



League Safety Officer Manual

League Name RIDGEFIELD LITTLE LEAGUE

League # 2 3 0 - 0 6 - 0 7

RIDGEFIELD BORO ATHLETIC ORGANIZATION
Five Firemen's Field
P.O. Box 54
Ridgefield, New Jersey 07657



2015
SAFETY MANUAL
FOR
COACHES AND VOLUNTEERS

Jon Haase, President
Sal Cumella, Vice President
Rich Guidi, Treasurer
Steve Payerle, Secretary
Scot Baric
Jamie Casciano
Geri Espinal
Rudy Guinta

Brian Kane
Aideen Kirk
Bob Kirk
Ron Martucci
Max Mattera
Ray Salazar
Stu Slovak

Qualified Safety Plan Requirements

1. League Safety Officer: Steve Payerle
2. Distribution of Safety Manual: The League will distribute and make available copies of this Safety Manual to Managers, Coaches, and Volunteers. A copy also is being sent to the District Administrator.
3. Posting of Emergency and Contact Information: Following is emergency and contact information that is to be posted at the concession stand and dug-out areas:

FOR ALL EMERGENCIES DIAL 911

Police: (201) 943-5210

Ambulance: 911

Fire: (201) 945-6008

League President: Jon Haase – (201) 280-8264

League Safety Officer: Steve Payerle – (201) 966-7971

4. Volunteer Application Form: The League will use the Official Little League Volunteer Application forms, as attached, to screen volunteers.
5. Fundamentals Training: Fundamentals training for Managers and Coaches is scheduled for March 14, 2015, at Thomas Jefferson Middle School, Teaneck, NJ. This training date has been publicized to managers and coaches, as will be any alternative training dates. The League requires that at least one manager or coach from each team attend this training, and that all managers and coaches attend training at least once every three years.
6. First Aid Training: Safety clinic training was held on March 8, 2015, at the Fort Lee Community Center, Fort Lee, NJ. This training date has been publicized to managers and coaches, as will be any alternative training dates. The League requires that at least one manager or coach from each team attend this training, and that all managers and coaches attend training at least once every three years.
7. Field Inspection: Managers and coaches will walk and inspect the field for hazards before practices and games. The home team manager or coach will have primary responsibility for this. Umpires also are encouraged to do so. In addition, the League fields were extensively renovated during the off-season.
8. Facility Survey: The League has completed and submitted its 2015 Little League Facility Survey, as attached.

9. Concession Stand Safety: Concession Stand Safety Procedures will be posted in the Concession Stand. In addition, the League has designated a League official to have specific responsibility for concession stand safety.
10. Equipment Inspection and Replacement: League officials inspect equipment prior to the season. Managers and coaches will inspect team equipment on a regular basis and before games. The League replaces equipment as needed.
11. Accident Reporting: The League will use the Little League incident reporting and tracking forms, as attached. Managers and coaches will promptly (within 24-48 hours) report accidents to the League Safety Officer.
12. First Aid Kits: First aid kits are issued to each team manager, to be available at practices and games. In addition, the League has an AED device at the Five Firemen's Field site.
13. Little League Rules: Managers and coaches will enforce all Little League safety rules, including equipment rules. In addition, the League has additional rules for below-Major League levels.
14. Qualified Safety Plan Registration: The League is submitting its Qualified Safety Plan Registration form with its Safety Plan.
15. Roster/Manager and Coach data: Player roster data and manager and coach data will be submitted through the Little League Data Center prior to April 1, 2015.

**R.B.A.O. Council Members
2015**

Title	Name	Cell #	E-Mail
President	Jon Haase	201-280-8264	jhaaseman@yahoo.com
Vice President	Sal Cumella	201-394-4904	scumella@fedcosteel.com
Treasurer	Rich Guidi	201-248-2938	rcguidi@verizon.net
Secretary	Steve Payerle	201-966-7971	oscar7300x@gmail.com
	Scot Baric	201-650-5412	scotb69@yahoo.com
	Jamie Casciano	201-232-0056	jcasciano90@aol.com
	Geri Espinal	646-342-7697	gespinal21@hotmail.com
	Rudy Guinta	201-321-8388	rag217@hotmail.com
	Brian Kane		bkane321@gmail.com
	Aideen Kirk	201-233-3274	akirk@marlowcandy.net
	Bob Kirk	201-920-2900	bodeen18@verizon.net
	Ron Martucci	201-481-2450	rmartucci@ramapo.edu
	Max Mattera	201-481-3015	maxmatters18@aol.com
	Ray Salazar	201-401-2474	raysal01@verizon.net
	Stu Slovak	201-966-7691	sslovak@shawneetrucking.com

Other Numbers

R.B.A.O. Clubhouse 201-943-8355
 Recreation Dept. 201-943-5342
 Little League 609-695-1434
 Community Center 201-943-4078

Committee

Registration
Evaluations
Equipment
Uniforms
Practice schedule
Game schedule
Insurance
Safety
Umpires
Fields & Grounds
Coaches Certification
Program Calendar
Sponsors
Web Master
T-Ball Rep.
Coach Pitch Rep.
Minors Rep.
Majors Rep.
Player Agent
Softball Rep.
Jr./Sr./Big League Rep.
Awards
Opening / Closing Day
Fundraising
Snack Stand
Pictures

Names of board members

Rich Guidi, Ron Martucci, Jon Haase
Sal Cumella, Max Mattera, Ron Martucci, Scot Baric, Steve Payerle, Geri Espinal
Rudy Guinta, Ray Salazar
Sal Cumella
Max mattera
Stu Slovak, Brian Kane, Ron Martucci, Scot Baric
Rich Guidi
Steve Payerle, Jon Haase, Aideen Kirk
Ron Martucci
Sal Cumella, Ray Salazar, Geri Espinal, Bob Kirk, Jamie Casciano, Stu Slovak
Sal Cumella, Jon Haase, Stu Slovak
Ron Martucci, Jon Haase, Mary Ann Martucci, Lisa Haase
Scot Baric, Aideen Kirk, Jon Haase, Rudy Guinta
Ron Martucci, Stu Slovak, Geri Espinal
Stu Slovak, Brian Kane
Stu Slovak, Brian Kane
Jamie Casciano, Bob Kirk
Jon Haase, Geri Espinal
Ray Salazar
Scot Baric, Rudy Guinta, Ron Martucci
Jon Haase, Steve Payerle
Sal Cumella, Ron Martucci, Jon Haase
Sal Cumella, Ron Martucci, Jon Haase
Brian Kane, Aideen Kirk, Jamie Casciano, Stu Slovak
Aideen Kirk, Rich Guidi, Jon Haase
Ron Martucci

SAFETY CODE FOR LITTLE LEAGUE

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first-aid. First-Aid Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind the screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions 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 errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector and shin guards. Male catchers must wear long-model chest protector (divisions below Junior/Senior/Big League), protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This rule applies to Little League (Majors)/Minor and Tee Ball.
- During sliding practice bases should not be strapped down.
- 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."
- Players must not wear watches, rings, pins, jewelry or other metallic items.
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bull pen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This rule applies to Little League (Majors)/Minor and Tee Ball.
- Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.



Little League Volunteer Application -2015

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

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.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes No

If yes, describe each-in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: _____

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 Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

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

Name/Phone

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 policies 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):

Sex Offender Registry Criminal History Records *First Advantage

**Please be advised that if you use First Advantage 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 directly from First Advantage 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® "Returning" Volunteer Application - 2015

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

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?

Yes No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes No

If Yes, describe each in full: _____

Have you ever been refused participation in any other youth program? Yes No

If Yes, explain: _____

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

League Official Manager Coach Umpire Field Maintenance

Score Keeper Concession Stand Other: _____

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 Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

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, martial status, gender, sexual orientation or disability.

Please update ONLY the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone: _____ / _____
_____ / _____
_____ / _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

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

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____
on _____

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

Sex Offender Registry Criminal History Records *First Advantage

*Please be advised that if you use First Advantage 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 directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.



START YOUR SEASON NOW WITH 80 FREE CRIMINAL BACKGROUND SEARCHES FROM CHOICEPOINT®



As a pre-season kickoff special, Little League has partnered with ChoicePoint to provide all chartered local leagues with **80 FREE criminal background searches.**



To help protect the youth served by Little League, all volunteers at the local level must complete and submit a volunteer application giving consent to an annual background check, according to Regulation I (c) 8 and 9 and Regulation I (b) of the Little League rulebook.

All leagues are required to perform annual background checks on managers, coaches, board of director members, and any volunteer or hired worker who provides regular service to the league and/or has repetitive access to, or contact with, players or teams.

ChoicePoint Criminal Background Checks

Little League has contracted with ChoicePoint to provide local leagues with a special Web site that allows members to search a national criminal records database of more than 200 million criminal records – instantly. And, after your first 80 FREE searches, you can continue using the service at the new reduced rate of \$1.00 per search—an even further discount from the previous cost of \$1.50 per search.

To sign up and begin searching, please visit
<http://littleleague.choicepoint.com>.

Records included in the ChoicePoint national criminal database are gathered from multiple sources across all 50 states, including:

- Fugitive File and Government Watch List
- State and County criminal record repositories
- ChoicePoint proprietary criminal records
- Prison, parole, probation, and release files from state Departments of Corrections
- Administrative Office of Courts records
- Sex and Violent Offender Registries

To view the criminal records available through a ChoicePoint search, please visit <http://littleleague.choicepoint.com> and click on the “Data Matrix” link in the menu on the homepage.



EFFECTIVE IN 2007, A BACKGROUND CHECK CONDUCTED IN ONLY ONE STATE NO LONGER MEETS THE MINIMUM REQUIREMENTS OF LITTLE LEAGUE REGULATIONS. Local leagues must conduct a nationwide search that contains the applicable government sex offender registry data.

To assist local leagues, Little League International has teamed up with ChoicePoint to provide each chartered U.S. league with **80 free nationwide criminal searches**. Any additional searches above the 80 free searches will be available to all leagues at the **new reduced cost of only \$1.00 per search**.

A Broader Search Range Offers More Protection

The ChoicePoint criminal records database includes more than 8.9 million sex-related criminal records, compared to just 1.6 million records included in the database that came from state sex offender registries. This translates into more than 7 million sex-related records that are not listed in state sex offender registries that can be identified using the ChoicePoint national criminal database service.

Also, natural disasters such as Hurricane Katrina have displaced as many as 15,000 sex offenders, who did not immediately re-register in their new state of residence. Using the ChoicePoint national criminal records database, leagues can help identify sex offenders who were previously registered in another state, prior to moving to their current state of residence.

In addition to providing broader coverage, the ChoicePoint search will also help reveal many other potentially threatening criminal convictions, including

felonies such as incest, risk of injury to a child, negligent storage of firearms and possession of narcotics.

2006 Little League Safety and Security Results

During the 2006 season, Little League performed nearly 100,000 searches through ChoicePoint. Results of the background checks identified:

- Nearly 15,000 criminal records on potential volunteers
 - 34 registered sex offenders among potential volunteers.
 - 1,008 felony records found on potential volunteers – a 26 percent increase over the 2005 season.
 - 37 sex-related crimes found on potential volunteers (not registered as sex offenders).

Since the program's inception in 2003, Little League has performed more than 250,000 searches through the ChoicePoint service. The results have identified:

- More than 100,000 criminal records associated with volunteer applicants.
- 98 volunteer applicants who were registered sex offenders.

IMPORTANT REMINDER: If your league already has a ChoicePoint account, or is currently in the process of signing up for an account, do not sign up for a new account. Please use your existing account. For a friendly account number/password reminder, or if you have difficulty logging in to the Web site, please call toll free: 866-399-6647. Visit the Little League Web site at www.littleleague.org for more information about ChoicePoint.

ChoicePoint Customer Support

ChoicePoint offers technical support to all leagues 24 hours a day, seven days a week. If you have any questions about the ChoicePoint service, please contact customer support toll-free at 866-399-6647.

To sign up and begin searching with your 80 FREE searches, please visit <http://littleleague.choicepoint.com>.

If you have any questions about the ChoicePoint service, please contact customer support toll-free at 866-399-6647.

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2015



League Name: Ridgefield Little League

District #: 6

ID #: 230-06-07

(if needed) ID #: _____

(if needed) ID #: _____

City: Ridgefield State: NJ

President: Jon Haase

Safety Officer: Steve Payerle

Address: 720 Pembroke Way

Address: 676 Stewart Street

Address: _____

Address: _____

City: Ridgefield

City: Ridgefield

State: NJ ZIP: 07657

State: NJ ZIP: 07657

Phone (work): _____

Phone (work): _____

Phone (home): _____

Phone (home): _____

Phone (cell): 201-280-8264

Phone (cell): 201-966-7971

Email: jhaaseman@yahoo.com

Email: oscar7300x@gmail.com

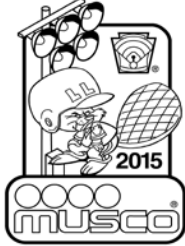
PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield	renovations	done	
c. Bases			
d. Scoreboards		replace	
e. Pressbox	new cabinets		
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers	replaced		
k. Fencing		repair	
l. Bull pens			
m. Dugouts			
n. Other (specify): <u>batting cage</u>		upgrade	

2015 LL Season

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

<p>Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.</p>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<p style="text-align:center;">ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2015 Disney® character collector's pin shown at right featuring Swat at third base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your</p> 	Name: Five Firemen's	Name: Veterans	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field:	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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GENERAL INVENTORY	(For the following questions, if the answer is "No" please leave the space blank.)																
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1. How many cars can park in designated parking areas?	None																				
	1-50																				
	51-100	X	X																		
	101 or more																				
2. How many people can your bleachers seat?	None/NA																				
	1-100		X																		
	101-300	X																			
	301-500																				
	501 or more																				
3. What material is used for bleachers?	Wood																				
	Metal	X	X																		
	Other																				
4. Metal bleachers: Ground wire attached to ground rod?	Yes	X	X																		
5. Wood bleachers: Are inspected annually for safety?	Yes																				
6. Is a safety railing at the top/back of bleachers?	Yes	X	X																		
7. Is a handrail up the sides of bleachers?	Yes	X	X																		
8. Is telephone service available?	Permanent	X																			
	Cellular	X	X																		
9. Is a public address system available?	Permanent	X																			
	Portable	X	X																		
10. Is there a pressbox?	Yes	X																			
11. Is there a scoreboard?	Yes	X	X																		
12. Adequate bathroom facilities available?	Yes	X	X																		
13. Permanent concession stands?	Yes	X																			
14. Mobile concession stands?	Yes																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes	X	X																		
16. What type of fencing material is used?	Chainlink	X	X																		
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X	X																		
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X	X																		
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	X	X																		
20. Does field have conventional dirt pitching mound?	Yes	X	X																		
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X																		
23. Backstop behind home plate?	Yes	X	X																		
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes	X																			
24.a. If yes, what width is warning track? Please specify:	(Width in feet)	6																			
25. Batter's eye (screen/covering) at center field?	Yes	X																			
26. Pitcher's eye (screen/covering) behind home plate?	Yes	X																			
27. Are there protective fences in front of the dugouts?	Yes	X	X																		
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes	X	X																		
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	X	X																		
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind	X	X																		
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X																		
33. Is the field lighted?	Yes	X	X																		
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	X	X																		
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*	X																			
	Steel		X																		
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes	X	X																		
37. Ground wires connected to ground rods on each pole?	Yes	X	X																		
38. Which fields were tested/inspected in the last two years? Please indicate month/year testing was done (example: 3/10)	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes																				
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes																				
41. Who owns the field?																					
	Municipal	X	X																		
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal	X	X																		
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal	X	X																		
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal	X	X																		
	School																				
	League																				
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor	X																			
	Major	X																			
	Jr., Sr. & Big		X																		
	Challenger																				
	50 – 70																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	X	X																		

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	6	180	192	180	14	17	16	15.5	17	17	17
2	8	330	480	360	16	20	22	20	20	20	20
3											
4											
5											
6											
7											
8											
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Return completed survey with safety program registration and supporting materials by April 1, 2015 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap

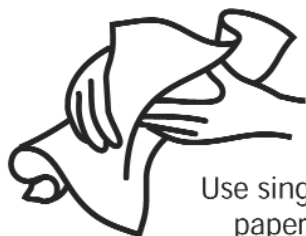


Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



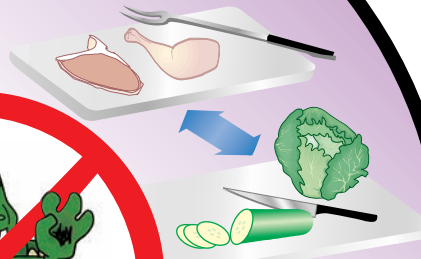
**UMASS
EXTENSION**

FIGHT BAC!

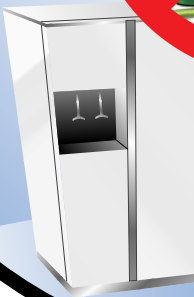
CLEAN
Wash hands
and surfaces
often.



SEPARATE
Don't cross-
contaminate.



CHILL
Refrigerate
promptly.



COOK
Cook to proper
temperatures.



Keep Food Safe From Bacteria

TM



Thermy™ says:

"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident Reporting Procedures

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 league safety officer within 48 hours of incident. This includes even passive treatments such as the 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 Safety Officer within 48 hours of the incident. The Safety Officer is:

_____ who can be reached (day) at _____ or (evening) at _____

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 given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) 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 _____ Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to 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).

LITTLE LEAGUE, BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS
For claims occurring after January 1, 2005

Send Completed Form To:
Little League, International
100 US Route 151 Hwy. P.O. Box 3485
Chambersburg, PA 17103-0385
Accident Claim Contact Numbers:
Phone 570-327-1074 Fax 570-326-2951

1. This form must be completed by parents if claimant is under 18 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/patient. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2. Items on this form including description of services, 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. Where other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice of Denial for each charge directly to Little League Headquarters, so that all charges do not exceed the deduction of the primary insurance program.

4. Policy -> more benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to excess coverage and Exclusion provisions of the plan.

5. Limited returned medical/dental benefits may be available for necessary treatment received after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.

League Name _____ League ID _____

Name of Injured Person (claimant) _____ Date of Birth (MM/DD/YYYY) _____ Age _____ Sex _____
 Male Female Other

Name of Parent/Guardian, if Claimant is a Minor _____ Home Phone (inc. Area Code) _____ Area 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 (i.e., first to a Self-insurable and injury). Other insurance programs include (but are not limited to): personal auto, 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 injured Person/Parent/Guardian have any insurance through _____? YES NO School Plan YES NO
Individual Plan YES NO Dental Plan YES NO

Date of Accident _____ Time of Accident _____ Type of Injury _____
 CAL OPM

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 (6-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAME)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> BALL (6-8)	<input type="checkbox"/> MANAGER/COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME (NOT GAME)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME (NOT GAME)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (12-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> OTHER (Specify in space)
<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL/SCOUT/REFEREE	<input type="checkbox"/> TRAINER/PHYSICIAN	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> OTHER (Specify in space)
<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> OTHER (Specify in space)
<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Specify in space)	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> OTHER (Specify in space)

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 known 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 supporting an application or filing a claim containing a false or deceptive statement. See Reverse 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, an AIG Company, or its representative, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

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

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13-14)
- Senior (14-16) Big League (16-18)
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

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

Type of incident and location:

- | | | |
|--|--|--|
| <p>A.) On Primary Playing Field</p> <ul style="list-style-type: none"> <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____ | <p>B.) Adjacent to Playing Field</p> <ul style="list-style-type: none"> <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area C.) Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander | <p>D.) Off Ball Field</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel: <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i> <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____ |
|--|--|--|

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Signature: _____ Date: _____



Little League Baseball®



Medical Release

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

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

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: _____

Hospital Preference: _____

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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

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

INSTRUCTIONS FOR FILING AN ACCIDENT CLAIM:

1. **IMMEDIATELY** submit a claim for all medical expenses to the Company that administers your own personal or group insurance or healthcare plan (including Major Medical coverage). If you have coverage through an HMO or similar facility, you **must** use those medical facilities and physicians first or the claim will not be covered under this policy.
2. After your other insurance or healthcare plan has paid the medical expenses up to the policy limits, attach any unpaid bills and copies of payments made by your insurance company (Explanation of Benefits) to this claim form and mail to the address shown below.
3. Please check and make sure that:
 - a) An Official or Administrator of the Policyholder has completed his/her section of the claim form.
 - b) You have completed and signed the Parent/Guardian or Insured's Statement of other Insurance.
 - c) The Medical Records Authorization **MUST** be signed and dated. If you want payments to be sent directly to your doctor or healthcare provider, sign the Payment Authorization Section.
 - d) You have attached all unpaid bills to this form.
 - e) You have attached any Explanation of Benefits forms that you have received from your Primary insurance carrier or other healthcare plan.
 - f) You have completed the front of this form.
4. Subsequent bills should be sent in as you receive them. Please write the claimant's name, policy number and date of accident on all subsequent bills. **A new claim form is not necessary.**

If you need further information, call Bollinger at 973-467-0444. Our Accident Claims fax number is 973-921-2876.

PLAN ADMINISTRATION AND CLAIMS SERVICE BY:

Bollinger
Insurance Since 1876

P. O. BOX 390, SHORT HILLS, NJ 07078-0390 TELEPHONE (973) 467-0444

AMATEUR SPORTS ACCIDENT PROOF OF LOSS

SEE REVERSE SIDE FOR INSTRUCTIONS

COMPLETE AND RETURN THIS FORM TO:



P. O. Box 390, Short Hills, NJ 07078-0390

TO BE COMPLETED BY CLAIMANT

NAME OF CLAIMANT (Last Name) (First Name) (Middle Initial)			SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS OF CLAIMANT (Street) (City) (State) (Zip code)			TELEPHONE NUMBER ()	OCCUPATION	
DATE & TIME OF ACCIDENT		NATURE OF INJURY		ACCIDENT DUE TO EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR ACCIDENTAL INJURIES, PLEASE COMPLETE THE FOLLOWING:

- A. DESCRIBE ACTIVITY ENGAGED IN AT TIME OF ACCIDENT

- B. PLACE OF ACCIDENT (BE SPECIFIC)

- C. DESCRIBE HOW ACCIDENT HAPPENED

MEDICAL AUTHORIZATION-REQUIRED	PAYMENT AUTHORIZATION-OPTIONAL
--------------------------------	--------------------------------

I hereby authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disability

Please sign here _____
 Claimant (if Adult) or Parent/Guardian please sign above Date _____

I hereby authorize payment of benefits directly to the providers rendering services.

Please sign here _____
 Claimant (if Adult) or Parent/Guardian please sign above Date _____

STATEMENT OF OTHER INSURANCE - MUST BE COMPLETED

1. Name and Address of Claimant's Employer: (If a minor, complete # 2 & 3)			
2. Father's Name or Guardian:	Occupation:	Name and Address of His Employer:	Phone #:
3. Mother's Name or Guardian:	Occupation:	Name and Address of Her Employer:	Phone #:
4. Do you have a Group, Personal Healthcare or Medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of your Health Care Provider		Address	

Verification Statement-Required

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

Signature _____ Date _____
 Claimant (if Adult) or Parent/Guardian

TO BE COMPLETED BY POLICYHOLDER/ ADMINISTRATOR-REQUIRED

EFFECTIVE DATE OF COVERAGE	COVERAGE TERMINATION DATE, IF APPLICABLE	POLICY NUMBER	NAME OF GROUP POLICYHOLDER
ADDRESS OF POLICYHOLDER (Street) (City) (State) (Zip Code)		TELEPHONE NUMBER ()	
IF ACCIDENT OCCURRED DURING AN ACTIVITY SPONSORED OR SUPERVISED BY YOUR ORGANIZATION, DESCRIBE ACTIVITY, HOW ACCIDENT OCCURRED, AND SPECIFY DATE OF OCCURRENCE.			
REMARKS:			
I CERTIFY THAT THIS CLAIM OCCURRED DURING A SPONSORED ACTIVITY. AUTHORIZED SIGNATURE:		TITLE	DATE



CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7

OP ID: P4

DATE (MM/DD/YYYY)
02/20/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bollinger Sports & Leisure 101 JFK Parkway Short Hills, NJ 07078-5000	800-446-5311	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Markel Insurance Company			38970
INSURED Ridgefield Boro Athl Organiz Ridgefield Little League Inc P.O. Box 54 Ridgefield, NJ 07657	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			3602AH234825	01/28/15	01/28/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Inc. Participants			3602AH234825			PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Sexual Abuse/Mol.			\$1M / \$2 M	01/28/15	01/28/16	GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance			4102AH234823	01/28/15	01/28/16	Med Max: 100,000
	Full Excess						Ded: \$0/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is provided under this policy only for sponsored/supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid. Sexual Abuse Liability \$1,000,000/\$2,000,000

CERTIFICATE HOLDER**CANCELLATION**

LITT099 Little League Baseball Inc PO Box 3485 South Williamsport, PA 17326	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7

OP ID: P4

DATE (MM/DD/YYYY)
02/20/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bollinger Sports & Leisure 101 JFK Parkway Short Hills, NJ 07078-5000	800-446-5311	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Markel Insurance Company			38970
INSURED Ridgefield Boro Athl Organiz Ridgefield Little League Inc P.O. Box 54 Ridgefield, NJ 07657	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		3602AH234825	01/28/15	01/28/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Inc. Participants			3602AH234825	01/28/15	01/28/16	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Sexual Abuse/Mol.			\$1M / \$2 M			GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance			4102AH234823	01/28/15	01/28/16	Med Max: 100,000
	Full Excess						Ded: \$0/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid. Certificate Holder is named as an additional insured with respect to the named insureds activities for which a premium has been paid.

CERTIFICATE HOLDER**CANCELLATION**

RIDGE040 Ridgefield Board of Education 555 Chestnut St. Ridgefield, NJ 07657	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7

OP ID: P4

DATE (MM/DD/YYYY)
02/20/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bollinger Sports & Leisure 101 JFK Parkway Short Hills, NJ 07078-5000	800-446-5311	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Markel Insurance Company	NAIC # 38970
INSURED Ridgefield Boro Athl Organiz Ridgefield Little League Inc P.O. Box 54 Ridgefield, NJ 07657	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:


REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			3602AH234825	01/28/15	01/28/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> Inc. Participants			3602AH234825	01/28/15	01/28/16	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Sexual Abuse/Mol.						\$1M / \$2 M
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance			4102AH234823	01/28/15	01/28/16	Med Max: 100,000
	Full Excess						Ded: \$0/Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Coverage is provided under this policy only for sponsored and supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER**CANCELLATION**

RIDGATH Ridgefield Boro Athletic Organization, Inc. Ridgefield Little League P.O. Box 54 Ridgefield, NJ 07657	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”

**Keep Gate
Closed**

**On Deck
For Your Safety
One Player Only
Do Not Swing Bat
In this Area**

**Keep Area
Safe and Clean**

- No Food
- No Soda
- No Seeds
- No Gum
- **No Ball Throwing**
- **No Bat Swinging**

Allowed in the Dugout

**Only
Players
and
Three Coaches
per Team
Allowed in
this Area**

On Deck

**For Your Safety
One Player Only
Do Not Swing Bat
in this Area**

**Caution
Foul Ball
Hazard**





192

For Your Safety

**No Bicycle
Riding Allowed
in the Park**

**Walk Bicycles
Only**

LEAGUE:

DATE:

MAJOR

SCORE

TEAM	1	2	3	4	5	6	7	8	9	FINAL

PITCH COUNT

AWAY PITCHER(S)	1	2	3	4	5	6	7	8	9	TOTAL	REST REQ'D
1											
2											
3											
4											
5											
6											
7											
8											
9											
HOME PITCHER(S)	1	2	3	4	5	6	7	8	9	TOTAL	REST REQ'D
1											
2											
3											
4											
5											
6											
7											
8											
9											

AWAY Manager:

HOME Manager:

Umpire (Home Plate)

Pitch Count Rules:
(Age 11-12 & 9-10)

- Throws **0 to 20** pitches, requires ZERO (0) calendar days rest
- Throws **21 to 35** pitches, requires ONE (1) calendar days rest
- Throws **36 to 50** pitches, requires TWO (2) calendar days rest
- Throws **51 to 65** pitches, requires THREE (3) calendar days rest
- Throws **66** pitches, requires FOUR (4) calendar days rest

Notes:

- A Pitcher can throw a maximum of 85 pitches (75 for age 9-10) in one game
- Players once removed from the mound may not return as pitchers.
- A pitcher that delivers **41 or more pitches** can not play the position of catcher.
- A catcher that plays in **4 or more innings** can not pitch.
- Pitcher may finish batter & maintain number of days rest based on first pitch of the at bat.

LEAGUE:

MINOR

DATE:

TEAM	SCORE									FINAL
	1	2	3	4	5	6	7	8	9	

PITCH COUNT											
AWAY PITCHER(S)	1	2	3	4	5	6	7	8	9	TOTAL	REST REQ'D
1											
2											
3											
4											
5											
6											
7											
8											
9											
HOME PITCHER(S)	1	2	3	4	5	6	7	8	9	TOTAL	REST REQ'D
1											
2											
3											
4											
5											
6											
7											
8											
9											

AWAY Manager:

HOME Manager:

Umpire (Home Plate)

Pitch Count Rules:

- Throws **0 to 20** pitches, requires ZERO (0) calendar days rest
- Throws **21 to 35** pitches, requires ONE (1) calendar days rest
- Throws **36 to 50** pitches, requires TWO (2) calendar days rest
- Throws **51 to 65** pitches, requires THREE (3) calendar days rest
- Throws **66** pitches, requires FOUR (4) calendar days rest

Notes:

- A Pitcher can throw a maximum of 85 pitches (75 for age 9-10) (50 for age 7-8)
- Players once removed from the mound may not return as pitchers.
- A pitcher that delivers **41 or more pitches** can not play the position of catcher.
- A catcher that plays in **4 or more innings** can not pitch.
- Pitcher may finish batter & maintain number of days rest based on first pitch of the at bat.

Ridgefield Boro Athletic Organization (Tee Ball Rules)

1. No score will be kept.
2. Each game is 3 innings.
3. Each child will bat each inning. The batting order must be changed for each inning so that the last child up in the first inning will be the first child up in the second inning. The batting order must change for each game. Each child must get a chance to bat in a different order and run all the bases.
4. No pitching. Each batter will use the tee. Each batter will get 3 swings, and then the coach must help. No strikeouts.
5. Each child must reach base after every at bat.
6. One base at a time. After the last batter, all runners will advance to home. No advancing on overthrows.
7. All players play the field.
8. Coaches shall umpire the games.
9. Jewelry of any form is not permitted.
10. Smoking or Chewing gum is not permitted on the playing field or in the dugout.
11. Absolutely no yelling or arguing from players, coaches or parents. One warning and then the player, coach or parent will be ejected.
12. All coaches (including the manager) must be Rutgers-certified and must file a volunteer application and undergo a background check. A maximum of four coaches (including the manager) are allowed in the dugout. Only coaches and players are permitted in the dugout area or on the field – no other parents or children. All gates must be kept closed.
13. No food in the dugout including sunflower seeds. No soda only water or Gatorade allowed. No ball throwing or bat swinging allowed in the dugout. While there are players in the dugout there must be at least one coach in the dugout.
14. All players on the batting team must be confined to the dugout except the batter. The on-deck batter can be in the on-deck area but must not swing a bat. All equipment except bats must be kept within the dugout and not in the on-deck area or flowerbeds. **NO PLAYER CAN HOLD OR SWING A BAT EXCEPT WHEN AT BAT. NO BALL THROWING IN DUGOUT.**
15. Field maintenance must be done both before and after the game by the coaches for both teams (unless one team is from out of town). Required field maintenance includes raking fields and cleaning dugouts.
16. Rule changes can only be made and approved by the R.B.A.O. President and Council.

Revised 3/19/2013

Ridgefield Boro Athletic Organization (Coach Pitch Rules)

1. No score will be kept.
2. Each game is 3 innings.
3. Each child will bat each inning. The batting order must be changed for each inning so that the last child up in the first inning will be the first child up in the second inning. The batting order must change for each game. Each child must get a chance to bat in a different order and run all the bases.
4. Each batter will have the option of being pitched to by the coach or to hit off the tee. If the batter is pitched to, they will get 6 pitches or 3 swings, and then they must use the tee. When the batter uses the tee, they will get 3 swings, and then the coach must help. No strikeouts.
5. In each inning, the entire line up for each team bats, regardless of the number of outs made. Three outs does not end the inning.
6. After the last batter, all runners will advance to home. No advancing on overthrows.
7. All players play the field.
8. Coaches shall umpire the games.
9. Jewelry of any form is not permitted.
10. Smoking or Chewing gum is not permitted on the playing field or in the dugout.
11. Absolutely no yelling or arguing from players, coaches or parents. One warning and then the player, coach or parent will be ejected.
12. All coaches (including the manager) must be Rutgers-certified, and must file a volunteer application and undergo a background check. A maximum of four coaches (including the manager) are allowed in the dugout. Only coaches and players are permitted in the dugout area or on the field – no other parents or children. All gates must be kept closed.
13. No food in the dugout including sunflower seeds. No soda only water or Gatorade allowed. No ball throwing or bat swinging allowed in the dugout. While there are players in the dugout there must be at least one coach in the dugout.
14. All players on the batting team must be confined to the dugout except for the batter. The on-deck batter can be in the on-deck area but must not swing a bat. All equipment except bats must be kept within the dugout and not in the on-deck area or flowerbeds. **NO PLAYER CAN HOLD OR SWING A BAT EXCEPT WHEN AT BAT. NO BALL THROWING IN DUGOUT.**
15. Field maintenance must be done both before and after the game by the coaches for both teams (unless one team is from out of town). Required field maintenance includes raking fields and cleaning dugouts.
16. Rule changes can only be made and approved by the R.B.A.O. President and Council.

Ridgefield Boro Athletic Organization (Minor League Rules)

1. No smoking on the field or in the dugout at any time.
2. Chewing gum is not permitted on the playing field or in the dugout.
3. No food in the dugout including sunflower seeds. No soda, only water or Gatorade allowed. No ball throwing or bat swinging allowed in the dugout. While there are players in the dugout there must be at least one coach in the dugout.
4. All players must be in uniform, which includes game hat, pants, and shirt.
5. Jewelry of any form is not permitted.
6. Absolutely no yelling or arguing from players, coaches or parents. One warning and then the player, coach or parent will be ejected.
7. All coaches (including the manager) must be Rutgers-certified, attend a coaching & safety clinic, and must file a volunteer application and undergo a background check. A maximum of four coaches (including the manager) are allowed in the dugout. Only coaches and players are permitted in the dugout area or on the field – no other parents or children. All gates must be kept closed.
8. All players on the batting team must be confined to the dugout except the batter. The on-deck batter can be in the on-deck area but must not swing a bat. All equipment except bats must be kept within the dugout and not in the on-deck area or flowerbeds. **NO PLAYER CAN HOLD OR SWING A BAT EXCEPT WHEN AT BAT. NO BALL THROWING IN DUGOUT.**
9. All teams must clean their dugout at the end of each game or practice.
10. Either the 40-foot pitching rubber or the standard 46 foot rubber can be used to pitch from.
11. All teams must have at least 8 players in attendance to start and continue the game. If the ninth player or additional players arrive late they must bat at the end of the order.
12. Unless due to injury, if the ninth player leaves the game and cannot be replaced by another player, the ninth player's slot in the batting order is an automatic out.
13. Catchers must wear a protective cup, Little League rules apply to catcher that pitches.
14. After four walks in an inning, the pitcher must be changed or opposing coach must pitch.
15. A batter that is hit by a pitch counts as a walk. The batter must make an attempt to avoid getting hit by the pitch (umpire's call). No intentional walks are allowed.
16. Pitchers must follow the established Little League pitch count rules. If a pitcher is removed in an inning to allow the opposing coach to pitch after giving up four walks and the pitcher is

under the maximum pitch count, the pitcher can return as pitcher in the next inning. A pitcher cannot return as pitcher after having been replaced by another pitcher..

17. Pinch runner for the catcher must be the last player out and is permitted when there are 2 outs.
18. Base runner will take one base on an overthrow or if the ball gets stuck or goes under the fence; stealing is not allowed.
19. An inning is over when there are three outs or one time around the entire batting order, whichever comes first. Must play a continuous batting order of all players on roster. Must play three outfielders not four.
20. The game is six innings, if home team is “winning” after top of sixth, the score is final however bottom of inning is still played, time permitting. Ten (10) run rule applies after three (3) full innings.
21. There is a 2-hour time limit. If game starts at 5:30 and a major league game follows, then no inning may start after 7:00 pm and the game must stop at 7:15 pm after the current batter.
22. All players must play the field at least two innings.
23. Field maintenance must be done both before and after the game by the coaches for both teams (unless one team is from out of town). Required field maintenance includes raking fields and cleaning dugouts. Minor league coaches must remove the 40-foot pitching rubber after the game.
24. Rule changes can only be made and approved by the R.B.A.O. President and Council.

Revised 3/19/2013