

# **WILLOW GLEN LITTLE LEAGUE**

## **2024 SAFETY MANUAL**



**A PROGRAM DEDICATED TO  
INCREASING SAFETY  
AWARENESS FOR ACTIVITIES,  
EQUIPMENT, AND FACILITIES**



# League Safety Officer Manual

League Name **WGLL**  
League # **405-12-17** - - - - -

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The mission of Willow Glen Little League (WGLL) is to instill in the youth served by our league the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority. It is also our goal that the experiences and training provided to our youngsters will assist them in becoming well adjusted, happy children who will one day become upstanding and trustworthy adults.

To achieve these objectives, WGLL will provide a supervised program of competitive baseball games, played under the rules and regulations of Little League Baseball, Inc. All WGLL officers, board members, managers and coaches shall bear in mind that stressing exceptional play or winning games is secondary to good sportsmanship and the ideals for which Little League Baseball stands.

Managers and coaches must possess leadership ability and understand how to work with young children. Training Little Leaguers in the fundamentals of teamwork, good sportsmanship and discipline are achievable goals and such fundamentals are readily available through publications, videos, seminars and clinics.

For this 2024 season, WGLL is once again using an on-line registration system which, by all accounts, is a success. Our league system continues with 6 levels of play (T-Ball, A, AA, AAA, Majors and Juniors) and we are continuing to re-emphasize our coach training program (17 & 18 year olds).

WGLL will continue to emphasize safety at all levels of play, beginning with first-aid and basic CPR training for the coaches and managers. This safety manual should serve as the manager's reference guide throughout the season, but common sense should also serve as a guide when in doubt.

Safety should always be a primary goal of all members and volunteers of WGLL. If anyone believes that any aspect of WGLL's safety program is ill-defined, is not being properly implemented and/or fails to address certain situations, these concerns should immediately be brought to the attention of WGLL's Safety Officer **Jaime Laskowski**, WGLL President, **Justin Christensen** or any other board member.

A coaches meeting regarding safety training will be held **on a date to be determined**. One coach or manager from each team will be required to attend the first-aid and fundamentals training. Every active coach or manager must attend these trainings at least once every year to be eligible as a coach or manager.

A minimum of one Manager or Coach per team is required to attend the "Little League Coaching Clinic. All coaches and managers are required to attend mandatory safety training

(See **Exhibit 1** in the Appendix for specifics for these clinics.) ALL managers are required to attend regularly scheduled meetings to discuss ongoing improvement of overall practice and play throughout the season.

Have a great season, and "Play ball".

Justin Christensen  
President, WGLL

Jaime Laskowski  
Safety Officer, WGLL

## **SAFETY MANUAL AND FIRST-AID KITS AND TRAINING**

Each team will be issued a Safety Manual and a First-Aid Kit at the beginning of the season. Copies of the Safety Manual will also be provided to the head umpire for distribution to umpires.

The Snack Shack will also have a First-Aid Kit and Safety Manual.

The Safety Program Manual includes maps to hospitals (See **Exhibit 2** in the Appendix) and emergency phone numbers including phone numbers of all members of the board of directors.

In addition to receiving safety manuals and first aid kits, managers or a representative from their team, are required to attend a first aid/safety meeting. The first aid/safety meeting will cover basic first aid and topics in the safety manual plus any additional items that pertain specifically to baseball.

Coach training and first aid training schedule:

- Coach safety meeting and PCA (positive coaching alliance) training: Date: 1/27/24 upper divisions, 2/10/24 lower divisions, Location WGLL Fields
- Coach On Field Training: Date: 2/3/24 upper divisions, 2/10/24 lower divisions, Location WGLL Fields

## LITTLE LEAGUE PHONE NUMBERS

**All numbers are (408) area code unless indicated:**

Willow Glen Main Number (Hot Line) 408-605-1882

District Safety Officer: **JEFF MALLOY**, [jmalloy@sprigelectric.com](mailto:jmalloy@sprigelectric.com) 408-590-7093

Willow Glen Little League President: Justin Christensen 510-701-2327

Willow Glen Little League Safety Officer: Jaime Laskowski 831-917-2765

**Hospitals:**

O’Conner Hospital, 2145 Forest Ave, San Jose 408-947-2500

Good Samaritan Hospital, 2425 Samaritan Dr. San Jose 408-559-2011

Valley Medical Center, 751 S. Bascom Ave. San Jose 408-885-2000

Kaiser Permanente Hospital, 700 Lawrence Expwy, Santa Clara 408-851-1000

**San Jose City Police Emergency 911**  
Or from a cell phone (408) 277-8911  
San Jose City Police, non-emergency (408) 277-8900

**San Jose Fire Dept. Emergency 911**  
Or from a cell phone (408) 277-8911  
San Jose Fire-Dept. non-emergency –call Communications at (408) 277-5486

Nearest Fire Station: (Station 6, 1386 Cherry Ave, S.J.)



## **WGLL Board of Directors 2024**

**President & Coaching Coordinator:** Justin Christensen

**Vice President & Former President:** David Duarte

*(Alphabetical by title)*

**City Liaison:** Scott Connolly

**Communications & Marketing:** Emily Lerner

**Compliance:** Adam Davis

**Field Director:** Justin Jones

**Gamechanger Director:** Matt Taylor

**League Information Officer:** Sean Downey

**Player Agent (Majors / AAA):** Clay Woosley

**Player Agent (AA / A Machine):** Jonathan Cardenas

**Player Agent (Coach Toss / Tee Ball) & Equipment Director:**  
Kaaveh Latefah

**Safety Officer:** Jaime Laskowski

**Scheduler:** Steve Settle

**Snack Shack Manager:** Dyana Medel

**Snack Shack Inventory:** Gabriela Vargas

**Snack Shack Volunteers:** Mary Jacobs

**Special Events Director:** Bethany Salmon

**Special Events & Swag:** Nikki Fernandez

**Sponsorship/Fundraising Manager:** Jake Saber

**Treasurer:** Brian Tellez

**Team Parents & Secretary:** Carolina Villar-Mata

**Team Parents & Background Checks Director:** Theisha Rush

**Umpire-in-Chief:** Brett Staples

**Umpire Director for Youth:** Todd Weber

**Uniforms & Medals Director:** Cyndi Kavanagh

**Yearbook Director:** Christa Bacon

## CODE OF CONDUCT

Willow Glen Little League has implemented a "Code of Conduct" which shall serve as a guide to the actions and conduct of its players, parents, managers, coaches and administrators.

Each manager shall sign the Code of Conduct prior to the beginning of the season which provides that he or she agrees to its terms and agrees to distribute the "Code of Conduct" to all team members as well as staff. Every member of Willow Glen Little League, including players, parents, coaches, managers, umpires and administrators, is required to have read, and signed the "Code of Conduct" before the beginning of the regular season. Prior to the first game of the season, the umpire will ask the manager if he or she has read and signed the Code of Conduct and if all members of his or her team have read and understand the Code. Failure to have read and explained the Code of Conduct may result in forfeiture of a game.

Attached to the **Appendix as Exhibit 7** is a copy of the complete set of the Willow Glen Little League Code of Conduct materials. The obligations, actions, and prohibited conduct of players, parents, and managers/coaches, etcetera, are thoroughly set forth in the Code of Conduct.

Infractions of the Code of Conduct will be reviewed by the Willow Glen Little League Board of Directors. Depending upon the seriousness and/or frequency of said infractions, the board may assess disciplinary action including suspension and/or expulsion from the league.

## GENERAL SAFETY RULES

All managers and coaches will review these Safety Rules and then the manager will read them to the players on his/her team.

- The responsibility for safety procedures lies with every adult member of Willow Glen Little League.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to himself/herself and to others.
- Only league-approved managers and/or coaches are allowed to practice teams
- Only league-approved managers and/or coaches will supervise batting cages.
- Each manager or a designated coach from each team must attend the initial coaches meeting at which time basic first aid training will be provided. All managers and coaches who fail to attend the initial coaches meeting are strongly encouraged to attend a basic first-aid course through the local Red Cross or other qualified organization. (Please contact the Safety Officer, for appropriate contact phone numbers.) Managers should have with them a copy of the Little League Baseball, "Baseball and Softball Injuries" book, which will be disbursed at the initial managers meeting.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at the Snack Shack. It is mandatory that all managers read their first-aid books and know proper procedures to follow in case of accident or injury and always have a first-aid kit present.
- NO games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects and other conditions that might create a safety hazard.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches and umpires are permitted on the playing field, or in the dugout, during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and/or designated coaches.
- Foul balls batted out of the playing area during a game should be returned to the scorer's booth and not thrown over the fence.

- During practices and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering, spectators, (i.e. playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly not only for the condition of the equipment but also to make certain the equipment fits, and/or is being used properly.
- Batters must wear Little League approved protective helmets.
- Managers and Coaches are not allowed to catch for the pitchers.
- Except when a runner is returning to a base, head-first slides are not permitted in T-ball through Majors. (Sliding head first is allowed in Juniors/Seniors/Big League. Rule 7.08(a)(4)).
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted for T-ball through Majors. (On deck batters are allowed in Juniors/Seniors/Big League)
- Managers will only use the official Little League baseballs supplied by WGLL.
- All male players will wear athletic supporters or cups during games. Managers should encourage that cups be worn at practices, too. Catchers must wear a cup.
- Male catchers must wear the metal or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

- All catchers must wear the catcher's helmet and mask, with a "dangling" type throat protector during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted in T-ball through Majors. Shoes with molded cleats are permissible. (Shoes with metal cleats are allowed in Juniors/Seniors/Big League)
- Players shall not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Sports Drink [Gatorade, Powerade], and water from drinking fountains)
- Catchers may not catch, whether warming up a pitcher, in practices or games without wearing full catcher's gear and an athletic cup as described above.
- Managers shall never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the WGLL Safety Officer immediately. Also report any "near-misses".
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol or drugs allowed on the premises at any time.
- No smoking within twenty feet of the dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the parks in which you play or practice.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- There is no running allowed in the bleachers.
- Managers of teams at levels without scheduled umpires (Minor "A" and T-ball) are required to walk the field for potential hazards prior to the start of each game.
- Low impact balls shall be used at the T-ball level.

## WILLOW GLEN LITTLE LEAGUE SAFETY OFFICER

The primary responsibility of the Safety Officer is to implement the safety rules promulgated by Little League Baseball, as well as to develop and implement a safety program for the league.

The 2024 Willow Glen Little League Safety Officer is **Jaime Laskowski**. She can be reached at the following:

**Cell: 831-917-2765**  
**e-mail:wgllsafety@gmail.com**

In 1995, ASAP, (A Safety Awareness Program) was started by Little League Baseball with the goal of emphasizing the function and duties of the Safety Officer to create awareness, through education and information, of the opportunities to provide a safer environment for all kids participating in Little League Baseball.

It is estimated that over half of all players are now participating in a league where a safety plan exists to raise awareness and eliminate injury-causing accidents.

Since ASAP began in 1995, injuries in all of Little League Baseball have decreased by 75%.

This Safety Manual is offered as another tool for developing a safer environment for the kids by providing important information to managers and coaches. The Willow Glen Safety Manual will be distributed to all managers and is available, upon request, to all members of the league.

The Willow Glen Little League Safety Officer's responsibilities include:

1. Assisting parents and individuals with insurance claims and assisting with the filing of correct paperwork;
2. Keeping a log of any and all accidents and injuries that have occurred;
3. Providing Safety Manuals and First-Aid Kits at the beginning of the season;

4. Inspecting fields of play and practice locations;
5. Organizing First-Aid clinic for all managers, coaches, umpires and designated individuals;
6. Eliminating unsafe or hazardous conditions once such situations are brought to his or her attention;
7. Making spot checks at practices and games to make sure all managers have First-Aid Kits and Safety Manuals;
8. Solicit information on "near-misses";
9. Discuss any existing safety issues at board meetings
10. Distribute ASAP newsletters within the league.
11. Submit a qualified safety plan registration form with the ASAP plan.
12. Submit Safety Plan to District Safety Officer for review.
13. Encourage league input through a "Safety Suggestion Box".

### **MANAGERS' AND COACHES' DUTIES**

The manager is the person appointed by the President of Willow Glen Little League to be responsible for his/her team's actions on the field and to represent the team in communications with the umpire and the opposing team.

The manager shall always be responsible for the team's conduct, observance of official rules and communicating with the umpires.

The manager is also responsible for the safety of his or her players.

If the manager leaves the field, the manager shall designate a coach as a substitute and such substitute manager shall have the duties, rights and responsibilities of the manager.

The manager shall also take possession of the Safety Manual and the First-Aid Kit supplied by Willow Glen Little League.

The manager or designated coach shall attend a mandatory training session on first-aid at the initial coaches meeting, review the basics of safety with his or her team before the start of the season, and teach players the fundamentals of the game, keeping safety in mind.

As to first time managers and coaches, it is strongly requested that they read books and/or review videos on Little League Baseball mechanics including, but not limited to, the "Big AI" and/or "AI & AI" series of books and videos.

It is required that a cellular phone always be on hand during practices and games if a land-line is unavailable.

Although the concept that prevention is the key to reducing accidents, always have a First-Aid kit and Safety Manual on hand.



Make sure players are wearing the proper uniform and equipment.

Make sure that equipment is in good working order and is safe.

Keep players alert both during practice and games.

Encourage the concept of "safety -first" at all times.

Observe the "no on-deck" rule for batters and keep players behind screens or in the dugouts during games. No player should handle a bat in the dugout at any time.

Do not play children who are ill or injured.

Following practice or a game, managers shall not leave the field until every child has been picked up by a known family member or designated driver.

Notify parents if their child has been injured no matter how small or insignificant the injury appears to be. THERE ARE NO EXCEPTIONS TO THIS RULE. This protects you, Little League Baseball, Inc. and Willow Glen Little League.

Discuss any potential safety problem with the Safety Officer, before, during or after the game. Report any "near-misses".

If there is any injury to any child or individual, make certain that an accident report is filled out and given to the league Safety Officer. (A copy of the WGLL Preliminary Accident Report is attached to the **Appendix as Exhibit 4.**)

## UMPIRES

### Pre-game:

Before the game starts, the umpire shall:

- Check equipment in dugouts of both teams. Equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets with dangling throat guards when warming up pitchers.
- Check bats to make sure they are not damaged.
- Check bats to make sure they have grips.
- Check helmets for cracks and see if they meet Little League NOCSAE specifications and bear Little League's seal of approval.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats. (Majors and below).
- Secure official Little League balls for play from both teams.

### During the game:

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs to determine if any ball is unfit for use.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers and bodies out of, or off of, the fencing.

**Post Game:**

After a game, the umpire shall:

- Report any uncorrected unsafe situations to the WGLL Safety Officer, Field Maintenance Coordinator or other appropriate official by telephone. Time permitting, although not mandatory, a written follow up should be sent.

## LITTLE LEAGUE VOLUNTEER APPLICATION

All adult volunteers participating in Willow Glen Little League (managers, coaches, umpires, league officials, elected members and parents), are required to complete the Little League Volunteer Application form. All managers, coaches, board members and other persons, volunteers or hired workers, who provide regular services to the league and/or who have repetitive access to, and/or contact with, players must fill out the Volunteer Application form as well as provide a government-issued photo identification card for ID verification.

The volunteer application gives permission to Willow Glen Little League to conduct a background check, which is conducted using Choice Point at <http://littleleague.choicepoint.com> and LexisNexis. Willow Glen Little League is not obligated to appoint any volunteer to a volunteer position. The volunteer acknowledges and agrees that, if appointed, and prior to the expiration of any term, any volunteer is subject to suspension by the league president as well as removal by the board of directors for violation of Little League policies or principles.

Anyone refusing to fill out a Volunteer Application is ineligible to be a league member.

A copy of the Volunteer Application for 2024 is attached to the Appendix as **Exhibit 5**.

## ACCIDENT PREVENTION

### I. WARM-UPS

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as "*warm-up*" of "*activation*" have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

**(i) Hints on Stretching: SEE DYNAMIC WARM-UP/THROWING ROUTINE IN APPENDIX (EXHIBIT 4)**

**PRE-PRACTICE PREPARATION PHASE**

**Stationary Activation**

Straight Leg Raise x 3ea

Double Leg Hip Extension x 6

1-Leg Knee to Chest Hip Extension x 3ea

Hip Extension w/ ASLR x 3ea

Butterfly Hip Extension x 3

Quadruped Hip ABDduction x 3ea

Quadruped Scapula Retract/Protract x 5ea

**Dynamic Warm-Up**

**Walking Knee Tucks @ 10 Ankle Grabs**

Arm Circles x 10ea (TU-Fwd/TD-Bwd)

**Fwd Walking Lunges / Bwd Walking Lunges**

Back Claps x 10

**Side-Shuffle Walk w/ Flip @ 10**

Swimmers x 8ea (fwd/bwd)

**High-Knee Crossover Skip R / Switch**

Trunk Rolls x 5ea

**Straight Leg Run**

Twists & Swings x 5ea

**PRE-THROW ROUTINE**

External Rotation at 90 deg (elbow ABD)  
High Row w/ External Rotation @ 90deg  
T's (palms up, arms parallel to ground)  
Standing Shoulder Extension (hands at hips, pull back)  
Y's (midline of body, finish wide)  
Alternating Y's (180deg cross the body)  
Bent Over T-Spine Rotation (closed book, open one flap)  
Shoulder Whips (Twist/Swing @ 45deg trunk flex)  
Small Circles (start wide, come to midline, finish wide)  
Internal Rotation (standing sleeper stretch)  
Elbow Extension (wrist/forearm stretch)

**THROWING ROUTINE**

**30-45' x 10 throws**  
\* start at 30' & progressively walk back to 45', completing throws at variable distances until 10 throws have been completed.

**45' x 10-15 throws**  
\* Standing @ 45', complete 10-15 throws.

**60' x 5-10 throws**  
\* Walk back to 60' and complete 5-10 throws.

**90' x 5 throws**  
\* Walk back to 90' and complete 5 throws.

## II. PITCH COUNT

Attached, as **Exhibit 8** to the Appendix, is a true and correct copy of the Pitch Count Regulation, by Little League International. The Board of Willow Glen Little League has adopted this Pitch Count Regulation.

## III. HYDRATION: SEE HYDRATION/URINE CHART IN APPENDIX (EXHIBIT 6)

It is usually thought that dehydration only occurs in the summer months when it is hot, thereby shortening the time for children to become overheated. Keeping children well-hydrated is just as important in the winter months. Additional clothing worn in colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it is January or July, thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they do not feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during the practices on hot days, and should encourage players to drink between every inning.

During any activity, water is an excellent fluid to keep the body well hydrated. Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.



## EQUIPMENT

The equipment will be checked out to each manager and tested before it is issued, but it is still the manager's responsibility to maintain it in a safe condition. Managers should inspect equipment before each game and each practice as he/she deems it appropriate. At the end of the season, all equipment must be returned to Willow Glen Little League.

Furthermore, kids like to bring their own gear. Their equipment can only be used if it meets the requirements as outlined in the Official Little League Rule Book.

Please follow the following guidelines:

- Helmets will be provided by Willow Glen Little League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Disengage-able bases shall be used on all fields where bases are secured to the ground.
- Use of a helmet by the batter and base runner is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- All male players must wear athletic supporters.
- Male catchers must wear the metal/fiber or plastic type cup and long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catchers helmet, all of which must meet with the league specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catchers helmet during practice, pitcher warm-up and games.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only official Little League baseballs will be used during practices and games.

- No wood bats may be used at any time.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the WGLL Equipment coordinator.
- Make sure the helmets fit.
- Replace questionable equipment immediately by notifying the WGLL Equipment Coordinator.
- Make sure players respect the equipment that is issued.
- 2018 Baseball Bat Guidelines:
  - **Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, and Junior League divisions, as well as the Little League Challenger Division, shall bear the USA Baseball logo signifying that the bat meets the USABat - USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed 2-5/8 inches for these divisions of play. Additional information is available at [LittleLeague.org/batinfo](http://LittleLeague.org/batinfo).**
  - 
  - **Tee Ball [Baseball]:** Under the USABat standard, certified Tee Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All Tee Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the implementation of the new standard can be certified using an Approved Tee Ball Sticker via the USA Baseball Tee Ball Sticker Program ([USABaseballShop.com](http://USABaseballShop.com)) beginning September 1, 2017.
  - 
  - **Minor/Major Divisions:** It shall not be more than 33 inches in length; nor more than 2-5/8 inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. Wood bats taped or fitted with a sleeve may not exceed sixteen (16) inches from the small end. **NOTE:** Solid one-piece wood barrel bats do not require a USA Baseball logo.

## WEATHER CONDITIONS

### I. **Rain**

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Evaluate the playing field as it becomes more saturated.
3. Stop practice if the playing conditions become unsafe. **USE COMMON SENSE.** If playing a game, consult with the other manager and the umpire to formulate a decision.

### II. **Lightning**

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

If you hear, see or feel a thunderstorm:

1. Suspend all games or practices immediately;
2. Stay away from metal including fencing and bleachers;
3. Do not hold metal bats;
4. Get the players to walk, not run, to their parents or designated drivers' cars and wait for your decision whether or not to continue the game or practice;

### III. **Hot Weather**

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate:

1. Suggest players take drinks of water when coming on or going off the field between innings;
2. If a player looks distressed while standing in the hot sun, substitute the player and get him or her into the shade of the dugout as soon as possible;
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bag

supplied in the first-aid kit to cool him or her down until the medical team arrives.

#### IV. **Earthquake**

In case of earthquake:

1. At the first sign of shaking, instruct players to "drop and cover";
2. Make sure you have demonstrated and practiced the "drop and cover" position during a practice
3. Once the shaking has stopped, check for any injuries;
4. Assess the immediate area for damage or danger;
5. If the earthquake was minor and the players are physically, emotionally, and mentally able, continue the practice or game;
6. If the earthquake was major, lead the team to a safe, open area and supervise them until their parents arrive.

## **RISKS UNIQUE TO WILLOW GLEN LITTLE LEAGUE**

### **I. BATTING CAGE SAFETY RULES**

Those teams utilizing the batting cage at Bramhall Park (and where applicable, the Junior/Senior/Big League teams at Del Mar) must abide by the following rules:

1. Only adults are allowed to feed balls into the pitching machine or throw for batting practice;
2. Only one batter and one adult are allowed in the batting cage at a time;
3. A batting helmet must be worn by the batter at all times while inside the cage;
4. There is no "on-deck" swinging of bats by players waiting their turn outside the batting cage;
5. All doors must be closed and secured during any hitting activity within the cage;
6. Be sure to clear balls from the batter's box during each session to avoid the potential for ankle injury while swinging at a pitched ball;
7. Make certain to test the pitching machine for speed and accuracy before any batters step up to the plate;
8. Turn off the pitching machine while balls are being retrieved;
9. Do not allow any climbing on the sides or top of the cage. A long PVC pipe is available for use as a "punch" pole to retrieve balls from the top of the cage at Bramhall;
10. Make certain that each batter is ready to receive a pitch before feeding a ball into the machine;
11. The pitcher/pitching machine operator must use the L-fence for protection;
12. Lock/secure the batting cage at all times when not in use.

Safety is our top priority and thus violations of the batting cage rules may result in loss of batting cage privileges.

## **II. DOGS "OFF LEASH"**

The City of San Jose, which oversees Bramhall Park, may designate certain areas of the park as "off leash" areas at certain times. No off-leash dogs should be allowed on the Little League fields during practice or game times. However, remain vigilant for dogs, whether off-leash or on-leash, and do not allow players to pet or approach dogs unknown to them.

## **III. PUBLIC PARK FACILITIES**

Our playing fields at Bramhall Park are located within a City of San Jose public park. As such, always remain vigilant for individuals who are acting inappropriately. If players need to use restrooms during practices or games, suggest that another player accompany him or her to the bathrooms or ask the player's parent to accompany his/her son or daughter to the bathroom. T-ball and Minor A players should always be accompanied to the restrooms by a parent, or if no parent, then 2 adults.

## **STORAGE SHED, MACHINERY AND FIELD PROCEDURES**

### **I. Storage Shed Procedures**

The following rules apply to all storage facilities used by Willow Glen Little League, and to anyone who has been issued keys to these facilities:

1. The storage sheds will be kept locked at all times;
2. All individuals with keys to the sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, tools, etcetera;
3. Before the use of any machinery located in the sheds (i.e. lawnmowers, weed whackers, lights, scoreboards, public address systems, etcetera), please locate and read the written operating procedures for that equipment if you have not used that equipment previously;
4. All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in their original containers, if available;
5. Dispose of outdated products as recommended.

### **II. Machinery- Tractors, mowers, and other heavy machinery will:**

1. Be operated by appointed staff only;
2. Never be operated under the influence of alcohol or drugs, including prescribed medication;
3. Never operated in a reckless or careless manner;
4. Be stored appropriately. When not in use, the brakes should be set on the "on" position, the blades retracted, the ignition locked and the keys removed.

### **III. General Facility Rules**

1. Dugouts will have bat racks;
2. Dugouts will be clean and free of debris;
3. Home plate, batter's box, bases and area around the pitcher's mound will be checked periodically for tripping and stumbling hazards;

4. Chain link fences at Bramhall Park will be checked regularly for holes, sharp edges, and loose edges will be repaired or replaced accordingly. Fences shall be affixed with a protective top.



## ACCIDENT REPORTING PROCEDURES

### I. What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the WGLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

### II. When to report:

All such incidents described above must be reported to the WGLL Safety Officer within 24 hours of the incident. The WGLL Safety Officer, Jaime Laskowski, can be reached at the following:

Cell: 831-917-2765  
e-mail: wgllsafety@gmail.com

### III. How to make a report:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimate of the extent of any injuries.
- The name and phone number of the person reporting the incident.

### IV. Manager's Responsibility:

The Manager will fill out the WGLL *Preliminary Accident Investigation Form* and submit it to the WGLL Safety Officer *within 24 hours of the incident*. (The WGLL Preliminary Accident Investigation Form can be found in the Appendix as **Exhibit 9**) Additional forms can be obtained from the WGLL Safety Officer.

Accidents occurring outside the team (i.e. spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the WGLL Safety Officer.

**(Continued)**

## V. WGLL Safety Officer's Responsibilities:

Within 24 to 48 hours of receiving the WGLL *Preliminary Accident Investigation Form*, the WGLL Safety Officer will contact the injured party or the party's parents and;

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Willow Glen Little League's insurance coverage and the provisions for submitting any claims. (See Chartis Accident Notification Form, **Exhibit 10** in the Appendix)

If the extent of the injuries are more than minor in nature, the WGLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again)

A District 12 accident report will be prepared for any and all injuries so that a record can be maintained by the District Safety Officer for purposes of tracking district-wide injuries.

## SNACK SHACK SAFETY

The following guidelines should be followed when utilizing the Snack Shack:

1. Cooking equipment will be inspected periodically by the Snack Shack Coordinator and repaired or replaced if needed.
2. Santa Clara County Health Department is adamant that clean and safe food handling practices be observed in order to keep the Snack Shack open.
  - Everyone must wash his or her hands prior to commencement of his/her shift;
  - Everyone must wash his or her hands after using the restroom. Please use hand sanitizing lotion often to aid in reducing germs and bacteria growth. Hand sanitizing lotion will be provided in the Snack Shack.
  - Snack Shack must be wiped down and swept at the end of each day. Use hot water, along with paper towels and anti-bacterial spray for the daily clean-up. The concession procedures, pursuant to the Department of Environmental Health for the County of Santa Clara, (3<sup>rd</sup> Edition, Feb. 2000) regarding health and safety rules are posted in the Snack Shack and must be observed at all times. Snack Shack Coordinator must be trained in safe food handling, preparation and procedures including safe use of equipment.
  - A certified fire extinguisher suitable for grease fires must be placed in plain sight at all times.
  - A fully stocked First-Aid Kit will be placed in the Snack Shack.
  - Additional information regarding proper food handling, preparation and storage is attached as part of this safety manual. (See **Exhibit 11** of the Appendix.)

## FIRST-AID

**\*\*\*THERE IS AN AED AVAILABLE IN THE SCORERS BOOTH AND SNACK SHACK**

### I. What is First-Aid?

*First-Aid* means exactly what the term implies—it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!**

### II. First-Aid Kits

First-Aid Kits will be furnished to each team at the beginning of the season.

The First-Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other WGLL event where children's safety is at risk.

### III. Treatment at Site

*Managers should keep their players' file with them at all times, including the Medical Release Form for each player. (See Medical Release form attached as **Exhibit 12** to the Appendix.) It will contain emergency information for each player.*

#### Do...

- Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call 9-1-1- immediately if the person is unconscious or seriously injured. **When in doubt, call 9-1-1.**
- Look for signs of *injury (blood, black-and-blue, deformity of joint, etc.)*
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.

- Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

### **Don't...**

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies.

SEE APPENDIX (**EXHIBIT 3**)

### **IV. Medical Release Form**

Make certain that the Medical Release form (**Exhibit 12** in Appendix) is completed at the beginning of the season and carried with you at all practices and games.

### **V. 9-1-1 Emergency Number SEE EAP APPENDIX (**EXHIBIT 2**)**

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps:

- First DIAL 9-1-1 or from cell phone 408-277-8911
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
  - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. **Bramhall Park is located at the intersection of Willow Street and Camino Ramon**
  - The telephone number from which the call is being made.

- Continue to care for the victim until the professional help arrives.
- Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down, if necessary. This saves valuable time. Remember, every minute counts.

### **When to call 9-1-1:**

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1**- anyway and request paramedics.

If you have any doubt at all, call 9-1-1 and request paramedics.

### **Also call 9-1-1- for any of these situations:**

- |  |                                      |
|--|--------------------------------------|
| - Fire or explosion                      | - Vehicle Collisions                 |
| - Downed electrical wires                | - Vehicle/Bicycle collisions         |
| - Swiftly moving or rapidly rising water | - Victims who cannot be moved easily |
| - Presence of poisonous gas              |                                      |

## **VI. CONTUSION TO STERNUM**

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

1) If a player is hit in the chest and appears to be alright, urge the parents to take their child to the hospital for further examination.

2) If a player complains of pain in his chest after being struck, immediately call **9-1-1** and treat the player until professional medical help arrives.

## **VII. HEAT RELATED ILLNESS**

**1) Symptoms** may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

**2) Treatment:**

- a) Call **9-1-1** immediately;
- b) Lower body temperature quickly by placing the victim in a partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If a tub is not available, wrap the victim in cold, wet sheets or towels in a well-ventilated room or use fans and air conditioners until body temperature is reduced.
- c) **DO NOT** provide stimulating beverages (caffeinated beverages), such as coffee, tea or soda.

**LITTLE LEAGUE DATA CENTER**

All player registration data and coach and manager data must be submitted via the Little League Data Center ([www.littleleague.org/DataCenter](http://www.littleleague.org/DataCenter)).

**SUBMIT YOUR IDEAS FOR SAFETY**

Your safety ideas are welcome at WGLL. Please submit them in written form and place them in the Safety Officers box, which is located in the Snack Shack. The WGLL Safety Officer will retrieve safety suggestions at the end of each week and read them.

## WILLOW GLEN LITTLE LEAGUE 2024 COVID GUIDELINES

We will follow all guidelines as mandated by the county of Santa Clara County Department of Public Health. Up to date guidelines can be found at:

<https://covid19.sccgov.org/home>

If you have tested positive for COVID please see county guidelines for when to return to group activities. A copy of the quarantine guidelines for 2024 is attached to the Appendix as **Exhibit 15**. Up to date guidelines can be found at:

<https://covid19.sccgov.org/contact-tracing>

If you have questions about when to return to physical activity following COVID infection please speak to your healthcare provider.



# EXHIBIT 1



## WGLL KEY DATES

- Registration opens: 10/31/2023- 1/10/24 Majors, AAA, AA  
10/31/23-2/1/24 T-ball, coach toss, A
- Registration discount deadline: 12/31/24
- Verification Night: included in online registration documentation
- Evaluations: 1/20/24 Majors, AAA, AA
- Parent Meeting: 2/15/24
- Coaches clinic/Safety Meeting: 1/27/24 Majors, AAA, AA  
2/10/24 T-ball, coach toss, A
- Coaches Pitchers/Catchers Clinic: 2/3/24
- Uniform Distribution: 2/25/24
- WGLL Umpire Clinic: 2/10/24
- Team Parent Meeting: 2/13/24

- Opening Day and Photo Day: 3/2/24

# EXHIBIT 2



## Emergency Action Plan (EAP)

**WILLOW GLEN LITTLE LEAGUE  
BRAMHALL PARK  
EMERGENCY ACTION PLAN (EAP)**

**Emergency Personnel:** Call 9-1-1 or from a cell phone 408-277-8911

**Emergency Communication:** Cellular phones may or may not work from the field.

**Emergency Equipment:** First Aid supplies with each team. Additional supplies in the Snack Shack and Scorers Box. AED availability Scorers Box and SnackShack

**In the event of an emergency:**

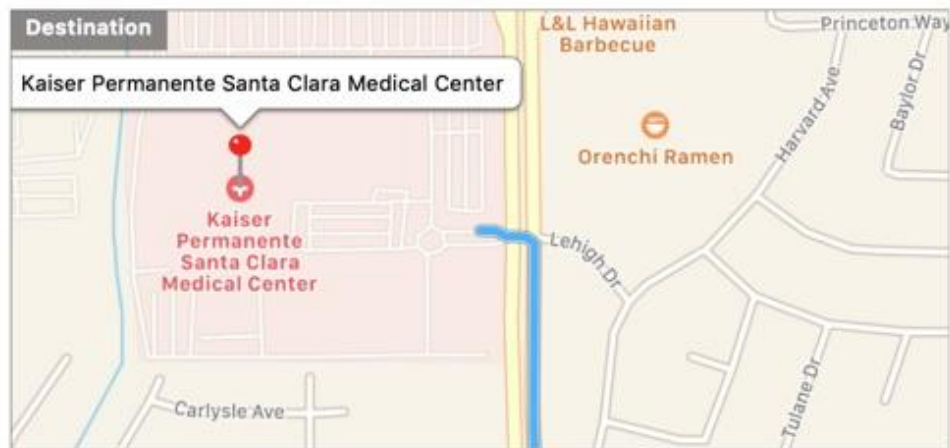
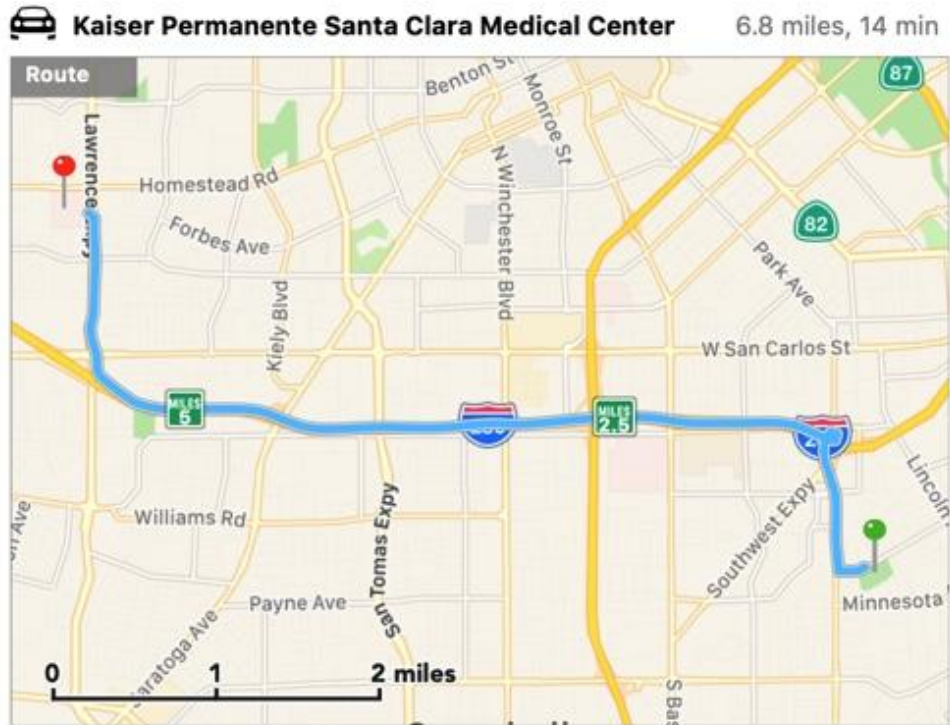
1. Provide immediate care of the injured athlete, volunteer, or fan


2. **Activate Emergency Medical Services (EMS) using**
  1. **Fixed Telephone Line: Dial 9-911**
  2. **Cellular Telephone: Dial 408-277-8911 or 911**

**Instruct EMS personnel to "Report to the BRAMHALL PARK/WILLOW GLEN LITTLE LEAGUE FIELDS. We have an injured athlete/volunteer/fan in need of emergency medical treatment. A league representative will meet you on Willow Street or Britton Street**
3. **Notify Jaime Laskowski 831-917-2765 within 48 hours**
4. **Retrieve necessary first aid equipment.**
5. **Direct EMS to the scene**
  1. **Open appropriate gates/doors**
  2. **Designate individual to 'flag down' EMS and direct them to the scene**
  3. **Control the scene—Limit the scene to first aid providers. Remove bystanders.**

**Contact Information: Jaime Laskowski 831-917-2765      Justin Christensen 510-701-2327**  
**Map:**





 **Kaiser Permanente Santa Clara Medical Center** 6.8 miles, 14 min



**Start**  
Willow Street Frank Bramhall Park

MILES  
0



**0.2 miles**  
Turn right onto Meridian Ave

MILES  
0.23



**0.8 miles**  
Take a slight right turn to merge onto I-280 N toward

MILES  
1.04



**0.3 miles**  
Keep left to merge onto I-280 toward San Francisco,

MILES  
1.32



**4.2 miles**  
Take exit 9 toward Lawrence Expwy

MILES  
5.56



**0.4 miles**  
Continue onto Lawrence Expressway N

MILES  
5.92



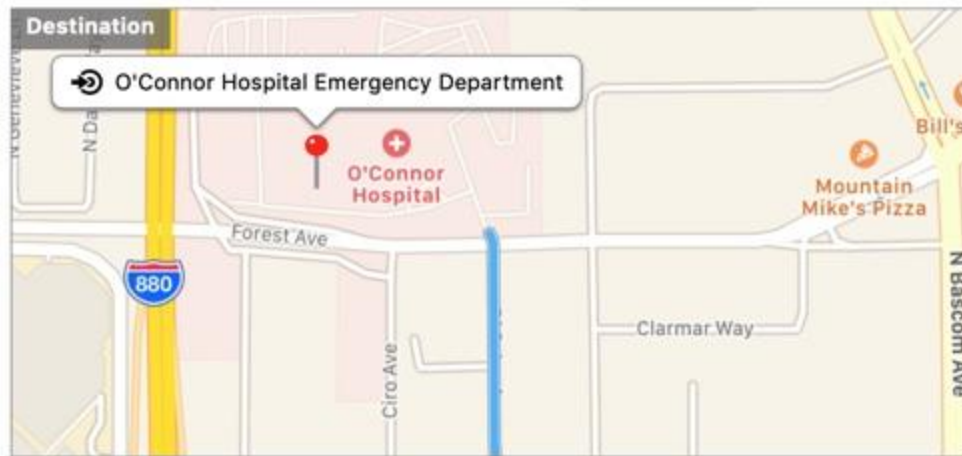
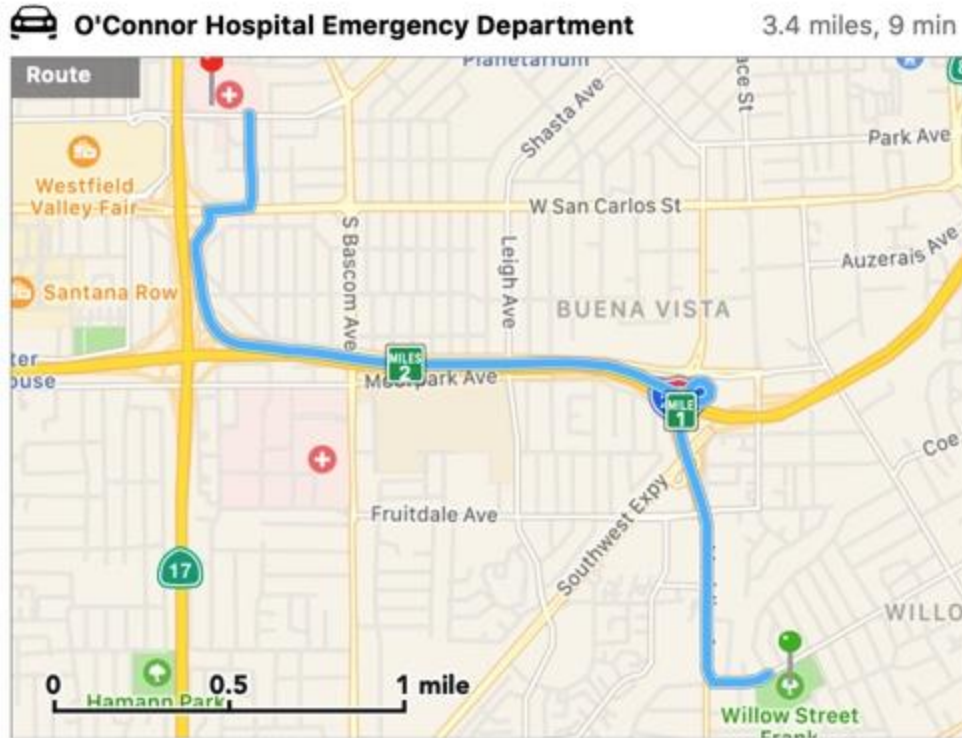
**0.9 miles**  
Turn left

MILES  
6.79



**100 feet**  
Arrive at the destination





 **O'Connor Hospital Emergency Department** 3.4 miles, 9 min



**Start**  
Willow Street Frank Bramhall Park

MILES  
0



**0.2 miles**  
Turn right onto Meridian Ave

MILES  
0.23



**0.8 miles**  
Take a slight right turn to merge onto I-280 N toward

MILES  
1.04



**0.3 miles**  
Keep left to merge onto I-280 toward San Francisco,

MILES  
1.32



**1.1 miles**  
Take exit 1C toward West San Carlos St

MILES  
2.44



**0.5 miles**  
Turn right onto Stevens Creek Blvd

MILES  
2.98

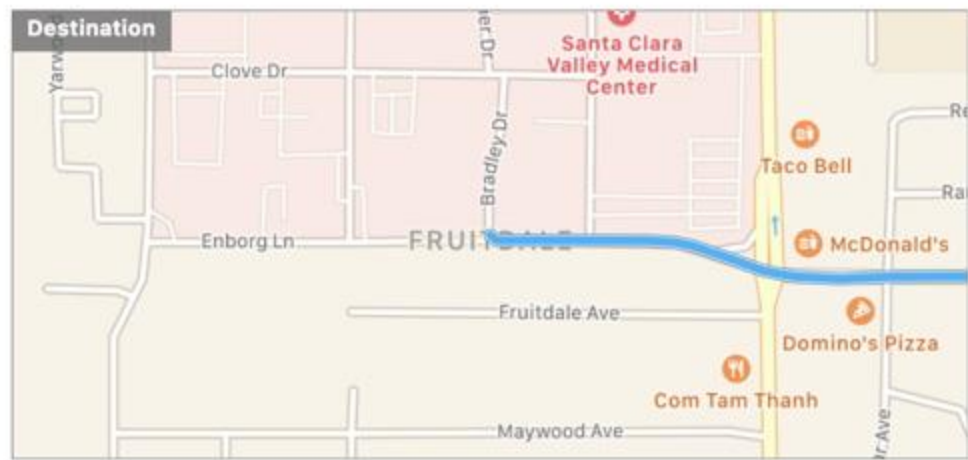
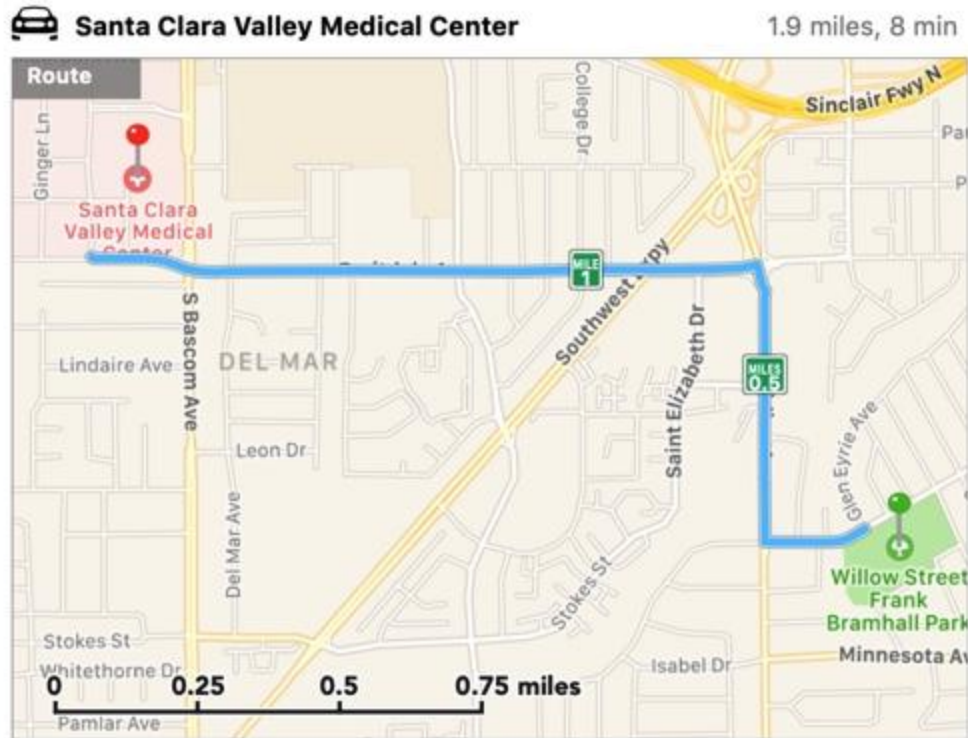


**700 feet**  
Turn left onto Di Salvo Ave


MILES  
3.11




**0.3 miles**  
The destination is on your left







 **Santa Clara Valley Medical Center** 1.9 miles, 8 min

 **Start**  
Willow Street Frank Bramhall Park


---

**MILES**  
**0**  **0.2 miles**  
Turn right onto Meridian Ave


---

**MILES**  
**0.23**  **0.5 miles**  
Turn left onto Fruitdale Ave


---

**MILES**  
**0.72**  **1.0 miles**  
Continue onto Enborg Ln

---

**MILES**  
**1.71**  **900 feet**  
Turn right onto Bradley Dr

---

**MILES**  
**1.88**  **15 feet**  
The destination is on your right

# EXHIBIT 3



# WGLL FIRST AID TRAINING SLIDES

**MEDICINE BALL STRENGTHENING**

- **Resistance Banding Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
- **Resistance Banding Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**

**MEDICINE BALL STRENGTHENING**


- **Body Builders Best Ball Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
- **Resistance Banding Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**

**STRENGTH TRAINING**

- **Resistance Banding Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
- **Resistance Banding Thru**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**
  - **Awaken athletic muscle performance by wake**

**AED**

CURRENTLY LOCATED IN MAJORS FIELD SCOREERS BOOTH



**AED- HOW TO SAVE A LIFE**

**HOW TO SAVE A LIFE BY USING AN AED**

- 1. TURN ON**
- 2. FOLLOW PROMPTS**
- 3. PRESS BOTTOM / ANALYZE**

**HANDS-ONLY CPR**

**Standardizing to Hands-only CPR**

Standardizing to Hands-only CPR means that CPR training and certification will focus on chest compressions and rescue breathing.



**WILLOW GLEN LITTLE LEAGUE FIRST AID TRAINING**



CONCISE, EFFECTIVE, EASY TO REMEMBER  
 TRAINING FOR ALL AGES  
 FEBRUARY 7, 2014

1

**OVERVIEW**

- WARM-UP
- STRENGTHENING PROGRAM
- AED ACCESS
- AED USE



2

**OVERVIEW**

- COMMUNICATION
- COLLIDED COLLIS
- LOSS OF CONSCIOUSNESS, HEAT INJURIES
- HEAT RELATED ILLNESS
- CHAMBER, COMPETITION, FOOT STRIKE
- CONCUSSION
- WHICH IN COURT, SET THEM OUT
- BONES, BUSTERS, AND LACERATIONS
- SPRAIN, STRAIN, AND COMPRESSION
- DTM, ABDUCTION, LACERATIONS



3

**OVERVIEW**

- EYE INJURIES
- BLACK EYE
- EYE INJURY ON FOREHEAD BODY
- DENTAL INJURIES
- ALLERGIES



4

**WILLOW GLEN LITTLE LEAGUE FIRST AID TRAINING**

AGENCY	AGENCY CONTACT INFORMATION	AGENCY ADDRESS	AGENCY PHONE
Willow Glen Little League	11111 Willow Glen Blvd San Jose, CA 95128	11111 Willow Glen Blvd San Jose, CA 95128	408-947-1234

5

**LONG TOSS PROGRAM**

Age	Warm-up	Arc Throws	Long Toss	Hard Throws
Year 1	50ft @ 50ft	50ft @ 50ft	50ft @ 50ft	50ft @ 50ft
7-8	20-25'	30' / 40' / 50'	50' / 60'	50' / 40' / 30'
9-10	25-30'	35' / 55' / 75'	75' / 90'	75' / 55' / 35'
11-12	30-40'	60' / 75' / 100'	100' / 125'	100' / 75' / 50'

6

**LOC, HEAT INJURIES**

- HEAT ILLNESS
- HEAD TRAUMA/HIBERNATION, DEHYDRATION, PROLONGED EXERCISE,
- SUNSTROKE
- THREE CATEGORIES
- HEAT CRAMPS
- HEAT EXHAUSTION
- HEAT STROKE
- HEAT EXHAUSTION SYMPTOMS IN ATHLETES INCLUDE:
- EASILY PREVENTABLE
- CHILDREN AGE 14 HIGHER MUST WEAR JACKETS
- WASHING/COOLING: BRING EXTRA WATER FOR THOSE WHO
- THIS WILL HELP YOU IDENTIFY SYMPTOMS!
- DON'T BE AN IDIOT!

19

**LOC, HEAT INJURIES**

- HEAT ILLNESS 1/3%
- PROLONG EXERCISE
- SUNSTROKE
- HEAD TRAUMA/HIBERNATION, DEHYDRATION, Prolonged exercise
- HEAT EXHAUSTION 1/3%
- HEAT STROKE 1/3%
- HEAT EXHAUSTION SYMPTOMS IN ATHLETES INCLUDE:
- EASILY PREVENTABLE
- CHILDREN AGE 14 HIGHER MUST WEAR JACKETS
- WASHING/COOLING: BRING EXTRA WATER FOR THOSE WHO
- THIS WILL HELP YOU IDENTIFY SYMPTOMS!
- DON'T BE AN IDIOT!

20

**CONCUSSION**

21

**CONCUSSION S/S**

- NAUSEA, VOMITING
- CONFUSION
- PROBLEMS
- FIGHTING
- LIGHT HEADINESS
- HEADACHES
- IRRITABILITY
- DISORIENTATION
- PHOTIC/PHONOPHOBIA
- "GROG" FEEL, RIGID"
- DEPRESSION
- INAPPROPRIATE BEHAVIOR
- DECREASED PLAYING ABILITY
- COGNITIVE AND MEMORY DYSFUNCTION
- POOR BALANCE

It is estimated that more than 20 baseball players will suffer a concussion this year.

22

**CONCUSSION/HEAD INJURY**

- CALL 911 IF -
- SEVERE HEAD OR FACIAL BLEEDING
- CHANGE IN LEVEL OF CONSCIOUSNESS, EVEN IF TEMPORARY
- "BLACKED EYES" BELOW THE EYES OR BEHIND THE EARS
- STOPPED BREATHING
- COME OUT OF THE GROUND
- WEAKNESS OR INABILITY TO USE AN ARM OR LEG
- GROSS TORN LACRS
- KEEP THE HEAD FROM SWAYING AND TURTLE
- AVOIDANCE OF ALL HEAD INJURIES
- AVOIDANCE OF ALL HEAD INJURIES

23

**CONCUSSION**

**■WHEN IN DOUBT, HOLD THEM OUT!**

**■IT'S REALLY NOT WORTH THE RISK!**

24

**GENERAL RECOMMENDATIONS**

- **COMMUNICATOR**
- ALWAYS INFORM PARENTS OF AN INJURY IF THEY ARE NOT PRESENT WHEN IT OCCURS
- IF THE INJURED ATHLETE REQUIRES MEDICAL INTERVENTION FROM AN M.D., MAKE SURE YOU HAVE DOCUMENTATION THAT THEY ARE CLEARLY TO RETURN TO PLAY



13

**COMIDO CORDIS**

• YOU SHOULD BE AWARE OF THIS LIFE THREATENING CONDITION

- "CONCUSSION OF THE HEART"
- CAN CAUSE SUDDEN CARDIAC DEATH OF A YOUNG PERSON FOLLOWING A BLUNT IMPACT TO THE CHEST
- BASEBALL, SOFTBALL, BASKETBALL, VOLLEYBALL
- TOUNG (OPEN WOUND, TORN TISSUE) - CATS
- INCIDENTS (GEN ORGANIZED, 90% RECREATIONAL, DAILY LIFE)
- DOES NOT HAVE TO BE HIGH-IMPACT IMPACT
- STRIKE OCCURS AT PRECISE MOMENT BETWEEN HEARTS, RESULTING IN VENTRICULAR FIBRILLATION, CARDIAC ARREST, OR CARDIAC SUDDEN DEATH

14


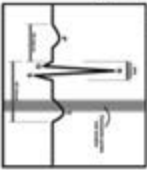
**HEART CONCUSSION**



15

**COMIDO CORDIS**

- 1996- 2007: 188 RECORDED CASES
- MEAN AGE: 14.7 YEARS OLD
- 84% OF INCIDENTS ARE FATAL
- 1 IN 8 CHANCE OF SURVIVING

16

**COMIDO CORDIS**

- EARLY RECOGNITION OF ARREST, CPR, AND EARLY DEBRILLATION
- 50% OF PATIENTS WHO SURVIVE HAVE THREE THINGS IN COMMON:
- EARLY RECOGNITION OF THE ARREST
- TREATMENT WITH CPR AND EARLY DEBRILLATION
- SURVIVAL RATES ALMOST 50% TO ZERO WHEN INTERVENTIONS ARE DELAYED



17

**LOC, HEAT INJURIES**

- FAINTING
- MOST SHORT FAINT WITHOUT A REASON
- THEY SHOULD BEHAVE WITHIN 5-3 MINUTES
- CALL 911
- MONITOR AIRWAY
- CHECK FOR BREATHING

**IF THE FACE IS PALE, RAISE THE TAIL. IF THE FACE IS RED, RAISE THE HEAD**




18

**BONES, BRUISES, LACERATIONS**



25

**BONES, BRUISES, LACERATIONS**

**• FRACTURES**

- DO NOT MOVE THE PERSON UNLESS BROKEN BONE IS STABLE
- DO NOT MOVE A PERSON WITH INJURED HIP, PELVIS, OR UPPER LEG
- DO NOT MOVE A PERSON WITH A POSSIBLE SPINE INJURY
- DO NOT ATTEMPT TO STRAIGHTEN A BONE OR CHANGE ITS POSITION UNLESS BLOOD CIRCULATION APPEARS COMPROMISED
- DO NOT TEST A BONE'S ABILITY TO MOVE



26



**BONES, BRUISES, LACERATIONS**

**• SPRAINING/STRAINING/CONTUSIONS**

- COMMON INJURIES. SPRAIN USUALLY INLIG, STRAIN MUSCLE
- MAY BE HELD TO "WALK IT OFF"
- MOST RESPOND WELL TO "RICE"
- REST
- ICE
- COMPRESSION
- ELEVATION

• IF AN ATHLETE CAN'T ACTIVELY MOVE A JOINT, DON'T MOVE IT FOR THEM. PROBABLY BROKEN OR DISLOCATED

• IF THE ATHLETE FEELS A "POP", HAS IMMEDIATE SWELLING AND AN INABILITY/UNWILLINGNESS TO MOVE THE JOINT, SEEK MEDICAL ATTENTION

27

**BONES, BRUISES, LACERATIONS**

**• CUTS/LACERATIONS**

- CLEAN THE WOUND WITH WATER
- STOP THE BLEEDING WITH DIRECT PRESSURE
- APPLY AN ANTISEPTIC OINTMENT AND DRESS THE WOUND
- AVOID LATEX. SOMEONE MAY BE ALLERGIC
- GET STITCHES FOR DEEPER WOUNDS
- A WOUND THAT GETS DEEPER THROUGH THE SKIN IS CALLED AN **AVULSION**
- A WOUND-BLIND AND HAS NOT ON PROTECTIVE PROTECTIVE DEVICES





28

**EYE INJURIES**

**• BLACK EYE**

- APPLY ICE WITH GENTLE PRESSURE
- MUST BE EVALUATED IMMEDIATELY IF:
  - ALSO IN THE WHITE OR OUTER PART OF THE EYE
  - BLOOD GETS OUT IN THE BLOOD VESSEL OF THE EYE
  - BURNED EYES
  - VISION IS BLURRY OR IS NOT VERY NORMAL.
- USE WATER TO RINSE EYE
- TRY TO REMOVE ANY SMALL PARTICLES
- DO NOT RUB THE EYE
- PULL LIDDER OF THE LOWER EYE TO CLEAN THE SURFACE OF THE UNDERLID OF THE UPPER EYE
- DON'T RUB THE EYE AFTER AN INJURY



29

**EYE INJURIES**

**DID YOU KNOW? BASEBALL IS THE LEADING CAUSE OF EYE INJURIES IN ATHLETES UNDER THE AGE OF 14 IN THE USA.**




30

31

### EYE INJURIES

32

### DENTAL INJURIES

- **TOOTH LOSS**
- SAVE THE TOOTH IN MILK OR AT LEAST WATER
- DO NOT HANDLE THE ROOT
- CONTACT PARENTS/COACHES IMMEDIATELY
- DO NOT RUB/SCRAPE OFF DIRT - SOAK IT
- IF A PERMANENT TOOTH, TRY TO PLACE IT BACK IN THE SOCKET - NOT AS LONG AS IT SCREAMS
- IF A BABY TOOTH, TRY TO PLACE IT BACK INTO THE SOCKET IF A BABY TOOTH
- DO NOT TRY TO RE-PLACE IT BACK INTO THE SOCKET IF A BABY TOOTH
- CONSIDER TOOTH LOSS AS AN EMERGENCY
- DENTALS HAVE LONG TERM ORALITY IMPACTS

33

### ALLERGIC REACTIONS

- **KNOW YOUR TEAM**
- WHO IS ALLERGIC TO WHAT?
- MEAT
- PEANUT BUTTER
- MILK
- EGGS
- ARE YOU ON THE KID PREPARED?
- EPINEPHRINE
- ANTIBIOTICS

34

### FINAL THOUGHTS

- ALWAYS TELL A PARENT- DON'T TRUST A KID TO BE YOUR MESSENGER
- IF YOU DON'T KNOW WHAT TO DO, ASK FOR HELP
- DON'T DO THINGS YOU ARE NOT FULLY TRAINED TO DO!

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### THANK YOU!

SPRINGFIELD LITTLE LEAGUE  
MEMBERSHIP DRIVE  
ONE FOR EVERY KID

36

### MAJORS



# EXHIBIT 4



## ACTIVATION, WARM-UP, THROWING ROUTINE

<b>WILLOW GLEN LITTLE LEAGUE: DAILY ROUTINE</b>		
<b>PRE-PRACTICE PREPARATION PHASE</b>	<b>PRE-THROW ROUTINE</b>	<b>THROWING ROUTINE</b>
<p><b>Stationary Activation</b></p> <p>Straight Leg Raise x 3ea</p> <p>Double Leg Hip Extension x 6</p> <p>1-Leg Knee to Chest Hip Extension x 3ea</p> <p>Hip Extension w/ ASLR x 3ea</p> <p>Butterfly Hip Extension x 3</p> <p>Quadruped Hip ABDuction x 3ea</p> <p>Quadruped Scapula Retract/Protract x 5ea</p> <p><b>Dynamic Warm-Up</b></p> <p><b>Walking Knee Tucks @ 10 Ankle Grabs</b></p> <p>Arm Circles x 10ea (TU-Fwd/TD-Bwd)</p> <p><b>Fwd Walking Lunges / Bwd Walking Lunges</b></p> <p>Back Claps x 10</p> <p><b>Side-Shuffle Walk w/ Flip @ 10</b></p> <p>Swimmers x 8ea (fwd/bwd)</p> <p><b>High-Knee Crossover Skip R / Switch</b></p> <p>Trunk Rolls x 5ea</p> <p><b>Straight Leg Run</b></p> <p>Twists &amp; Swings x 5ea</p>	<p>External Rotation at 90 deg (elbow ABD)</p> <p>High Row w/ External Rotation @ 90deg</p> <p>T's (palms up, arms parallel to ground)</p> <p>Standing Shoulder Extension (hands at hips, pull back)</p> <p>Y's (midline of body, finish wide)</p> <p>Alternating Y's (180deg cross the body)</p> <p>Bent Over T-Spine Rotation (closed book, open one flap)</p> <p>Shoulder Whips (Twist/Swing @ 45deg trunk flex)</p> <p>Small Circles (start wide, come to midline, finish wide)</p> <p>Internal Rotation (standing sleeper stretch)</p> <p>Elbow Extension (wrist/forearm stretch)</p>	<p><b>30-45' x 10 throws</b></p> <ul style="list-style-type: none"> <li>* start at 30' &amp; progressively walk back to 45', completing throws at variable distances until 10 throws have been completed.</li> </ul> <p><b>45' x 10-15 throws</b></p> <ul style="list-style-type: none"> <li>* Standing @ 45', complete 10-15 throws.</li> </ul> <p><b>60' x 5-10 throws</b></p> <ul style="list-style-type: none"> <li>* Walk back to 60' and complete 5-10 throws.</li> </ul> <p><b>90' x 5 throws</b></p> <ul style="list-style-type: none"> <li>* Walk back to 90' and complete 5 throws.</li> </ul>

# Long Toss Routine

Age	Warm-up	Arc Throws	Long Toss	Hard Throws
	5 min @	5 min each= 15 minutes	3 min each = 6 minutes	5 each
7-8 yrs	20-25'	30'/40'/50'	50'/60'	50'/40'/30'
9-10 yrs	25-30'	35'/55'/75'	75'/90'	75'/55'/35'
11-12 yrs	30-40'	60'/75'/100'	100'/125'	100'/75'/50'

## Non Practice Days

**Long Toss Routine**

**Thrower's 10 Exercise Program**

**MedBall Routine**

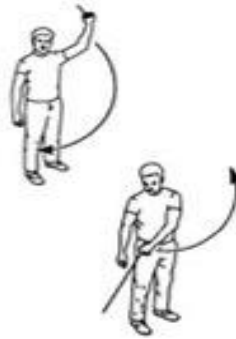
**Strength Routine**

## Thrower's 10 Exercise Program

### Throwers Ten Exercise Program

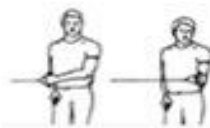
The Thrower's Ten Program is designed to exercise the major muscles necessary for throwing. The Program's goal is to be an organized and concise exercise program. In addition, all exercises included are specific to the thrower and are designed to improve strength, power and endurance of the shoulder complex musculature.

**1A. Diagonal Pattern D2 Extension:**  
Involved hand will grip tubing handle overhead and out to the side. Pull tubing down and across your body to the opposite side of leg. During the motion, lead with your thumb. Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ daily.

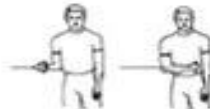


**1B. Diagonal Pattern D3 Flexion:**  
Gripping tubing handle in hand of involved arm, begin with arm out from side 45° and palm facing backward. After turning palm forward, proceed to flex elbow and bring arm up and over involved shoulder. Turn palm down and reverse to take arm to starting position. Exercise should be performed \_\_\_ sets of \_\_\_ repetitions \_\_\_ daily.

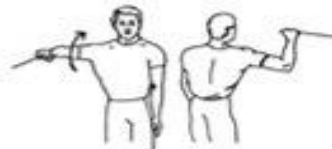
**2A. External Rotation at 90° Abduction:**  
Stand with involved elbow fixed at side, elbow at 90° and involved arm across front of body. Grip tubing handle while the other end of tubing is fixed. Pull out arm, keeping elbow at side. Return tubing slowly and controlled. Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.



**2B. Internal Rotation at 90° Abduction:**  
Standing with elbow at side fixed at 90° and shoulder rotated out. Grip tubing handle while other end of tubing is fixed. Pull arm across body keeping elbow at side. Return tubing slowly and controlled. Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.



**2C. (Optional) External Rotation at 90° Abduction:** Stand with shoulder abducted 90°. Grip tubing handle while the other end is fixed straight ahead, slightly lower than the shoulder. Keeping shoulder abducted, rotate shoulder back keeping elbow at 90°. Return tubing and hand to start position.  
I. Slow Speed Sets: (Slow and Controlled) Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.  
II. Fast Speed Sets: Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.



**2D. (Optional) Internal Rotation at 90° Abduction:** Stand with shoulder abducted to 90°, externally rotated 90° and elbow bent to 90°. Keeping shoulder abducted, rotate shoulder forward, keeping elbow bent at 90°. Return tubing and hand to start position.  
I. Slow Speed Sets: (Slow and Controlled) Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.  
II. Fast Speed Sets: Perform \_\_\_ sets of \_\_\_ repetitions \_\_\_ times daily.



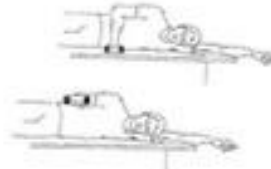
**3. Shoulder Abduction to 90°:** Stand with arm at side, elbow straight, and palm against side. Raise arm to the side, palm down, until arm reaches 90° (shoulder level). Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**4. Scaption, External Rotation:** Stand with elbow straight and thumb up. Raise arm to shoulder level at 30° angle in front of body. Do not go above shoulder height. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**5. Sidelying External Rotation:** Lie on uninvolved side, with involved arm at side of body and elbow bent to 90°. Keeping the elbow of involved arm fixed to side, raise arm. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**6A. Prone Horizontal Abduction (Neutral):** Lie on table, face down, with involved arm hanging straight to the floor, and palm facing down. Raise arm out to the side, parallel to the floor. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**6B. Prone Horizontal Abduction (Full ER, 100° ABD):** Lie on table face down, with involved arm hanging straight to the floor, and thumb rotated up (hitchhiker). Raise arm out to the side with arm slightly in front of shoulder, parallel to the floor. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**6C. Prone Rowing:** Lying on your stomach with your involved arm hanging over the side of the table, dumbbell in hand and elbow straight. Slowly raise arm, bending elbow, and bring dumbbell as high as possible. Hold at the top for 2 seconds, then slowly lower. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**6D. Prone Rowing into External Rotation:** Lying on your stomach with your involved arm hanging over the side of the table, dumbbell in hand and elbow straight. Slowly raise arm, bending elbow, up to the level of the table. Pause one second. Then rotate shoulder upward until dumbbell is even with the table, keeping elbow at 90°. Hold at the top for 2 seconds, then slowly lower taking 2 - 3 seconds. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



**7. Press-ups:** Seated on a chair or table, place both hands firmly on the sides of the chair or table, palm down and fingers pointed outward. Hands should be placed equal with shoulders. Slowly push downward through the hands to elevate your body. Hold the elevated position for 2 seconds and lower body slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



8. **Push-ups:** Start in the down position with arms in a comfortable position. Place hands no more than shoulder width apart. Push up as high as possible, rolling shoulders forward after elbows are straight. Start with a push-up into wall. Gradually progress to table top and eventually to floor as tolerable. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



9A. **Elbow Flexion:** Standing with arm against side and palm facing inward, bend elbow upward turning palm up as you progress. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



9B. **Elbow Extension (Abduction):** Raise involved arm overhead. Provide support at elbow from uninvolved hand. Straighten arm overhead. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



10A. **Wrist Extension:** Supporting the forearm and with palm facing downward, raise weight in hand as far as possible. Hold 2 seconds and lower slowly. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



10B. **Wrist Flexion:** Supporting the forearm and with palm facing upward, lower a weight in hand as far as possible and then curl it up as high as possible. Hold for 2 seconds and lower slowly.



10C. **Supination:** Forearm supported on table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm up. Hold for a 2 count and return to starting position. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



10D. **Pronation:** Forearm should be supported on a table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm down. Hold for a 2 count and return to starting position. Perform \_\_\_\_ sets of \_\_\_\_ repetitions \_\_\_\_ times daily.



## **Medicine Ball Routine**

### **Rotational Recoiled Throw**

***Benefits: Builds rotational power with loaded hips (similar to swing)***

Assume athletic stance perpendicular to the wall

Grasp med ball at chest level near the shoulder; hold as if trying to crush it

Rotate away from the wall to load the hips

Immediately rotate toward wall and throw ball as forcefully as possible

Return to start position and repeat 5-8 reps

Perform set in opposite direction

### **Rotational Scoop Toss**

***Benefits: Improves transfer of power from lower to upper body***

Assume athletic stance perpendicular to the wall

Hold med ball with arms extended beyond rear hip

Simultaneously rotate hips and core toward wall and toss the ball as forcefully as possible

Return to start position and repeat 5-8 reps

Perform set in opposite direction

### **Step Behind Med Ball Throw**

***Benefits: improves rotational power with a motion similar to throwing***

Assume athletic stance perpendicular to the wall

Grasp med ball at chest level near rear shoulder; hold as if trying to crush it

Take 2 quick steps toward wall as if winding up for a toss

Rotate hips and core toward the wall and throw ball as forcefully as possible

Return to start position and repeat 5-8 reps

Perform set in opposite direction

### **Quick Feet Med Ball Throw**

***Benefits: Simulates getting into position to field a ball for improved quick throws***

Assume athletic stance perpendicular to the wall

Grasp med ball at chest level near rear shoulder; hold as if trying to crush it

Take small lateral hop forward; then hop back and forward

Rotate through hips and core toward wall

Return to start position and repeat 5-8 reps

Perform set in opposite direction

## **Strength Training Routine:**

### **Bodyweight Squat:**

**Sets: 3      Reps: 15      Rest: 60-90 sec.**

**Stand with Feet shoulder width apart, bend your knees and squat down until thighs are parallel to the ground**

### **Pull-Up:**

**Sets: 3      Reps: as many as possible      Rest: 60-90 sec.**

**Hang from pullup bar, pull yourself up until chin is higher than your hands**

### **Close Grip Push Up:**

**Sets: 3      Reps: 15      Rest: 60-90 sec**

**Get into a push up position and place your hands close so that your thumbs touch. Keep your body straight and your core braced. If that is too easy, elevate your feet on a raised surface.**

### **Bench/Box Step-Up:**

**Sets: 3      Reps: 10      Rest: 60-90 sec**

**Stand in front of a bench or chair and place one foot on it so that your thigh is parallel to the floor. Drive your heel into the surface and squeeze your glutes as you step up on the bench, but let your trailing foot hang off of it.**



# EXHIBIT 5



# Little League Volunteer Application Forms



# Little League® Volunteer Application – 2023

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



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

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

All RED fields are required.

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

Address \_\_\_\_\_

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

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

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

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name/Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

### LOCAL LEAGUE USE ONLY:

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

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

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

- JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)\*
- National Criminal Database check
- National Sex Offender Registry
- OR**
- U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

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

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

Last Updated: 10/11/2021

# EXHIBIT 6











# HYDRATION CHART

# WILLOW GLEN LITTLE LEAGUE HYDRATION CHART

## AM I HYDRATED?

### Urine Color Chart

<b>1</b>		If your urine matches these colors, you are drinking enough fluids
<b>2</b>		Drink more water to get the ideal color in Shade 1 and 2.
<b>3</b>		Dehydrated
<hr style="border: 2px solid red;"/>		
<b>4</b>		You may suffer from cramps and heat-related problems
<b>5</b>		Health risk! Drink more water.
<b>6</b>		Health risk! Drink more water.
<b>7</b>		Health risk! Drink more water.
<b>8</b>		Health risk! Drink more water.

# EXHIBIT 7



# CODE OF CONDUCT

## WILLOW GLEN LITTLE LEAGUE “CODE OF CONDUCT”

**Willow Glen Little League (WGLL) officials and coaches believe that young athletes who participate in our league should conduct themselves as responsible representatives of Little League International. In order to assure the conduct of all participants, managers, and administrators will enforce a “CODE OF CONDUCT”. Furthermore, members of a team who fail to abide by the “CODE OF CONDUCT” are subject to disciplinary action up to and including removal from the team. As recognized representatives of WGLL, members are expected**

**to exhibit appropriate behavior during all activities, IN UNIFORM OR OUT OF UNIFORM.**

**WGLL has developed a minimum standard of conduct for all managers/coaches, administrators, players, and parents to follow. The league will proceed with the maximum available penalties for any violation of this “CODE OF CONDUCT”.**

**Each manager will sign an agreement prior to the beginning of the season which states that he/she agrees to read and distribute the “CODE OF CONDUCT” to all team members as well as staff. Every member of WGLL, including players, parents, coaches, managers, umpires, and administrators, is required to have read, and signed the “CODE OF CONDUCT” before the beginning of the regular season. Prior to the first game of the season, the Umpire will ask the manager if he/she has explained the “CODE OF CONDUCT” and if members of the team understand. Failure to have read and explained the “CODE OF CONDUCT” could result in a delay in the game and potential forfeit.**

**Willow Glen Little League Board of Directors  
PO Box 6623  
San Jose, CA 95150  
[www.wgll.org](http://www.wgll.org)  
Hotline (408)450-8502**

**WILLOW GLEN LITTLE LEAGUE  
“CODE OF CONDUCT”**

**PARENT’S CODE**

**I WILL...**

- **Support my child’s team and teach the value of commitment to the team and emphasize the ideals of sportsmanship, ethical conduct, and fair play.**
- **Help my child and WGLL make athletic contests a positive educational experience.**

- **Show courtesy to opponents and umpires.**
- **Direct constructive criticism of my child’s WGLL athletic experience to the Board of Directors and work toward a positive result for all concerned.**

**I WILL NOT...**

- **Criticize umpires, direct abuse or profane language toward them, or otherwise subvert their authority.**
- **Undermine, in word or deed, the authority of the managers/ coach or administration.**
- **Intrude onto the field or yell from the bleachers to the coaches, umpires, or administration.**

**Parents (s) or Legal**

**Guardian(print)** \_\_\_\_\_

**Signature(s)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Willow Glen Little League Board of Directors**

**PO Box 6623**

**San Jose, CA 95150**

[www.wgll.org](http://www.wgll.org)

**Hotline (408)450-8502**

**WILLOW GLEN LITTLE LEAGUE**

**“CODE OF CONDUCT”**

**MANAGER/COACH’S CODE**

**I WILL...**

- **Respect the integrity and judgement of the game umpires and work with them to promote positive experiences**

- **Establish and model fair play, sportsmanship, and proper conduct**
- **Hold in the highest priority the establishment of the child’s safety and wellbeing.**
- **Provide proper supervision of the athletes at all times**
- **Use discretion when providing constructive criticism and when reprimanding the athlete.**
- **Maintain consistency in requiring athletes to adhere to the established rules and standards of the game.**
- **Follow the Little League rules of behavior and the procedures for responsible crowd control.**
- **Vigorously encourage and support athletes.**

**I WILL NOT...**

- **Suggest, provide or encourage athletes to use non-prescription drugs or substances.**
- **Promote acts that will in any way incite spectators in a negative manner.**

**Team Manager (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Team Name** \_\_\_\_\_ **Division** \_\_\_\_\_

**Willow Glen Little League Board of Directors**  
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**WILLOW GLEN LITTLE LEAGUE**

**PARTICIPANT’S CODE**

**I WILL...**



- **Emphasize the ideals of sportsmanship, ethical conduct, and fair play.**
- **Show courtesy to my opponents and umpires.**
- **Give complete allegiance to my coaches who are the instructional authority for my team.**
- **Discourage fans, fellow teammates and parents from undercutting my coaches' authority.**

**I WILL NOT...**

- **Use profanity or "trash" talk before, during, or after any game.**
- **Use alcohol, drugs, or tobacco.**
- **Criticize my teammates.**
- **Act in any way that may incite spectators in a negative way.**

**Participant (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Team Name** \_\_\_\_\_ **Division** \_\_\_\_\_

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# EXHIBIT 8



# PITCH COUNT

## Regular Season Pitching Rules - Baseball

### VI – PITCHERS

**(a) Any player on a regular season team may pitch. (NOTE: There is no limit to the number of pitchers a team may use in a game.)**

**(b) A pitcher once removed from the mound cannot return as a pitcher. Junior, Senior, and Big League Divisions only: A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.**

**(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:**

**League Age :**

<b>17-18</b>	<b>105 pitches per day</b>
<b>13 -16</b>	<b>95 pitches per day</b>
<b>11 -12</b>	<b>85 pitches per day</b>

**9-10                75 pitches per day**  
**7-8                 50 pitches per day**

**Exception: Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.**

**(d) Pitchers league age 14 and under must adhere to the following rest requirements:**

- **If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.**
- **If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.**
- **If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.**
- **If a player pitches 21 - 35 pitches in a day, one (1) calendar days of rest must be observed.**
- **If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.**

**Pitchers league age 15-18 must adhere to the following rest requirements:**

- **If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.**
- **If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.**
- **If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.**
- **If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed.**
- **If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.**

**(e) Each league must designate the scorekeeper or another game official as the official pitch count recorder.**

**(f) The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.**

**(g) The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).**

**The umpire-in-chief will inform the pitcher’s manager that the pitcher must be removed**

**in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.**

**(h) Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.**

**(j) A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)**

**(k) A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day.)**

**NOTES :**

**1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.**

**2. Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.**

**3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.**

**Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when**

**the game is suspended. The game resumes on the following Thursday. The pitcher is**

**not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.**

**Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.**

**Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch**

**up to 85 more pitches in the resumption of the game, provided he/she is eligible based**

**on his/her pitching record during the previous four days.**

**Note: The use of this regulation negates the concept of the “calendar week” with regard to pitching eligibility.**

# EXHIBIT 9



# WGLL ACCIDENT REPORT

**It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.**

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

**WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE**

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.

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.

**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 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.





**Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ACORD 3 (2006/02)

# EXHIBIT 10



# AIG ACCIDENT NOTIFICATION FORM



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

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

Accident & Health (U.S.)

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

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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   | <input type="checkbox"/> (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) |   |
|   | <input type="checkbox"/> BIG (14-18)                  |   |   |   |

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

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

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

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



**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

Date	League Official Signature
------	---------------------------

# EXHIBIT 11



## SNACK SHACK/ FOOD SAFETY

PROFIT AND NON PROFIT CONCESSION BOOTHS  
**SANTA CLARA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**TEMPORARY FOOD SALES INFORMATION**

**INSTRUCTIONS TO:**

**CONCESSION BOOTH OPERATOR:** Complete this form and return it with applicable fees to your event coordinator.

**EVENT COORDINATOR:** Return this and other applicable forms and fees to Department of Environmental Health, Consumer Protection Division, P.O. Box 26070, San Jose, CA 95159-6070 at least 3 weeks prior to event date.

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

NAME OF CONCESSION BOOTH: \_\_\_\_\_

BOOTH OPERATOR/CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FOOD ITEMS TO BE SOLD (OR GIVEN AWAY)	SERVED HOT >140° F OR COLD <45° F	EQUIPMENT FOR ACTIVE TEMPERATURE CONTROL

**NO HOME FOOD PREPARATION OR STORAGE IS ALLOWED.** Only premises permitted by the Department of Environmental Health may be used for off-site food preparation and/or storage.

**FOOD PREPARED/STORED AWAY FROM EVENT LOCATION:**

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

ENVIRONMENTAL HEALTH PERMIT # \_\_\_\_\_

NAME OF PERMIT HOLDER \_\_\_\_\_

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspectional procedures necessary to ensure compliance.

Payment of the required fee to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceeding and/or closure.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

**County of Santa Clara**  
Environmental Resources Agency  
Department of Environmental Health



### **REQUIREMENTS FOR TEMPORARY FOOD BOOTHS**

#### **A. FOOD PREPARATION/HANDLING:**

1. All food shall be from an approved source. No food or beverage stored or prepared in a private home may be offered for sale, sold, or given away from a temporary food booth.
2. During periods of inoperation, all food shall be stored in an approved facility.
3. Food contact surfaces shall be smooth, easily cleanable, and nonabsorbent. Do not use galvanized or enamel coated cookware. All food related and utensil related equipment shall meet or be equivalent to approved applicable sanitation standards or approved by the Santa Clara County Department of Environmental Health. *This requirement does not apply to nonprofit charitable food booths.*
4. Tongs, disposable plastic gloves, or single-service tissue shall be used to serve food whenever practical.

#### **B. SAFE FOOD TEMPERATURES:**

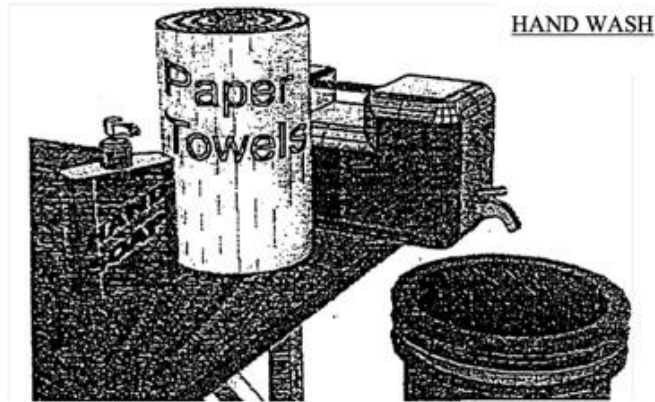
1. For Profit Food Booths:
  - (a) Cold potentially hazardous foods or beverages shall be maintained at or below 45° F for up to 12 hours in any 24-hour period. At the end of the operating day, these foods shall be placed in refrigeration units within an approved facility that maintain the food temperature at or below 41° F or the food shall be destroyed in an appropriate manner.
  - (b) Hot potentially hazardous foods or beverages shall be maintained at or above 140° F and shall be destroyed in an approved manner at the end of the operating day or donated to a food bank or any other nonprofit charitable organization, but may not be reserved in a food facility.

#### **C. HAND WASHING/UTENSIL WASHING:**

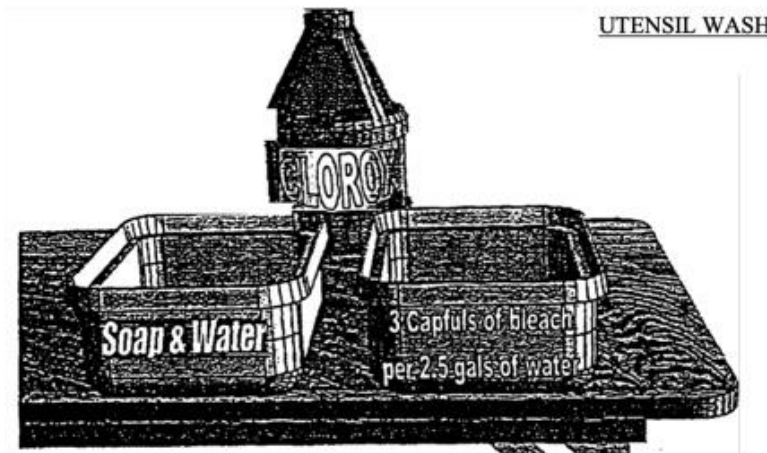
1. Food booths that handle nonprepackaged foods or beverages shall have hand washing and utensil washing facilities available to all food service workers.
2. The hands of food service workers within the temporary event booth shall be washed before preparing food, after visiting the restroom, after smoking and whenever necessary to prevent the contamination of food.



- 3. Santa Clara County Department of Environmental Health requires TWO OR MORE 2 ½ gallon containers of drinking/spring water in a turn valve dispenser, liquid soap, paper towels, and a minimum 5-gallon waste bucket to collect the waste water.



- 4. Santa Clara County Department of Environmental Health requires TWO 3-gallon plastic/rubber dishpans or buckets filled with potable water for utensil washing.



- D. WASTE WATER: Liquid waste shall be disposed of in approved liquid waste containers and then deposited into the sanitary sewer.
- E. GARBAGE AND REFUSE: Garbage and refuse materials shall be stored in leakproof containers and be disposed of into dumpsters or garbage cans.

**Self Inspection Check List  
for Food Vendors and Coordinators at Temporary Events**

*Where booth will sell, give away or sample open foods or beverages.*

---

- I have a valid permit from the Santa Clara County Department of Environmental Health to operate a temporary food facility or a permit to coordinate a temporary event.

**Booth Set Up**

- Hand-washing facilities set up as required and ready-to-use. (Source of clean running water, liquid soap in pump dispenser, paper towels and waste water bucket.)
- Utensils and disposable gloves provided to *minimize* hand/food contact.
- Equipment washing facilities set up and ready-to-use. (Two dishpans large enough to hold largest piece of equipment/utensil to be cleaned; soapy water in one dishpan, bleach solution in the other.)
- Equipment and utensils composed of safe material, clean and easy-to-clean.
- Leaf-proof garbage containers provided.
- Name and address displayed.

**Food Handling**

- Equipment provided to *actively* hold food at safe cold temperature (below 45° F) – such as refrigeration or ice in coolers.
- Equipment provided to *actively* hold food at safe hot temperature (above 140° F) – such as steam table, chafing dishes and hot lamps.
- Thermometer provided to check food-holding temperatures (as above) and to check minimum cooking temperatures.
- Condiments in individual wrapped packets or protected by sneeze guards.
- Food from an approved source – no foods stored or prepared in a private home.

**Food Handlers**

- Employees keep their hands clean and wear clean washable outer clothing.

# EXHIBIT 12



# WGLL MEDICAL RELEASE FORM



## 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.

# **EXHIBIT 13**



## **PROOF OF INSURANCE**

**Uploaded to Data  
Center.**

# EXHIBIT 14



## FACILITY SURVEY

**Completed on Little  
League Data Center**

# EXHIBIT 15



## **SCC home isolation/quarantine guidance information for return to participation in team sports**


# I tested positive for COVID-19

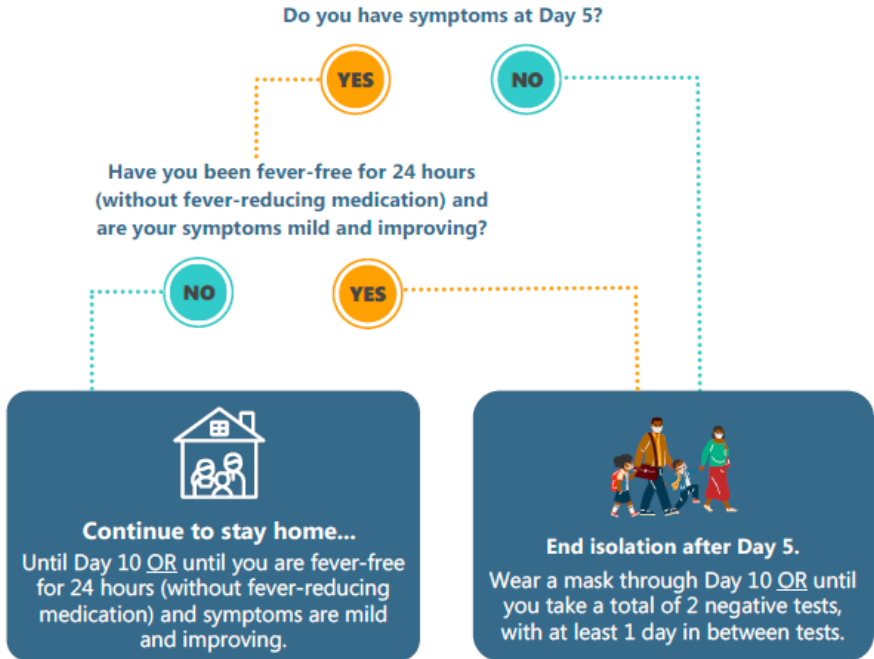
What do I do?



## ISOLATION

**Stay home for at least 5 days.**

 Day 0 is the day symptoms started (or the date of your positive COVID-19 test, if you do not have symptoms). Visit [sccgov.org/t2t](https://www.sccgov.org/t2t) to learn about treatment options.



[covid19.sccgov.org](https://covid19.sccgov.org)





# I Am A Confirmed Close Contact to Someone

with COVID-19, what do I do?



## CLOSE CONTACTS

Do you have symptoms?

YES

Follow SYMPTOMS guidance.

NO



You DO NOT need to quarantine, but...

Get tested 3-5 days after last exposure.  
Wear a mask for 10 days.

Did you test positive?

YES

Follow ISOLATION guidance.

NO



Continue normal activities.

Wear a mask through Day 10.

\*Visit [SCCStayHome.org](https://www.sccstayhome.org) for more details on what to do.



# I have symptoms of COVID-19

What do I do?



## SYMPTOMS

**GO HOME RIGHT AWAY.**  
Get tested and stay home until you get your results.

Did you test positive?

YES

NO

Follow ISOLATION guidance.

Have you been fever-free for 24 hours (without fever-reducing medication) and are your symptoms mild and improving?

YES

NO

Are you a close contact?

YES

NO

Resume your normal routine AND get tested 3-5 days after last exposure.  
Wear a mask for 10 days.

Resume your normal routine.

Stay home and repeat testing every 1-2 days.  
You no longer need to stay at home if tests remain negative, you've been fever-free for 24 hours (without fever-reducing medication), and other symptoms are mild and improving.

[covid19.sccgov.org](https://covid19.sccgov.org)

