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@ProspectComm



Some youth sports parents look for a coach that will help their kids “win”. In the long run, it’ll be better if they find coaches that develop skills, build relationships, teach life values, who can inspire and build character. With that, winning may just happen more often, too.

2020 Safety Manual & Handbook Clinic

February 8, 2020- Palm Harbor CSA Center

Welcome Managers & Coaches:

Thank you for your time/willingness to lead teams & represent PHLL!

Please Sign In On Attendance Log At Front Table



The Basics

- Introduction of Session Presenters/Board Members
- Emergency Procedures and Rest Rooms for our meeting today
- For Today's Session
 - Scheduled for 2 hours
 - Key Points from the Safety Manual will be reviewed (Page number noted on slide)
 - Q & A time will be provided throughout today's session. Please save your questions until the Q & A session.
 - All documents presented are electronically available at: www.PalmHarborLittleLeague.com
 - Please silence all electronic devices



Distribution of Handouts



Baseball & Softball

I WILL TEACH ALL CHILDREN TO PLAY FAIR AND DO THEIR BEST
 I WILL POSITIVELY SUPPORT ALL MANAGERS, COACHES, AND PLAYERS
 I WILL RESPECT THE DECISIONS OF THE UMPIRES
 I WILL PRAISE A GOOD EFFORT DESPITE THE OUTCOME OF THE GAME.

**PALM HARBOR LITTLE LEAGUE
 2020 SAFETY MANUAL & HANDBOOK
 LEAGUE ID: 3091215**



I LOVE MY COUNTRY
 AND WILL RESPECT ITS LAWS
 I WILL PLAY FAIR
 AND STRIVE TO WIN
 BUT WIN OR LOSE
 I WILL ALWAYS
 DO MY BEST



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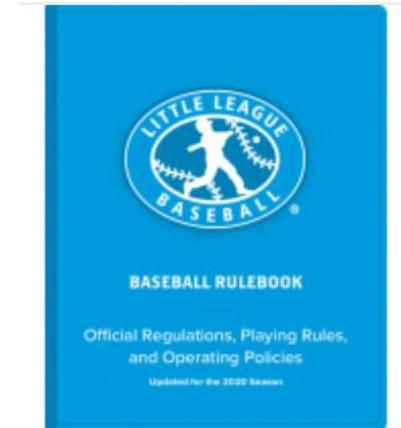
Baseball & Softball

**TEAM MANAGER
 RESOURCE BINDER**

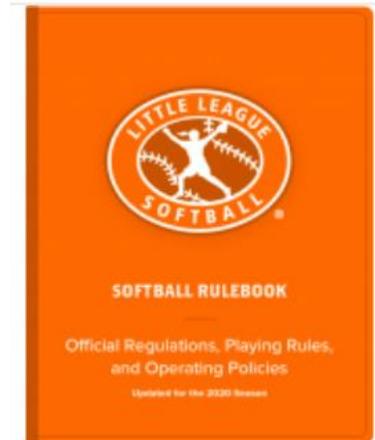
This binder includes the following:

- PHLL Safety Manual & Handbook
- **“Prevention & Emergency Management of Youth Baseball & Softball Injuries” Guide**
- PHLL Bylaws and local rules
- **Extra PHLL forms for accident reporting and game organization**

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BASEBALL RULE BOOK



SOFTBALL RULE BOOK



Question and Answer Session for items Discussed

Next Up:
Basic Info, Responsibilities,
& Rules



PHLL Purpose/Code Of Conduct (Page 4)

- We teaches boys and girls the game of baseball or softball, fair play, sportsmanship, how to be competitive, how to cooperate with others, how to win or lose with dignity, and how to respect authorities.
- Volunteer Pledge:
 - I WILL TEACH ALL CHILDREN TO PLAY FAIR AND DO THEIR BEST**
 - I WILL POSITIVELY SUPPORT ALL MANAGERS, COACHES, AND PLAYERS**
 - I WILL RESPECT THE DECISIONS OF THE UMPIRES**
 - I WILL PRAISE A GOOD EFFORT DESPITE THE OUTCOME OF THE GAME**
- Supported with PHLL “Code Of Conduct” contract agreed to by all volunteers each season as part of the registration process



PHLL Facilities (Page 7-8)

- PHLL plays home games/practices on fields run by CSA Palm Harbor (local non-profit charged with managing parks, recreation & leisure services)
- **CSA determines field “open” or “closed” status**
 - Current field status: [www.palmharborlittleleague.com/Our Field \(Status\)](http://www.palmharborlittleleague.com/OurField(Status))
- PHLL does not operate concession stand services



PHLL Contact Information (Page 8)

Organizational Point of Contact Information:

MAILING ADDRESS

Palm Harbor Little League
P.O. Box 640
Palm Harbor, FL 34682

LOCATION OF MEETINGS

Sunderman Complex – Blue Building
N.E. corner, near hockey rink. 8th St.

MEETING FREQUENCY

Meetings are scheduled for 1st
Wednesday of the month. Meeting
notifications and times are posted on
PHLL website calendar.

Website

www.palmharborlittleleague.com

League Email

support@palmharborlittleleague.com

Rainout/Field Information

727-771-6100
(Palm Harbor CSA)

Name

Earle J Kelter
Julie Aaron
Guinevere Motl
Chris Fasting
David Aaron
Lisa Kaiser
Mark Motl
Dimitri Porter
Shawn Porter

Email

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david.aaron@palmharborlittleleague.com
lisa.kaiser@palmharborlittleleague.com
mark.motl@palmharborlittleleague
dimitri.porter@palmharborlittleleague.com
shawn.porter@palmharborlittleleague.com

Officer Title

President
Secretary
Treasurer
Safety Officer
Baseball VP (L Field)
Softball VP
Coach Coord, Info Officer
Player Agent
Baseball VP (S Field)



Emergency Contact Information (Page 9)

Emergency Numbers

Dial "9-1-1" for All Medical Emergencies

PHLL Home Field Addresses:

Sunderman Complex: 1631 9th Street, Palm Harbor, FL 34683

Putnum Park: 799 Riviere Rd, Palm Harbor, FL 34683

Palm Field: 1151 Riviere Rd, Palm Harbor, FL 34683

Local Non-Urgent Emergency Contacts:

<u>Name</u>	<u>Telephone</u>
Palm Harbor Fire Rescue	727-784-0454
Pinellas County Sherriff	727-582-6900
Mease Dunedin Hospital	727-733-1111
North Pinellas Hospital	727-942-5000

<u>Name</u>	<u>Telephone</u>
Sun-Star EMS	727-540-1234
Morton Plant Hospital	727-442-7000
Mease Countryside Hosp.	727-725-6111

Designated Safety Plan Personnel:

PHLL Safety Officer: Chris Fasting
Medical Safety Advisor: Dr. Kochenour
Safety/1st Aid Trainer: Julie Aaron LPN Safety Trainer





Responsibilities (Page 10)

- **League Safety Officer**

- a) Be responsible to create awareness, through education and information, of the opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
- b) Develop and implement a plan for increasing safety of activities, equipment and facilities through education, compliance and reporting.

- **All League Representatives**

All League Board Members, Managers, Coaches and Volunteers shall bring any safety related issue to the League Board attention as soon as discovered.

This shall include any equipment, field or property, game or practice actions by players, managers, coaches or parents.

This can be done by emailing:
Support@PalmHarborLittleLeague.com



Manager Responsibilities (Page 11)

Team Manager/Head Coach:

The Manager is responsible for running the team including practices, and games. Below are some of the expected activities. Please see current PHLL local playing rules for additional activities.

- a) **Must learn and follow LLB and PHLL local playing rules.**
- b) Instruct players in proper game skills.
- c) Involve parents with the team and league activities.
- d) Must attend player evaluations, clinics, and drafts.
- e) **Inspect playing field prior to games and practice.**
- f) **Maintain League issued equipment and inspect prior to every game including first aid kit.**
- g) **Inspect player owned equipment prior to every game.**
- h) **Ensure male players are wearing the proper athletic protection.**
- i) Inspect all bats for LLB compliance
- j) Assist in the training of assist coaches to become a Manager
- k) Verify annual service hours of all volunteers for assigned team if requested by the board.



Coach Responsibilities (Page 12)

Team Assistant Coach:

The Assistant Coach assists the Manager in running the team including practices and games. Below are some of the expected assist activities a coach provides to the team manager. Please see current PHLL local playing rules for additional activities.

- a) **Must learn and follow LLB and PHLL playing rules.**
- b) Instruct players in proper baseball skills.
- c) Involve parents with the team and league activities.
- d) Must attend player evaluations, clinics, and meetings.
- e) **Help Manager maintain League issued equipment and inspect prior to every game including first aid kit.**
- f) **Inspect player owned equipment prior to every game.**
- g) **Ensure male players are wearing the proper athletic protection. Inspect all bats for LLB compliance.**



Highlighted PHLL Rules (Page 13-14)

- **Ballpark Rules:**

Park vehicles in designated parking spots for all PHLL events.

Do not enter “closed” fields. Should a field be closed due to weather, remove team from ballpark.

Tobacco, firearms, alcohol, recreational drugs or vaping are not permitted on any ballpark property.

No pets allowed on ballpark property.

- **Manager/Coach Rules**

Managers/Coaches do not have the authority to appoint additional coaches.

All Volunteers (on the field or in the dugout) must be “Registered Volunteers” and approved by the President

- **Game/Practice Rules**

All batters/runners must wear LLI approved batting helmets with faceguards when using a bat. *Exception: Junior/Senior divisions of Baseball and Softball are not required to wear a faceguard.*

Players must not wear watches, rings, pins, jewelry or other metallic items. Exception: medical alert items are permissible.

Only LLI approved bats and equipment may be used for play.

All male players (league age 7 and above) must wear protective cups during games and practices.

Softball Only: Fielding faceguards are required (Page 15)



Question and Answer Session for items Discussed

Next Up:
Safety Mission, Policies,
Injury Prevent/1st Aid
Reminders



Safety Mission Statement (Page 15)

PHLL believes the safety and health of all league members and players is of the greatest importance. From the President to the player, we all take this mission as our responsibility to:

- Eliminate game and practice-related safety and health injuries to all players, volunteers and spectators
- Provide a safe playing environment.



Safety Incident Reporting (Page 15)

All managers, coaches, volunteers are required to report **any and all** incidents within 24 hours to the League Safety Officer:

- Chris Fasting:
- Email Chris.Fasting@PalmHarborLittleLeague.com
- Cell # **727-365-1325**





1st Aid Kits/Cold Compress Bags (Page 15)

- First aid kit and cold compress bags are in available PHL field boxes.
- This is in addition to each manager being issued a 1st aid kit and cold compress bags for use during his or her practices/games when/if league equipment bags are issued.
- All managers and coaches will have access to the field boxes through the league's Bluetooth lock system
- **Managers/Coaches are responsible to notify the Safety Officer if any new supplies are needed.**



Batting Cage Safety (Page 16-17)

There has not been any batting cage related incidents in the recent past but that doesn't mean that we let our guard down.

PHLL has developed the following safety rules while using batting cages:

1. No climbing on the cages.
2. No horse playing in the cages.
3. No players in the cage without adult supervision.
4. No batters in the cage without wearing a helmet/faceguard.
5. All players waiting for the cage should be dragging their bat.
6. Parents should not allow player siblings to play in the cage while watching game.
7. Pitching Machine should be operated only by a properly trained coach or manager
8. A pitching screen should be used at all time while live batting of pitched balls. This includes while using pitching machine.
9. No cleats are allowed inside the batting cage.
10. Any person who opens the lock on the cages is responsible until they secure the lock.



Lightning Safety Policy (Page 17)

- PHLL home fields have installed lightning detectors that will sound an alert when dangerous lightning is within 10 miles of the device.
- When lightning is detected the horn will sound and the strobe lights will continue to flash. Current system status:
<http://csapalmharbor.org/parks-facilities/rainout-info/lightning-safety/>
- All activities on the field should stop and all participants should remove themselves from the field/dugouts and seek shelter.
- An all clear horn will sound, and the strobe lights will go off 30 minutes after the last detected lightning strike.
- When all clear horn sounds and the strobe lights are no longer flashing, field activities may continue should the fields remain open for play.

Palm Harbor - Sunderman		
Alerts	Connection	
No Alert	Up	

Estimated Time to All Clear		
HOURS	MINUTES	SECONDS
--	--	--

Last Stroke Time	--
Last Stroke Distance	--
System Hours of Operation	
9:00 AM - 10:00 PM	



Concussion Policy (Page 17/Exhibit 2)

PHLL uses the CDC Heads up Concussion program to help the league recognize, respond to, and minimize the risk of concussion or other serious brain injury.

In all cases, if a child is suspected of having a concussion:

- That child should immediately be removed from play for the rest of the day.
- Parents/Guardians Notified immediately
- A medical professional documented release to play is required before the player can return to the field for practice or games.

How Can I Spot a Possible Concussion?

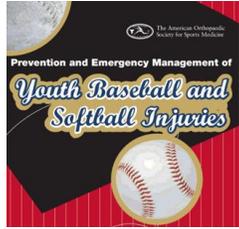
Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

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



(Page 17/Exhibit 1)

- Basic understanding the Prevention & Emergency Mgt of Injuries is important for all Managers and Coaches.
- All Managers and Coaches are urged to familiarize themselves with this material.
- Paper copy of this program is in the Team Manager Resource Binder and/or by viewing the online version at: [www.palmharborlittleleague.com/About PHLL/PHLL Safety Manual \(ASAP\)](http://www.palmharborlittleleague.com/AboutPHLL/PHLL%20Safety%20Manual%20(ASAP))
- For all Serious Injuries 911 Emergency should be utilized

Introduction	4	Lesson 8	23
Objectives		Facial Injuries	
Evaluating Injuries		Evaluation	
Treatment		Treatment	
Special Considerations for Youngsters		Special Considerations	
Your First Aid Kit and More			
Lesson 1	10	Lesson 9	25
Contusion		Jaw, Mouth, and Tooth Injuries	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Prevention		Prevention	
Return to Play			
Lesson 2	12	Lesson 10	27
Abrasions and Lacerations		Eye Injuries	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Return to Play		Prevention	
		Return to Play	
Lesson 3	13	Lesson 11	29
Muscle Pulls and Strains		Insect Bites And Stings	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Return to Play		Prevention	
Lesson 4	15	Lesson 12	31
Overuse Injuries of The Throwing Arm		The Unconscious Athlete: Heat Illness	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Prevention		Prevention	
Return to Play			
Lesson 5	17	Lesson 13	33
Sprains		Head Injuries (Concussions)	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Prevention		Prevention	
Return to Play		Return to Play	
Lesson 6	19	Lesson 14	35
Fractures		Triage and Emergency Management	
Evaluation		Evaluation	
Treatment		Treatment	
Special Considerations		Special Considerations	
Prevention		Prevention	
Return to Play			
Lesson 7	21	Conclusion	37
Injuries of The Hands and Fingers			
Evaluation			
Treatment			
Special Considerations			
Prevention			
Return to Play			

Basic CPR & Heimlich Maneuver Reminders (Pages 32-33)

CALL



CALL 911

BLOW



TILT HEAD, LIFT CHIN, CHECK BREATHING



GIVE TWO BREATHS

PUMP



POSITION HANDS IN THE CENTER OF THE CHEST



FIRMLY PUSH DOWN TWO INCHES ON THE CHEST 30 TIMES

CONTINUE WITH TWO BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

CPR for children is similar CPR for adults. The compression to ventilation ratio is 30:2. There are, however, 3 differences.



1) If you are alone with the child give two minutes of CPR before calling 911



2) Use the heel of one hand as for adults for chest compressions

3) Press the sternum approximately one-third the depth of the chest

The Heimlich Maneuver

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

When approaching a choking person, one who is still conscious, ask "Can you cough? Can you speak?"

If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the navel;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the navel (belly button).

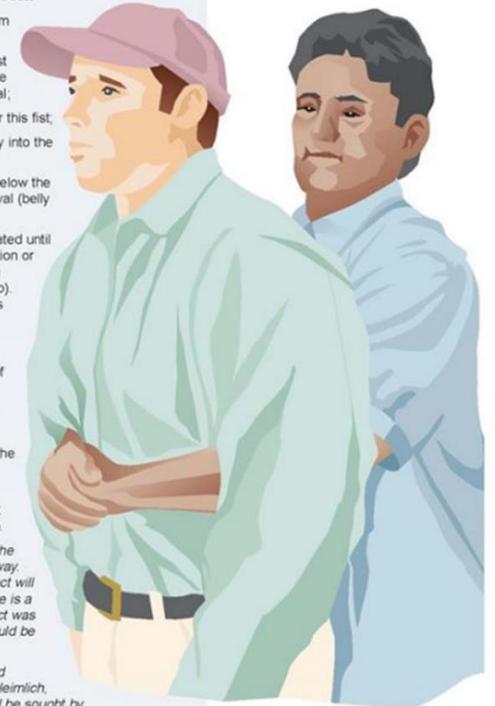
The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

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

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

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



Disclaimer: This is not certification training. The intent of this presented material is to provide reminders for individuals who are capable of performing these potential life saving techniques



LLI Child Protection Program (Page 18)

- LLI requires leagues to search the Department of Justice National Sex Offender Registry and conduct a national criminal background check for each volunteer with regular service to the league or repetitive access to children.
- As a condition of service to PHLL: **All managers, coaches, Board of Directors members and any other persons, volunteers** or hired workers, who provide regular service to the league and/or have repetitive access to/or contact with players or teams must pass a background check.
- PHLL uses the LLI JDP background application and background check process annually.



Question and Answer Session for items Discussed

Next Up:

Insurance, Medical Release,
and Accident Forms



LLI Insurance (Page 20)

- PHLL purchases “Accident Insurance” through LLI annually.
- This an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer for the claimant.
- The insurance covers eligible participants (players, and approved volunteers) while traveling directly, without delay, to and from the field as well as during Little League practice sessions and games.
- Coverage also extends to league volunteers involved in authorized league activities.
- Claim must be made within 20 days after an accident.
- **The Safety Officer will assist in determining what is needed when a report of an accident is received.**



LLI Medical Release Form (Page 24)

- Must be completed by parents or legal guardians of player prior to the start of any on field practice or games.
- Completed forms must be readily available to Team Manager or designee at all practices and games.



Little League Baseball and Softball
MEDICAL RELEASE



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

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

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

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

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

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

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

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

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

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

Name _____	Phone _____	Relationship to Player _____
Name _____	Phone _____	Relationship to Player _____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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



LLI Insurance Sample Documents (Page 20-28)

Report any and all incidents to the League Safety Officer Chris Fasting, email Chris.Fasting@PalmHarborLittleLeague.com cell # 727-365-1325 within 24 hrs.

The most recent and up to date forms can be found and filled out online at: <https://www.littleleague.org/forms-publications/#asap>

Paper copies of these forms are located in the Team Manager Resource Binder issued to traveling PHLL teams and in one of the field equipment boxes located at Sunderman Fields

LITTLE LEAGUE, BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League, International
535 US Route 15 Hwy, PO Box 3485
Wilmington, PA 17701-0485
Accident Claim Contact Numbers:
Phone: (717) 232-1921

1. This form must be completed by parents of claimant to under 19 years of age and a league official and forwarded to Little League Headquarters within 24 hours after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical treatment must be received within 24 hours of the League accident.

2. Immediate first aid including description of services, date of service, procedure and diagnosis codes for medical investigations 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 charge did 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.

4. Priority provided benefits for eligible medical expenses incurred after 52 weeks. Refer to insurance brochure provided by the league president, or contact Little League Headquarters within the year of injury.

5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided by 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 ID: _____

Name of Injured Person/Claimant _____ SSN PART 1 _____ Date of Birth (MM/DD/YYYY) _____ Age _____ Sex _____
 Home Phone (Inc. Area Code) _____ Cell Phone (Inc. Area Code) _____
 Address of Claimant _____ Address of Parent/Guardian, if different _____

IF Other Parent or Claimant of Person/Claimant _____
 Name of Parent/Guardian, if Claimant is a Minor _____ SSN _____ Date of Birth (MM/DD/YYYY) _____ Age _____ Sex _____
 Home Phone (Inc. Area Code) _____ Cell Phone (Inc. Area Code) _____
 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 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, please explain in 3 lines.

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan No School Plan Yes No
 Individual Plan No Other Plan Yes No

Date of Accident: _____ Time of Accident: _____ Type of Injury: _____
 CAM _____ CMI _____

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	<input type="checkbox"/> NOT GAMES
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (8-12)	<input type="checkbox"/> VOLUNTEER/EMPIRE	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> PRACTICE (NOT GAMES)
<input type="checkbox"/> TAD (NON-SEASON)	<input type="checkbox"/> LITTLE LEAGUES (12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL FROM	<input type="checkbox"/> TRAVEL FROM (NOT GAMES)
	<input type="checkbox"/> JUNIOR (12-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TRAVEL FROM	<input type="checkbox"/> TRAVEL FROM (NOT GAMES)
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> OTHER (Specify)

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, evaluator 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 Federation of Insurance Company of Baseball, Inc. A photocopy of this authorization shall be considered an affidavit and valid as the original.

Title _____ Signature of Parent/Guardian (Signatures in a two parent household, both parents must sign this form.) _____

Date _____ Title _____ Signature of League Official _____

For Local League Use Only A Safety Awareness Program's Activities/Reporting Incident/Injury Tracking Report

League Name _____ League ID: _____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____ Sex: Male Female
 City: _____ State: _____ ZIP: _____ Home Phone: () _____
 Parent's Name (if Player): _____ Work Phone: () _____
 Parent's Address (if Different): _____ City: _____

Incident occurred while participating in:
 A) Baseball Softball Challenger TAD
 B) Junior Senior Major Intermediate (50/70)
 C) Tryout Practice Game Tournament Special Event
 D) Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:
 D) Batter Baseman Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Outfield
 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-restictive medical release prior to being allowed in a game or practice.)

Type of Incident and Location:
 A) On Primary Playing Field Base Path Running or Sliding Adjacent to Playing Field Off Ball Field
 Hit by Ball Punched or Thrown or Batted Parking Area Car or Bike or Walking Concession Area Other: _____
 Collision with: Player or Structure Grounds Defect Volunteer Worker League Activity
 Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only and should not be sent to Little League International. This document should be used to evaluate incidents and provide information to the league and insurance companies. It is not to be used for legal purposes. If an accident occurs, obtain as much information as possible for all accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy. Please complete the Accident Notification Claim Form available at <http://www.littleleague.org/Forms/Forms/accident-notification-claim-form.pdf> and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please file the General Liability Claim Form available here: <http://www.littleleague.org/Forms/Forms/accident-notification-claim-form.pdf>

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

General Liability Claim Form

Send Completed Form to:
Little League Baseball and Softball
535 US Route 15 Hwy
Wilmington, Pennsylvania 17701-0485
(717) 232-1921 Fax (717) 232-2951

Telephone immediate notice to Little League International (EXPLANATION ONLY)

Insured: Name of League _____ League ID Number (Check as Insured Only) _____
 Name of League Official (Name, City, State, Zip) _____
 Address of League Official (Street, City, State, Zip) _____
 Phone No. (Area) _____

Date of Accident: _____ Hour: _____ AM PM
 Accident occurred at (Street, City, State, Zip) _____

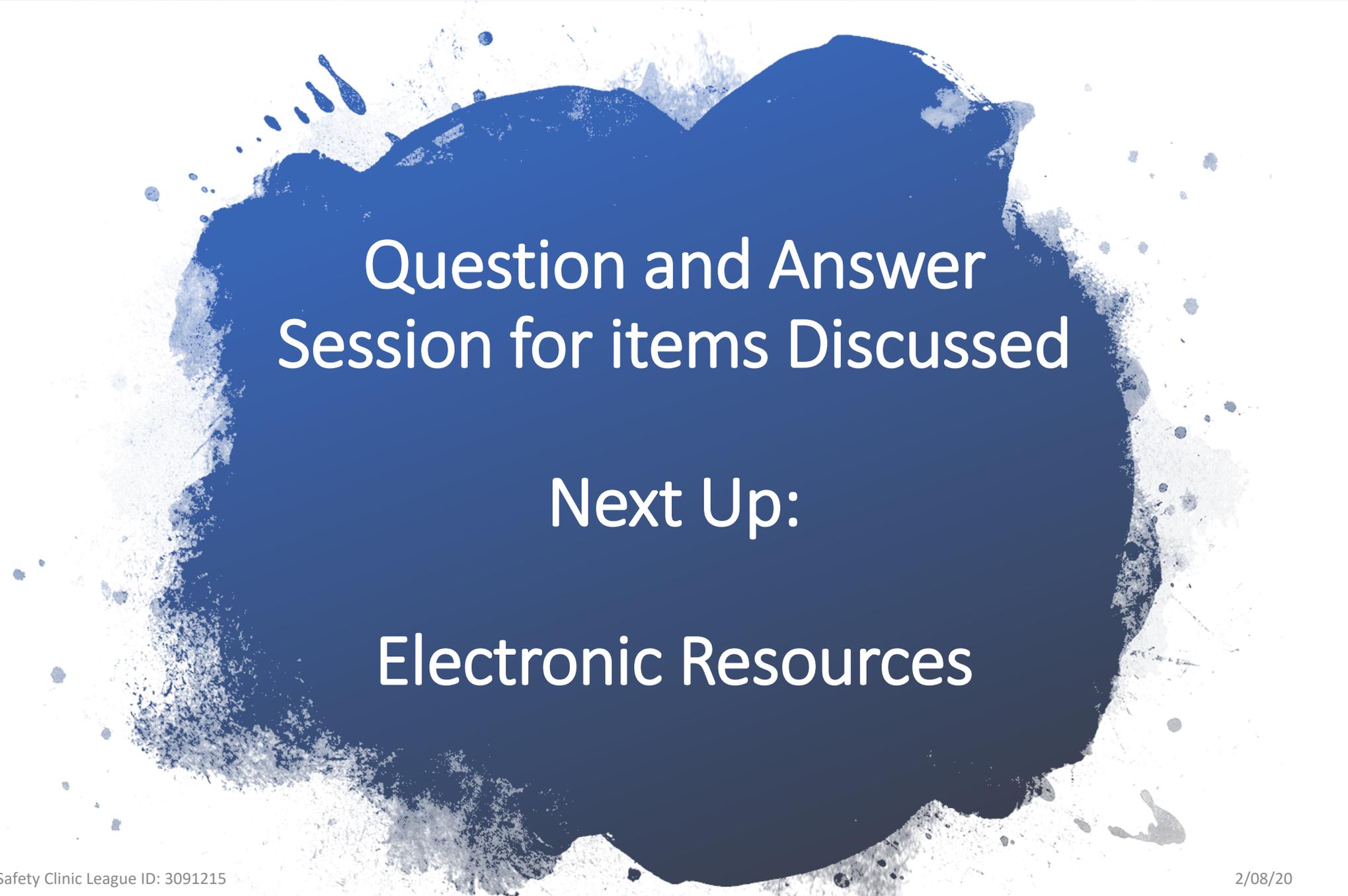
Did you report this accident? Yes No If yes, when? _____
 Description of Accident: _____

Who owns Premises _____ Person in charge of Premises _____
 Location: _____ Elevation: _____ Proximity: _____ Cost: _____
 Street Number: _____ Mail Stop: _____ PO Box: _____

Is this an other insurance applicable to this risk? Yes No If yes, what: _____
 Name of Insurance Co. _____
 Address (Street, City, State, Zip) _____
 Name and Title of Manager and Estimator or Repair _____
 Phone No. (Area) _____

Insured Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Address: _____ Phone No. (Area) _____

Signature: _____ Date: _____



Question and Answer Session for items Discussed

Next Up:

Electronic Resources



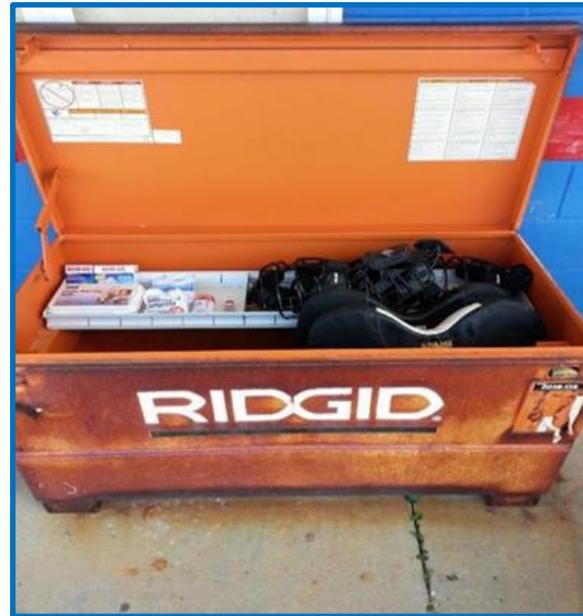
Electronic Resources:

www.PalmHarborLittleLeague.com

The screenshot shows the website's header with navigation links: LittleLeague.org | Official Forms | LLU | LLWS | Videos | Official Store. The main banner features the Palm Harbor Little League logo, the text 'PALM HARBOR LITTLE LEAGUE PALM HARBOR, FL', a Facebook icon, and 'LOGIN' and 'REGISTER' buttons. The navigation menu includes: HOME, OUR FIELDS (STATUS), FAQ'S, ABOUT PHL, UMPIRE CORNER, PHL SPONSORS PROGRAM, PHL BOUNDARY LINES, SEASONS & DIVISIONS OF PLAY, MANAGER AND COACH CORNER, and PHL CALENDAR.



Thank you! Have a great Day!



THUNDERSTORM & LIGHTNING SAFETY

PARK SAFETY AND GAME CANCELLATION GUIDELINES

THUNDER or LIGHTNING--- SEEK SHELTER IMMEDIATELY

REMEMBER!

If you can hear thunder or see lightning (the actual strike vs "heat lightning" described below), you are close enough to the storm to be struck by lightning

Heat lightning: is actually lightning from a thunderstorm too far away for the thunder to be heard. However the storm may be moving in your direction.

- Go to a safe shelter immediately.
- Move to a sturdy building or hardtop car. Do not take shelter in small sheds, dugouts, under isolated trees, or in convertible automobiles.
- Stay away from water and water fountains.
- Telephone lines and metal pipes can conduct electricity. Use telephones only in an emergency.
- Stay away from metal constructed bleachers and chain link fences.
- If no shelter is nearby, find a low spot away from trees, fences and utility poles. Make sure the place you pick is not subject to flooding.
- If you feel your skin tingle or your hair stand on end, squat low to the ground on the ball of your feet. Place your hands on your knees with your head between them. Make yourself the smallest target possible, and minimize your contact with the ground.

THE GAME OFFICIALS HAVE FINAL SAY OVER CALLING GAMES AND SEEING THAT EVERYONE EVACUATES FIELDS UNTIL THE THREAT OF SEVERE WEATHER PASSES