

(League I.D. # 405-25-01)

# BEVERLY HILLS LITTLE LEAGUE 2024 SAFETY MANUAL






**“Through awareness, prevention, training and education we will provide a safe, fun and memorable experience for all of our players, volunteers and families”**

**-- BHLL Board of Directors**



# TABLE OF CONTENTS

|  |             |
|--|-------------|
| Welcome Letter   | Page 4-7    |
| Emergency Phone Numbers  | Page 6      |
| BHLL Board of Directors  | Page 7      |
| Emergency Safety Procedures  | Page 8      |
| Medical Emergency  | Page 8      |
| Communicable Diseases  | Page 8      |
| First Aid Supplies   | Page 9      |
| Concessions Stand Safety   | Page 10     |
| Baseball Fundamentals: Manager & Coach Training/Player Training  | Page 10     |
| First Aid Training   | Page 10     |
| Field & Equipment Inspections  | Page 11     |
| USA Baseball Bat Standard  | Page 11-12  |
| Annual Facility Survey   | Page 12     |
| Common Sense Guidelines for Safe Coaching  | Page 13     |
| BHLL Safety Code   | Page 14     |
| Little League Safety Rules & Regulations   | Page 15-16  |
| Ten Health Tips for Coaches  | Page 16     |
| BHLL Codes of Conduct  | Page 17-19  |
| ➤ Player Code of Conduct   | Page 17-18  |
| ➤ Manager and Coach Code of Conduct  | Page 18-19  |
| ➤ Spectator Code of Conduct  | Page 19     |
| Umpire Guidelines  | Page 20     |
| Medical Release Form (Sample)  | Page 21     |
| Incident/Injury Tracking Report (Sample)   | Page 22     |
| Accident Notification Form (Sample)  | Page 23-24  |
| First Aid Basics – Common Injuries   | Page 25-26  |
| Concussion Awareness Guidelines for Parents & Athletes   | Page 27-29  |
| Concussion Awareness Guidelines for Coaches  | Pages 30-33 |
| District 25 Little League Concussion Prevention, Treatment, and Management Policy<br>with Player and Parental Acknowledgement Form | Page 34     |
| Coronavirus Mitigation Plan                     | Page 35-37  |
| Assumption of Risk/Waiver of Liability   | Page 38     |



Welcome Managers, Coaches, Umpires, and other Beverly Hills Little League volunteers!

We look forward to another exciting season with continued changes and improvements all of which contribute to our providing a safe and fun environment in which to conduct our Baseball, Softball and Challenger programs. This BHLL Safety Manual is provided via email to all BHLL coaches, online on the bhll.net website, and copies are held on file in our score booths and at both the Little League District 25 office and National Little Headquarters in Williamsport, PA.

This Safety Manual is updated annually and is intended to be used as both a safety guide as well as an educational resource that can be reviewed periodically throughout the season to reinforce and improve one's knowledge of important safety rules, emergency protocols and general league policies and procedures.

Below is a quick reference guide highlighting some of the most important requirements for this season.

1) Concussion protocols and training

- a. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:
  - i. Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication is found on pages 30-33 of the BHLL 2024 Safety Manual.
  - ii. **Complete the online CDC training course at:**
    1. <https://www.train.org/cdctrain/course/1089818/> (20 minutes to complete TOPS)
    2. A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com).
- b. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:
  - i. Be immediately removed from the game or event; and
  - ii. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
- c. For reference, the District 25 Little League Concussion Prevention, Treatment and Management Policy and Parent Acknowledgement Form at located on page 36 of this manual. Families will complete the Acknowledgement Form virtually as part of athlete registration. These will be maintained by the league.

2) First Aid Training

- a. **One representative from each team must have first aid training, and each coach/manager must receive training at least once every two years to be eligible.** Licensed health care professionals are exempt from the first aid training.
- b. Online First Aid Training through the American Red Cross is available at <https://rdcrss.org/2ONNx5C>.
- c. Certification is good for three years and tracked on a spreadsheet maintained by the League Safety Officer

- d. The safety officer will provide a voucher for the course upon request.
  - e. Please make sure to forward your completion certificate to the League Safety Officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com).
- 3) Abuse Awareness Training:
- a. Every coach must complete [USA Baseball's BASE Abuse Awareness Training](#) **annually** before engaging in team activities.
  - b. **Create an account and sign in at [USABDevelops.com](http://USABDevelops.com) and hover over the education tab.**
  - c. **Select the Course Catalog to be taken to <https://usabmobilecoach.com/courses>.**
  - d. Sign in again.
  - e. Take the base certification abuse awareness training course.
  - f. Email certificate to [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com).
- 4) Sudden Cardiac Arrest Prevention Protocol: (Required Once)
- a. AB379 requires the same protocols used for concussions in youth and high school sports to be used to help protect young athletes participating in school and community youth sports organizations from sudden cardiac arrest—the #1 killer of young athletes.
  - b. The online Sudden Cardiac Arrest Prevention Training is at: <https://epsavealife.org/sca-prevention-training/>
  - c. Certificate should be sent to safety director at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com).
- 5) Medical Release and Assumption of Risk/Waiver of Liability Forms
- a. It is the responsibility of all team coaches to **obtain an executed, original Medical Release Forms** (page 21 of safety manual) for all players, to be always present with the team. This requirement will be strictly enforced by the BHLL Board of Directors. The head coach should either keep all forms in the team bag or scan and share with assistant coaches so that they will have access if the head coach is not present for a team activity.
    - i. This form can also be downloaded and printed from: <https://www.beverlyhillslittleleague.com/wp-content/uploads/2023/08/bhll-medical-release.pdf>
  - b. Coaches are also required to **carry one copy of the "Assumption of Risk/Waiver of Liability and Indemnification Agreement for Communicable/Infectious Diseases"** (page 38 of safety manual) form for every player.
- 6) Forms for Injury: In the event a child gets injured during a league activity, please notify the league safety officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com) and ensure that appropriate forms are completed (pages 22-24 of safety manual)
- 7) Coronavirus Mitigation Plan: Please familiarize yourselves with the details of the plan. BHLL is committed to following the youth sports policies and will provide updates when necessary.

Thank you all for your ongoing commitment to Beverly Hills Little League and for providing a safe, fun, and memorable experience to all our BHLL participants.

Avner Gereboff, MD  
Safety Officer

Gregory Morales  
League President



## Emergency and Important Contact Information

**Beverly Hills Fire Department - Direct: (310) 550-4800 / (310) 550-4900**

**Beverly Hills Police Department - Direct: (310) 550-4951**

**General Emergency: 911** (Notify Dispatcher of Location)

|                 |                        |   |                       |
|-----------------|------------------------|---|-----------------------|
| President:      | <b>Gregory Morales</b> | Email: <a href="mailto:president@bhll.net">president@bhll.net</a>   | Phone: (323) 823-8473 |
| VP Baseball:    | <b>Lenny Dunn</b>      | Email: <a href="mailto:baseballvp@bhll.net">baseballvp@bhll.net</a> | Phone: (310) 871-7774 |
| VP Softball:    | <b>Dena Karsenty</b>   | Email: <a href="mailto:softball@bhll.net">softball@bhll.net</a>     | Phone: (323) 481-0354 |
| Safety Officer: | <b>Avner Gereboff</b>  | Email: <a href="mailto:safety@bhll.net">safety@bhll.net</a>         | Phone: (310) 270-8239 |



## Board of Directors

| Name                       | Position                       | Email  |
|----------------------------|--------------------------------|--|
| Gregory Morales            | President                      | <a href="mailto:president@bhll.net">president@bhll.net</a>     |
| Raul Perez                 | VP, Baseball                   | <a href="mailto:baseballvp@bhll.net">baseballvp@bhll.net</a>   |
|                            | Registrar                      | <a href="mailto:registrar@bhll.net">registrar@bhll.net</a>     |
| Dena Karsenty              | Director, Softball             | <a href="mailto:softball@bhll.net">softball@bhll.net</a>       |
|                            | Digital Producer               | <a href="mailto:webmaster@bhll.net">webmaster@bhll.net</a>     |
| Curtis Rost                | Treasurer                      | <a href="mailto:treasurer@bhll.net">treasurer@bhll.net</a>     |
| Ken Steffanelli            | Director, Baseball Fall Ball   | <a href="mailto:fallball@bhll.net">fallball@bhll.net</a>       |
| Jay Herzog                 | Director, Baseball Juniors     | <a href="mailto:bbjuniors@bhll.net">bbjuniors@bhll.net</a>     |
| Michael McAlister          | Director, Baseball Majors      | <a href="mailto:bbmajors@bhll.net">bbmajors@bhll.net</a>       |
| Peter Gabayan/Russel Haber | Director, Baseball Minors      | <a href="mailto:minors@bhll.net">minors@bhll.net</a>           |
|                            |                                | <a href="mailto:msc@bhll.net">msc@bhll.net</a>                 |
| Lenny Dunn                 | Sponsorship & Promotions       | <a href="mailto:sponsorship@bhll.net">sponsorship@bhll.net</a> |
|                            | VP Baseball                    |  |
| Ian Lee                    | Director, Baseball Rookies     | <a href="mailto:bbrookies@bhll.net">bbrookies@bhll.net</a>     |
| Louie Noguera              | Special Projects/Ratings       |  |
|                            | Director, Clinics              |  |
| Geoff Rendon               | Director, Uniforms             |  |
| Erik Lundback              | Director, T-Ball               | <a href="mailto:tball@bhll.net">tball@bhll.net</a>             |
| Jason Tonley               | Scheduling                     | <a href="mailto:scheduling@bhll.net">scheduling@bhll.net</a>   |
|                            | Secretary                      | <a href="mailto:secretary@bhll.net">secretary@bhll.net</a>     |
| Avner Gereboff             | Safety Officer                 | <a href="mailto:safety@bhll.net">safety@bhll.net</a>           |
| David Bronte               | Director, Umpires              | <a href="mailto:VPumpires@bhll.net">VPumpires@bhll.net</a>     |
| Troy Amidon                | Equipment                      |  |
| Conor Hanney               | Director, Challengers Division |  |
| Jonathan Goldberg          |                                |  |

## EMERGENCY SAFETY PROCEDURES



### In Case of Medical Emergency:

1. Provide First Aid and call the BHF Paramedics at **(310) 550-4800 or 550-4900**. **If it's an emergency, call 911.**
2. Notify parents immediately if they are not present. Managers, Coaches & Team Administrators are required to carry a hard or virtual signed Little League Medical Release Forms at all practices and games for each player to ensure medical treatment can be provided when a parent or legal guardian is not present.
3. Make certain that a coach or Team Administrator not caring for the injured player separates all other teammates from the scene reassuring them of the care being taken for their teammate.
4. Notify the BHLL Safety Officer within 24 hours (preferably sooner) of the incident. If you do not have access to email, then you can notify by telephone.
5. You will be asked to *completely* fill out an internal Incident/Injury tracking report within 48 hours, to be forwarded to the BHLL President and Safety Officer. Please take filling out this form seriously; it is the only record the League will have of the event, and you will need to stand behind it (see sample page 22).
6. If necessary for insurance coverage purposes, you may also be asked to fill-out the Little League Accident Notification Form, in consultation with League officials, and your player's guardians. (Form on page 23-24). (NOTE: If required, this form is required to be completed and forwarded to National Little League Headquarters in Williamsport, PA within 20 days of the incident).



### Communicable Disease Procedures and Precautions:

1. Any bleeding must be controlled, the open wound covered, and the uniform changed if blood is present before the player may continue to play.
2. Use vinyl or latex gloves to prevent exposure when the possibility of contact with blood or other body fluids is present. They are available in the first-aid kits.
3. Immediately wash hands and other affected skin surfaces if contaminated with blood. Alcohol-based hand sanitizer will suffice in the absence of soap and water.
4. Clean all blood-contaminated surfaces and equipment with a disinfectant or bleach solution.
5. Managers, coaches, and other volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when hauling bloody dressings, mouth guards and other articles containing body fluids.

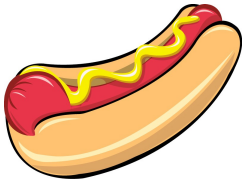




## First Aid Supplies

Individual First Aid Field kits are provided to all coaches. All coaches are requested to promptly notify their Division Directors and/or league Safety Officer should their supplies need replenishing.

Managers and coaches are reminded of the AED (Automated External Defibrillator) devices that are centrally located at each City of BH Park Office and available for use at each of the four fields. Supplemental First Aid supplies can also be found at Park Offices and with the City of BH Park Rangers. Managers and coaches have been informed to report all accidents and incidents promptly.



## Concession Stand Safety Procedures

The BHLL contractual agreement with the City of Beverly Hills does not include the League having the ability to operate its own Concessions Stand. A City-contracted concessions operation is at La Cienega Park operated under an agreement with the city and a third-party operator not affiliated with BHLL. All local and state regulations pertaining to food safety and handling are enforced through the City of BH Planning & Safety Department and related governing agencies.

### Required Minimum Standards of Operation

- Check all products for spoilage and odor
- Store all items immediately after delivery
- Ensure refrigerators have regulated thermometer
- Maintain clean/sanitized freezer compartment
- Maintain clean sanitized refrigerator compartment
- Maintain refrigerator shelving in good repair
- Confirm grill clean & in good working order
- Maintain clean floors – spills cleaned immediately
- Keep current/approved fire extinguisher in view
- Kids under 15 barred from grill/food prep areas
- Check all packaging for integrity
- Note delivery date for each item
- Ensure canned containers are clean
- Confirm freezer temp. at least 20° F
- Confirm refrigerator temp. max. 40° F
- Check all food items correctly stored
- Maintain clean/safe food prep areas
- Dump trash in Park receptacles nightly
- Brief all volunteers on these procedures
- Maintain proper food safety practices



## Baseball Fundamentals

### Manager and Coach Training

BHLL requires that all coaches attend an annual, mandatory Fundamentals Training Session to include hitting, throwing, fielding, pitching and overall team management including how to interact with parents. For the 2024 Season, BHLL has offered to all its baseball and softball managers/coaches the opportunity to attend a league-sponsored fundamentals course on to be held at La Cienega Park on 2/25/24. Approximately 2 hours will be spent displaying drills that all our coaches are encouraged to add into their practice plans. Coaches will receive additional information about this when scheduled.

Player Fundamental Clinics for both Baseball and Softball Divisions were conducted will be held on a regular basis throughout the season.

In addition, Beverly Hills Little League requires that all its coaches and managers obtain annual certification from Positive Coaching Alliance's ("PCA") "Double Goal" program. Details and registration will follow in an email to coaches. Coaches and managers will also be offered the opportunity to take the PCA Double Goal coaching course on-line at the PCA website, [www.positivecoach.org](http://www.positivecoach.org).

Individual mandatory Baseball and Softball Division Rules meetings are held preseason as well as meetings with all Team Administrators.



### First Aid Training and Concussion Training

Beverly Hills Little League requires that all coaches receive first aid training at least once every three years. Licensed health care professionals are exempt from the first aid training. Online First Aid Training through the American Red Cross is available at <https://rdcrss.org/2ONNx5C>. Please make sure to forward your completion certificate to the League Safety Officer at [bhllcovidsafety@gmail.com](mailto:bhllcovidsafety@gmail.com). Certification is good for two years and tracked on a spreadsheet maintained by the League Safety Officer.

EVERY manager, coach and any volunteer who will be with the team during practices and games will be required to go online and complete a FREE course on concussion protocol and recognition. This course is found at <https://www.train.org/cdctrain/course/1089818/>. Everyone is required to submit a copy of the Certificate of Completion to the BHLL safety officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com).

## Field and Equipment Inspections



Beverly Hills Little League, in coordination with the City of Beverly Hills Parks & Recreation Department completes annual inspections of all its fields prior to the commencement of the baseball season. Maintenance and care of the fields is provided throughout the baseball season as a part of the contractual agreement between the City of Beverly Hills and the Beverly Hills Little League. It is the responsibility of all coaches and umpires to immediately report any hazardous conditions to both the BHLL Safety Officer and Park & Recreation personnel (if present at the field). Minimum requirements of the coaches and umpires include walking the fields prior to all games and practices taking note of any new hazards created by irrigation, weather, general use or vandalism. This shall include inspections of the dugout and bullpen areas.

Our Equipment Director & Safety Officer perform a preseason assessment of all league gear and routinely spot check equipment throughout the season to ensure it is in good repair. Managers, coaches, and umpires are required to check league as well as personal player gear prior to each game. An annual inventory of all Beverly Hills Little League gear has been ongoing to properly identify gear that is unsafe & deemed unfit for play. A detailed inventory system has been instituted (with identification on all gear) to facilitate the timely replacement of damaged, unsafe equipment.

NOTE: As required by Little League International starting in 2008, all fields have bases that disengage from their anchors. The bases are routinely inspected during games to ensure proper anchoring. Further, “double first bases” are used with an added orange safety base, to avoid collisions at first base.

### **New since 2018 – USA Baseball Bat Standard Implemented**



As of January 1, 2018, the new USA Baseball Bat Standard was implemented. Little League-approved baseball bats that were approved for use for the 2017 season (or earlier) are not acceptable for use in any Little League game or activity as of January 1, 2018. All BPF – 1.15 bats have been prohibited since the 2018 season. What this means for local Little Leagues, and Little League baseball players in the Tee Ball through Junior League Divisions, as well as Little League Challenger Division®, is that all Little League-approved bats used during the 2017 or earlier Little League regular season and throughout tournament play, can no longer be used since 2018. The new standard will be strictly enforced.

Both the USA Baseball and NCAA bat performance tests are based on the coefficient of restitution from a bat-ball impact. The scale of results is different, however, since they use different test balls and test speeds. The testing difference is necessary to address the various levels of play in the respective age groups. USA Baseball's national member organizations believe that a wood-like performance standard best provides for the long-term integrity of the game. However, wood is a scarce resource. The new bats are designed to perform much like wood, where its performance is limited to the highest performing wood. The bats approved using the USABat Standard for Little League are made in 2 1/4-, 2 1/2-, and 2 5/8- inch dimensions.

All bats that bear the USABat licensing mark are permissible for play in the leagues and tournaments of the participating youth baseball organizations. In Little League, the new bats are used in the Tee Ball, Minor, Major, Intermediate (50/70), and Junior League Baseball Divisions. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit [usabat.com](http://usabat.com).

## Annual Facility Survey



As required, Beverly Hills Little League submits an updated Facility Survey on an annual basis of its four (4) baseball fields operated under the guidance of the City of BH Park & Recreation Dept. A qualified safety plan registration form is also submitted in concert with the Facility Survey and ASAP Safety Plan.

## Common Sense Guidelines for a Safe Coaching Experience



### A. As a Manager or Coach your role includes:

1. Responsibilities as the first person to see an injury.
2. Parental expectations that your judgment will be reliable when they are not present.
3. Administering First Aid if no health professional is present.
4. Decisions when an injured athlete returns to play or seeks medical attention.
5. Meticulous observance of all BHLL safety mandates, including the Coronavirus Mitigation Plan.

### B. Other Safety Expectations Include:

1. Properly planning games and practices under safe conditions.
2. Providing proper instruction.
3. Providing adequate and appropriate equipment.
4. Match player's role and position in terms of age and abilities.
5. Evaluate player for injuries and incapacities:
  - a. Discuss potential health problems (diabetes, allergies, asthma) with parents.
  - b. Remove player from game or practice if they are in pain or any discomfort.
6. Closely supervise and control practice and game.
7. Provide appropriate emergency assistance:
  - a. Know sports first aid.
  - b. Only use skills you are qualified to administer.
  - c. Have plan for contacting paramedics @ (310) 550-4900/4800 (or 911), know directions to field.
8. Know Good Samaritan Law.
9. **HAVE BHLL MEDICAL RELEASE FORMS AT ALL TIMES.**

### C. Game Plan

1. Inspect field for hazards.
2. Inventory first aid supplies in announcer's booth – contact BHLL Safety Officer at [safety@bhll.net](mailto:safety@bhll.net) if items are missing or depleted.
3. Begin with warm-ups and stretching.
4. Inspect for safe equipment - catcher's protection, helmets.
5. Pregame – no bat swinging, no horseplay, "line-of-fire" control.
6. Emergency plan ready (have cell phone, emergency numbers, delegation of responsibilities).
7. Never leave an injured player.

## Safety Code



BHLL uses the 2019 National Little League recognized Volunteer Application Form for all Managers, Coaches, and League Officials. All volunteers are initially screened by individuals from the BHLL Board of Directors and are then investigated through a background check for any known record of sexual abuse, criminal behavior, etc. League player registration data along with the coach and manager data is submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

**NOTE: It is the responsibility of all team coaches to obtain Medical Release Forms for all players, to be always present in hard copy or electronically with the team. Division Directors as well as the Safety Officer are responsible to check for compliance at the beginning as well as periodically throughout the season. This requirement will be strictly enforced by the BHLL Board of Directors.**

- Responsibility for safety resides with all BHLL Board members, managers, coaches, and parents.
- Arrangements should be made in advance of all games and practices for emergency medical services. Make sure someone has a cell phone readily available at all games and practices.
- Managers, coaches & umpires should have training in first aid; Supplies with equipment.
- No games or practices when weather conditions make them unsafe.
- No games or practices unless there is adequate lighting.
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Establish a safe procedure for retrieving foul balls out of playing area.
- All players should be alert and watching the batter on each pitch during practice and games.
- Inspect equipment regularly and make sure it is properly sized to the player.
- Catcher must wear catcher's helmet, mask throat protector, shin guards, long model chest protector and protective cup always.
- Head first sliding is prohibited except when a runner is returning to base.
- "Horseplay" is not permitted on the playing field at any time.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Catchers must wear helmet and mask with throat protector when warming up pitchers. This applies between innings, in the bullpen and during practices.
- Players cannot wear jewelry or metallic objects (Medical ID bracelet/ necklace excepted).



## Important Little League *Safety* Rules & Regulations

### **Rule 1.08**      **The On-Deck Position is Not Permitted**

Players are not allowed to hold a bat in the hands until the umpire calls them to bat. At that point, they are permitted to pick up their bat from a controlled area, bat rack, and proceed to home plate to take their position in the batter's box. Players are not allowed to take practice swings in between innings and/or while the pitcher is warming up.

### **Rule 1.16**      **Batting Helmet Requirements and Restrictions**

Helmets must remain on until the player has returned to the dugout.

### **Rule 1.17**      **Catchers must wear helmets during warm-ups and infield/outfield practice**

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

### **Rule 1.10**      **Bat Restrictions & Guidelines**

The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat).



Since the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats have been prohibited since the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed 2 $\frac{3}{8}$  inches for these divisions of play. Additional information is available at [LittleLeague.org/batinfo](http://LittleLeague.org/batinfo).

### **Regulation VI – Pitching Restrictions**

Pitching activity should be monitored on a regular basis by the Player Agent and Safety Officer.



For more than a decade, the Little League program has been at the forefront of promoting arm safety for youth pitchers. As we continue to work to make baseball a safe, fun sport for all children, Little League is proudly supporting the efforts of Major League Baseball and USA Baseball through the **Pitch Smart campaign**. After several years of research, Little League launched its pitch count program in 2006. With limits set for different numbers of pitches for different age groups, Little League has been diligent in protecting young arms since establishing strict pitching rules. With many baseball players participating in Little League and other youth baseball programs, it is important for parents and coaches to use the Pitch Smart campaign and the Little League pitch count program to ensure young pitching arms stay safe. Little League strongly encourages all Little League volunteers, parents, and officials to review [PitchSmart.org](http://PitchSmart.org) and share it with others.

## 10 Health Tips a Youth Baseball Coach Should Know



If you're a Little League coach, there are 10 tips you should know to help keep your players healthy.

1. "The number one tip coaches should remember is that children are not miniature adults and shouldn't be treated as such," says Jim Rogers, a certified athletic trainer in Temple University Hospital's Sports Medicine Center. "This may seem obvious, but many adults don't realize children's bodies can't take the same amount of physical stress adult bodies can take. That's because children are still growing and therefore are more susceptible to injury."
2. Stretching the muscles related to the activity is very important. For example, if a child is pitching, he should concentrate on stretching his or her arm and back muscles. If a child is catching, the focus should be on the legs and back.
3. A good warm-up is just as important as stretching. A warm-up can involve light calisthenics or a short jog. This helps raise the core body temperature and prepares all the body's muscles for physical activity.
4. Children should not be encouraged to "play through the pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.
5. Swelling with pain & limitation of motion are two signs that are especially present in children. Don't ignore them. This can mean the child has a more serious injury than first suspected.
6. Rest is by far the most powerful therapy in youth sports injury. Nothing helps an injury to heal faster than rest.
7. Children who play on more than one team are especially at risk for overuse injuries. Overuse injuries are caused by repetitive stress put on the same part of the body repeatedly.
8. Injuries that look like sprains in adults can be fractures in children. Children are more susceptible to fractures because their bones are still growing.
9. Children's growth spurts can make for increased risk of injury. A particularly sensitive area in a child's body during a growth spurt is the Growth Plate – the area of growth in the bone. Growth Plates are weak spots in a child's body and can be the source of injury if the child is pushed beyond his limit athletically.
10. Ice is a universal first-aid treatment for minor sports injuries. Regular ice packs as well as high-quality chemical packs – should be available at all games and practices. Ice controls the pain and swelling caused by common injuries such as sprains, strains and contusions.



## Code(s) of Conduct

The purposes of Little League are “to assist youth in developing qualities of citizenship, discipline, teamwork and physical well-being, with proper guidance and exemplary leadership.” The Beverly Hills Little League (“BHLL”) has instituted this Code of Conduct to ensure that the behavior and conduct of all participants in BHLL activities are consistent with and further these purposes.

Players, managers, coaches, parents, league officials, umpires, scorekeepers, announcers, and spectators all share in the responsibility to display proper behavior at all times. Unsportsmanlike conduct or disrespect for the game, league officials, opposing coaches and teams, the umpires and game officials, the scorekeepers and the spectators will not be tolerated in BHLL during any of its activities.

The President of the BHLL or the Board of Directors may take disciplinary action against any participant in the league, including players, coaches, parents, umpires, league officials, and spectators, whose conduct is detrimental to the operation and purpose of the BHLL. While this Code of Conduct enumerates certain conduct that would result in automatic disciplinary action, it is not exhaustive and other conduct not specifically identified in this Code could also result in disciplinary action.

Disciplinary action includes reprimands, game ejections, suspensions, or expulsion from the league.

### **PLAYER CODE OF CONDUCT:**

The following is the Code of Conduct players are obligated to follow in BHLL, or at any BHLL activities (such as tournaments or games played at other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion from the BHLL.

The use of tobacco, alcohol, marijuana, or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or BHLL activity, a mandatory one game suspension from the player’s next regularly scheduled game, and such other action as the BHLL deems appropriate:

- arguing with umpires or other game officials.
- engaging in offensive behavior.
- trash-talking to opponents.
- unsportsmanlike conduct.
- abusive, harmful, or unwarranted disruptions to the game.
- throwing bats, helmets, gloves, or other equipment in anger.
- using profane, obscene, or vulgar language.
- verbal disrespect directed towards an umpire, game official, league official, another player, manager, coach, or spectator.

There shall be no fighting whatsoever at any BHLL activity. Any player who either suggests or threatens to fight, or initiates and/or participates in a fight before or during a game or touches or threatens to touch anyone else in a violent or offensive manner, shall be immediately ejected from the game and suspended from the next three games. If the incident occurs after

the completion of a game or at any other BHLL activity, that player(s) shall be suspended from the next four games.

It shall be mandatory for all players at the completion of their game to participate in a post-game cheer and handshake ceremony on the field of play. In addition, all players must thank the umpiring crew and any other game officials present. Any player not participating (except for injury) shall be suspended from the following game and will be subject to further suspension at the discretion of the President of the BHLL or the BHLL Board of Directors.

Players who are ejected from a game twice in any season shall be subject to a mandatory suspension for the remainder of the season. The player will automatically lose their eligibility to participate in any post-season tournaments. In addition, the player shall be subject to a permanent ban from the BHLL at the discretion of the BHLL.

A player ejected from a game may be allowed to remain in the dugout or asked to leave the proximity of the playing field at the discretion of the umpire.

The suspensions will begin immediately upon notification to the offending party by the President of the BHLL and take effect before the next scheduled game of the offending player.

### **MANAGER AND COACH CODE OF CONDUCT**

The following is the Code of Conduct all managers, coaches and other adult volunteers are obligated to follow in the BHLL, or at any BHLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion.

The use of tobacco, alcohol, marijuana, or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or BHLL-approved activity, a mandatory two game suspension from the next regularly scheduled game and such other action as the BHLL deems appropriate:

- arguing with umpires or other game officials.
- engaging in offensive behavior.
- trash-talking to opponents.
- unsportsmanlike conduct.
- abusive, harmful, or unwarranted disruptions to the game.
- throwing bats, helmets, gloves, or other equipment in anger.
- using profane, obscene, or vulgar language.
- verbal disrespect directed towards an umpire, game official, league official, player, manager, coach, or spectator.

Managers and coaches shall never threaten to or physically harm or abuse any player, umpire, game official, league official or spectator at any time for any reason. This type of behavior will result in immediate dismissal from the BHLL for the remainder of the season and subject that individual to a permanent ban from the BHLL.

It shall be mandatory for all managers and coaches at the completion of their game to participate in a post-game cheer and handshake ceremony with the opposing team on the field of play. In addition, all managers and coaches must thank the umpiring crew and any other game officials present. Any manager or coach not participating shall be suspended for the following two regularly scheduled games and be subject to further suspension at the discretion of the President or Board of Directors of the BHLL.

Any manager or coach who deliberately circumvents any of the BHLL rules or regulations, especially the mandatory playing rules, is subject to suspension or expulsion from the BHLL. The President or Board of Directors of the BHLL has the right and discretion to suspend any manager, coach, or player for any part of or for the entire season for any conduct violation which results in an ejection or is deemed by the Board of Directors to be detrimental to the operation and purpose of the Beverly Hills Little League.

Managers and coaches who are ejected from a game twice in any season are subject to a mandatory suspension for the remainder of the season. This individual will automatically lose their eligibility to participate in any post--- season tournaments. In addition, the manager and/or coach shall be subject to a permanent expulsion from the BHLL at the discretions of the Board of Directors.

A manager or coach ejected from a game will not be allowed to remain in the dugout or the spectator area and must immediately vacate the proximity of the baseball field. Failure to do so in a timely manner without further argument or delay may result in forfeiture of the game.

The President of the BHLL shall promptly report the suspension of any player to the Board of Directors, although there is no right to appeal of any discipline instituted under this provision. The suspensions will begin immediately upon notification to the offending party by the President of the BHLL and take effect before the next scheduled game of the offending player.

### **SPECTATOR CODE OF CONDUCT**

The following is the Code of Conduct all spectators are obligated to follow in the BHLL, or at any BHLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in disciplinary action.

Spectators shall not incite or participate in any form of unsportsmanlike conduct in BHLL or at any BHLL activity. Spectators shall not use abusive or profane language or gestures at any time at any game or other BHLL activity. Spectators shall not criticize, belittle, antagonize, berate, or otherwise incite any players, managers, coaches, adult volunteers, umpires, league officials or other spectators by word of mouth or by gesture. Spectators shall accept all decisions of the umpires and game officials as being fair and judged to the best of their ability.

Any spectator exhibiting unsportsmanlike conduct, disruptive, profane, rude and/or abusive behavior towards any player, manager, coach, umpire, game official, league official or other spectator shall be subject to removal from the spectator area and the immediate vicinity of the game by an umpire or league official. Any spectator who fails to comply with this request in a timely manner, without further argument or delay, may subject the team to which they are affiliated to forfeiture of the game and must be reported to the Board of Directors.

The President or Board of Directors of the BHLL shall be empowered to suspend any spectator from attending any BHLL games or other BHLL approved events for engaging in conduct detrimental to the operation and purpose of the BHLL.

# UMPIRE GUIDELINES



## Before the Game – Meet at Home Plate

- Introduce plate and base umpires, managers, coaches
- Receive official lineup card from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the inning pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Obtain two (2) game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts tucked-in, caps on)
- Inspect equipment for damage and to meet regulations
- Ensure the games start promptly

## During the Game – Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two (2) outs
- Make sure catchers are wearing the proper safety equipment
- Continually to monitor the field for safety and playability
- Pitchers warming up in foul territory must have a “spotter” and catcher with full equipment
- Keep game moving – one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signaling each properly
- Umpires should be in the position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior.
- Encourage everyone to think “Safety First!”

# Medical Release Form (Sample)



## 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.

# Incident/Injury Tracking Report (sample)

**For Local League Use Only**

**Activities/Reporting**

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

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
 Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_  
 Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

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

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

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

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

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

**Type of incident and location:**

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

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

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

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

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

# Accident Claim Form (sample)



## 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 | PART 1                                   | Date of Birth (MM/DD/YY) | Age                         | Sex   |
|   |  |     |  |                          |                             | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name of Parent/Guardian, if Claimant is a Minor |  |     | Home Phone (Inc. Area Code)              |                          | Bus. Phone (Inc. Area Code) |   |
|   |  |     | ( ) ( )                                  |                          | ( ) ( )                     |   |
| Address of Claimant                             |  |     | Address of Parent/Guardian, if different |                          |                             |   |
|   |  |     |  |                          |                             |   |

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

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

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

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

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

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

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

## (Accident Claim Form Cont'd.)

**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)<br>Residence: (    )<br>Business: (    )<br>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/<br>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 |
|------|---------------------------|





## First Aid Basics – Common Injuries

### A. Maintain Life Support – know CPR “ABC’s” of Life.

Airway Breathing Circulation

### B. Bleeding

1. First Aid:
  - a. Cover wound with sterile gauze.
  - b. Apply direct pressure.
  - c. Elevate injured body part if possible.
  - d. Send for medical assistance if bleeding is deemed uncontrollable.

### C. Unconscious Athlete

1. Do Not Move / Always assume head or neck injury is present.
2. First Aid:
  - a. Send for emergency assistance (BHFD 310---550---4800 / 550---4900) or 911.
  - b. Stabilize head and neck.
  - c. Monitor airway, breathing, circulation and provide CPR if necessary.

### D. Head Injuries (Concussion – see sections on pages 27-33)

1. Caused by direct impact to head or jaw.
2. Symptoms –
  - a. Dizziness, ringing in ears, headache, nausea, blurred vision and slurred speech, loss of balance, confusion, memory loss, disorientation.
  - b. Pupils of unequal in size and not constricted when subjected to light.
3. First Aid:
  - a. If any of the symptoms persist, call for medical assistance.
  - b. Remove athlete from game or practice.
  - c. Return to sport requires physician’s release.

### E. Heat Stroke

1. Cause – lack of consuming adequate fluids before, during and after activities.
2. Symptoms – Fatigue, flushed skin, light--headedness.
3. First Aid – Have player stop exercising, get out of the sun, drink.
4. Severe Symptoms – Muscle spasms, clumsiness, delirium – follow above first Aid and call for medical assistance.

### NOTE: SUGGESTED DRINKING GUIDELINES FOR HOT DAY ACTIVITIES

- ✓ Before: Drink 8 oz. immediately before exercise
- ✓ During: Drink at least 4 oz. every 20 minutes
- ✓ After: Drink 16 oz. for every pound of weight loss

## **F. Knocked-Out Permanent Tooth**

1. Rule out possible head injury or concussion.
2. Treat head injury or concussion first.
3. Please wet gauze over the tooth socket and have the athlete bit down and put pressure on the affecting area to control bleeding.
4. Find the tooth - Do not touch or handle the root --- handle crown portion only and place in best transport option available -Cold milk / Saline Solution / Athlete's mouth, saliva.
5. See dentist without delay (< 30 minutes).
6. Consider custom made mouth guard worn during athletic participation.

## **Preexisting Health Conditions – Know Your Players!**

### **G. Asthma**

1. Causes – allergy, cold temperatures, strenuous exercise
2. Symptoms – Tightness in chest, wheezing, trouble exhaling, inability to breath
3. First Aid – Reassure and comfort player. Ask, “Do you have your asthma medication? assist with medication, monitor for improvement, and send for assistance if not improving.
4. Begin administering CPR if necessary.
5. Be aware of athletes who have asthma:
  - a. Remind them to always bring medication with them.
  - b. Provide frequent rest breaks

### **H. Diabetes**

1. Definition – Low blood sugar (hypoglycemia)
2. Know which athletes are diabetic
3. Symptoms – Dizziness, headache, hunger, weakness, perspiration, pale cold skin, rapid pulse, confusion, disorientation which all may lead to unconsciousness
4. First Aid – Give complex carbohydrates, crackers, fruits, sugar, candy, soda, or fruit juice
5. Send for emergency medical help if athlete does not recover within minutes

### **I. Food and other Allergies**

1. Coaches should make a point to be aware of any players who have potentially life-threatening allergies before the first day of practice.
2. All players who have a prescribed “Epi Pen” should notify their coach and make certain it is always carried with the player.
3. Team Administrator should know of any player with food allergies (i.e. Peanuts) prior to the start of the season to alert parents to provide “safe” snacks.

**NOTE: In summary to the above-mentioned pre-existing health conditions, coaches should be made aware of any potential health issues that could put a child at risk and should be prepared to notice the warning signs / signs of distress as well as be knowledgeable of the protocols for addressing the event.**

# Concussion Awareness Guidelines for Coaches

Courtesy of the Centers for Disease Control

BH LITTLE LEAGUE

## HEADS UP CONCUSSION ACTION PLAN



### IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



### CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SYMPTOMS REPORTED BY ATHLETE

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

#### SIGNS OBSERVED BY COACHING STAFF

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



JOIN THE CONVERSATION AT [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

# HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Concussion Awareness Guidelines for Parents & Athletes

Courtesy of the Centers for Disease Control

BH LITTLE LEAGUE

## CONCUSSION INFORMATION SHEET



**HEADS UP  
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.



### HOW CAN I SPOT A POSSIBLE CONCUSSION?

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

#### SIGNS OBSERVED BY PARENTS OR COACHES

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

#### SYMPTOMS REPORTED BY CHILDREN AND TEENS

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

## Concussion Awareness Guidelines for Parents & Athletes (cont.)

### WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

### WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

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

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

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

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

### HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - » Work with their coach to teach ways to lower the chances of getting a concussion.
  - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - » Ensure that they follow their coach's rules for safety and the rules of the sport.
  - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

↳ [www.facebook.com/CDCHEADSUP](https://www.facebook.com/CDCHEADSUP)

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



## A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

Para descargar la hoja informativa para los entrenadores en español, por favor visite

[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### THE FACTS

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

### WHAT IS A CONCUSSION?

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

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

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

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

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

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

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

April 2013

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

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

### SIGNS OBSERVED BY COACHING STAFF

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

### SYMPTOMS REPORTED BY ATHLETE

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

*Adapted from Lovell et al. 2004*

### WHAT ARE CONCUSSION DANGER SIGNS?

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

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

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

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

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

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

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

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

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

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

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

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

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

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

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

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

## PREVENTION AND PREPARATION

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

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

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

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

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



## ACTION PLAN

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

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

#### 1. REMOVE THE ATHLETE FROM

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

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

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury

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

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

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

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

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

## REFERENCES

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

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

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

## **District 25 Little League Concussion Prevention, Treatment and Management Policy**

Recently, Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

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

THEREFORE, **District 25 Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

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

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

b) Complete the CDC on-line training course at:

<https://www.train.org/cdctrain/course/1089818/> (20 minutes to complete TOPS)

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

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

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

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

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

### **District 25 Little League Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the District 25 Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: \_\_\_\_\_  
Player

Dated: \_\_\_\_\_  
Parent/Legal Guardian                      Parent/Legal Guardian

**LEAGUE USE:** Division: \_\_\_\_\_ Team: \_\_\_\_\_



**BEVERLY HILLS LITTLE LEAGUE**  
[www.bhll.net](http://www.bhll.net)

## Coronavirus Mitigation Plan

Updated 11/20/23



- Beverly Hills Little League (BHLL) has updated the following safety protocols for the 2024 Baseball Season in alignment with CDC and Los Angeles County Department of Public Health guidance. Safety will always be BHLL's priority. BHLL will update these guidelines as necessary as dictated by the Los Angeles County Department of Public Health. For reference applicable guidance can be found at:  
<http://ph.lacounty.gov/acd/ncorona2019/docs/covidguidanceeducation.pdf>
  
- **ELIGIBLE PLAYERS AND COACHES**
  - Coaches will be required to be familiar with and enforce the League's safety protocols.
  - All participants including coaches will have to sign a waiver of liabilities to participate.
  - By participating in the league, all parents, guardians, adult coaches, and umpires agree to allow sharing of required health and SARS-CoV-2 testing results and vaccination status with whoever needs to know this information to establish player eligibility and to fulfill Los Angeles County mandated procedures for reporting of positive test results.
  
- **EQUIPMENT**
  - Depending on the division, the league will provide one to two sets of catching equipment for each team, and it is strongly recommended that each catcher's mask should only be used by one player each day unless sanitized between each use.
  
- **MASKS**
  - Use of masks is a personal preference.

- No person may be prevented from wearing a mask unless wearing a mask would pose a safety hazard.
  
- TRAVEL
  - Per CDC recommendations individuals should consider getting a COVID-19 test if you:
    - Develop COVID-19 symptoms after traveling.
    - Were in a situation with a greater risk of exposure during travel (e.g., in an indoor, crowded space like an airport terminal while not wearing a mask).
  
- Covid-19 Testing
  - In accordance with LA County Department of Health Recommendations, testing is recommended if you:
    - Experience Covid 19 symptoms.
    - Have been a “close contact” with someone with Covid-19 in the past two weeks.
    - Have returned from international travel.
    - Are part of an outbreak investigation.
    - Are not fully vaccinated and travel within the United States. Testing is recommended 3-5 days after travel.
  
- PROCEDURE FOR POSITIVE TESTS OR INDIVIDUALS SYMPTOMATIC FOR COVID-19
  - Participants parents or legal guardians will notify the coach and the league safety officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com) when a positive test occurs in a player.
  - Duration of isolation and precautions after a positive test are as mandated by the LA County Department of Public Health. They are as follows:

**SUMMARY**

**ISOLATION DAYS**

|  |           |  |   |
|--|-----------|--|---|
|  | <b>0</b>  | Symptoms begin or a positive test is taken |   |
|  | <b>1</b>  | Begin counting isolation days              |   |
|  | <b>2</b>  |  |   |
|  | <b>3</b>  |  |   |
|  | <b>4</b>  |  |   |
| Wear a mask around others <sup>i</sup> | <b>5</b>  |  | You may end isolation after Day 5 ONLY if you: <ul style="list-style-type: none"> <li>• Take a COVID test<sup>ii</sup> on or after Day 5 and it is negative, AND</li> <li>• Have been fever free for 24 hours (without fever-reducing medicines), AND</li> <li>• Have no symptoms or existing symptoms are improving</li> </ul> |
|  | <b>6</b>  |  |   |
|  | <b>7</b>  |  |   |
|  | <b>8</b>  |  |   |
|  | <b>9</b>  |  |   |
|  | <b>10</b> |  |   |
|  | <b>11</b> | Isolation over <sup>iii</sup>              |   |

i. When in isolation, you must wear a highly protective mask around others even in your own home. If you end isolation after Day 5, it is *strongly recommended* that you wear a mask through Day 10.  
 ii. Antigen test preferred.  
 iii. If you still have a fever, stay in isolation until 24 hours after your fever resolves. If you are immunocompromised or had severe COVID-19, you may need to isolate for longer. Talk with doctor about when you can be around others.

For more information, visit [ph.lacounty.gov/covidisolation](http://ph.lacounty.gov/covidisolation).

- SCREENING FOR INFECTION
  - Home-Based Symptom Screening should include monitoring for the following:
    - Temperature 100.4 degrees Fahrenheit or higher
    - Sore throat
    - Cough (for students with chronic cough due to allergies or asthma, a change in their cough from usual)
    - Difficulty breathing (for students with asthma, check for a change from their baseline breathing)
    - Diarrhea or vomiting
    - New onset of severe headache, especially with a fever
  - If a child has ANY of these symptoms, it is recommended to:
    - Get tested for SARS-CoV-2.
    - Stay home until the results of the test are known.
    - Notify the child's pediatrician, coach, and the league safety officer if positive.
- VACCINATION
  - It is recommended that all participants are fully up to date with vaccination because this is the primary mechanism to protect all members of the community and limit disruptions in team activities.
    - Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
- WEEKLY TESTING FOR SARS-COV-2
  - If there is a positive case on a team, all players, staff/coaches/volunteers (regardless of vaccination status) on that team are recommended to have a weekly negative test result for two weeks from exposure.
- REPORTING
  - Coaches are required to notify the league safety officer at [safety@beverlyhillslittleleague.com](mailto:safety@beverlyhillslittleleague.com) of clusters of 3 or more cases of COVID-19 on their team.
- ADDITIONAL PROTOCOLS
  - With 5 or more epidemiologically linked cases over a 14-day period, the league may consider suspending team activities for 5 days.
  - If outbreak criteria are met and DPH recommends an outbreak response, the Public Health Investigator can require a suspension period or extend a suspension period as warranted during an outbreak response.

**ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT FOR COMMUNICABLE/INFECTIOUS DISEASES**

In consideration of being allowed to participate in Beverly Hills Little League (“BHLL”) on behalf of baseball/softball programs and related events and activities (including Spring Ball practice pods) (“Activities”), the undersigned acknowledges, and agrees to the following terms:

1. Voluntary Participation: I acknowledge and understand that my participation in BHLL Activities is strictly voluntary and neither required nor mandatory.
2. Acknowledgment of Risk: Participation in BHLL Activities may be dangerous and include risks that are inherent and cannot be reasonably avoided without changing the nature of the activity including, but not limited to, the dangers of exposure to, and illness from, communicable and/or infectious diseases (such as the COVID-19 virus). BHLL cannot foresee every possible contingency or eliminate all risk of contracting, or exposure to and illness from, infectious and/or communicable diseases. While personal discipline may reduce this risk, the risk of serious illness and/or death does exist.
3. Assumption of Risk: I understand and acknowledge that certain risks are inherent in BHLL Activities and knowingly and expressly assume any such risks and dangers associated with participation in the same, whether described above, known or unknown, and inherent or otherwise. I understand that these risks and dangers may arise from other’s inaction or negligence, conditions related to BHLL Activities, or the conditions related to event and activity location(s). Nonetheless, I assume full responsibility for my voluntary participation, including responsibility for any injury or loss, including death.
4. Voluntary Release of All Claims: I, on behalf of myself, heirs, assigns, personal representatives and next of kin, HEREBY VOLUNTARILY RELEASE, DISCHARGE, WAIVE AND HOLD HARMLESS BHLL their officers, officials, agents, employees, volunteers, insurers, other participants, sponsoring agencies or entities including City of Beverly Hills, sponsors, advertisers, and if applicable, owners and lessors of premises (including City of Beverly Hills) used to conduct BHLL Activities (collectively “RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF ASSUMPTION OS RISK/WAIVER OF LIABILITY AND INDEMNIDICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature:\_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

As parent/guardian, with legal responsibility for this participant, am satisfied with the nature and quality of this voluntary activity for my child/ward. I have read this Assumption of Risk/Waiver of Liability and Indemnification Agreement and fully understand its terms. I understand that signing this Agreement is voluntary and that I have been given the opportunity to seek legal counsel before signing this binding document. I understand that my signature below authorizes my child/ward to participate in BHLL Activities, subject to the terms and conditions stated in this Agreement.

Name of Minor under Age 18:\_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature:\_\_\_\_\_

Date signed: \_\_\_\_\_