



**TWO RIVER  
LITTLE LEAGUE**

EST. 2013

# 2022 Safety Manual



Two River Little League  
P.O. Box 474  
Little Silver N.J. 07739  
[www.tworiverlittleleague.com](http://www.tworiverlittleleague.com)

# *Safety Manual*

---

## I. Objective

Two River Little League (TRLL) is committed to providing the safest possible experience for all of its participants. With over 1,000 children enrolled in baseball and softball divisions, TRLL relies upon League Officials, volunteers and spectators to help carry out this mission. Through *Education*, *Compliance*, and timely *Reporting* of any safety concerns or issues, TRLL strives to cast a “Safety Net” over its programs, activities, and facilities.

**Mission:** This Safety Manual is meant to focus awareness on the critical aspects of safety involved in operating our Little League Program. By raising awareness concerning the most dangerous safety situations and citing the proper procedures and rules instituted to avoid them, it is our hope that the League will complete an accident-free season.

## II. Organization

1. The Two River Little League (TRLL) consists of an Executive Board of 10 individual members. It is made up of 2 individuals from each of the 5 towns involved in the program. There are 2 other ex-officio members of the Board. These 5 towns are Shrewsbury, Little Silver, Rumson, Fair Haven and Red Bank.
2. The League Safety Officer is Joseph Haelig. He is also a member of the League's Board of Directors. All corrections or recommendations to improve this League Safety Program document should be forwarded to the Safety Officer.
3. All Board Members, managers, coaches, and any other persons who will be interacting with children enrolled in the TRLL must complete a 2022 Little League Volunteer Application. The application must include a copy of a government issued photo identification card.
4. The TRLL confirms each of its sending towns conducts background checks on all volunteer coaches, umpires, and participants as required by the policies and regulations of Little League Baseball.

# *Safety Manual*

---

## Two River Little League Contact List

### **EMERGENCY**

**Police/Fire/EMT: 9-1-1**

### **Non-Emergency Contact Numbers**

Fair Haven Police.....	732-747-0991
Little Silver Police .....	732-747-5900
Shrewsbury Police.....	732-741-2500
Rumson Police .....	732-842-0500
Red Bank Police.....	732-530-2700

### **Board of Directors Contact Phone Numbers**

Adam Loucks (Shrewsbury) — President	908-309-6796
Derek Fisher (Shrewsbury) — Vice President	609-915-2994
Damon Zappacosta (Little Silver) — Secretary	484-431-8042
Brad Weisgerber (Fair Haven) — Treasurer	917-280-6507
Greg Shields (Little Silver) — Player Agent	732-673-4791
David Hendrickson (Rumson) — League Information Officer	732-687-0194
Joseph Haelig (Red Bank) — Safety Officer	732-996-4600
Adam Cohen (Red Bank) — All Star Experience	917-797-2340
Dan Kilkeary (Fair Haven) — Umpire Coordinator	646-954-0564
Bill Hoy (Rumson) — Coaching Coordinator	215-518-3939
Carlye Laido (Little Silver) — Little Silver Recreation Director	732-842-2400
Oscar Salinas (Red Bank) – Red Bank Recreation Director	732-530-2770 ext. 221
Charlie Hoffmann (Rumson) — Rumson Recreation Director, ex-officio	609-439-6745
Chris Kelly (Shrewsbury) — Past President, ex-officio	732-768-6543

# *Safety Manual*

---

## III. Training

1. Anyone who assists during practices or games as a coach or manager in the TRLL must have attended the Rutgers S.A.F.E.T.Y. Clinic. The Rutgers S.A.F.E.T.Y. Clinic satisfies the ASAP requirement for “first aid training” and also meets the stipulations of the New Jersey State “Little League Law” (2A:62A-6) which provides partial civil immunity protection to volunteer coaches who have attended a “safety orientation and training skills program.”
2. Anyone who has previously attended the Rutgers S.A.F.E.T.Y. Clinic and lost their card may contact the Youth Sports Research Council for a replacement by calling (732) 932-7178, or by following the directions on their website [youthsports.rutgers.edu](http://youthsports.rutgers.edu). The YSRC website also has a list of upcoming Clinics throughout New Jersey, which any volunteer coach can attend.
3. The TRLL ASAP plan will be emailed to all Board Members, volunteer managers, coaches and volunteers who request a copy and provide a valid e-mail address. It will be posted on the league website, [www.tworiverlittleleague.com](http://www.tworiverlittleleague.com). Further, it will be submitted to LLI in accordance with posted expectations along with a “qualified safety plan registration form.”
4. The 2022 annual managers & coaches' meeting is tentatively scheduled for **7:30pm on Tuesday, March 22, 2022. The 2022 coaches meeting will be held at the Fair Haven Columbus Club, 200 Fair Haven Rd., Fair Haven, NJ 07704.**
  - All managers and coaches are required to attend the meeting and receive training in League operations, procedures and requirements as well as baseball “fundamentals” (e.g., hitting, sliding, fielding, and pitching) and First Aid.
  - Special safety issues will also be discussed, including COVID-19 protocols.
  - Managers & coaches will be asked to fill in a (returning) LLI volunteer application at the meeting (both versions appear later in this manual)
5. Prior to the start of the season, the TRLL will host a training and safety orientation program for umpires that covers:
  - Legal and ethical responsibilities of the official;
  - Safety issues under the control of the official;
  - Mechanics of officiating, and
  - Plans and procedures for medical emergencies.

# *Safety*

## *Manual*

---

### IV. Baseball Operations & Activities

1. All Little League Baseball & Safety rules, as well as special local rules implemented to facilitate game play, safety and learning, are in effect for all TRLL activities (games and practices). Managers and coaches must adhere to these rules in all situations.
2. Managers are encouraged to host a preseason orientation meeting with their team and parents.
3. Managers should have immediate access to a cellular telephone, and must have ice packs and a first-aid kit during all practices and games in case of emergency.
4. Player Equipment Requirements. All Players must:
  - Wear the uniform correctly - hat forward and shirt tucked.
  - Shoes with cleats (metal cleats for Senior Division Baseball only).
  - Wear a batting helmet when at-bat; face guards on helmets are encouraged.
  - Mouthpieces, especially for infielders, are encouraged.
5. Pre-game warm-ups:
  - Ensure that warm-up throws do not endanger spectators.
  - Do not conduct soft toss drills against playing field or batting cage fences.
6. On-deck hitters and bat retrieval:
  - On-deck hitters are only permitted in the Senior Divisions.
  - Batting donuts are not permitted.
  - Managers should teach their players not to swing bats, unless they are up at bat, and discuss the proper procedure for retrieving an errant bat.

*For example:* Youngsters should wait until “time-is-out” is called before attempting to retrieve the previous batters bat. Thereafter, they should hand the bat to the next batter, who will return it to the bat rack in the dugout. Players should be reminded not to throw bats, either, when batting, or between at-bats, simply to “move the game along”.
7. Catching Requirements:
  - All catchers must wear a catcher’s helmet, throat guard, long model chest protector (short models are acceptable for the Senior division only), shin guards and protective cup (males) at all times during practices and games, including while warming up a pitcher on the field or in the bullpen.

*Note:* Throat guards must be worn with every type of catcher’s mask or hockey style helmet.
8. When operating outside Two River Little League pitch count restrictions (specifically the TRLL three inning cap), managers are responsible for communicating after every half inning to verify the number of pitches thrown by each pitcher.
  - During the game, the umpire should monitor the pitch count and submit the affidavit, along with the final score, to the umpire-in-chief for proper recording.

# *Safety*

## *Manual*

---

- Managers are also responsible for conducting a pre-game pitcher eligibility meeting and completing the post-game Pitch Count Log for all pitchers used during the game.
9. Spectator Guidelines:
- Spectators are expected to exhibit positive good sportsmanship characteristics as a model for the players at all times.
  - Spectators and siblings are not permitted in dugouts or seated in areas where they may be struck by a wild throw, such as next to the bullpen.
  - Spectators are not permitted to engage in any on-field play, *including warming up a player between innings*.
  - During games, children should not be permitted to play “wall ball” (i.e., throw tennis balls, etc. against dugouts). Errant throws may end up on the field causing a player to become distracted and potentially injured.
10. In accordance with N.J.S.A. 5:18-1, “any child who wears corrective eyeglasses while participating [in baseball], shall be required to wear protective eyewear that meets the frames standards of the American Society for Testing and Materials (ASTM) F803 and lens standards of the American National Standards Institute (ANSI) Z87.1.

# *Safety Manual*

---

## V. Facilities

1. Weather Rules:
  - No games or practices should be held when weather conditions are oppressive or field conditions are inadequate.
  - Two River Little League will do its best to notify its community of any weather-based cancellations but cannot guarantee that it will be able to do so before families arrive at the field of play.
  - Please respect the posted signs noting when fields are closed.
  - In the case of lightning, or thunder, games will be halted and all players removed from the playing field until 30 minutes after the last thunder was heard.
  - **Two quick & easy ways to tell if a field is unplayable: 1) 5% or more is covered by standing water or 2) shoes leave an impression on the field with every step.**
2. Prior to the start of games:
  - The field should be walked by the managers and umpires to ensure that there are no hazards in the playing area.
  - Proper foul ball return procedures should be discussed at each field. Spectators should not throw foul balls into the playing area, but, rather, hand them to a base coach or manager when play has been halted by the umpire.
3. All vehicles should be parked in marked stalls and drivers should follow all posted speed limits.
4. Children should be escorted from the parking lot facilities to the fields.
5. The Safety Officer will complete the annual LLI Facility Survey in accordance with expected timelines.

## VI. Equipment

1. Managers should inspect equipment prior to its use and secure any defective items. Thereafter, they should make arrangements with their respective Recreation Department/Commission/Committee to make all necessary repairs or to exchange the equipment.
2. Managers must have ice packs and a first aid kit at all games and practices.
3. **Only bats following the revised 2019 Little League bat standard – including an embedded “USA Baseball” decal – are allowed to be used. Any bats manufactured prior to 2017 are not allowed.**

## VII. Suspicious Activity

1. Anyone noticing a suspicious person or vehicle at any park or playing facility should contact the local police or call 9-1-1.

# *Safety Manual*

---

## VIII. Procedure for Reporting Accidents

1. When an accident happens:
  - Administer prompt and proper first aid
  - Call local first aid squad (if necessary)
  - Telephone parents of player, if not present
  - Notify the League Safety Officer
  - Speak with coaches, umpires, and other witnesses as to how the injury occurred
2. What to report:
  - Any incident that causes a player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid.
3. How to file the report:
  - **Email [safety@tworiverlittleleague.com](mailto:safety@tworiverlittleleague.com)** and provide the following:
    - Name and phone number of individual involved
    - Time, date, and location of accident
    - Detailed description of accident and contributing factors
    - Description of the extent of the injuries, to the best of your ability
    - Name and phone number of individual reporting the incident
4. Who Reports:
  - Reporting Chains:
    - Manager/Coaches at the scene to the League Safety Office
    - League Safety Officer to the League President
    - A complete incident report must be provided to the League Safety Officer
5. To Whom:
  - Within 24-48 hours, notify the TRLI Safety Staff:  
Safety Officer: Joseph Haelig 732-996-4600 [safety@tworiverlittleleague.com](mailto:safety@tworiverlittleleague.com)  
The Safety Officer is on file with Little League International
6. The League Safety Staff will:
  - Contact the injured party or their parents (in the case of a minor), and verify the information on the Incident Report
  - Obtain any other needed information
  - Check on the health status of the injured individual
  - Advise the parent of the League's insurance coverage and the procedure for submitting a claim
  - Instruct the parent to obtain written medical clearance from a qualified physician, in order for the child to resume participating in any practice or game
  - Notify the President of the TRLI about the incident
  - Provide LLI insurance documents as necessary (they appear later in this manual).



**THE RUTGERS S.A.F.E.T.Y. CLINIC**  
*Sports Awareness For Educating Today's Youth™*

The Rutgers S.A.F.E.T.Y. Clinic satisfies the ASAP requirement for “first aid training” and meets the stipulations of the New Jersey State “Little League Law” (2A:62A-6) which provides partial civil immunity protection to volunteer coaches who have attended a “safety orientation and training skills program.” Anyone who assists during practices or games as a coach or manager in TRLL must have attended the Rutgers S.A.F.E.T.Y. Clinic.

The Rutgers S.A.F.E.T.Y. Clinic is based upon the *Minimum Standards for Volunteer Coaches Safety Orientation and Training Skills Programs* (N.J.A.C. 5:52) and has been tested in court as having met the standards.

Volunteer coaches who attend this program receive:

- 1) Way to Go, Coach! Textbook
- 2) *The Coaches Reference Manual* (3rd edition)
- 3) Certification card acknowledging attendance
- 4) Permanent registration with the Rutgers YSRC

# *Safety Manual*

---

## **IX. Concession Stand Safety**

Because of the way it is configured, Two River Little League does not own or operate any concession stands of its own, nor does it engage in any routine discussion about the operation of its sending towns' recreation facilities beyond the use and safety of the playing fields. However, Little League ASAP program requirement #9 indicates TRLL's expectation that our sending towns use the following concession stand safety rules:

No person under the age of 16 will be allowed behind the counter during regular operating hours.

- All concession volunteers are required to complete a Little League Volunteer Application and can only work after an acceptable LexisNexis background check has been performed.
- Persons working in the concession stand will be trained by the Concession Stand Manager(s) on the following:
  - Safe use of equipment.
  - Food handling & temperature regulations (see attachments).
  - Proper hand washing techniques (see attachments).
  - Proper cleaning of machinery, including but not limited to, hot dog rollers, coffee pots, popcorn machine, pizza oven, and barbeque grill.
- Equipment will be inspected periodically and repaired or replaced as needed.
- Hot dog roller machine, coffee pot burners, popcorn machine, pizza oven and barbeque grill will be turned off at the end of each night.
- Cleaning materials and chemicals will be stored properly away from food products.
- Ice packs and first aid kits will be maintained within the concession stand for use in the case of medical emergencies.
- Concession stand main door entrance will not be locked or blocked while people are inside.
- A certified Fire Extinguisher must be placed in plain sight at all times. All concession stand workers are to be instructed on the use of fire extinguishers.
- Menu – the menu shall be posted and approved by the safety officer and concession director.

In addition to the general Concession Stand safety rules, the following food and health safety rules shall be enforced:

- All foods shall be cooked and tested to verify that they are cooked.
  - All refrigerators shall be maintained at 41° F or below.
  - Warm foods shall be heated to at least 165° F & kept at a temperature greater than 135° F pursuant to the New Jersey State Sanitary Code.
- All workers shall frequently wash their hands thoroughly. Disposable gloves shall be used when handling ready to eat foods; pursuant to New York State Sanitary Code and Department of Health guidelines.
- Only healthy workers shall prepare and serve food. Anyone with symptoms of illness will not work in the concession stand. Workers shall wear clean outer garments.

# *Safety*

## *Manual*

---

- All utensils that have to be cleaned shall be washed in hot soapy water, rinsed in clean water, sanitized (1 gallon of water with 1/2 teaspoon of chlorine bleach) and air-dried. All wiping clothes shall be stored in sanitizing water (1 gallon of water with 1/2 teaspoon of chlorine bleach).
- Garbage and wastes shall be stored in proper containers.
- All foods shall be stored off the floor.
- The concession stand shall be cleaned after every use.

See further information in Little League’s “Concession Stand Tips” below

### **X. Coach & Player Registration**

League Player Registration Data or Player Roster Data, which also includes Coach and Manager Data, must be submitted separately through the Little League Baseball® Data Center on or before April 1<sup>st</sup> of every year to meet requirement 15 of ASAP. This ASAP requirement is an effort to provide coaches with important Little League information and initiatives prior to and during the current playing season.

Regulation IV(g): Player, manager and coach data must be supplied to Little League International annually. Leagues may submit information from registration by April 1, 2022. It is highly recommended that data be supplied electronically in approved formats to Little League International via the Little League Data Center. Look for related information online at [LittleLeague.org/Data Center](http://LittleLeague.org/Data Center).

Two River Little League is provided all necessary data by its sending towns and assures it is in an approved, uniform format. This information is submitted to Little League International via the Little League Data Center by a TRLL League Director on or before April 1<sup>st</sup> of each year.

# *Safety Manual*

**2022 COVID-19**  
Safety Officer Joseph Haelig  
[Safety@TwoRiverLittleLeague.Com](mailto:Safety@TwoRiverLittleLeague.Com)  
732-996-4600

## PRIOR TO PRACTICES OR GAMES

- Keep your child home from practice or games if they are showing symptoms of COVID-19. Kids should isolate and test if they have any symptoms of COVID-19.
- If your child is required to quarantine due to a COVID-19 exposure, they cannot attend practices or games until the quarantine has ended.
- Remind your child to wash their hands before arriving to practice or games, or use hand sanitizer if soap and water aren't available.
- Bring labeled (with name) personal sports equipment, water bottle, hand sanitizer, and face mask.
- Regardless of vaccination status, kids should wear a mask indoors in areas with high transmission of COVID-19 and shared transportation.

### Returning to physical activity after COVID-19 infection

If your child has a positive COVID-19 test, notify their pediatrician. The doctor can advise how long they need to wait before returning to exercise or sports.



**TWO RIVER  
LITTLE LEAGUE**  
EST. 2013

## **PLAYER CONSENT FORM**

### **Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. As a result, federal, state, local governments and federal and state health agencies recommend social distancing and have in many locations limited the congregation of groups of people.

Two River Little League has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not be exposed to COVID-19. Further, attending Two River Little League practices, games, activities, or events could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, the undersigned acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that my child(ren) and I may be exposed to COVID-19 by attending practices, games, activities, or events. I understand that the risk of becoming exposed to COVID-19 at Two River Little League games, or events, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, players, coaches, parents, and other attendees.

The undersigned hereby unconditionally and irrevocably releases, waives, and discharges the Two River Little League and its officers, directors, officials, volunteers, lessors, sponsors, and representatives from and for any liability, loss or damage resulting from a COVID-19 related illness or injury that may have resulted from participation in a Two River Little League practice, game, activity, or event, whether the result of negligence of a release or otherwise, to the fullest extent permitted by law.

The undersigned has read this COVID-19 Assumption of Risk and Waiver not to sue, fully understands its terms, understands that substantial rights are being given up by acknowledging it, and is doing so freely and voluntarily without any inducement. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Two River Little League, its players, coaches, parents, and other attendees, whether a COVID-19 infection occurs before, during, or after participation in any practice, game, activity, or event.

Signature of Parent/Guardian \_\_\_\_\_

Print Name of Player \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



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



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_





# Little League® Volunteer Application – 2022



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

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

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

All RED fields are required.

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

Address \_\_\_\_\_

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

Social Security # (mandatory) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?  Yes  No

If yes, explain: \_\_\_\_\_

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

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

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

Name/Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

### LOCAL LEAGUE USE ONLY:

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

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

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

OR

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

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

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

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand.*

*Following these simple guidelines will help minimize the risk of foodborne illness.*

*This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

#### 12. Food Storage and Cleanliness.

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

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

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

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

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**

20 seconds  
Use soap

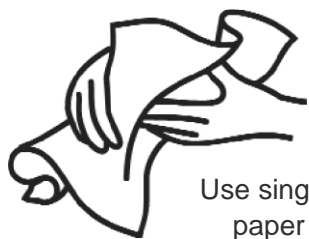


**Rinse**



**Dry**

Use single-service  
paper towels



**Gloves**



# -.v,111,'

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

### **Wash after you:**

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

### **Wear gloves.**

when you have a cut or sore on your hand

when you can't remove your jewelry

### **If you wear gloves:**

- ▶ wash your hands before you put on new gloves

### **Change them:**

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

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



UM ASS

**IKIINSON**