



## **D6 Challenger District 6 New Jersey**

**A Safety Awareness Program**

**2020**

**League ID: 02300600**



## **District 6 New Jersey Challenger League – A Safety Awareness Program**

### **Introduction**

ASAP – What is it? In 1995 A Safety Awareness Program (“ASAP”) was introduced with the goal of re-emphasizing the position of Safety officer, to create awareness, through education and information. To provide a safe environment for kids and all participants of the D6 Challenger Program. This manual is offered as a tool to place some important information at manager and coaches finger tips.

### **SAFETY CODE**

Dedicated to Injury Prevention

- Responsibility for safety procedures should be that of an adult member of the D6 Challenger organization.
- First Aid kits will be available on-site of the field; Coaches will also have small kits in dugouts for immediate use.
- Managers, coaches and umpires should have training in all safety related courses and clinics required by Little League International.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play areas should be inspected frequently for holes, damage, stones, glass and other foreign objects,
- Only players, coaches and umpires are permitted on the playing field or in the dugout during games and practices.
- During practices and games, all players should be alert and watching the batter on each pitch.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by spectators.
- Equipment should be inspected regularly for condition as well as proper fit for players.
- Catchers must wear as much equipment as possible when warming up a pitcher during practice or any game, as well as in the bullpen area. Catchers must wear full catcher’s equipment including a protective cup in a game situation.
- Except when a runner is returning to a base; head first slides are not permitted.
- Parents of players that wear glasses are encouraged to provide safety glasses during practice and games.
- Players must not wear watches, jewelry, earrings, rings, pins or metallic items during games and practice.
- There shall be no gum chewing during practice and games to prevent choking.
- There shall be no eating/chewing of sun flower seeds during practices and games to prevent choking.
- ON DECK batters are not permitted on the field of play.



### **Some important Do's and Don'ts**

Do....

- Reassure and aid children who are injured, frightened or lost
- Provide, or assist in obtaining, medical attention for those who require it.
- If the player is bleeding; stop the bleeding as soon as possible with pressure.
- Know your limitations.
- Carry your first aid kit to all games and practices.
- Keep you Prevention and Emergency Management of Little League Baseball and Softball Injuries booklet with your first aid kit.
- Assist those that require medical attention when administering aid, remember to ...
  - o Try and calm the player, it is frightening to get hurt; so act accordingly.
  - o Look for sign of injury (bleeding, swelling, bruises and deformities)
  - o Ask the player where it hurts.
- Listen to the injured describe what happened and what hurts if conscious. Before questioning; you may need to calm and soothe the excited child.
- Feel the injured area GENTLY AND CAREFULLY for signs of swelling and broken bones (grating).
- Have all medical clearance forms with you all the time.
- Know your player; who has asthma, allergies or other medical conditions that need special attention and consideration.
- Make arrangements to have a cellular phone available when your practice is at a facility that does not have any public phones.

Don't ....

- Administer any medications.
- Hesitate to provide first aid when needed.
- Be afraid to ask for help if you are sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer or any Executive Board member.

### **“Expectations” are reasonable and consistent?**

What DO we expect from our players?

- To be on time for all games and practices.
- To always do their best whether in the field or on the bench.
- To be cooperative at all times and share team duties.
- To respect not only others, but themselves as well.
- To be positive with teammates at all times.
- To try not to become upset at their own mistakes or those of others,
- To understand that winning is only important if you can accept losing, as both are important parts of any sport.



### **What you and your child can expect from the D6 Challenger League**

- To be on time for practices and games.
- To be as fair as possible in giving players playing time to all players
- To do our best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set reasonable expectations for each child and for the season.
- To teach each player the value of winning and losing.
- To be open to ideas, suggestions or help.
- To have fun!

### **What do we expect from you as Parents and Family?**

- To come and "ENJOY" the game. Cheer to make all players feel important.

We will always encourage our players and will be there with positive support to lift their spirits.

This "Safety Manual" will be provided to all coaches and "Buddies"; which includes completing the volunteer form. This document will be maintained by the Safety officer and copies will be available for everyone to review, and will be used a guide.

- ***Coaches and Parents are encouraged to read and sign-up for the official Little League ASAP Newsletters, which can be found at: [http://www.littleleague.org/learn/newsletters/ASAP\\_Newsletter.htm](http://www.littleleague.org/learn/newsletters/ASAP_Newsletter.htm)***

***"A copy of this plan is also available on our District website at: <http://www.njd6ll.org/safety.html>***

**PARENTS PLEASE NOTE:** The Medical Release Form is located on Page 14. Please be sure to complete and return this form to your Little League, along with your registration form. Coaches will be responsible for having Medical Release Forms present at all games.



**D6 Challenger League  
Important Phone Numbers**

<b>Jeff Ware</b>	<b>District Administrator</b>	<b>Phone 201-916-8496</b>
<b>Ita Saldana</b>	<b>District 6 Challenger Co- Director</b>	<b>Phone 646-808-7101</b>
<b>Elisa Cruz</b>	<b>District 6 Challenger Co-Director</b>	<b>Phone 201-240-5422</b>
<b>Elisa Cruz</b>	<b>District 6 Safety Officer</b>	<b>Phone 201-240-5422</b>
<b>Palisades Park Police</b>		<b>Phone 201-944-0900</b>
<b>Bergen County Police</b>		<b>Phone: 201-336-7700</b>



## COACH and Safety TRAINING

Coaches must attend Coaches and Safety Clinics at least once every 3 years. The D6 Challenger League participates in the Coaching and Safety Clinics organized and sponsored by District 6.

- District 6 offered several Coaching Fundamentals Clinics on 2/8, 3/13, 3/15, & 3/21/20
- District 6 Safety Clinics were held on 3/8 & 3/18/20.

Our Coaching Fundamentals clinics were presented by Craig Conway of Montclair State University and Baseball's Finest Academy; Dan Rattacasa of Westwood High School Softball; and Marty Schupak of T-Ball America. Each clinic included on-field demonstrations and interactive drills. All coaches will receive handouts of practice techniques and drills.

Our safety clinic was presented by Dr. Jeff Altman, the N.J. State Little League Safety Officer. Every attendee received a test booklet, and all attendees must answer all questions correctly, and return the completed booklet at the end of the Clinic to receive certification.

— *Please Note that we understand the new 14th requirement that all player and coach data be submitted through the Data Center by April 1 in accordance with LIL Regulation IV(G). We will certainly adhere to this regulation and submit the required information by or before the April 1 deadline.*



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## CODE OF CONDUCT

**Although the District 6 Challenger League players are children with special needs, our Code of Conduct replicates the standard Little League Code of Conduct:**

- No playing in batting cages, bullpen and back area without a coach or “Buddy”.
- Use crosswalks when crossing the roadways. Always be alert for traffic.
- No profanity; no exceptions.
- No shouting at other players, umpires, other fans/spectators or coaches.
- No swinging bats or throwing a baseball at any time within the walkways and common areas of the little league complex.
- No throwing balls against dugouts or against backstops.
- No throwing rocks or other items (sticks, twigs, equipment).
- No climbing fences, dugouts, backstops.
- No alcohol allowed in parking lot, field or common areas within the County field complex.
- No pets are permitted in the County field complex. — Exception: Specially trained guide dogs, etc.
- Observe all posted signs; players and spectators should be alert at all times for foul balls and errant throws.
- During games, players must remain in the dugout in an orderly fashion at all times.
- All gates to the field must remain closed at all times. After players have entered or left the field, gates should be closed and secured.
- Only 1 Player may be allowed in the batting warm-up area at a time and must wear a helmet

**Enforcement of the Code of Conduct — as well as Little League International rules —will be the responsibility of all coaches along with any and all D6 Challenger League Members present during any game.**



## FIELD & EQUIPMENT INSPECTIONS

### NOTE:

**The District 6 Challenger League does not have a “Home” field on any of the Leagues within our District. All games are played on the Bergen County (NJ) Challenger field located in Bergen County Overpeck Park, in Palisades Park, NJ. The field is maintained by the County — not by any Little League or D6 Challenger League members. However, D6 Challenger League volunteers treat the field as our own, and therefore inspect it prior to every game, report any issues to the County Park Executive. Our relationship with the County is better than excellent, and they do everything in their power to provide the D6 Challenger League with an absolutely amazing field and facility in which to play our games. Our field and equipment inspection procedures are as follows:**

— Field inspection must be performed prior to the start of the season and prior to every game — a walk and inspect is required. Coaches perform a field inspection prior to the start of each game, with any issue being identified and remedied by the County Parks official. Additionally, it is recommend that coaches take a vested interest in inspections so as to avoid any problems during play.

— Once the season has started, equipment as well as fields inspections are required prior to start of any games. Any issue identified should be remedied prior to play; with serious violations regarding field/equipment safety being forwarded to the District Administrator, who in turn will advise the County Parks executive. It is the responsibility of the Equipment Manager that all equipment used during the season is safe and should be replaced immediately when a safety issue is identified.

— Coaches should inspect all equipment; noting any problems and removing equipment that might causes a problem and is considered unsafe for use. This equipment must be placed in a location where access is limited to just the coach and players are not able to use the unsafe equipment. Examples are catchers padding, shin guards, face mask/helmet, bats, bases that are not break away or are defective, players baseball gloves, players shoes and uniforms as well as caps.

— The County Field does not have a concession stand at the Challenger Field.



## **ACCIDENT REPORTING PROCEDURES**

### **What to Report:**

An incident that causes any player, manager, coach, umpires, Buddies and volunteers to receive medical treatment and/or first aid must be reported to the SAFETY OFFICER. This includes even passive treatments such as evaluation and diagnosis of the extent of the injury or periods of rest.

### **When to Report:**

All such incidents described above must be reported to the Challenger League director and the District Safety Officer within 48 hours of the incident. Any incidents can also be reported to Jeff Ware, District Administrator. at 201-916-8496

### **How to make the 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 estimation of the extent of the injuries.
- What medical assistance was provided.
- The name and phone number of the individual reporting the incident.

### **Safety Officer Responsibilities.**

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party's parents and:

- Verify the information received.
- Obtain any other information.
- Check out the status of the injured party.
- In the event that the injured party required other medical treatment (i.e. emergency room visit, doctor's office visit, etc.) will advise the parents or guardian regarding the D6 Challenger League Little League insurance coverage and provisions for submitting any claim.
  - Provide Incident form if necessary.



## **THE HEIMLICH MANEUVER**

The Heimlich maneuver is an emergency method of removing food or foreign objects from a person's airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can cough or speak, do not perform the Heimlich maneuver or pat them on the back, encourage them to cough.

### **TO PERFORM THE HEIMLICH:**

- Grasp the choking person from behind, placing left leg between their legs.
- Place your fist, thumb side below the person's breastbone (Sternum) but above the naval (belly button).
- Wrap a second hand firmly over the fist;
- Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button)

The procedure should be repeated until the airway is free from the obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrust; as it may take several attempts.

### **FOR A CHILD:**

- Again approach from behind placing your left leg between their legs.
- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get the object out or the child will become limp.

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

If the object cannot be removed completely by performing the Heimlich, then immediate medical care should be sought by calling 911 or going to the local Emergency Room for further medical assistance.



**District 6 Challenger League  
Accident Report Form**

**Players Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Nature of injury: (briefly describe)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of injury** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mark one with an X)

**At practice** [ ] **At game** [ ]

**Was an Ambulance/911 called - (Mark one with an X)**

**YES** [ ] **NO** [ ]

**Was the parent/Guardian Notified - (Mark one with an X)**

**YES** [ ] **NO** [ ]

**What First Aid measures were taken by the manager/coach? (Briefly describe:)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Manger/Coach's Signature)** \_\_\_\_\_

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



LITTLE LEAGUE ACCIDENT CLAIM FORM – PAGE -1

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS



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

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

League Name League I.D.
Name of Injured Person/Claimant SSN PART 1 Date of Birth (MM/DD/YY) Age Sex
Name of Parent/Guardian, if Claimant is a Minor Home Phone (Inc. Area Code) Bus. Phone (Inc. Area Code)
Address of Claimant Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan Individual Plan School Plan Dental Plan

Date of Accident Time of Accident Type of Injury
AM PM

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

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



### LITTLE LEAGUE ACCIDENT CLAIM FORM – PAGE -2

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

Date	League Official Signature
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### BACKGROUND CHECKS

All managers and coaches involved in the District 6 Challenger League will participate in a coach's screening process. All members are required to fill out an application and a background check is preformed on each person. Copies of each application is kept on file in the league's records. The Volunteer form is the primary means to confirm that a League Coach/Assistant Coach is eligible to participate. This form is mandatory for all Adult and Minor participants that are part of the District 6 Challenger League.

**A copy of the 2020 Little League Volunteer Application Form we use is shown below**

**Little League® Volunteer Application - 2020**  
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 meet 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.**

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): \_\_\_\_\_

- Do you have children in the program? Yes  No   
If yes, list full name and what level? \_\_\_\_\_
- Special Certification (CPR, Medical, etc.)? Yes  No  If yes, list: \_\_\_\_\_
- Do you have a valid driver's license? Yes  No   
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_
- 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 International Security Manager.)
- 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.)
- 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.)
- Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

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

League Official     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/ByStateLaws](http://LittleLeague.org/ByStateLaws)

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):  
**Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records**

\* JDP  Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

\*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.**



### 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: \_\_\_\_\_



THE D6 CHALLENGER LEAGUE — HAVING FUN - PLAYING SAFE!

