



## 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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## Purpose/Code of Conduct

*The purpose of this document is to provide details of Palm Harbor Little League (PHLL) Safety Awareness Program (specific rules, league information, safety information and other important information) to managers, coaches, umpires, and spectators. Within this document are terms such as Palm Harbor Little League, PHLL, Little League Baseball, and Little League. These terms refer to and are meant to include all players of Baseball and Softball.*

PHLL's organizational purpose is to have a sports program that 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.

PHLL believes the essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

1. Trustworthiness
2. Respect
3. Responsibility
4. Fairness
5. Caring
6. Good Citizenship

The highest potential of sports is achieved when competition reflects theses "Six Pillars of Character."

A PHLL player is whom we work with to teach and lead. All PHLL players should be mindful of the Little League Pledge:

**I TRUST IN GOD.  
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.**

As parents and volunteers of PHLL, we prepare ourselves to serve the kids in our community. We should be mindful of the Little League Parent/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**

PHLL also provides an atmosphere conducive to wholesome community participation for family, friends and other members of the community. For these things to come about, an atmosphere of cooperation, patience, good will and sportsmanship must exist. **All spectators, managers and players are expected to conduct themselves in a manner that is above reproach.**



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A team that displays camaraderie and positive feelings among the parents will have a successful season. The players share those same positive feelings, almost without fail. Youngsters really enjoy having the support of parents and friends. Positive encouragement is ever so important as it leads to good team spirit and high player morale.

PHLL encourages positive adult participation. Although one person usually heads a team, many people are important in providing a fun experience, and the cooperation of the parents is essential. Parents are encouraged to help at practices, games, and at all events. Adults should behave in a way that sets a good example to the players. Good sportsmanship can only be learned from coaches and parents willing to set a good example. Both sides should appreciate good play. Please do not become upset with calls made by the umpires. Accept and respect the job the umpires are doing.

Kids place a great deal of pressure on themselves, as do their peer groups. There is no need to add any additional pressure. Encouragement and constructive criticism bring out the best in these kids.

Additionally, we must remember that our children don't always do what "we ask them to do". But more often they do "what we do". As parents we should be mindful of these additional points:

**I shall set an example of Sportsmanship for my child to follow.**

**I shall remember that only a limited number of players may play at one time.**

**I shall remember all Managers, Coaches, Umpires, and Officers are Volunteers.**

**I shall not complain about any volunteer until I have labored more hours on Little League programs than they have.**

**I shall not criticize the umpire unless I am ready to assume his duties.**

**I will always remember my reason for being here is for my child.**

## PHLL Introduction & Overview

Palm Harbor Little League is a charter member of Little League Baseball, Inc. The league was first chartered in 1990. In 1990 our first PHLL President was John Gibalina. We had over 1600 registered players that first year including approximately 36 Tee Ball teams, and according to LLB, we had the highest concentration of registered players, per square mile than any other chartered Little League in the world! No; we did not have any more available fields to play on than we do now!

PHLL offers Baseball and Softball programs for youths between the ages of five and sixteen years of age, who reside within and/or attend a school within the league's boundaries (set forth by Little League International) eligible to participate in our league.

We are very proud of our league and its history. But most of all we are proud of the players that we have mentored and instructed through the years. Our league has been fortunate to have a terrific group of dedicated, hard-working, and selfless volunteers.



## Spring Season

The traditional Little League Baseball and Fast-pitch Softball Spring season begins early in Florida. Registration for the spring season begins as early as October 1st with final registration for the spring season typically ending in early to mid- January. Player evaluations are typically held in mid to late January for player’s league age 9-16. Opening Day Ceremonies for both Baseball and Softball divisions typically is on a Saturday in Mid-February with the season’s first games scheduled on opening day. Regular season games typically end in mid-May. A player may be selected to represent his age group (9-16) and PHLL in the traditional All-Star Tournament, which begins mid-June and can continue through August.

## Fall Season

PHLL also offers a “Fall” instructional season. This season provides a year-round player with additional playing time, a transition season for those players changing divisions, and for the first time player – a chance to develop their fundamental playing skills in a less competitive atmosphere. Early Registration for the fall season typically begins as early as August. Final Registration for the fall season typically ends in early September. There is no formal “Opening Day” for the fall season. Games typically begin in mid-September and end in mid-November.

## PHLL Boundary Map

### Boundary Line

North  
South  
East  
West

### Resident who live West of US Highway 19

Bee Pond Rd at Alt 19 to Lake Tarpon Blvd at US Hwy 19  
Orange St./Pinellas Trail Overpass at Alt 19 to CR 39 at US Hwy 19  
US Highway 19  
Gulf of Mexico

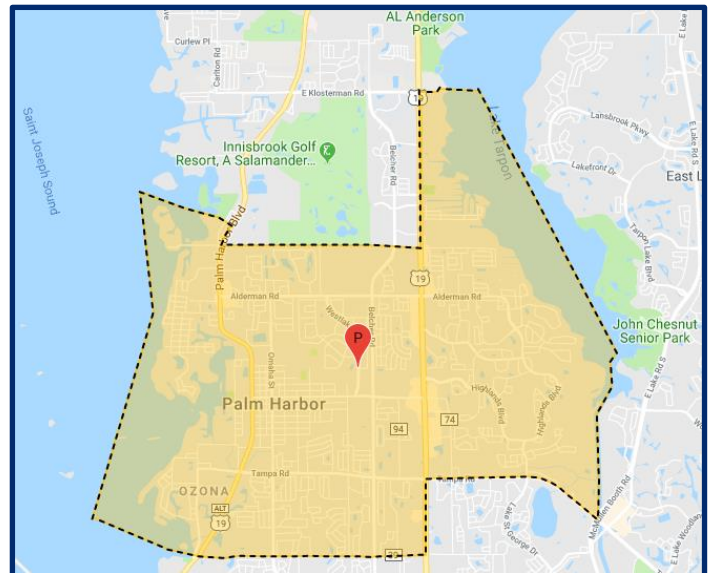
### Boundary Line

North  
South  
East  
West

### Residents who live East of US Highway 19

Klosterman Road  
Tampa Road  
Lake Tarpon  
US Highway 19

### PHLL Boundary Lines via Map:

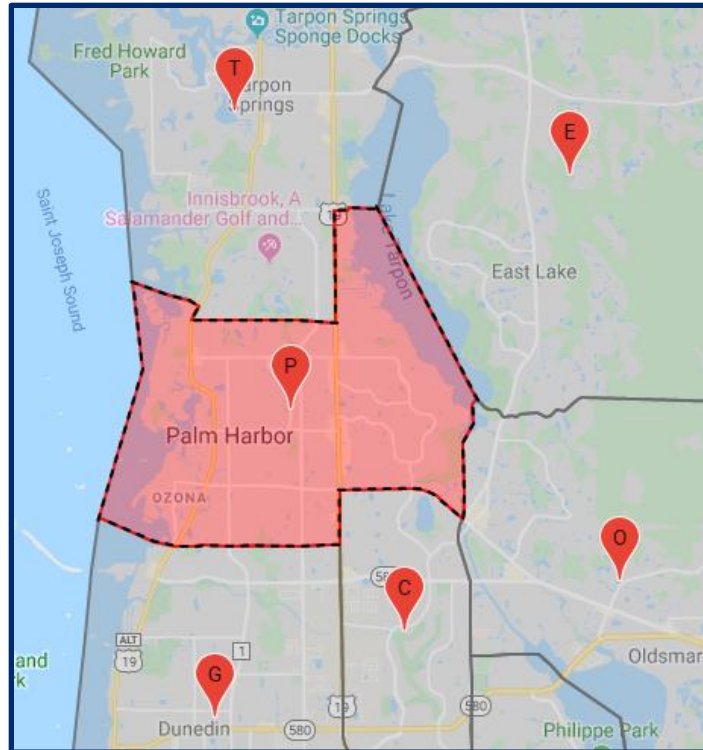






## Neighboring Little Leagues

Palm Harbor Little League is 1 of 12 local little leagues that make up the FL District 12 Little League family, which includes local little leagues West Pasco, Holiday, Tarpon Springs (North of our boundary), East Lake (Northeast of our boundary), Oldsmar (East of our boundary), Countryside (Southeast of our boundary), Dunedin (South of our boundary, Safety Harbor, Clearwater, Largo, West Pinellas, and the Clearwater Challenger Program.



Our local District 12 is one of many districts that make up the Southeast Region. The headquarters of the Southeast Region is in Warner Robins, Georgia.

## PHLL Facilities

PHLL plays all home baseball and softball games and practices on public fields run by CSA Palm Harbor. CSA Palm Harbor is the local non-profit that is charged with managing parks, recreation and leisure services within the unincorporated community of Palm Harbor, Florida.

Palm Harbor CSA is a tremendous partner and supporter of PHLL operations by providing the field space through a user group agreement at a nominal fee with priority use of the facilities. In return, PHLL provides some support for routine Baseball and Softball specific needs for the fields as approved by CSA. Needs such as batting/field netting, bases, temporary outfield fencing, painting of dugouts, etc...



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### Playing Fields

Three separate parks make-up PHL Little League home fields:

1. The Sunderman Complex, located at 1631 9th Street, Palm Harbor, FL 34683 (near Pop Stansel Park), is home field to our Major Baseball, Minor Baseball (AAA/AA/A), and Tee ball divisions and Softball divisions.
2. Putnum Park, located at 799 Riviere Rd, Palm Harbor, FL 34683, is home field to our Junior and Senior Baseball divisions.
3. Palm Field, located on Riviere Rd. at Nebraska Ave., is an available practice field for all divisions.

### Batting Cages

PHLL has access to 4 batting cages which are primarily maintained by PHL. PHL has 3 portable pitching machines available for trained manager/coach use.

### Concession Stand

CSA Palm Harbor provides concession services at Sunderman field during most game days. **PHLL does not operate concession stand services.**

### PHLL Contact Information

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. 8<sup>th</sup> St.

**MEETING FREQUENCY**

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

**Website**

[www.palmharborlittleleague.com](http://www.palmharborlittleleague.com)

**League Email**

[support@palmharborlittleleague.com](mailto:support@palmharborlittleleague.com)

**Rainout/Field Information**

727-771-6100  
(Palm Harbor CSA)

Board Officer Contact Information:

<b><u>Name</u></b>	<b><u>Email</u></b>	<b><u>Officer Type(s)</u></b>
Earle J Kelter	<a href="mailto:ej.kelter@palmharborlittleleague.com">ej.kelter@palmharborlittleleague.com</a>	President
Julie Aaron	<a href="mailto:julie.aaron@palmharborlittleleague.com">julie.aaron@palmharborlittleleague.com</a>	Secretary
Guinevere Motl	<a href="mailto:guinevere.motl@palmharborlittleleague.com">guinevere.motl@palmharborlittleleague.com</a>	Treasurer
<b>Chris Fasting</b>	<b><a href="mailto:chris.fasting@palmharborlittleleague.com">chris.fasting@palmharborlittleleague.com</a></b>	<b>Safety Officer</b>
David Aaron	<a href="mailto:david.aaron@palmharborlittleleague.com">david.aaron@palmharborlittleleague.com</a>	Baseball Vice President (L Field)
Lisa Kaiser	<a href="mailto:lisa.kaiser@palmharborlittleleague.com">lisa.kaiser@palmharborlittleleague.com</a>	Softball Vice President
Mark Motl	<a href="mailto:mark.motl@palmharborlittleleague.com">mark.motl@palmharborlittleleague.com</a>	Coaching Coord, Information Officer
Dimitri Porter	<a href="mailto:dimitri.porter@palmharborlittleleague.com">dimitri.porter@palmharborlittleleague.com</a>	Player Agent
Shawn Porter	<a href="mailto:shawn.porter@palmharborlittleleague.com">shawn.porter@palmharborlittleleague.com</a>	Baseball Vice President (S Fields)





Emergency Contact Information:

## 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>	<u>Name</u>	<u>Telephone</u>
Palm Harbor Fire Rescue	727-784-0454	Sun-Star EMS	727-540-1234
Pinellas County Sherriff	727-582-6900	Morton Plant Hospital	727-442-7000
Mease Dunedin Hospital	727-733-1111	Mease Countryside Hosp.	727-725-6111
North Pinellas Hospital	727-942-5000		

Designated Safety Plan Personnel:

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

Requirement to Distribute & Carry Manual:

**This manual was updated and distributed to all league Team Managers February 2020. This manual must be present at all league games and practices.**

This Plan's Officer Responsibilities

League President Shall:

- a) Collect all volunteer applications and perform required background checks using JD Palantine according to Little League International (LLI).
- b) Maintain yearly background checks according to LLI.



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- c) Submit a qualified Safety Plan registration form with the ASAP Plan.
- d) Supply copy of current year's ASAP plan to District Administrator

### League Player Agent Shall:

- a) Maintain and upload League player rosters to LLB using the Little League Data Center

### League Safety Officer Shall:

- 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.

**NOTE:** In order to implement a safety plan, the Safety Officer may utilize education, compliance and reporting, the following suggestions:

1. Education – Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.
2. Compliance – Should promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.
3. Reporting – Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data is forwarded as available
4. Recruit safety reps from every team; a parent that will take the responsibility to inspect the field, players equipment, and league equipment before each game and report any problems to the Safety Officer.

### League Vice Presidents (Baseball and Softball) Shall:

- a) Inspect and distribute all league supplied team equipment prior to season beginning for spring and fall.
- b) Replace any needed equipment during the season due to failure.
- c) Collect and inspect league supplied equipment at season end.
- d) Notify League Board of any equipment needs.

### All Other League Representatives Shall:

**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](mailto:Support@PalmHarborLittleLeague.com)**



## Volunteer Definition and Requirements:

### Application Requirements:

- a) All adults must sign up through the league's registration system to be considered a volunteer for the league.
- b) In compliance with LLI Regulation I (C) 8 and 9; Palm Harbor Little League requires all adult volunteers to complete a Volunteer Application for the positions of:
  - a. Manager
  - b. Coach
  - c. Umpire
  - d. Board of Directors
  - e. And any volunteer positions that provide repetitive access to, or contact with, players and/or teams.
- c) The LLB regulation mentioned above require all adult volunteers complete the Application annually (generally prior to spring season) with required social security number according to LLI JD Palantine background check process, along with a copy of his/her government issued driver's license or ID to allow the local league to conduct a background check on all of the league's volunteer personnel.
- d) In all cases, volunteers and roles are assigned by the President of the league and presented to the board of directors for approval before a volunteer can begin PHLL volunteer activities.

### PHLL General Membership

An adult volunteer in any positions listed in the "Volunteer Roles" below are considered "General Members" of Palm Harbor Little League as long as 25 or more hours of annual service to the league has been obtained. As a General Member in good standing, the adult volunteer is granted voting rights at the Annual General Membership Meeting.

For more information on how to volunteer, please ask any current Member of the Board of Directors.

## Volunteer Roles:

### 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



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- k) Verify annual service hours of all volunteers for assigned team if requested by the board.

### 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.**

### Team Parent:

The Team Parent assists the manager at the team level. Some duties may include but not limited to: Coordination of uniform distribution, parent communications, social activities (snack schedule and parties), team pictures, game records, and other team needs with parents.

### League Volunteer Umpire:

Scheduling of these umpires is the responsibility of the league's Chief Umpire or VP. Priority of scheduling League Umpires is reserved first for Inter-League divisions (Junior and Senior). Volunteers for League Umpire must complete a district Training Program. Inspect playing fields prior to game. Enforce the leagues safety/local league rules when applicable, and LLB rules

### Board of Directors:

Volunteers are always needed to share the day-to-day operational responsibility of the league. Attendance at the Monthly Board Meeting is required (scheduled the 1<sup>st</sup> Wednesday of each month). There is always an open invitation to sit in on any regular monthly Board Meeting and then decide to become a member if you like.

### PHLL Rules and Regulations:

All divisions will follow the "Official Regulations and Playing Rules" of Little League Baseball and Softball, unless they are specifically covered by the PHLL bylaws ARTICLE VII – PHLL Local Rules divisional playing rules.

### PHLL General Rules for All Divisions

The following is written the PHLL bylaws ARTICLE VII. This section applies to all divisions of PHLL. **Violations of any of these rules are subject to league discipline including removal from PHLL though BOD review as managed through the PHLL constitution.**



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### A. Ball Park Rules:

1. Park vehicles in designated parking spots for all PHLL events.
2. Do not enter fields when they are closed for use. CSA Palm Harbor solely determines when PHLL fields are open or closed. Managers and Coaches cannot open a “closed” field.
3. Evacuate field and dugout when the lighting protection system actively providing warning.
4. Tobacco, firearms, alcohol, recreational drugs, or vaping are not permitted on any field or ballpark property, whether signs are posted or not.
5. Please follow any additional park rules as posted at park entrances.
6. No pets will be allowed on any field or property.
7. Do not soft toss/practice hit balls into bare chain link fences.

### B. PHLL Spectator/Participation Behavior Rules:

1. All players, coaches, volunteers, and spectators **Will Respect** the following:
  - a. All other players, managers, coaches, volunteers, spectators, and The Umpires.
  - b. The Little League Code of Conduct.
  - c. Field Decorum (section XIV of the LLB Rules and Regulations).
  - d. All playing equipment, dugouts, and field equipment and grounds.
2. Any Manager, Coach, player, volunteer or spectator disputing by comment or gesture any judgment call made by a volunteer will be asked to leave the field/property immediately and will be reported to the Board of Directors.
3. Any Manager, Coach, Player or Spectator that is ejected will also be suspended from attending the next scheduled game. The Manager is responsible for the conduct of their coaches, players, and parents. If any individual(s) asked to leave the field/property refuses, the game may be stopped until the individual(s) leaves or local law enforcement may be called to remove the individual(s).
4. If any person incurs one or more, they may no longer be permitted any involvement whatsoever with the League as determined by the league officials.

### C. Manager/ Coach Rules:

1. All Managers and Coaches required to attend available league “Safety Clinic”.
2. All Managers and Coaches required to attend available league “Coaches Clinic” that is provided for baseball and softball.
3. Managers **MUST** attend a “Rules Meeting” with Player Agent, Vice President, and/or Coaching Coordinator.
4. Team managers **MUST** have a plate meeting and agree with rules of engagement before the start of every game. Managers are responsible to communicate game specific agreements with coaches and parents in attendance of games.
5. Team managers are responsible to ensure all equipment is properly stored and locked up after each practice. PHLL Lock box codes/keys should not be shared. If you open a lock you are responsible to close the lock.
6. Managers and Coaches do not have the authority to appoint additional coaches. All must be properly screened by the League and approved by the League President and BOD.
7. All Volunteers (on the field or in the dugout) must be “Registered Volunteers” and approved by the President of the League. No exceptions. Violations must be enforced by the manager and/or reported to the VP, Player Agent, or PHLL Board member.



#### D. Game and Practice Rules:

1. Both teams shall line up at home plate, along the base lines, five minutes prior to the scheduled game start time to recite the Little League Pledge. **(Major divisions and lower when games are played at PHL home fields.)**
2. All players are to wear league-issued uniform set during games. The pitcher may wear a solid color undershirt provided that the sleeves that are exposed to view are not white or gray in color.
3. All batters and runners must wear LLI approved batting helmets w/ faceguards when using a bat. This includes regular games and all practice activities (batting cage/ soft toss). **Exception: Junior/Senior divisions of Baseball and Softball are not required to wear a faceguard.**
4. The Home Team Dugout shall be along the first base line for all PHL fields.
5. Players **must not** wear watches, rings, pins, jewelry or other metallic items while participating in PHL games and or practices. (Exception: medical alert items are permissible).
6. Only approved LLI approved bats and equipment may be used for play.
7. All male players (league age 7 and above) must wear protective cups during games and practices.
8. No wearing of cleats in PHL batting cages.
9. Practice hitting into chain link fences is not allowed. Use hitting mats.
10. Food (meals) shall not be permitted in the dugouts. Exception: Managers have the option of allowing team snacks (e.g., seeds, nuts, gum, etc.) during games. Water or Sport Drinks are welcomed and encouraged.
11. It is the responsibility of Managers and coaches to clean assigned dugouts prior to leaving after a game or practice.
12. Players, managers, coaches, and spectators shall stay in designated areas during all practices and games.
13. Only the Manager or Coach shall permit a player to use the restrooms.
14. No player, coach, or manager shall use a mobile device for communication on the field in the dugout during games or practice. Cell phones should be in silenced mode and used only for emergency purposes.

### Game Rules for Inter-League Baseball & Softball by FL District 12

Palm Harbor Little League's Junior Baseball and Senior Baseball divisions and All Divisions of Fast-Pitch Softball play Inter-League Game Schedules. These inter-league games are scheduled by District 12 and consist of games between teams from different local little leagues within District 12. For this reason, these divisions will play under and will abide by the "Official Regulations and Playing Rules of Little League Baseball (or Softball)" and any additional Playing Rules and/or Ground Rules set forth by District 12. These rules are communicated at the start of every season. Division playing rules, game schedules, and additional information regarding District 12 Inter-League play can be found on the league's website at: <https://www.palmharborlittleleague.com/> and/or <https://fldist12.org/>





## Safety Mission Statement

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.

To achieve these goals, PHLL will concentrate efforts in the following areas:

1. Provide coaching and player training and education.
2. Inspect our fields and batting cages for hazards on a regular basis and report problems as soon as possible to the safety officer.
3. Maintain safe operating equipment; including pitching machines, helmets, bats, and gloves.
4. Partner with organizations such as Little League ASAP program, Palm Harbor Fire Rescue and Pinellas County Sheriff's Department to deliver our message

## New Improvements for 2019-2020 Fiscal Year:

1. Install hitting mats at Sunderman Field 5 & 6
2. Install blue tooth locks for improved batting cage access for 4 PHLL batting cages and field lock boxes containing first aid supplies.
3. Replace safety signage at all fields including lightning precautions, bat use safety warning, and coach safety reminders.
4. All Softball division play now require the wearing of a fielding face guard.
5. Partnering with 3<sup>rd</sup> party trainers for Manager and Coaches training in all divisions
6. Partnering with Tampa Bay Rays for 6<sup>th</sup> year on Youth Baseball Initiative (All 60 foot field divisions invited including Players, Managers & Coaches).

## Safety Incident Reporting:

**All managers, coaches, volunteers are required to report any and all incidents to the League Safety Officer Chris Fasting, email [cfasting@hotmail.com](mailto:cfasting@hotmail.com), cell # 727-365-1325 within 24 hrs.**

## 1<sup>st</sup> Aid Kits/Cold Compress Bags:

First aid kit and cold compress bags are in available field boxes. This is in addition to each manager being issued a 1<sup>st</sup> aid kit and cold compress bags for use during his or her practices/games. All managers and coaches will have access to the field boxes and are responsible to notify the safety officer if new supplies are needed.

## Safety Clinic:

The 2020 Safety Clinic will be conducted before the start of any spring practices. Scheduled for February 8, 2020 at 3pm. The clinic will be conducted by Chris Fasting, Safety Officer and supported by Julie



# Palm Harbor Little League Baseball & Softball 2020 Safety Manual & Handbook

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Aaron, LPN (Board Secretary), and other Board Officers as needed. This is a mandatory request for all team managers and coaches to attend. Major activities for the day will include but not limited to:

- Signature of attendance log by all attendees
- Distribution of the current LLB Rule Book
- Distribution of PHLL Local League Rules (Group overview; Division Specific manager/coach meeting will be completed before practices begin)
- Distribution of this ASAP manual (Group Review and Q&A session)
- Basic First Aid Training
- Overview- Prevention & Emergency Management of Youth Baseball & Softball Injuries

### Umpire Clinic:

PHLL will be sending volunteer umpire to the Southeast Region: Umpire Mechanics Clinic – Florida Feb 8-9, 2020 at the Sid Lickton Complex in Clearwater, Florida. This Little League University Umpire Mechanics Clinic will provide umpires of any skill level and experience with detailed instruction on all principles of field and plate mechanics for the two-man umpire system through on-field simulation and participation from experienced volunteers.

Additional league umpire clinics will be scheduled by the appropriate Division Vice present as more volunteer umpires sign up to help the league. Basic self-learning of umpire duties is also found on the league's website under the "Umpire Corner" tab on the home page.

### Coaching Clinic:

Division Specific manager/coach meeting will be completed before practices begin. All managers and coaches will be requested to attend the meeting presented by the division Vice President and League Officials. Materials distributed for this training can be found at the league's website under the "Coaches Corner" tab on the home page.

In addition, 2020 PHLL Manager & Coaches will be invited to a 3<sup>rd</sup> party coaching trainer clinic for their division at Sunderman Field. Clinic to be followed up with individual team instruction for all teams excluding T-Ball. T-Ball specific LLB T-Ball Program with book and LLB University to be utilized for this Manager/Coach Training by league officials.

### Batting Cage Safety:

Lucky for us 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 PHLL 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 only be operated only by a properly trained coach or manager.



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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.

**Note: Any volunteer not following these rules are subject to have usage rights removed for their team.**

### Lightning Safety Policy:

CSA Palm Harbor caretakers of our home fields brings the latest technology in weather forecasting and lightning detection to the Palm Field, Putnam Park and Sunderman fields.

Installed lightning detectors near the Sunderman, Palm, Putnam and Centre fields 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 flash. An all clear horn will sound, and the strobe lights will go off 30 minutes after the last detected lightning strike.

All activities on the field should stop at that time and all participants should remove themselves from the field/dugouts and seek shelter. When the threat of a lightning strike has passed, field activities may continue should the fields remain open for play.

If you can hear thunder, you are within 10 miles (16 kilometers) of a storm and can be struck by lightning. Seek shelter immediately and avoid situations in which you may be vulnerable. The threat of lightning continues for a much longer period than most people realize. Don't be fooled by sunshine or blue sky!

## Prevention & Emergency Mgt of Youth Baseball & Softball Injuries

PHLL utilized qualified medical professional to present overview training to at the annual Safety Clinic. Presentation material from The American Orthopaedic Society for Sports Medicine entitled "Prevention & Emergency Management of Youth Baseball and Softball Injuries." is used with permission for this review.

This program is available on the league website at: [https://www.palmharborlittleleague.com>About PHLL>PHLL Safety Manual \(ASAP\) Links](https://www.palmharborlittleleague.com>About PHLL>PHLL Safety Manual (ASAP) Links) This manual will be printed and distributed to attendees of the Safety Clinic.

### Concussion Policy

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. A medical professional documented release to play is required before the player can return to the field for practice or games. More information can be found at: [https://www.palmharborlittleleague.com>About PHLL>PHLL Safety Manual \(ASAP\) Links](https://www.palmharborlittleleague.com>About PHLL>PHLL Safety Manual (ASAP) Links)



## LLI A Parent’s Guide to the Little League Child Protection Program

# A Parent’s Guide to the Little League Child Protection Program

### Introduction

The backbone of Little League® is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local board of directors, and serve at the District level. These people, who live in every U.S. state and more than 100 other countries, make Little League the world’s largest and most respected youth sports organization.

We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

The Little League Child Protection Program seeks to educate children and volunteers in ways to prevent child abusers from becoming involved in the local league. Part of that education has been to assist local Little League volunteers in finding effective and inexpensive ways to conduct background checks. Little League regulations now say: “No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor.” (Reg. I [c] 9.)

Background checks were optional until the 2003 season. Effective in 2007, the local league must conduct a nationwide search that contains the applicable government sex offender registry data. Advances in computer technology – allowing greater access to public records – make it possible for background checks (at a minimum, to see if an individual is a registered sex offender in any given state) to be conducted in every U.S. state. Local Little League programs are now **required** to annually conduct a background check of 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. (Reg. I [b], Reg. I [c] 9.)

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

The United States Department of Justice National Sex Offender Public Registry is free and available at [www.nsopr.gov](http://www.nsopr.gov).

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### What Can Parents Do?

Most children have been warned about the dangers of talking to strangers. But for many children, sexual molestation is committed by someone they know. In fact, 80 to 85 percent of all sexual abuse cases in the U.S. are committed by an individual familiar to the victim, according to statistics compiled by Big Brothers & Big Sisters of America.

The truth is, child sex offenders can come from every background, every occupation, every race, and every level of education. They may be married, and they may have children of their own. It is dangerous to believe that the only threat is the stranger in a long raincoat, lurking behind a tree.

In fact, the promotion of this myth may contribute to the problem. Sometimes, a child who is molested by a known and “trusted” person will feel so guilty about not reacting the “right” way that he or she never reports the problem.

Sadly, we have all seen too many reports in which teachers, police officers, clergy, youth sports volunteers, etc., trusted by all, have violated that trust and molested children in their care. Of course, this must never be tolerated in Little League or anywhere else.

In many of these situations, the young victims are actually seduced, sometimes over a period of months or even years. The child’s family is lulled into believing the unusual attention being lavished is a bond of friendship between the adult and the child. In fact, the adult abuser often uses gifts, trips, attention and affection as part of a courtship process. Sometimes, the courtship process extends to the child’s parent(s), but the real target is the child.

Often, but not always, the victim of this type of child sex offender is the child of a single parent. In these cases, the single parent sees the child’s adult friend as a surrogate parent – a Godsend. The very opposite is true.

#### Two good rules of thumb for all local Little Leagues and parents

- Generally, a person involved in a local Little League program should not put himself or herself in a one-on-one situation involving a child who is not their own. Of course, some isolated situations may arise where one-on-one situations could take place. However, a one-on-one situation should not be actively *sought out* by the adult, and should not be an ongoing occurrence.





- Generally, a person involved in a local Little League program should not provide unwarranted gifts, trips, attention and affection to individual children who are not their own. The key word is *unwarranted*.

### Warning Signs of a Seducer

While it remains important to teach young children about the dangers of accepting items from strangers, or talking to them, we should all beware of the danger posed by the “seducer-type” child sex offender.

*Each of the individual signs below means very little.* Taken as a group, however, the signs **MAY** point to this type of child sex offender, and should be applied to anyone who has repetitive access to, or contact with, children.

- Provides unwarranted gifts, trips, affection and attention to a specific child or small group of children
- Seeks access to children
- Gets along with children better than adults
- “Hangs around” children more than adults
- Has items at home or in vehicle specifically appealing to children of the ages they intend to molest, such as posters, music, videos, toys, and even alcohol or drugs
- Displays excessive interest in children (may include inviting children on camping trips or sleepovers)
- Single, over 25 years old (but could be married, sometimes as a “cover,” and could be any age)
- Photographs or videotapes children specifically
- Lives alone, or with parents
- Refers to children as objects (“angel,” “pure,” “innocent,” etc.)
- Manipulates children easily

Again, each of these items, by themselves, is relatively meaningless. Taken together, however, they may indicate a problem.

### What to Watch For in Your Child

We’ve seen the signs that could point to a child sex offender, but what about the signs a child might display when he or she has been sexually abused or exploited? Some of these symptoms may be present in a child who has been or is being sexually abused, when such symptoms are not otherwise explainable: sudden mood swings, excessive crying, withdrawal, nightmares, bed-wetting, rebellious behavior, fear of particular people or places, infantile behavior, aggressive behavior, and physical signs such as pain, itch, bleeding, fluid or rawness in private areas.

### Getting More Information

*These items are meant solely as a general guide, and should not be used as the only means for rooting out child sex offenders.* Parents can access more information on child abuse through the National Center for Missing and Exploited Children (a non-profit organization founded by John Walsh, <http://www.missingkids.com/>) and the National Clearinghouse on Child Abuse and Neglect

Information (part of a service of the Children’s Bureau, within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, <http://www.calib.com/nccanch/>).

### How to Report

#### Suspected Child Maltreatment

The National Clearinghouse on Child Abuse and Neglect Information advises this: If you suspect a child is being maltreated, or if you are a child who is being maltreated, call the Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453; TDD [text telephone] 1-800-2-A-CHILD). This hotline is available 24 hours a day, seven days a week. The Hotline can tell you where to file your report and can help you make the report.

Or, for a list of states’ toll-free telephone numbers for reporting suspected child abuse, visit the “Resource Listings” section at this site: <http://www.calib.com/nccanch/pubs/prevenres/organizations/tollfree.cfm>, or call the Clearinghouse at 1-800-FYI-3366.

### Talk to Your Kids;

#### Listen to Your Kids

It is important that you as a parent talk frankly to your children. If a child reports sexual abuse, statistics show he or she is probably telling the truth.

Unfortunately, the sexually molested child often sees himself or herself as the one “at fault” for allowing abuse to happen. Your children **MUST** know that they can come to you with this information, and that you will support them, love them, and *believe* them.

If there is an allegation of sexual abuse of a minor, the crime should be reported immediately. These criminals who steal childhood **MUST BE STOPPED**.

*This brochure was produced by Little League Baseball, Incorporated; P.O. Box 3485; Williamsport, PA 17701*

*Little League Baseball and Softball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference or religious preference.*



## WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

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

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

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

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
  - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  - b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.





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Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

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

**Report any and all incidents to the League Safety Officer Chris Fasting, email [cfasting@hotmail.com](mailto:cfasting@hotmail.com), cell # 727-365-1325 within 24 hrs.**

### ASAP Resources and Forms

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

Sample Forms and instructions are on the following pages.



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### Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS:

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

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

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

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

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

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

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

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

### **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the



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maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

### CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

### PART II - LEAGUE STATEMENT

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

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

**Report any and all incidents to the League Safety Officer Chris Fasting, email [cfasting@hotmail.com](mailto:cfasting@hotmail.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>



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Little League® Baseball & Softball Medical Release Form Sample:



**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.



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### Little League® Baseball & Softball Accident Form Sample



## LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

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

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





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**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 \_\_\_\_\_





**Palm Harbor Little League Baseball & Softball 2020 Safety Manual & Handbook**  
**LEAGUE ID: 3091215**



Little League® Incident Tracking Form Sample

**For Local League Use Only**

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

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

**Incident occurred while participating in:**

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

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

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

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

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

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

**Type of incident and location:**

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

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

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

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

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



**Palm Harbor Little League Baseball & Softball 2020 Safety Manual & Handbook**  
**LEAGUE ID: 3091215**



Little League® General Liability Form Sample

**General Liability Claim Form**

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

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)  
 CN 

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<b>Insured</b>	Name of League		League I.D. Number (Used as location code)	
	Name of League Official (please print)		Position in League	
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)	
			Phone No. (Bus.)	
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM	Accident occurred at (Street, City, State, Zip)
	Arising out of Operations conducted at		<input type="checkbox"/> PM	
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)			

Who owns Premises		Person in charge of Premises		
Coverage Data	Limits	Elevator:	Products:	Cont:
	BI/PD:	Yes	Yes	Yes
	Med. Pay: None			
Policy Number		Policy Dates:		
		Begin:	End:	
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Property Damage	Name of Owner		Description of Property	
	Address (Street, City, State, Zip)		Name of Insurance Co.	
	Nature and Extent of Damages and Estimate of Repair			

Insured Person and Injuries	Name		Phone No. (Res)	
	Address (Street, City, State, Zip)		Occupation	Age
			<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Employers Name and Address			
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address	
Description of Injury				
Where was the injured taken after accident?			Probable length of Disability	

Witnesses:

Name, Address, Phone Number \_\_\_\_\_

Name, Address, Phone Number \_\_\_\_\_

Name, Address, Phone Number \_\_\_\_\_

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT





## PHLL ASAP Exhibits and Pictures

Exhibit 1- Cover and TOC Prevention & Emergency Mgt of Youth Baseball & Softball Injuries:

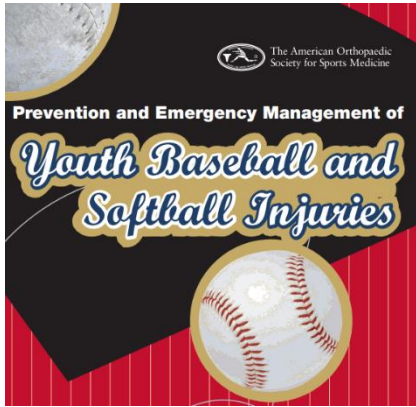


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Exhibit 2- CDC Heads Up Concussion Information Sheet:

# Concussion

## INFORMATION SHEET



**CDC HEADS UP**  
SAFE BRAIN. STRONGER FUTURE.

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


### What Is a Concussion?

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

### How Can I Help Keep My Children or Teens Safe?

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

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



**Plan ahead.** What do you want your child or teen to know about concussion?

### 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"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)





**CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.**

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

**What Are Some More Serious Danger Signs to Look Out For?**

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

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

**What Should I Do If My Child or Teen Has a Possible Concussion?**

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

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

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

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

▶ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



**Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.**

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

*Revised January 2019*



Exhibit 3- Basic CPR:

**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**

**1. CALL**



Check the victim for **unresponsiveness**. If there is no response, Call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.

**2. BLOW**



Tilt the head back and listen for **breathing**. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

**3. PUMP**



If the victim is still not breathing normally, coughing or moving, begin chest compressions. **Push** down on the chest 1 1/2 to 2 inches 30 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.



**CONTINUE WITH 2 BREATHS AND 30 PUMPS UNTIL HELP ARRIVES**

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.

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





Exhibit 4- The Heimlich Maneuver:

## The Heimlich Maneuver

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

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

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

### **To perform the Heimlich:**

- Grasp the choking person from behind,
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist,
- Pull 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 naval (belly button).*

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

### **For a child:**

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

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

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





Exhibit 5- PHLL Overhead Field Pictures:

**Sunderman Fields**

**Top- Palm Fields Bottom-Putnam Field**





Exhibit 6- PHLL Field Safety Signs Examples:

## 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**



Exhibit 7- PHLL Field Equipment/1<sup>st</sup> Aid Lock Box Example:

