

★ CHERRY HILL ★ **AMERICAN**



SAFETY MANUAL

CHERRYHILLAMERICAN.ORG

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Board of Directors

President	Nate Pugh
Vice President of Softball	Tony Meccariello
Vice President of Baseball	Ryan Hall
Vice President of Challenger Program	Steve Silverman
Secretary	Terry Costello
Treasurer	Troy Spencer
Player Agent	Jim Shenk
Umpire-In-Chief	Jason Fensch
Information Officer	Dean Tripolitis
Safety Officer	Sean McGowan
Coaching Coordinator	Tony Meccariello
Travel & Tournament Coordinator	Ryan Hall
Marketing & Public Relations Manager	Lauren Gaynor
Sponsorship & Fundraising Manager	Lauren Gehling
Team Sponsorship Coordinator	Rich Schweitzer
Concession Manager	Steve Silverman
Tee Ball Coordinator	Tony Meccariello
Baseball Juniors/Seniors Coordinator	Paul Casdia
Softball Juniors/Seniors Coordinator	Paul Frail
Fields Coordinator	Joe Ryan
Equipment Coordinator	Tony Meccariello
Uniform Coordinator	Vin Cangiano
Buildings & Grounds Coordinator	Ken White
Vice President Emeritus	Lee Federline



Introduction

Cherry Hill American Little League and Cherry Hill Challenger Baseball offer a great opportunity to provide our youth of the community a safe and secure opportunity for learning and growth in the game of softball and baseball. Founded in 1939, Little League is now the world's largest youth sports program; In 1995, Little League Baseball introduced A Safety Awareness Program (ASAP) with the goal of re-emphasizing the position of a Safety Officer to "create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". This program has been very successful by dramatically decreasing little league baseball related injuries.

Cherry Hill American Little League has since utilized this program to cultivate a culture of safety throughout our League. To maintain our culture this ASAP manual is provided as a tool and reference to teach and shape our culture to all volunteers. This ASAP will be provided to all managers, coaches, and volunteers and online at cherryhillamerican.org for easy access.

This ASAP includes important features, policies and requirements that have been developed and included as an overall safety plan. Utilizing the principles set forth will ensure safety awareness is brought to the forefront of teaching, coaching, and mentoring youth and help to instill safety awareness in our league. Throughout this manual you will find ease of navigation and use, to allow for easy accessibility in the event something does occur.

If there are any questions, concerns or additional comments please feel free to contact Cherry Hill American Little League Safety Officer (see List of Important Phone Numbers). Cherry Hill American Little League is always striving to enhancing our safety culture, so please feel free to comment if you have ideas to enhance our program, remember safety is not one person's responsibility it's a community, it is our culture, and it is our number one priority.



Safety Officer & Important Contacts

Safety Officer

Sean McGowan- (856) 229-3565

President

Nate Pugh- (267) 336-4706

Vice President of Softball

Tony Meccariello- (267) 242-9373

Vice President-Baseball

Ryan Hall- (215) 880-0541

Vice President of Challenger Program

Steve Silverman- (609) 707-8389

Police Emergency- 911

Police Non-Emergency (856) 665-1200

Fire and EMS Emergency- 911

Fire and EMS Non-Emergency (856) 795-9805

-All injuries shall be reported to the Safety Officer, who will notify the League President.

-Injury reports must be completed for all reported injuries

-In the case of an emergency **DO NOT HESITATE** to call 911.

DISTRIBUTION

This manual is provided to:

- Each team manager
- All Board member
- District #13 Safety Officer
- All parents via email distribution and by posting on league website.
- A copy is also available at the concessions area.
- Emergency Numbers will be posted in the concessions area.



Safety Awareness

Safety is paramount at Cherry Hill American Little League. Although safety is a matter that is the responsibility of everyone, the League aggressively promotes a safe environment for all concerned through a variety of methods. Safety is a key segment at the annual Managers/Coaches Clinic held at the beginning of the season and is continually monitored by the Safety Officer, Safety Committee and other applicable league officials throughout the season /post season.

Prior to the season, the League will provide first aid and CPR training in Coordination with the Cherry Hill Fire Department. All coaches and umpires are also required to complete the National Alliance of Youth Sports (NAYS) safety and fundamentals training course.

Copies of this Safety Plan are kept in the concession stand for the use of all volunteers. In addition, emergency contact phone numbers are posted in the Press Box of each field and in the concession stand.

First Aid kits are available within each press box and the concession stand. The kit contains, but is not limited to gloves, bandages, tape, antiseptic, and cleaning solutions, cold packs and other basic first aid items. Supply levels of all team and field bin first aid supplies are constantly monitored by league officials throughout the season.





Field Maintenance and Improvements

The fields are regularly inspected, maintained, and annual plans are made for improvements.

1. Pre-Season Field Maintenance Activities

- a. Clean, inventory, stock and organize all storage areas.
- b. Clean all dugouts, bullpens and batting cages.
- c. Re-paint all applicable wood surfaces.
- d. Edge all fields.
- e. Secure all windscreens (replace where applicable)
- f. Secure netting in batting cages.
- g. Put up safety and emergency contact signs in all dugouts and press boxes.
- h. Set base pegs as needed.
- i. Spike drag all infields and warning tracks.
- j. Set temporary fences where applicable.
- k. Set foul lines.

2. Regular Maintenance Procedures During the Season.

- a. COACHES/UMPIRES WALK FIELD TO INSPECT FOR HAZARDS
- b. All fields to be drug and watered.
- c. All mounds and batters' boxes to have holes filled with clay and tamped.
- d. All fields to be lined per Little League specs.
- e. Turn on lights as needed.
- f. Turn off lights when not in use.
- g. Dugouts cleaned.
- h. Bleacher areas cleaned.
- i. Drag and water fields after every practice.
- j. Mounds and batters' boxes to have holes filled with clay and tamped after every practice.
- k. Dugouts cleaned after every practice.
- l. Drag and add soil amendments to fields as needed
- m. Service all field mounds and bullpen mounds



Field Maintenance and Improvements

3. Field Improvements for the Upcoming Season

- a. Add infield mix as needed during the season.
- b. Re-evaluate the mound and home plate and install new rubber on each field.
- c. Inspect and repair chain link fencing on all fields, install protective cover to top of fences on all fields.
- d. Check and replace lamps on all fields as needed.
- e. Replace and repair breakaway bases as required by Little League International.
- f. Clean-up warning tracks on all fields.
- g. Identify tripping/falling hazards and work to mitigate risks
- h. Raise fencing and increase netting coverage in foul ball territory.
- i. Top dress all fields to level the playing surfaces to prevent potential injuries.
- j. Increase lighting throughout the complex



Safety suggestions and field improvements are always welcomed



Equipment Inspection

The Cherry Hill American Little League Equipment Coordinator inspects all League provided equipment prior to initial distribution to managers. Any unsafe equipment is repaired or discarded. New equipment is purchased at the beginning of and throughout the season to replace unusable equipment.

Managers, coaches, and umpires are encouraged to continually inspect all equipment before each practice and game. The Cherry Hill American Equipment Coordinator handles replacement of equipment.





Little League Rules

- Little League Rules will be reviewed during the coaches meeting. All coaches are encouraged to download the Little League Rule Book.
- Most Little League rules have a basis in safety – follow them
- Ensure players always have required equipment including catchers warming up on the field
- Coaches and managers should enforce rules at practices as well as games
- Make sure all fields have bases that dis-engage their anchor as required by Little League rules
- Enforce rule that coaches and managers are not allowed to catch/warm-up pitchers (Rule 3.09); this includes standing at the backstop during practice as an informal catcher for batting practice.





Manager's Safety Packet

Each team manager is provided with access via the Little League's website to the Safety material and information that is included in this plan.

The information includes:

- Safety Code for Little League
- In Case of Emergency Instruction Sheet
- First Aid Guide
- Manager's Safety Checklist
- Safety/Injury Report (Also available via download on the Little League website – Safety Page)

All coaches are required to complete:

- Little Leagues Abuse Awareness Training
- Little Leagues Diamond Leader Training Program





Accident Reporting

A copy of the District 13 Accident Report Form (see Appendix B) is used by Cherry Hill American Little League and is included in the “Manager’s Safety Packet” listed above.

Completed forms are submitted to the League Safety Officer with a copy to the President. The Cherry Hill American Safety Officer will forward all forms to the District 13 Safety Officer within 24 hours.

Accident Report Forms are available at each field. All Managers and coaches have been instructed to fill out the forms and call the Cherry Hill American Little League Safety Officer immediately following an incident. Forms are also available on The Cherry Hill American Little League’s website, cherryhillamerican.org

How to make the report

Complete and submit the required form within 24 hours to the Safety Officer. At a minimum, the following information must be provided:

- Name and Phone Number of the individual involved.
- The Date, Time and Location of the incident.
- A detailed description of the incident.
- Estimation of the extent of any injuries.
- Name, Phone Number, Position of the person reporting the incident.



AED

Cherry Hill American Little League has an AED at the complex, located in the women's bathroom.

Cherry Hill American Little League, in conjunction with the Cherry Hill Fire Department offers all coaches, volunteers, and athlete aged 16 and older free first aid and CPR training. The CPR training is delivered using the American Heart Association guidelines.

- The first coach or volunteer to arrive at the complex shall immediately unlock the women's bathroom.
- The AED shall be visually inspected to make sure it has not been tampered with
- The last coach to leave the complex shall ensure that the AED has not been removed or tampered with and lock the women's bathroom door.
- The Safety Officer will perform a weekly check of the AED to ensure that it is in normal working order.



Do's and Don'ts

Do:

- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first aid kit to all games and practices.

Keep your "Prevention and Emergency Management of Little League Baseball Injuries" booklet with your first-aid kit.

Assist those who require medical attention – and when administering aid, remember to...

- LOOK for signs of injury (Blood, Black-and-Blue, Deformity of Joint, Etc.)
- LISTEN to the injured describe what happened and what hurts if conscious.
- Before questioning, you may have to calm down and soothe an excited child.
- FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.
- Make sure to have a cellular phone available at your game or practice.

Don't

- Administer any medications.
- Provide food or beverages (other than water).
- Hesitate giving aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (i.e. CPR, etc.).
- Leave an unattended child at practice or a game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.



Heat Related Emergencies

Heat related emergencies can become very serious if untreated. The best prevention for heat related emergencies is proper hydration, limiting time outdoors, and early recognition of signs and symptoms of heat related emergencies.

Signs of Heat Exhaustion:

- Heavy sweating
- Cool, clammy skin
- Dizziness, headache, nausea, and fatigue
- Muscle cramps
- Weakness
- Fainting

Treatment:

Move to a cooler place, drink plenty of water (not sports drinks), loosen clothing, and rest.

Signs of Heat Stroke:

- High body temperature (above 104°F)
- Hot, flushed skin (may be dry or damp)
- Rapid, strong pulse
- Confusion, altered mental status, or loss of consciousness
- Seizures
- Nausea and vomiting

Treatment:

- [Call for emergency medical help immediately \(911\)](#)
- Move the person to a cooler place
- Spray or mist the person with cool water
- Fan the person
- Apply ice packs or cool, wet towels to the neck, armpits, and groin
- Cover the person with cool, damp sheets



Lightning

- All thunderstorms produce lightning and are dangerous. Lightning kills more people each year than tornados.
- Lightning often strikes as far as 10 miles away from any rainfall. Many deaths from lightning occur ahead of the storm because people try and wait until the last minute before seeking shelter.
- You are in danger from lightning if you can hear thunder. If you can hear thunder, lightning is close enough that it could strike your location at any moment.
- Lightning injuries can lead to permanent disabilities or death. On average, 10% of lightning strike victims die; 70% of survivors suffer serious long-term effects.
- Look for dark cloud bases and increasing wind. Every flash of lightning is dangerous, even the first. Head to safety before that first flash. If you hear thunder, head to safety.
- Blue skies and lightning. Lightning can travel sideways for up to 10 miles. Even when the sky looks blue and clear, be cautious. If you hear thunder, take cover. At least 10% of lightning occurs without visible clouds overhead in the sky.



Lightning

- Postpone activities promptly. Don't wait for it to rain. Many people take shelter from the rain, but most people struck by lightning are not in the rain! Go quickly inside a completely enclosed building, not a carport, open garage, or covered patio/pavilion. If no enclosed building is convenient, get inside a hard-topped all metal vehicle.
- Be the lowest point. Lightning hits the tallest objects. In the mountains if you are above the tree line, you ARE the highest object around. Quickly get below the tree line and into a grove of small trees. Don't be the second tallest object during a lightning storm! Crouch down if you are in an exposed area.
- Keep an eye on the sky. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching storm.
- Listen for the sound of thunder. If you can hear thunder, go to a safe shelter immediately.
- If you see or hear a thunderstorm coming or your hair stands on end, immediately suspend your game or practice and instruct everyone to go inside a sturdy building or car. Sturdy buildings are the safest place to be. Avoid sheds, picnic shelters, baseball dugouts, and bleachers.



Facility Survey

The Cherry Hill American Little League fields are surveyed using the Little League National Facility Survey form. Fields used by Cherry Hill American include:

Division Field Name Corresponding Facility Survey

Baseball:

A-Rookie Field, Minors Field

AA-Rookie Field, Minors Field, Majors Field

AAA-Rookie Field, Minors Field, Majors Field

Majors Baseball- Majors Field

Juniors & Senior Baseball- Juniors/Seniors Field

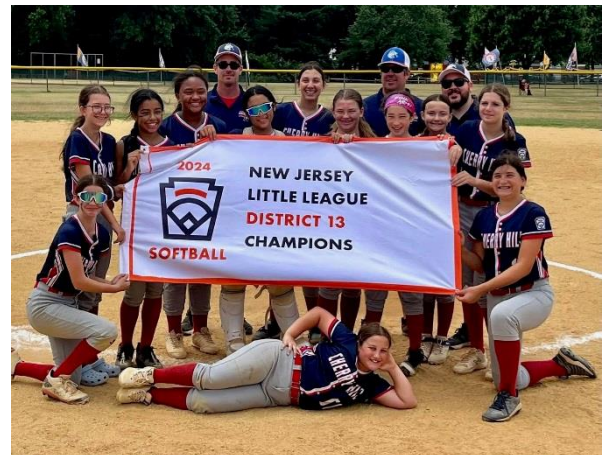
Softball:

Coach Pitch- Rookie Field, Minors Field

Minors Softball-Rookie Field, Minors Field

Majors Softball-Minors Field

Juniors & Seniors Softball-Minors Field



The Little League National Facility Survey for the four (4) Cherry Hill American Little League fields noted above is contained in the attached pages. See Field Survey in the data center.



Batting Cage Rules

The Cherry Hill American batting cages are available for use by all Divisions. Below are the rules that must be followed by all members who are using the batting cages.

1. A schedule of assigned times for each team will be determined by availability. All coaches are reminded that our enrollment numbers continue to grow, and batting cage usage must be equitable for all athletes of Cherry Hill American Little League.
2. SAFETY is Critical! The following must be always adhered to.
 - a. Helmets must be worn by all batters.
 - b. Only one child per batting tunnel at any time pitches are being thrown.
 - c. Pitching machines are to be operated by adults only.
 - d. No swinging of bats outside of the batting tunnels.
 - e. No horseplay outside of the cages.
 - f. Safety screens must be used by coaches when pitching batting practice in the batting tunnels.
 - g. Only coaches are allowed to throw pitches to batters in the batting cages. (No players)
3. The SECURITY of our equipment is critical. When the cages are not in use pitching machines ,must be returned to the proper lock-up and the gates to the cages must be locked when not in use.
4. Keep the batting cages clean!
 - a. No sunflower seeds, gum, or food is allowed in the batting cages.
 - b. All trash must be disposed of in the trash cans on the exterior of the building.
5. SAFETY IS PARAMOUNT! Stop any unsafe acts immediately.



Concession Stand Procedures

1. **KEEP IT CLEAN!**
2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures or potentially hazardous foods. All potentially hazardous foods should be kept at 41-degrees F or below (if cold) or 140-degree F (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155-degrees F, poultry parts should be cooked to 165-degrees.
3. **Hand Washing:** Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.
4. **Health and Hygiene:** Only healthy workers should prepare and serve food.
5. **Food Handling:** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food.
6. **Garbage Disposal:** Dispose of all trash and waste at the end of the night.
7. **Wipe Down All Surfaces:** Wipe down all surfaces at the end of the night

Keep the "Snack Shack" clean and ready for the next day.

No children under the age of 16 are permitted in the "Snack Shack"



General Rules

- Speed Limit 5mph in roadways and parking lots while attending any Cherry Hill American Little League function.
- No Alcohol allowed in any parking lot, field, or common areas within the Cherry Hill American Little League complex or event.
- No Playing in parking lots at any time.
- No playing on or around lawn equipment.
- Use crosswalks when crossing roadways. Always be alert of traffic.
- No profanity will be tolerated.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the Cherry Hill American Little League complex.
- No throwing balls against dugouts or against backstops.
- Catchers must be in catcher's equipment for all batting practice sessions.
- No throwing rocks.
- No horse play at any time.
- No climbing fences.
- Pets are to be leashed at Cherry Hill American Little League games and/or practices.
- Only a player on the field and at bat, may swing a bat (Age 4-12)
- Observe all posted signs.
- Players and spectators should be alert at all times for Foul Balls and Errant Throws.
- During a game, players must remain in the dugout area in an orderly fashion.
- After each game, each team must clean up trash in the dugout and around the stands.
- All gates to the field must remain closed at all times.
- After players have entered or left the playing field, gates should be closed and secured.
- No child under the age of 16 is permitted to be in the concession stand.



Appendix A

Little League® Volunteer Application – 2025

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



This volunteer application should only be used if a league is manually entering information into JDP. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP.

Visit LittleLeague.org/LocalBGcheck for more information.

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

All red fields are required.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone _____ E-mail Address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

1. Do you have children in the program? _____ Yes ☐ No ☐

If yes, list full name and what level? _____

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

3. Do you have a valid driver's license? _____ Yes ☐ No ☐

Driver's license #: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? _____ Yes ☐ No ☐

If yes, describe each in full: _____

(If volunteer answered yes to Question 4, the local league must contact Little League International.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? _____ Yes ☐ No ☐

If yes, describe each in full: _____

(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? _____ Yes ☐ No ☐

If yes, describe each in full: _____

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

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

If yes, explain: _____

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

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

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

Name/Phone _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

☐ JDP Background Check Completed (Includes review of the US, Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)*

*Please be advised that if you use JDP and there is a name match in the few states where only name match JDP entries can be processed you will not receive a letter or email directly from JDP. JDP entries can be processed only if you have a letter or email from the league regarding the criminal records associated with the name, which may not necessarily be the league volunteer.

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

☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at LittleLeague.org/AbuseAwareness



Appendix B

For Local League Use Only

Appendix B

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of Injury: _____

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

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

Type of incident and location:

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

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

Signature: _____ Date: _____



Appendix C

Appendix C

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

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

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

1. The adult claimant or parent(s)/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.



Appendix D



Appendix D 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	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
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



Appendix D

Appendix D

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) 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/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 20 PARAPLEGIC	<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 _____