

League Safety Officer Manual

League Name: **RIDGEFIELD LITTLE LEAGUE**

League # **2 3 0 - 0 6 - 0 7**

**RIDGEFIELD BORO ATHLETIC
ORGANIZATION**

www.RBAO.org

Five Firemen's Field

P.O. Box 54

Ridgefield, NJ 07657

201-943-8355

2013

**safety manual for coaches and
volunteers**

Jon Haase, President
Sal Cumella, Vice President
Rich Guidi, Treasurer
Steve Payerle, Secretary
Scot Baric
Tom Biggiani
Jamie Casciano
Rudy Guinta
Ron Martucci
Max Mattera
Ray Salazar
Matt Skelley
Stu Slovak

2013 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2013 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms *with* your complete safety plan — including **all 14 minimum requirements clearly detailed** — with a **postmark** no later than **April 1, 2013**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted **starting Jan. 1, 2013**.

Approved safety plans will win your league a cash award based on the number of teams your safety plan covers, if you carry Little League Chartis Insurance. In addition, your program will automatically be entered in the 2013 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be **received at and approved by Little League International by March 13**. This is different than the league deadline and requirement. Districts with **88%** or better of their leagues that LLI received a qualified safety plan by March 13 will earn a **\$350 credit**. Districts with **70%-87%** of their leagues that LLI received a qualified safety plan by March 13 will earn a **\$150 credit**.

This Registration Form **MUST** Accompany Safety Plan Submission

League Name <u>RIDGEFIELD LITTLE LEAGUE</u>	League I.D. # <u>230-06-07</u>
City <u>RIDGEFIELD</u> State <u>NJ</u>	League I.D. # _____
(If board operates more than one charter, please list all): League I.D. # _____	

League Safety Officer STEVE PAYERLE
 Address 676 STEWART STREET
 City RIDGEFIELD
 State NJ Zip Code 07657
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number (201) 966-7971
 Email oscar7300x@gmail.com

League President JON HAASE
 Address 720 PEMBROKE WAY
 City RIDGEFIELD
 State NJ Zip Code 07657
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number ((201) 280-8264
 Email jhaaseman@yahoo.com

Items included with this application form:

of pages of league's safety program outline: _____

of non-returnable photographs: 6

Person submitting application (if different from above):

Name _____ Title _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

Signature [Handwritten Signature] Date 1/18/13

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2013 Little League Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program
 Little League International
 P.O. Box 3485
 Williamsport, PA 17701

or Shipping Address: ASAP Award Program
 Little League International
 539 U.S. Route 15 Hwy.
 So. Williamsport, PA 17702

Returned & Approved by March 13 for DA incentive or no later than April 1 for basic approval

Over...

R.B.A.O. Council Members 2012

Title	Name	Home #	Work #	Cell #	E-Mail
President	Jon Haase	201-941-9794		201-280-8264	jhaaseman@yahoo.com
Vice Pres.	Sal Cumella	201-941-5843	973-481-1424	201-394-4904	scumella@fedcosteel.com
Treasurer	Rich Guidi	201-941-0155		201-248-2938	rcguidi@verizon.net
Secretary	Steve Payerle			201-966-7971	oscar7300x@gmail.com
	Scot Baric	201-941-9597	201-827-2361	201-650-5412	scotb69@yahoo.com sbaric1@verizon.net
	Stu Slovak			201-966-7691	sslovak@shawneetrucking.com
	Tom Biggiani, Jr.			551-265-2558	tbiggiani@gmail.com
	Jamie Casciano			201-232-0056	jcasciano90@aol.com
	Rudy Guinta	201-941-0733		201-321-8388	rag217@hotmail.com
	Ron Martucci	201-945-6144	201-684-7758	201-481-2450	rmartucci@ramapo.edu
	Max Mattera	201-945-4818		201-481-3015	MaxMattera18@aol.com
	Ray Salazar			201-401-2474	raysal01@verizon.net jsalazar@interthinx.com
	Matt Skelley	201-943-9033		201-370-5001	matskelley@aol.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

R.B.A.O. Committees 2013

Committee	Name(s)
Registration	Rich Guidi, Ron Martucci, Jon Haase
Evaluations	Sal Cumella, Max Mattera, Tom Biggiani, Jon Haase
Equipment	Rudy Guinta, Ray Salazar
Uniforms	Sal Cumella
Practice Schedule	Max Mattera
Games Schedule	Sal Cumella, Ron Martucci, Jon Haase
Insurance	Rich Guidi
Safety	Steve Payerle
Umpires	Ron Martucci
Fields & Grounds	Max Mattera, Ray Salazar, Sal Cumella, Tom Biggiani, Jamie Casciano
Coaches Certification	Jon Haase, Sal Cumella
Program Calendar	Ron Martucci, Mary Ann Martucci, Jamie Casciano
Sponsors	Scot Baric, Steve Payerle
Web Master	Ron Martucci -----> Stu Slovak
Pee Wee Representative	Stu Slovak
Tiny Tim Representative	Stu Solvak
Boys Minor Representative	Jamie Casciano
Boys Major Representative	Matt Skelley
Players Agent Representative	Matt Skelley
Softball League Representative	Scot Baric, Rudy Guinta
Babe Ruth Representative	Matt Skelley
Awards	Matt Skelley, Scot Baric
Opening Day	Ron Martucci, Jon Haase
Fund Raising	Matt Skelley, Scot Baric, Tom Biggiani, Ray Salazar
Snack Stand	Rich Guidi, Scot Baric, Sal Cumella, Jon Haase
Pictures	Ron Martucci
Closing Ceremony	Jon Haase

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.

January 31st 2013

To,

Thank you for volunteering your time to help our little league program. For the protection of our children participants, we are required to perform background checks on ALL volunteers.

Enclosed is a volunteer application and return envelope. Please promptly complete and return this form. Without this information we can not allow you to participate this season.

Your cooperation and understanding is much appreciated, thank you.

**Jon Haase
RBAO President**

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



Mandatory Baseball Coach's Clinic

February 23, 2013
10:00 a.m. to 12:00 noon
Ridgefield Community Center

Please inform all your coaches!

This clinic is required by Little League Baseball
for all Managers & Coaches

(There is no charge for RBAO Coaches to attend this clinic)



S.A.F.E.T.Y. Clinic Calendar

If you are a volunteer coach interested in attending one of these programs, please contact the host agency administrator to register. They will provide you with the exact time, location, directions, and registration fee. **NOTE: This schedule changes frequently as clinics are added or removed (when seating capacity is reached). Therefore, it is important that you refresh your browser often for the most current schedule of clinics.**

*****UPDATED 1/17/13 !!!Please note that we are between seasons at this time. As the spring approaches, there will be many more opportunities, in all areas of the state. The number of clinics will increase as the season gets closer.***

DATE	HOST AGENCY	LOCATION	PHONE/WEB
2/13/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
3/7/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register
3/12/13	Hackensack University Medical Center	Hackensack	To register, email: TMahady@HackensackUMC.org
3/13/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
4/4/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register
4/10/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
4/16/13	Hackensack University Medical Center	Hackensack	To register, email: TMahady@HackensackUMC.org
5/15/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
5/21/13	Hackensack University Medical Center	Hackensack	To register, email: TMahady@HackensackUMC.org
6/19/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
7/10/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
7/14/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register

8/8/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register
8/14/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
8/15/13	Hackensack University Medical Center	Hackensack	To register, email: TMahady@HackensackUMC.org
9/5/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register
9/11/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
9/17/13	Hackensack University Medical Center	Hackensack	To register, email: TMahady@HackensackUMC.org
10/9/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
11/13/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org
12/5/13	Valley Hospital Sports Institute	Ridgewood	Call 800-825-5391 to register
12/11/13	Holy Name Medical Center	Teaneck	To register, email: mendler@holyname.org



Little League Volunteer Application -2013

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 LexisNexis or upon request) _____

Cell Phone _____ Business 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): 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, 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):

Sex Offender Registry Criminal History Records *LexisNexis

**Please be advised that if you use LexisNexis 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 LexisNexis 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.



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.



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**

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY

2013



League Name: RIDGEFIELD LITTLE LEAGUE

District #: 6

ID #: 230-06-07

(if needed) ID #: _____

(if needed) ID #: _____

City: RIDGEFIELD State: NJ

President: JON HAASE

Address: 720 PEMBROKE WAY

Address: _____

City: RIDGEFIELD

State: NJ ZIP: 07657

Phone (work): _____

Phone (home): _____

Phone (cell): 201-280-8264

Email: JHAASEMAN@YAHOO.COM

Safety Officer: STEVE PAYERLE

Address: 676 STEWART STREET

Address: _____

City: RIDGEFIELD

State: NJ ZIP: 07657

Phone (work): _____

Phone (home): _____

Phone (cell): 201-966-7971

Email: OSCAR7300X@GMAIL.COM

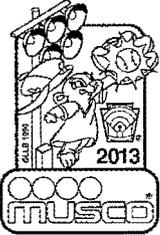
PLANNING TOOL FOR FUTURE LEAGUE NEEDS

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			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers		repair (1)	
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

2013 LL Season

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<p>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 2013 Disney® character collector's pin shown at right featuring Tuffy at second base. Or enter data online at: http://facilitysurvey.musco.com for your league. Check your email for your league identification and password.</p> 	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	
GENERAL INVENTORY		(For the following questions, if the answer is "No" please leave the space blank.)																					
1. How many cars can park in designated parking areas?	None																						
	1-50																						
	51-100	68																					
	101 or more																						
2. How many people can your bleachers seat?	None/NA																						
	1-100																						
	101-300	140																					
	301-500																						
3. What material is used for bleachers?	Wood	X																					
	Metal																						
	Other																						
4. Metal bleachers: Ground wire attached to ground rod?	Yes																						
5. Wood bleachers: Are inspected annually for safety?	Yes	X																					
6. Is a safety railing at the top/back of bleachers?	Yes	X																					
7. Is a handrail up the sides of bleachers?	Yes	X																					
	Permanent	X																					
	Cellular																						
9. Is a public address system available?	Permanent																						
	Portable																						
10. Is there a pressbox?	Yes	X																					
11. Is there a scoreboard?	Yes	X																					
12. Adequate bathroom facilities available?	Yes	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																			
16. What type of fencing material is used?	Chainlink	X																			
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	X																			
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	X																			
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	X																			
20. Does field have conventional dirt pitching mound?	Yes	X																			
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X																			
23. Backstop behind home plate?	Yes	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)	0																			
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																			
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes	X																			
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	X																			
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind	X																			
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X																			
33. Is the field lighted?	Yes	X																			
	Don't know																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes	X																			
	Don't know																				
	Yes	X																			
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																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes	X																			
37. Ground wires connected to ground rods on each pole?	Yes	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																			
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal	X																			
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal	X																			
	School																				
	League	X																			
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal	X																			
	School																				
	League																				
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor	X																			
	Major	X																			
	Jr., Sr. & Big																				
	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																			

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											
3											
4											
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16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2013 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://facilitiesurvey.musco.com> should include it with safety plan submission.

RUTGERS

The New Jersey Agricultural Experiment Station
Office of Continuing Professional Education

Presents this certificate to

Jonathan Haase

For successfully completing the requirements of

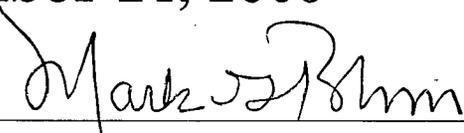
ServSafe Manager Training Certification

September 23, 2009 - September 24, 2009

01.6 CEUs



Edward V. Lipman, Jr.
Director
Office of Continuing Professional Education



Mark G. Robson, PhD, MPH
Dean for Agricultural and Urban Programs

Volunteers Must Wash Hands

HOW



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

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.



CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7 OP ID: CF

DATE (MM/DD/YYYY)

01/14/13

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 Boillinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Corinne Henry	800-526-1379	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Ridgefield Boro Athl Organiz Ridgefield Little League Inc P.O. Box 54 Ridgefield, NJ 07657		INSURER A: Markel Insurance Company	38970
		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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			3602AH234825	01/28/13	01/28/14	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	01/28/13	01/28/14	PERSONAL & ADY 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 POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	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 STATUS: <input type="checkbox"/> OTHER: <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Accident Insurance			4102AH234823	01/28/13	01/28/14	E.L. DISEASE - POLICY LIMIT \$
	Full Excess						Med Max: 100,000 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
RIDGEB7	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ridgefield Boro Athletic Organization, Inc. Ridgefield Little League P.O. Box 54 Ridgefield, NJ 07657	AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7 OP ID: CF

DATE (MM/DD/YYYY)

01/14/13

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Corinne Henry	800-526-1379	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Market Insurance Company	38970
		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	ADD'L SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Inc. Participants <input checked="" type="checkbox"/> Sexual Abuse/Mol.	X	3602AH234825	01/28/13	01/28/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		3602AH234825	01/28/13	01/28/14	COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COC RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance Full Excess		4102AH234823	01/28/13	01/28/14	Med Max: 100,000 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ridgefield Board of Education 555 Chestnut St. Ridgefield, NJ 07657	AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

RIDGEB7 OP ID: CF

DATE (MM/DD/YYYY)

01/14/13

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PRODUCER Bollinger, Inc. 101 JFK Parkway Short Hills, NJ 07078-5000 Corinne Henry	800-526-1379	CONTACT NAME:	
	973-921-2876	PHONE (A/C, No., Ext):	FAX (A/C, No.):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Ridgefield Boro Athl Organiz Ridgefield Little League Inc P.O. Box 54 Ridgefield, NJ 07657		INSURER A: Markel Insurance Company	38970
		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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		3602AH234825	01/28/13	01/28/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> Inc. Participants		3602AH234825			PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> Sexual Abuse/Mol.		\$1M / \$2 M	01/28/13	01/28/14	GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$ OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Insurance		4102AH234823	01/28/13	01/28/14	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	CANCELLATION
BABE099	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Babe Ruth League Inc. 1770 Brunswick Pke/PO BOX 5000 Trenton, NJ 08638	AUTHORIZED REPRESENTATIVE

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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
<p>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</p> <p>Please sign here _____</p> <p>Claimant (if Adult) or Parent/Guardian please sign above _____ Date _____</p>	<p>I hereby authorize payment of benefits directly to the providers rendering services.</p> <p>Please sign here _____</p> <p>Claimant (if Adult) or Parent/Guardian please sign above _____ Date _____</p>

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? Yes 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

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

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:
(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.

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