

Bennett's Creek Little League

2017 Safety Manual

For Managers, Coaches, Players, and Parents



Play Hard, Play Safe, Play Ball!



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Bennett's Creek Mission Statement

"Safety is Everyone's Responsibility"

Bennett's Creek Little League's highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At Bennett's Creek Little League we are committed to encouraging and providing a safe environment. In order to succeed we need your commitment to become our *Safety Advocates* for Bennett's Creek Little League.

Bennett's Creek Little League is actively participating in Little Leagues, A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

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

We request your assistance, and guidance in making Bennett's Creek League a great program. If you have any concerns, or suggestions for improvement, please contact us at safetyofficer@bennetscreek.org. For additional information visit our web site @ www.bennetscreek.org

We want to hear from you!

Thank you for your commitment to Bennett's Creek Little League.

Bennett's Creek Little League Board

Requirement 1 - Active Safety Officer

Bennett's Creek Little League (BCLL) has an active safety officer – Mark Grob. The safety officer is a member of the Board of Directors page 5 of this document.

Requirement 2 - Distribute a Safety Manual

The Bennett's Creek Little League Safety Manual is available on line at www.bennetscreek.org and is distributed to all managers and coaches prior to the start of the season

Requirement 3 - Post board and emergency numbers

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

Bennett's Creek Little League Emergency Contact Phone List

Emergency

Police/Fire/Ambulance "911"

Non-Emergency Contact Numbers

Suffolk Police Department
757- 923-2350

Area Hospitals

Sentara Belle Harbor
3920 Bridge Road
Suffolk, VA 23435
757-983-0010

Harbour View Health Center
5818 Harbour View Blvd
Suffolk, VA 23435
757-673-5800

Utilities -24-hour contact

Columbia Gas
1-800-544-5606

Dominion Power
1-866-366-4357


Suffolk Public Utilities
757-514-7000

Bennett's Creek Little League
2017 Season Board Membership

POSITION	NAME	PHONE	EMAIL
President	Chip Ambrosino	757-544-5297	president@bennettscreek.org
Vice President	Jennifer Genito	757-802-6787	vice-president@bennettscreek.org
Secretary	Jessica Smith	240-577-3997	secretary@bennettscreek.org
Treasurer	Alan Gilmore	757-268-4828	treasurer@bennettscreek.org
Player Agent - Baseball	Vacant	N/A	playeragentBB@bennettscreek.org
Player Agent - Softball	Brett Fleming	619-632-8081	playeragentSB@bennettscreek.org
Commissioner - Baseball	Kevin Graham	757-390-5062	commishBB@bennettscreek.org
Commissioner - Softball	Brett Fleming	619-632-8081	commishSB@bennettscreek.org
Director of Operation/Concessions	Shannon Smith	757-679-7202	operations@bennettscreek.org
Director of Buildings and Grounds	Mark Thompson	919-426-6806	grounds@bennettscreek.org
Equipment Director	Cody Flowers	757-254-4202	equipment@bennettscreek.org
Director of Sponsorship and Fundraising	Kim Magasark	757-329-6774	wm@bennettscreek.org
Safety Officer	Mark Grob	757-232-5574	safetyofficer@bennettscreek.org
Challenger Division	Ernie White	757-619-0342	challenger@bennettscreek.org
Coaching Coordinator	Jon Sterner	757-650-5335	coachingcoordinator@bennettscreek.org
Information Officer	Frank Coney	757-376-1665	information@bennettscreek.org

Requirement 4 - Use Little League Volunteer Application Form and Check for Sex Abuse

BCLL uses the Little League International Volunteer Application Form (online) and checks for sex abuse history as well as criminal background. BCLL requires all managers, coaches, board members, and any other person, volunteers or hired workers, who provide regular services to the league or who have repetitive access to or contact with the players or teams must fill out an application form as well as provide a government issued photo identification card for ID verification. BCLL conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications received through LexisNexis® Screening Solutions. Anyone refusing to fill out a volunteer application is ineligible to be a league member. The league president is required to retain these confidential forms for one year of service.



Little League Volunteer Application -2015

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

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): _____

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

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

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

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: _____

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

If yes, explain: _____

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

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

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

Name/Phone _____

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):

Sex Offender Registry Criminal History Records *First Advantage

*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

4.1 Application Drop off Locations

1. Directly to the President or Vice President of the League
2. Any monthly BCLL board meeting

Requirement 5 - Provide Fundamentals Training

5.1 Current

Bennett's Creek Little League conducts coaches' clinics prior to each season. Managers and coaches will be trained on hitting, sliding, fielding and pitching fundamentals. Managers and coaches are periodically provided with many brochures and are encouraged to participate in other clinics. Weekly emails will be sent out to all coaches and parents for safety tips of the week and overall league safety awareness.

5.2 Future

BCLL continuously notifies coaches of local coaches' clinics provided by private vendors, high schools and local universities.

Requirement 6 - Require First Aid Training

Basic first aid training is covered in the Bennett's Creek Little League annual coach's meeting prior to the season starting.

Requirement 7 - Walk Fields for Hazards Prior to Play

7.1 Fields

Coaches and umpires are required to walk the fields for hazards before use. Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt, reschedule the game.

7.2 Weather Conditions

Lightning- Halt play and evaluation should occur if the time between a lightning flash and the sound of thunder is less than fifteen (15) seconds. Seek shelter in a large enclosed building or fully enclosed metal vehicle. If caught in the open place feet together, squat down, and cover ears (to prevent eardrum damage).

Heat- Anytime temperature is above 90 degrees Fahrenheit, or the relative humidity is above 95%, a halt for rest and fluids should occur after the 3rd inning. Have shade and adequate water available. Encourage players to drink small amounts frequently. Any player exhibiting signs of heat related illness (cramps, fatigue, light headedness, nausea, vomiting or headache), should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, seek prompt medical aid.

Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt reschedule the game.

7.3 Players

Jewelry- Players are not allowed to wear jewelry, except for medi-alert bracelets or necklace.

Uniforms- Uniforms must be in good repair.

Equipment- Equipment must be in good repair

On-Deck Circle- On-deck circle is NOT allowed.

Pitcher- Pitchers warming up in an area subject to foul balls should have a spotter with helmet and glove.

7.4 Spectators

Arguing- Spectators are not allowed to argue with any call made by the umpire. It is the manager's responsibility to keep spectators within acceptable behavior limits.

Foul Territory- Spectators in foul territory are to remain alert and well back from the field of play.

Benches/Dugouts- Benches and dugouts are for managers, coaches and players only. If not on the field of play, all players (except warm-up pitchers and catchers) must remain within the benches/dugout area.

Young Children- Young children must be properly supervised at all times.

Pets- NO pets allowed. Only service dogs

Requirement 8 - Complete Annual Little League Field Survey

BCLL does own, operate and maintain all fields that are used for league functions. BCLL works to ensure the fields and facilities are in good working and safe condition. The annual little league field survey is completed prior to practices starting each year.

Requirement 9 - Safety Procedures for Concessions

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 food borne illnesses from temporary events can be traced back to lapses in temperature control.

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.

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 food store main unrefrigerated for too long has been the number ONE cause of food borne illness.

Hand Washing

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

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.

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.

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;
4. Air drying.

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.

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.

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.

Requirement 10 - Inspect and Replace Equipment

BCLL's Equipment Manager inspects all equipment prior to distribution to the managers. Defective and/or badly worn catcher's equipment and bats were replaced. Equipment issues should be reported to the Equipment Manager, Cody Flowers @ equipment@bennetscreek.org)

Inspection- Inspect equipment regularly and make sure it fits properly.

Catcher- Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector, and protective cup at all times.

Pitchers Warm-Up - Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model check protector, and protective cup when warming up pitchers.

Glasses- Parents should be encouraged to provide safety glasses for their children wearing glasses.

Face Guards/Cups- Parents should be encouraged to provide mouth guards and cups for their children.

Safety Bases - All coaches must use safety bases which are located in equipment boxes at each field.

Bats - All bats must comply to Little League International Regulations.

http://www.littleleague.org/Little_League_Online.htm

Requirement 11 - Implement Accident Reporting Procedures

The Safety Officer will keep a record of all accident reports. See accident report form and process on page 13 and Appendix A, page 15 of this document. Accident reports shall be submitted within 48 hours of the incident to Mark Grob @ safetyofficer@bennetscreek.org.

Accident Procedure

- Administer First Aid to the level of your training. Call 911 if necessary.
- Reassure the injured party and spectators.
- Contact the injured part's parent or guardian. If unavailable, contact the emergency contact listed on the registration form.
- ~~Control the crowd.~~

- Talk to your team about the situation. Often players are upset and worried when a teammate is injured. They need to feel safe and understand why the injury occurred.
- Consult your First Aid Booklet for return to play guidelines. Any injury requiring professional medical care will need a physician's clearance prior to returning to play. Contact your league Safety Officer by phone within 24 hours of the incident.

Communicable Diseases (additional information Appendix C)

- Bleeding must be stopped, open wounds covered, and the uniform changed if there is blood on it before the athlete may return to play.
- Use gloves when coming in contact with blood or body fluids. Gloves are provided in all First Aid kits.
- Immediately wash hands with soap and other skin surfaces contaminated with blood.
- Clean blood contaminated surfaces and equipment.
- Store blood or body fluid contaminated uniforms or gear in plastic bags for thorough cleaning at home.
- Place all blood and body fluid contaminated First Aid equipment (i.e. bloody gloves, bloody dirt, etc) in a zip-lock bag. Seal the bag and throw it into a trash can. Zip-lock bags are provided in all First Aid kits.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact until condition is resolved.

Requirement 12 - First Aid kits at games

New First Aid kits are to be distributed to all managers and coaches when they received their equipment. Every manager and coach is required to have in their possession a first aid kit at all times. The Safety Officer is responsible for the coordination of the safety equipment. The Safety Officer is responsible to make sure that every manager and coach has a first aid kit which is fully stocked. The Safety Officer is responsible for re-supplying the first aid kits when needed.

Requirement 13 - Enforce Little League Rules Including Equipment

Managers, coaches, and umpires should be thoroughly familiar with the current Little League Rule Book. The BCLL Board of Directors is responsible for enforcing the existing little league rules. The consequence of the participants in failure to follow the rules includes the following punishment:

1. A letter of reprimand or admonishment;
2. The offending party may be suspended for a game and/or games
3. The offending party may not be allowed to participate in Bennett's Creek Little League;
4. The offending party's team may be caused to forfeit a game or games;

Enforcement of little league rules is the responsibility of every participant and the Board will enforce its rules if violated.

Parents Role in Safety

Most of the existing Little League rules have some basis in safety. Parents can help by setting a good example for all the players. It is important to follow the rules for the safety of everyone involved. The managers and coaches are or will be trained in first aid fundamentals and common sense safety. Please take the time to listen to the manager and coaches, learn these rules and make them common practice any time you practice baseball with your children.

Complete a Medical Release

This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems.

No alcohol or tobacco permitted at BCLL. If volunteers must smoke or chew tobacco, please do it in the parking lot only.

Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.

It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer. All information is considered confidential. Have your child eat a snack before practice or games; hungry ball players don't concentrate well. Routinely, check your child's equipment for safety concerns.

Arrive to practice and games early to allow for proper warm ups

Help out at practices. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

Golden Rules

No one holds a bat! Many players bring their own bats to practice and games. They should remain in their bags, in the dugout or on the ground in front of them until they are needed.

No one holds a bat except when going to the plate.

The manager or coach will never leave a player alone at the field. It is very important that parents are on time to pick up the children on time. It is recommended that parents remain at the field if possible. If this is not possible, please contact the coach or manager prior to the event

Bennett's Creek Little League Accident Reporting Form

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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) Big League (16-18)
 C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS



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

Accident & Health (U.S.)

- 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 30 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input checked="" 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 (8-12)	<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 (20/20) (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 (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

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

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

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

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

Were you a witness to the accident? Yes No

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

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

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

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

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

Date	League Official Signature
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Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS

Bennett's Creek Little League



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

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

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

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

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

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

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

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

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

PART II - LEAGUE STATEMENT

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

IMPORTANT: Notification of a claim should be filed with Little League International within 30 days of the incident for the current season.

Bennett's Creek Little League 2017 Safety Code

1. Arrangements should be made in advance of all games and practices for emergency medical services.
2. Managers, Coaches, and umpires should have some training in First-Aid. First-Aid Kits should be available at the field and must be inspected weekly. After each use contact the Safety Officer for re-supply.
3. No games or practices should be held when weather or field conditions are not good particularly when lighting is inadequate. If the surrounding street lights are on, it is probably too dark to continue playing, and the game should be called.
4. Play area should be inspected frequently for holes, damage, stones, glass, and other foreign objects.
5. Dugouts and bat racks should be positioned behind screens.
6. Only players, Managers, Coaches, and umpires are permitted on the playing field during play and practice sessions.
7. Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in ball pen.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
9. Procedure should be established for retrieving foul balls batted out of the playing area.
10. During practice sessions and games, all players should be alert and watching the batter on each pitch.
11. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
12. Equipment should be inspected regularly. Make sure it fits properly.
13. Batters must wear protective NOCSAE helmets during batting practice, as well as during games.
14. Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear long-model chest protector, protective supporter, and cup at all times.
15. All male players must wear athletic supporters. We strongly recommend that all male players wear cups as well.
16. Except when a runner is returning to a base, headfirst slides are not permitted.
17. During sliding practice, bases should not be strapped down.

18. At no time should "horse play" be permitted on the playing field
19. Parents of players who wear glasses should be encouraged to provide "safety glasses" with an elastic retaining strap.
20. Players must not wear watches, rings, pins, jewelry, or other metallic items.
21. Catchers must wear full gear and a protective cup in warming up pitchers. This applies during practice, between innings, and in the bullpen.
22. Batting/catcher's helmets should not be painted unless approved by the manufacturer.
23. Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
24. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
25. No metal pitching toe should be worn.
26. Baseball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized.
27. Do not allow players to throw bats or helmets.
28. Do not allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play.
29. Report all injuries to the Bennett's Creek Little League Safety Officer, Mark Grob @ safetyofficer@bennetscreek.org
30. Please do not visit the dugout during games. If you need your ballplayer, contact the coach.

Bennett's Creek Little League 2016 Communicable Disease Procedures

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires. While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood, as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

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

Umpires

In our league, the umpires are furnished from a pool of league volunteers and paid umpires. As Little League rules dictate, they are in complete control of what happens on the field. Umpires play an important role in safety. Umpire training is essential to the safety of the players, managers & coaches, spectators, and other umpires. A Bennett's Creek League Umpires clinic will be held during the preseason to teach the proper skills to anyone who is interested in umpiring. We offer training through District 4 Chief Umpire. Please email us at: president@bennetscreek.org

The following is a list of topics the clinic will cover.

- Umpires must be fair, impartial, and consistent. All trained Umpires will go away from training with a good understanding of the rules.
- Proper positioning (and rotation) in the field to avoid obstructing play or getting injured.
- Basic rules of baseball, softball, and interpretations of commonly misunderstood rules.
- Safety violations.
- Pre-game procedures.
- Walk the field for foreign objects, holes and any hazards that might cause injury. Ensure installation of disengage-able bases.
- Inspect equipment for any safety violations prior to the start of any game

Facility and Field Inspection Checklist

Facility Name _____

Inspector _____

Date _____ Time _____

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones / cell phones are available
- Area's around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand inspection

NOTES/ HAZARDS

Signature _____

Concussion Awareness

THE FACTS

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

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION

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

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

SIGNS AND SYMPTOMS

Signs observed by coaching staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)

•

Shows 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
- Does not "feel right"

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- Insist that safety comes first.
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times
 - Make sure athletes wear the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
 - Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away 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
 - Any loss of consciousness (passed out/knocked out) and if so, for how
 - 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 about the possible concussion and give them.
4. the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
5. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

Licensed Health Care Providers

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

As a condition of managing or coaching I have read the manager and coaches training information and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with all my league's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel

Manager/Coach Name Printed

Manager/Coach Signature Date

Bennett's Creek Little League Background Check

Background

In accordance with Little League Baseball, Bennett's Creek will conduct Background Checks for registered sex offenders on all adult volunteers for our 2014 season and beyond. No continued contact with the players will be allowed prior to the Background Check. The Little League Child Protection Program has been in place since 1997 with optional background checks in place. In 2005, background checks were mandatory for all programs nationwide and will be required annually.

Who will require a background check?

Bennett's Creek will conduct background checks for Board Members, managers, coaches, assistant coaches and any other adult who will have regular or repetitive contact with our players.

Who will conduct background checks?

The league Safety Officer will conduct the background checks through LexisNexis, while the League President will perform the background check on the league Safety Officer through LexisNexis. In addition, the league will retain these records.

How will the background checks be conducted?

All Board Members, managers, coaches, assistant coaches and other adult volunteers will be required to complete a current **Volunteer Application Form**. Failure to submit this form will result in the individual being banned from participating in Bennett's Creek Little League activities. Managers and coaches will not be able to hold practices or have any other contact with players until all of the coaching staff has completed the Volunteer Application and have been cleared as not being a registered sex offender.

How will a volunteer be notified if their background check makes them ineligible to participate in Bennett's Creek Little League?

The league president and Safety Officer will notify any adult volunteers who fail the background check of their ineligibility to be a member of Bennett's Creek Little League.

Where can I get more information?

Any member of the Bennett's Creek Board of Directors can provide additional information. Also, a wealth of information concerning the Child Protection Program and background checks can be found at www.littleleague.org, along with contacting Virginia State Police for their sex offenders list. Further information may be obtained at:

www.littleleague.org/common/childprotect/index.asp

First Aid kit Contents

- 40 Plastic Bandages 3/4" x 3
- 8 Plastic Bandages 2" x 4.5"
- 6 Gauze Pads 4" x 4"
- 1 Roll Gauze 2"
- 1 Roll Gauze 4"
- 1 Elastic Bandage 3" x 5yds.
- 20 Antiseptic Wipes
- 6 Sting Relief Wipes
- 1 Tape 1/2" x 5 yds.
- 1 Tape 1" x 5 yds.
- 4 Cold Packs
- 1 Scissors
- 4 Gloves
- 10 Triple Antibiotic Ointment Packettes

<http://www.e-firstaidsupplies.com/911-98000-98002S-p-sports-first-aid-kits.html>

Some Important Do's and Don'ts

Do..

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

Don't.

- Administer any medications
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice, game
- Allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.