

Peabody Police Department
(978) 531-1226

Peabody Fire Department
(978) 531-3444

Notes

PTLLS Safety Committee

Safety Official	Dwight Flewelling	978-430-2650
League President	Lauren Bettencourt	617-538-7236
League Vice President	Lisa Alperen	978-609-1088
Coaching Coordinator	Jeff Roach	978-979-0970

Board of Directors

Title	Name	Phone #	Email Address
President	Lauren Bettencourt	617-538-7236	pvmhs14@yahoo.com
Vice President	Lisa Alperen	978-609-1088	wolf1325@aol.com
Treasurer	Dwight Flewelling	978-430-2650	dewey.flewelling@gmail.com
Secretary	Andrea Bettencourt	508-843-1660	andreaibettencourt@yahoo.com
Player Agent	Vicki Roach	978-360-9036	vrr1835@comcast.net
Safety Officer	Dwight Flewelling	978-430-2650	dewey.flewelling@gmail.com
Fundraising	Christy White	617-962-1832	crit.w@comcast.net
Equipment Manager	Ryan Lomasney	239-357-3221	ryanna56@aol.com
Coaching Coordinator	Jeff Roach	339-440-0875	jpr1835@comcast.net

Notes & Numbers

PTLLS Code of Conduct

- Speed Limit 5 mph in roadways and parking lots while attending any Peabody Tanners Little League Softball function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within a Peabody Tanners Little League Softball complex.
- No Playing in parking lots at any time.
- No Playing on and around lawn equipment.
- Use Cross walks when crossing road ways. Always be alert for traffic.
- No Profanity please.
- No Swinging Bats or throwing balls at any time within the walkways and common areas of a Peabody Tanners Little League Softball complex.
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing rocks
- No horse play in walkways at any time.
- No climbing fences.
- No pets are permitted at Peabody Tanners Little League Softball games or practices.
- Only a player on the field and at bat, may swing a bat (Age 5 - 12). Be Alert of area around you in the on-deck position.
- Observe all posted signs. Players and spectators should be Alert at all times for Foul Balls and Errant Throws.
- During game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in dugout and around stands.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- No children under the age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the Peabody Tanners Little League Softball fields or complex.



Little League Baseball and Softball Online

> [Little League Online](#) > [Learn More](#) > [Programs](#) > [Child Protection Program](#) > [Little League Provides State-Specific Information on Child Abuse](#) > Reporting Child Abuse - Massachusetts

Reporting Child Abuse

Massachusetts

Under Massachusetts law, certain individuals in their professional capacities (including doctors and other health care professionals and employees, drug and alcohol counselors, mental health professionals, teachers and school administrators, child care or day care employees, probation officers, social workers, clergy, foster parents, firefighters and law enforcement officers, among others) are required to report known or suspected child abuse by telephone or in person to the department of children and families within forty eight hours, and are thereafter required to file a written report with the department of children and families. A mandated reporter may additionally file a report with local law enforcement or a child advocate about the abuse. Hospitals are required to inform local district attorneys, law enforcement agencies, and the department with physical evidence of abuse. Any other person not specified by this statute may report known or suspected abuse of a child to the department of children and families.

Child abuse is defined to include physical injury, emotional injury, neglect, or sexual abuse.

To access the entire chapter of the relevant official Massachusetts Code online, follow:

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119>

Links to the specific sections summarized above, including definitions, in an unofficial version of the Code online, are available as follows:

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51A>

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section21>

To access more information on Massachusetts reporting of abuse, warning signs, and information for mandatory reporters, see the Department of Health and Human Services website:

<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/reporting-abuse.html>

<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/definitions.html>

<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/>

<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/overview.html>

Child-at-Risk Hotline

800-792-5200

[1] Please note any unofficial sources may not reflect the most current changes in Massachusetts law and should not be relied upon.

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<http://www.littleleague.org/learn/programs/childprotection/ReportingChildAbuse/Reportin...> 2/12/2012

Volunteer Background Checks

All people who wish to volunteer for a position of manager, coach, board member and any others who provide regular services to the league and/or have repetitive access to or contact with players or teams within the league must fill out a "Little League Volunteer Application" and a "MA CORI Request Form", as well as provide a government-issued identification card for ID verification. Peabody Tanners Little League Softball will be conducting a national background check through First Advantage, as well as a Massachusetts Criminal Offender Record Information request on all volunteers.

Anyone refusing to fill out these forms or provide necessary information is ineligible to participate in any capacity.

These confidential records will be retained by the league president for the year of service.

PTLLS Safety Code

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult member of Peabody Tanners Little League Softball
- Arrangements should be made in advance of all games and practices for emergency medical services
- Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at each Field Box.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Coaches will inspect playing field for holes, damage, stones, glass and other foreign objects. Report any issues with the Safety Officer ASAP.
Safety Officer will frequently inspect playing field for holes, damage, stones, glass and other foreign objects.
- All 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 coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- 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 endanger 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 during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS.
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first 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"
- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practices
- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted (except in Juniors Division).
- Managers and Coaches must follow the Pitch Count regulation where applicable, 85 pitches for 11-12 year olds and 75 pitches for 9-10 year olds and 50 pitches for 7-8 year olds.

See a need to add to the safety code?

Contact:

Dwight Flewelling, Safety Officer 978-430-2650


***Safety Issues or Accidents,
must be reported immediately
to the Safety Officer, Coach or PTLIS Official.***

Storage Shed Procedures

The following applies to all of the storage sheds or field boxes used by Peabody Tanners Little League Softball and apply to anyone who has been issued a key to use those sheds or field boxes.

- All individuals with keys to the Peabody Tanners Little League Softball equipment sheds or field boxes (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
- Before you use any machinery located in the shed or field boxes (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in Peabody Tanners Little League Softball sheds or field boxes shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.
3. Never carry passengers.
4. Do **NOT** mow in reverse.
5. **ALWAYS** look down and behind **BEFORE** and **WHILE** backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. **Always** check the oil in the mowers before use.
8. **ONLY** adults operate mowers. **NO** children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You **MUST** wear safety glasses when using weed eater.

Modified from Peru, Ind., Little League safety plan

asap@msmco.com 1

Facilities

Dugouts, Player Seating Areas: In all cases, the dugout or player seating areas MUST be protected from the field of play by a screen or fence, as shown below in the example.

On-Deck Batters – Little League divisions and younger: In all cases, there is NO on-deck batter in these divisions. This means that the next batter due to bat MUST NOT handle a bat until it is his/her turn to advance to the batter's box. There is no on-deck area anywhere.

On-Deck Batters – Junior League divisions and older: In all cases, the on-deck batter position is permitted. However, it is preferred that the on-deck batter be behind a screen or fence while warming up. Also, no other players must be in close proximity to the on-deck batter, and the on-deck batter must be wearing a proper batting helmet.

There must be no loose equipment lying on the field in fair or foul territory in games or practices.



Divisions of Play - Baseball

Tee Ball: 4-7 year olds; **Minor League:** 6-12 year olds; **Little League** (sometimes known as "Major Division"): 9-12 year olds; **Junior League:** 12-14 year olds; **Senior League:** 13-16 year olds; **Big League:** 15-18 year olds

Divisions of Play – Girls Softball

Tee Ball: 5-8 year olds; **Minor League:** 7-12 year olds; **Little League** (sometimes known as "Major Division"): *9-12 year olds; **Junior League:** 12-14 year olds; **Senior League:** 13-16 year olds; **Big League:** 14-18-year-olds

Divisions of Play -Boys Softball

Tee Ball: 5-8 year olds; **Minor League:** 7-12 year olds; **Little League** (sometimes known as "Major Division"): *9-12 year olds; **Senior League:** 13-16 year olds; **Big League:** 14-18 year olds.

**9-10 year olds may play Minors or Little League*

Catchers, Batters, Baserunners and Base Coaches

CATCHERS

Little League Baseball division or younger, and Boys Little League Softball division or younger: In all cases, any player depicted as a catcher, whether in a game or a practice, MUST be wearing a full catcher's helmet that covers both ears, a catcher's mask WITH a dangling throat protector (even if the mask includes a wire extension), a chest protector with the groin extension, shin guards, and a catcher's mitt.

Junior League Baseball division or older, Boys Senior League Softball and older, and all Girls Softball divisions, the standards are the same as above, except that the chest protector need not include the groin extension. (Fielder's mitt acceptable in softball.)

Note 1: Both photos below show typical catcher's equipment. Both the traditional style mask and helmet (Photo 1) and the "hockey" style (Photo 2) are acceptable, provided they are NOCSAE approved.

Note 2: Both players' uniforms below include the proper wear of the Little League Shoulder Patch, which MUST be worn on the left sleeve of the uniform.

Note 3: The player's name (first or last) must NOT appear on the uniform.

Note 4: Helmets must NOT include any words, letters, logos, etc., unless applied or approved by the manufacturer.

EQUIPMENT DEPICTED MUST MEET LITTLE LEAGUE MINIMUM STANDARDS FOR THE DIVISION.



Photo 1



Photo 2

BATTERS, BASE RUNNERS AND BASE COACHES

Batters: In all cases, any player holding a bat at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears.

Base Runners: In all cases, any player depicted as a base runner at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears.

Base Coaches: In all cases, any player depicted as a base coach at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears. Adult base coaches are not required to wear a helmet. *In all divisions: if only one adult manager or coach is available, both base coaches must be players. An adult must be in the dugout at all times.*

Note 1: Both photos to the right show typical batting helmets. A face mask or face shield is not required, but is acceptable.

Note 2: Helmets **MUST** be NOCSAE approved (noted on helmet).

Note 2: Both players' uniforms include the proper wear of the Little League Shoulder Patch, which **MUST** be worn on the left sleeve of the uniform.

Note 3: The player's name (first or last) must **NOT** appear on the uniform.

Note 4: Helmets must **NOT** include any words, letters, logos, etc., unless applied by the manufacturer.



EQUIPMENT DEPICTED MUST MEET LITTLE LEAGUE MINIMUM STANDARDS FOR THE DIVISION.

UMPIRES

Plate Umpire: In all cases, the plate umpire should be depicted wearing gray slacks and, preferably, a blue shirt. The umpire must wear a protective mask with "dangling" throat protector. He/she must wear a chest protector (either inside or outside the shirt, but preferably inside), and must wear shin guards (either inside or outside the slacks – preferably inside). The Little League Umpire Shoulder Patch must be affixed to the left sleeve. He/she should wear a "ball bag" attached by a black belt, and should wear black shoes – preferably shoes with reinforced toes. He/she should also have a plate brush and ball/strike/out indicator. He/she should wear a dark blue "combo" umpire's cap or plate umpire's cap.

Base Umpires: The base umpires' dress is the same as the plate umpire's, except that no protective equipment is used, plain black athletic shoes are preferred, and he/she should wear a dark blue baseball cap.





**Make
Sure
They
Are
Safe!**

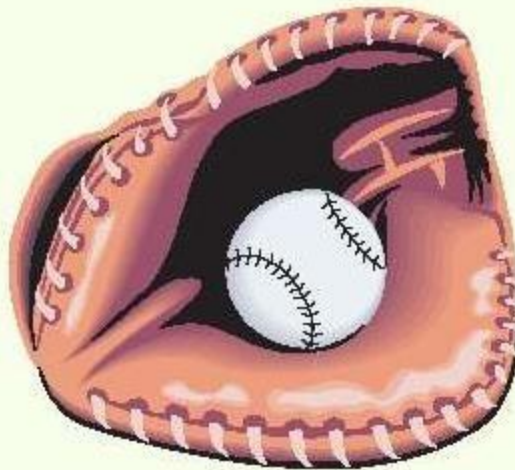
REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

6 March 2003

Asap. What Is It?

In 1995, ASAP ([A Safety Awareness Program](#)) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”.

This manual is offered as a tool to place some important information at manager’s and coach’s finger tips.

Some Important Do’s and Don’ts

Do ...

- Reassure and aid children who are injured, frightened, or lost
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices
- Keep your “Prevention and Emergency Management of Little League Baseball and Softball Injuries” booklet with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
- **LOOK** for signs of injury (Blood, Black-and-blue deformity of joint etc.).
- **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players’ Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phone

Don’t ...

- Administer any medications
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you’re not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Checklist for Managers, Coaches, and Umpires

Good Procedures to Implement

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved.
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.
3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.
2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

***Safety Issues or Accidents,
must be reported immediately
to the Safety Officer, Coach or PTLLS Official.***

How to Prevent Injuries

Managers and coaches should consider the following to prevent injuries:

1. Check medical release form for health concerns and medications.
2. Proper maintenance of the playing site (game and practice facilities).
3. Pay close attention to playing conditions (heat and humidity as well as severe weather).
4. Make sure players know basics of good nutrition (especially water replacement on hot days).
5. Proper athletic conditioning (stretching, strengthening, and endurance, as well as agility and coordination drills).
6. Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries).
7. Consistent and proper use of all protective equipment.
8. Close supervision and organization of warm-ups, practices and games.
9. Careful compliance with all Little League rules, especially those having to do with safety.

Evaluating Fresh Injuries

In evaluating fresh injuries, remember the three types of motion:

1. Active Motion – Player is able to move the part themselves,
2. Active Assistance Motion – Player is able to move with a little help from you; (watch the warning signs like the player telling you it hurts to move), and
3. Passive Motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use the injured part); this is the most serious injury. If a player sprains his/her ankle, but can still limp around, it may be mild or moderate; if he/she can't get up, it is probably severe. Look for swelling, the more immediate and large the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness or an eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.

***Safety Issues or Accidents,
must be reported immediately
to the Safety Officer, Coach or PTLIS Official.***



Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

Call the Ball

Defensive players should be trained early to "call the ball" when going for a catch. Don't have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

Don't Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

Rule 7.08: "Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (NOTE: A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not)."

Rule 7.09: "It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . ."

2.00 – Definition of Terms

OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (NOTE: Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don't allow collisions on the base paths from overly-aggressive play.

May/June 2009 5

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Communicable Disease Procedures

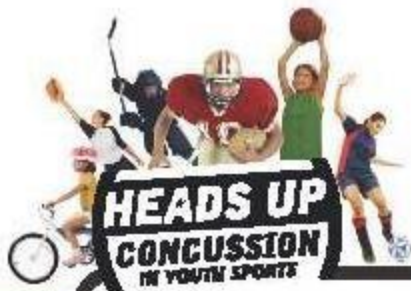
While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids.

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

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

Concussions

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A Fact Sheet for **COACHES**

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

THE FACTS

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

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or

recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

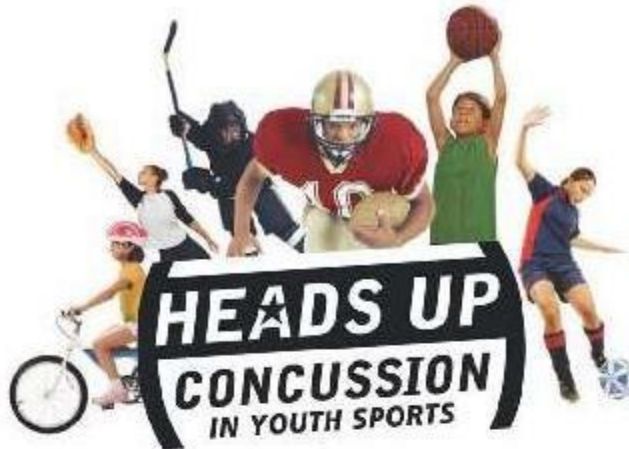
To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

-and-

2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

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



SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

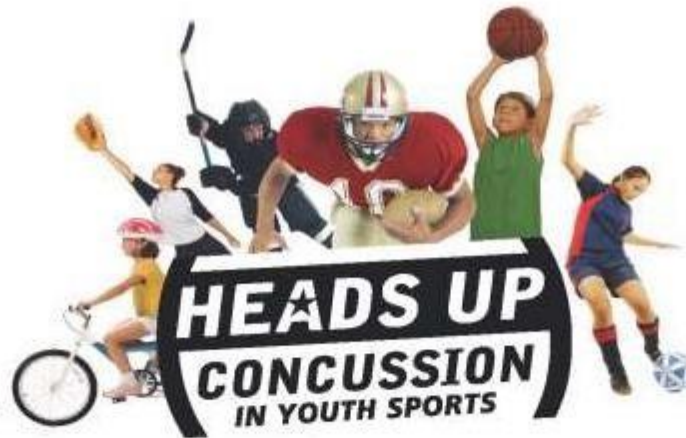
For immediate attention, CALL 911

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

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION





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First Aid for Heat Issues

Heat Stroke

Heat stroke is the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Symptoms

Symptoms of heat stroke include:

- Hot, dry skin or profuse sweating
- Hallucinations
- Chills
- Throbbing headache
- High body temperature
- Confusion/dizziness
- Slurred speech

First Aid

Take the following steps to treat a player with heat stroke:

- Call 911 and notify their parent.
- Move the sick player to a cool shaded area.
- Cool the player using methods such as:
 - o Soaking their clothes with water.
 - o Spraying, sponging, or showering them with water.
 - o Fanning their body.

Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of the water and salt, usually through excessive sweating.

Symptoms

Symptoms of heat exhaustion include:

- Heavy sweating
- Extreme weakness or fatigue
- Dizziness, confusion
- Nausea
- Clammy, moist skin
- Pale or flushed complexion
- Muscle cramps
- Slightly elevated body temperature
- Fast and shallow breathing

First Aid

Treat a Player suffering from heat exhaustion with the following:

- Have them rest in a cool, shaded or air-conditioned area.
- Have them drink plenty of water or other cool beverages.
- Have them take a cool shower, bath, or sponge bath.

Heat Syncope

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Symptoms

Symptoms of heat syncope include:

- Light-headedness
- Dizziness
- Fainting

First Aid

Players with heat syncope should:

- Sit or lie down in a cool place when they begin to feel symptoms.
- Slowly drink water, clear juice, or a sports beverage.

Heat Cramps

Heat cramps usually affect players who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

Symptoms

Muscle pain or spasms usually in the abdomen, arms, or legs.

First Aid

Players with heat cramps should:

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to activities for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention if any of the following apply:
 - o the player has heart problems.
 - o the player is on a low-sodium diet.
 - o the cramps do not subside within one hour.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather.

Symptoms

Symptoms of heat rash include:

- Heat rash looks like a red cluster of pimples or small blisters.
- It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

First Aid

Players experiencing heat rash should:

- Try to work in a cooler, less humid environment when possible.
- Keep the affected area dry.
- Dusting powder may be used to increase comfort.

Recommendations for Coaches:

Coaches should take the following steps to protect players from heat stress:

- Schedule practices for the cooler part of the day.
- Reduce the physical demands of players.
- Provide cool water or liquids to players.
- o Avoid drinks with caffeine or large amounts of sugar.
- Provide rest periods with water breaks.
- Provide cool areas for use during break periods.
- Monitor players who are at risk of heat stress.
- Provide heat stress training that includes information about:
 - o Player risk
 - o Prevention
 - o Symptoms
 - o the importance of monitoring yourself and players for symptoms
 - o Treatment
 - o Personal protective equipment

First Aid for Emergences

Care For Sudden Illness

- Keep the victim from getting chilled or overheated.
- Do not give anything to eat or drink unless the victim is fully conscious.
- Reassure the victim.
- Call 9-1-1
- Watch for changes in consciousness and breathing.
- Help the victim rest comfortably.

If the victim:

Vomits --Place the victim on his or her side.

Faints --Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency --Give the victim some form of sugar..

Has a seizure --Do not hold or restrain the person or place anything between the victim's teeth.

Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock:

Shock is likely to develop in any serious injury or illness. Signals of shock include: Restlessness or irritability - Rapid breathing - Altered consciousness - Rapid pulse – Pale, cool, moist skin

Caring for shock involves the following steps:

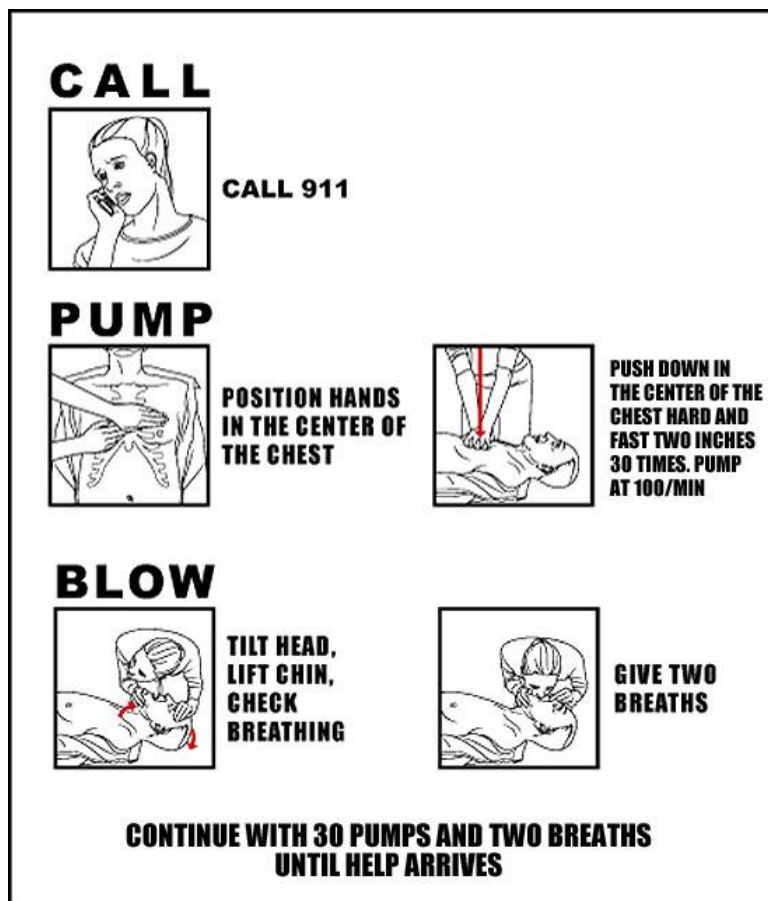
- Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock. Keep victim still and ***seek professional medical help immediately.***

Giving CPR:

- Position victim on back on a flat surface.
- Position yourself so that you can give rescue breaths and chest compressions without having to move (usually to one side of the victim).
- Find hand position on the breastbone. (See figure)
- Position shoulders over hands for proper leverage.
- Compress chest 30 times.
- With victim's head tilted back, and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth (1 for small children).
- Breathe in until chest rises slightly.
- Do 3 more sets of 30 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.
- If there is no pulse, continue sets of compressions (30/2)
- When giving CPR to small children, use only one hand for compressions.

When To Stop CPR:

- If another trained person takes over for you
- If paramedics arrive
- If you are exhausted and unable to continue properly
- If the scene becomes unsafe



Here's advice from the American Heart Association:

Untrained. If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of 100 to 120 a minute until paramedics arrive (described in more detail below). You don't need to try rescue breathing.

Trained and ready to go. If you're well-trained and confident in your ability, check to see if there is a pulse and breathing. If there is no breathing or a pulse within 10 seconds, begin chest compressions. Start CPR with 30 chest compressions before giving two rescue breaths.

Trained but rusty. If you've previously received CPR training but you're not confident in your abilities, then just do chest compressions at a rate of 100 to 120 a minute. (Details described below.)

The Heimlich Maneuver

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.

- When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"
- If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back.
- Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull your fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of you hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

***Safety Issues or Accidents,
must be reported immediately
to the Safety Officer, Coach or PTLLS Official.***

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Lightning Facts and Safety Procedures

WHEN YOU HEAR IT - CLEAR IT WHEN YOU SEE IT - FLEE IT

Consider the following facts:

- The average lightning strike is 6 - 8 miles long.
- The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK last summer occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 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.

"Flash-Bang" Method

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the "flashbang" method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied:

Where to Go?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest. For the majority of participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and 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 or wood), metal fences, and water

Concession Stand Information

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.

1. **Menu.** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
2. **Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.
3. **Reheating.** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over Sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
4. **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the 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. Ideally, dishes and utensils should be washed in a four-step process:
 1. Washing in hot soapy water;
 2. Rinsing in clean water;
 3. Chemical or heat sanitizing; and
 - 4 Air drying.
9. **Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.
10. **Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1.2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross contamination and discourage flies.
11. **Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap



Rinse



Dry
Use single service
paper towels



Gloves



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



KEEP IT CLEAN: CONCESSION STAND TIPS

Steps to Safe and Sanitary Food Service Events

Clean Hands for Clean Foods-

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- **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 your hands well.**
- **Dry hands with a paper towel.**
- **Turn off the water using a paper towel, instead of your bare hands.**

Wash your hands in this fashion before you begin work and frequently during the day, 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 the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food contact surfaces.
- After engaging in activities that contaminate hands.

Top Six Causes of Food Born Illness

The US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food born illness.

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.
- Inadequate reheating.
- Inadequate hot holding.
- Contaminated raw foods and ingredients.

Contract for Success

What do I expect from my players?

- to be on time for all practices and games.
- to always do their best whether in the field or on the bench.
- to be cooperative at all times and share team duties.
- to respect not only others, but themselves as well.
- to be positive with teammates at all times.
- to try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another.
- to understand that winning is only important if you can accept losing, as both are important parts of any sport.

What can you and your child expect from me?

- to be on time for all practices and games.
- to be as fair as possible in giving playing time to all players.
- to do my best to teach the fundamentals of the game.
- to be positive and respect each child as an individual.
- to set reasonable expectations for each child and for the season.
- to teach the players the value of winning and losing.
- to be open to ideas, suggestions or help.
- to never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

What do I expect from you as parents and family?

- to come out and enjoy the game. Cheer to make all players feel important.
- to allow me to coach and run the team.
- to try not to question my leadership. All players will make mistakes and so will I.
- do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn *the value of sportsmanship*.
- *if you wish to question my strategies or leadership, please do not do so in front of the players or fans.* My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

Accident Reporting Procedures

What to report

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

When to report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2019 is **Dwight Flewelling**, and he can be reached at the following: Phone: **978-430-2650**
Email: dewey.flewelling@gmail.com

How to make the report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved
- The date, time, and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the person reporting the incident.

Director of Safety's Responsibilities

Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and

- (1) verify the information received;
- (2) obtain any other information deemed necessary;
- (3) check on the status of the injured party; and
- (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Peabody Tanners Little League Softball's insurance coverage and the provisions for submitting any claims.
- (5) If the extent of the injuries is more than minor in nature, the Director of Safety shall periodically call the injured party to
 1. check on the status of any injuries, and
 2. to 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).

***Safety Issues or Accidents,
must be reported immediately
to the Safety Officer, Coach or PTLIS Official.***

Some Gentle Reminders

Make sure all coaches have correctly filled out the disclosure statement and sent it to the appropriate party. (If you need more forms, contact the Safety Officer).

Peabody Tanners Little League Softballs goes to great lengths to provide as much training as possible. Please try to attend as many of the clinics as possible.

Check the Peabody Tanners Little League Softball Home Page (<http://www.peabodyllsoftball.org/>) frequently.

Lots of information and a complete league calendar can be found there and can be a very valuable resource.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Director of Safety or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

Volunteers & Adult Training

Peabody Tanners Little League Softball, Inc. is required to conduct background checks on managers, coaches, board of directors' members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Any individual that meets the criteria above is required to complete and submit a 2019 Little League Volunteer Application.

Peabody Tanners Little League Softball offers several annual training programs for adult volunteers:

- All Managers, Coaches and Parents are encouraged to attend the Annual Fundamentals Training session held in March.
- One representative from each team is required to attend the Fundamentals Training session each year.
- One representative from each team is required to attend the Annual First Aid session held in the spring each year. Each manager and coach are required to attend at least once every three (3) years.
- All umpires and potential umpires must attend an umpiring clinic sponsored by the Little League before the opening of the season.
- All managers, coaches, Board of Directors and Umpires must sign the League's Code of Ethics statement.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

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


This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. 1. 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:

2. 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.
3. 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.
4. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
5. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
6. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that

the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

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

Forms & Attachments

The following is a list of forms attached to this safety manual. (use  icon in PDF) If you require additional forms, please visit the “Forms” section of our website:

www.peabodyllsoftball.org

Email ptllsoftball@gmail.com

or contact your Safety Officer or any member of the Board of Directors.

- Little League Volunteer Form
- A Safety Awareness Program’s Incident/Injury Tracking Report
- Little League® Baseball & Softball Claim Form Instructions
- Little League Baseball® Accident Notification Form
- General Liability Claim Form
- Little League® Baseball and Softball Medical Release

This season just remember, “If it was easy, they’d call it baseball”. PTLLS will do our best to provide a safe environment for you to play softball. You bring the game...we’ll bring the ice packs!

DISCLAIMER: This safety manual is a composition of materials from origins other than the author and is no way deemed to have originated by the author/s or the local affiliates governing the contents of this safety plan. For their parts in credit, the enclosed materials are believed to be self-explanatory



Little League® Volunteer Application - 2019

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

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

Name _____ Date _____

First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

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.)? (list) Yes No

3. Do you have a valid driver's license? Yes No

Driver's License#: _____ State _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

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

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

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/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):
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's official regulations

**Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the 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.



Little League® Baseball and Softball M E D I C A L R E L E A S E



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

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

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by 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.

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Signature: _____ Date: _____



**LITTLE LEAGUE BASEBALL®
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS
For claims occurring after January 1, 2005**

Send Completed Form To:
 Little League Baseball, Incorporated
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674 Fax: 570-326-2951

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.

League Name		League I.D.	
Name of Injured Person/Claimant		Date of Birth (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code) () ()	Bus. Phone (Inc. Area Code) () ()
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa., an AIG Company, or its representative, any and all such information. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()	

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

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use breakaway bases on: ALL SOME NONE of your fields?
Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

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

Date	League Official Signature
------	---------------------------

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

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



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? Yes No

Provide names and addresses of any known witnesses to the reported accident.

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

Date	League Official Signature
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General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International

CN

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

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



Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.