

# 2023 A.S.A.P. SAFETY PLAN

Cicero Little League  
Cicero, New York



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# A.S.A.P. Background

## A.S.A.P. - What is it?

- In 1995 ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through Education and Information, of the opportunities to provide a safer environment for the kids and all Participants in Little League Baseball and Softball”. This manual is offered as a tool to place some important information at the manager’s and coach’s finger tips.

## Who is the Safety Officer for the Cicero Little League?

- Chris Pallotta and he is on file with Little League Headquarters. He can be contacted at [cpallott@gmail.com](mailto:cpallott@gmail.com)

## Who receives this manual?

- Cicero Little League posts this manual on the league web site for all Managers/Coaches/Volunteers to have access to. It can be obtained at [cicerolittleleague.com](http://cicerolittleleague.com).

# Emergency Numbers

- New York State Police..... 911 (866-SAFE-NYS)
- Onondaga County Sheriff Emergency..... 911 (315-425-2111)
- Cicero Fire Department ..... 911 (315-699-7721)
- NAVAC (North Area Volunteer Ambulance)..... 911 (315-458-7514)
- Cicero Police Department..... 911 (315-699-3677)
- Clay Police Department ..... 911 (315-652-3846)
- Cicero Parks and Recreation Department..... (315-699-5233)

# Cicero Little League 2023 Officers

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# Volunteer Information

## Background Checks

- Effective with the 2003 Season, **Little League International** installed the Policy of every person coming in contact with children on a regular basis having an annual background check. See Little League Regulation 1(b). This requires all managers, coaches, and regular support personnel complete a League Volunteer Application and allow background checks to be performed.
- Cicero Little League uses the Little League International recommended website to perform the background checks.
- **ANY PERSON DISQUALIFIED ON THE BASIS OF A BACKGROUND INVESTIGATION WILL NOT BE ALLOWED TO PARTICIPATE IN LEAGUE ACTIVITIES WHILE CHILDREN ARE PRESENT.** Any person disqualified shall be notified of such privately. If an individual wishes to challenge the report, we will provide a copy of our return, and that person may discuss it with the appropriate Law Enforcement agency.

# Volunteer Application



## Little League® Volunteer Application – 2023

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



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

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

All RED fields are required.

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

Address \_\_\_\_\_

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

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

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

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

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### LOCAL LEAGUE USE ONLY:

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

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

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

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

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

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

# Volunteer Application (Returning)

## Little League® "Basic" Volunteer Application – 2023

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



This volunteer application can be used **as a reference** for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)9. Visit [LittleLeague.org/localBGcheck](http://LittleLeague.org/localBGcheck) for more information.

**All RED fields are required.**

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

Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Driver's License#: \_\_\_\_\_

- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (If volunteer answered yes to Question 1, the local league must contact Little League International.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 (If volunteer answered yes to Question 4, the local league must contact Little League International.)
- In which of the following would you like to participate? (Check one or more.)  
 League Official       Field Maintenance       Concession Stand  
 Coach                       Manager                       Other \_\_\_\_\_  
 Umpire                       Scorekeeper

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).**

**Please provide updated information below if there are any changes from previous years or requesting a new position.**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Special professional training, skills, hobbies:

\_\_\_\_\_

Special Certifications (CPR, Medical, etc.):

\_\_\_\_\_

Special Affiliations (Clubs, Services Organizations, etc.):

\_\_\_\_\_

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

\_\_\_\_\_

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

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

Applicant 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, marital status, gender, sexual orientation or disability.*

### LOCAL LEAGUE USE ONLY:

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

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

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

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

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

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

# Coaches Criterion

- Cicero Little League implemented minimum requirements for Coaches. These requirements are intended to help prepare our Coaches, in turn giving the children a better opportunity to learn how to play softball and baseball.
- Part of this criterion is the attendance at Coaching Clinics at a minimum every other year. These clinics are provided at no charge to managers and coaches. The format is dependent on the training facility, but the intent is to show coaches basic mechanics to teach, how to avoid injury, and how to plan and conduct a fun, effective practice.
- Each coach will also attend a basic first aid course to aid in being a first responder while waiting for trained medical support.

# Safety Code

- Safety is the responsibility of everyone. While our Parks Departments and Field Maintenance teams do everything possible to provide perfect facilities, managers, coaches, umpires, and parents are also part of the inspection, reporting, and repairing system.
- Coaches or assistant coaches must inspect the playing field, dug outs, and fences for any hazardous conditions before every game and practice. Hazards such as potholes, sharp objects, and broken glass (among others) must be considered and cared for before activity can begin. Report any unsafe conditions to the Safety Officer as soon as possible.

# Safety Code (cont.)

- All teams are expected to have a First Aid kit at all games and practices. Cicero Little League provides First Aid kits to all teams. Additional supplies are available at the Concession Stand at Central Park as well as a portable AED device.
- Managers and coaches should have a cell phone, or a parent with a cell phone to call for help if needed.
- No jewelry of any kind is to be worn by any player at any game or practice. A player who refuses to remove jewelry will not be allowed to participate. NO EXCEPTIONS.

# Safety Code (cont.)

- Helmets must be worn by all batters and base runners.
- Batters on deck must remain in the dugout and are not allowed to swing a bat until they are at Home Plate. Stretching and isometric exercises are allowed in the dugout.
- Inspect and clean your equipment regularly. Through maintenance you may find worn and unsafe equipment before it causes a problem. If you need equipment repair or replacement, contact your coordinator for help. Concession Stand does not distribute equipment.

# Safety Code (cont.)

- Catchers must wear catcher's helmet/mask, throat guard, chest protector, shin guards, and protective cup (males) for all games and practices. Catchers warming up pitchers must wear catcher's helmet/mask with throat guard also. NO EXCEPTIONS.
- If a player is injured on the field, the manager should attend to that player immediately. Managers are supplied with accident reports; directions for reporting are detailed later in this manual.
- T-Ball, Single A divisions and Coach Pitch Softball will use reduced impact balls to reduce the chance of injuries.
- All games played at Cicero Little League fields will be played using a double-first base to avoid collision of fields & runners at first base.

# Safety Code (cont.)

- Only players, managers, and coaches are allowed in dugouts, on benches, and on the playing field during games and practices.
- No game or practice should be held when weather is unsafe and field conditions are not good.
- Every manager is issued the Official Little League Rulebook for the current season. Coaches and players are required to follow all rules, regulations, and guidelines in it. If there are questions, see your Coordinator.

# Lightning Facts and Safety Procedures

Consider the following facts:

- The average thunderstorm is 6 to 8 miles long, 6 to 10 miles wide, and travels at 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.
- On the average, thunder can only be heard over a distance of 3 to 4 miles, depending on humidity, terrain, and other factors. This means by the time you hear the thunder, you are already in the risk area for lightning strikes.

## “Flash-Bang” Method

- One way to determine how close a recent lightning strike is to you is called the “Flash-Bang” method. With this method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows. Halt play and evacuation should be called for when the thunder is 15 seconds or less delayed.

## Rule of Thumb

- The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, the manager, coach, or umpire who feels threatened by an approaching storm should stop play and get everyone to safety. When in doubt, the following rule (next slide) applies:

# Lightning Facts and Safety Procedures (cont.)

**WHEN YOU HEAR IT- CLEAR IT**

**WHEN YOU SEE IT- FLEE IT**

**If a storm is approaching and you hear the horn blast, play is to stop immediately. The field is to be cleared and everyone is to be moved to safety. Wait 30 minutes after last thunder or lightning strike to resume play.**

Where to go?

- No place is absolutely safe from lightning threat, but some places are safer than others. Large enclosed shelters are the safest. For the majority of participants, the best area for them to seek shelter is a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter, put your feet together, crouch down, and put your hands over your ears to prevent eardrum damage.

Where NOT to go?

- High places and open fields
- Isolated trees
- Open buildings, rain or picnic shelters
- Dugouts and bleachers
- Flagpoles and metal fences
- Water

# Lightning Facts and Safety Procedures (cont.)

## First Aid to a Lightning Victim

- Typically, the lightning victim exhibits similar symptoms to someone suffering a heart attack. The rescuer should take the following steps:
  - Immediately call 911 for medical help.
  - Make sure there are no other injured people.
  - Clear onlookers away to keep the situation calm.
  - Cover the victim with something to keep them warm and dry, prevent hypothermia.
  - If the victim is not breathing, start mouth-to-mouth resuscitation.
  - If the victim has no pulse begin cardiac compressions as well.

## Consider the following:

- If the victim or rescuers are in a high risk area, move the victim to a safer place if possible. If it is decided to move the victim, administer CPR steps before moving.

**NOTE: ONLY PERSONS TRAINED IN CPR TECHNIQUES SHOULD ATTEMPT TO ADMINISTER CPR.**

# Storage Shed Safety

The following applies to all storage facilities under use by Cicero Little League and apply to anyone who has been issued a key to those facilities:

- All individuals using equipment from Cicero Little League equipment sheds are aware of their responsibilities for the orderly and safe storage of all equipment inside.
- Before using any machinery located in the shed, locate and read operating procedures for the machine.
- All chemicals and organic material stored in Cicero Little League buildings shall be properly labeled as to its contents.
- All chemicals or organic material stored in these sheds will be separated from areas used to store machinery and gardening equipment to minimize the risk of puncturing storage containers.
- Any loose chemicals or organic materials within these sheds shall be cleaned up and disposed of properly, as soon as possible to prevent accidents.
- Persons under the age of 14 years are not permitted to operate mowing equipment.

# Concession Stand Guidelines

Our concession stand is a service to make our time at the ball field more enjoyable and reduce some of our daily stress.

## Clean Hands for Clean Foods

- When handling food and drinks, the spread of germs and disease can be stopped by simple and regular hand-washing.
- Since the staff at the concession stand may not be professional food workers, it's important that they be thoroughly instructed in the proper method of washing their hands.
- Disposable gloves are available for concession stand staff.

## The following is a simple guideline:

- Use soap and **WARM** water.
- Rub your hands vigorously as you wash.
- Wash all surfaces, including the backs of hands, wrists, between fingers, and under fingernails.
- Dry hands with a paper towel.
- Turn off the water using a paper towel instead of your bare hand.

# Concession Stand Guidelines (cont.)

Wash your hands in this fashion before you begin work and frequently during your shift, especially after performing any of the following:

- After touching bare human body parts other than clean hands and clean, exposed portions of arms
- After using the restroom
- After caring for or handling animals
- After coughing, sneezing, using a handkerchief or tissue
- After handling soiled surfaces, equipment, or utensils
- After drinking, eating, or using tobacco
- When switching between working with raw food and ready to eat food

For safety reasons, no one under the age of 14 is allowed in the Concession Stand during hours of operation.

All Onondaga County Health Codes shall be strictly adhered to, and shall be tightened at Cicero Little League's discretion.

# Concession Stand Guidelines (cont.)

## 12 Steps to Safe and Sanitary Food Service Events

### *Keep It Clean: Concession Stand Tips*

- **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.*
- **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 deg. F or below (if cold) or 140 deg. F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 deg F, poultry parts should be cooked to 165 deg F. *Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.*
- **Reheating.** Rapidly reheat potentially hazardous foods to 165 deg. F. Do not attempt to heat foods in crock-pots, steam tables, over stern units, or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*
- **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41 deg. F. as quickly as possible, and held at that temperature until ready to serve. To cool foods quickly, use an ice water bath (60% ice, 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 the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated too long has been the NUMBER ONE cause of foodborne illness.*

# Concession Stand Guidelines (cont.)

- **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!
- **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 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.
- **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.*
- **Dishwashing.** Use disposable utensils for food service. Keep hands away from food contact surfaces, and never reuse disposable dishware. Dishes and utensils should be washed in a four-step process.
  - Wash in hot soapy water
  - Rinse in clean water
  - Second rinse in very hot water
  - Air Dry

# Concession Stand Guidelines (cont.)

- **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 bare hands. *Ice can become contaminated with bacteria and viruses causing foodborne illness.*
- **Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 2 tsp bleach). Change the solution every two hours. *Well-sanitized surfaces prevent cross contamination and discourage flies.*
- **Insect Control and Waste.** Keep foods covered and 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 waste water down a drain.
- **Food Storage and Cleanliness.** Keep foods stored off the floor at least 3 inches. Spills must be wiped up immediately. After your event is finished, clean the area, sweep the floor, discard unusable food, and empty all garbage. Floors should be mopped frequently, at least once weekly.

# Accident Reporting

## What to Report

- Any incident that causes any player, manager, coach, umpire, or volunteer to receive first aid and/or medical treatment must be reported to the Safety Officer. This includes passive treatments such as evaluation and diagnosis or period of rest.

## When to Report

- All such incidents described must be reported to the Safety Officer within 48 hours of the event. The Safety Officer is listed in the front of this manual along with means of contact.

## Where to Report

- Accidents should be reported using the accident report form your team manager has. Forms are also available in the First Aid kits and at the concession stand. If you cannot complete the form within 48 hours, contact the Safety Officer to file a verbal report until such time as written form can be completed. Forms are also available on the Cicero Little league website.

# Accident Reporting (cont.)

## Safety Officer's Responsibilities

- Within 48 hours of receiving the incident report, the Safety Officer will contact the injured person or persons and:
  1. Verify the information
  2. Obtain any other information deemed necessary
  3. Check on the status of the injured person
  4. In the event the injured person required other medical treatment, advise the parent or guardian of Cicero Little League's insurance coverage and the provisions for submitting a claim.
- If the injury is serious, the Safety Officer shall periodically call the injured person to check on the status of the injury and check if any other assistance is necessary (such as submitting insurance forms, etc.) until such time as injury is considered closed.
- The Safety Officer shall also receive and file the Doctor's release upon closure of the accident.

# Accident Reporting (cont.)

## For Local League Use Only Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_ Incident Date: \_\_\_\_\_  
Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
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  
 Challenger  T-Ball  Minor  Major  Intermediate (50/70)  
 Junior  Senior  Big League  
C.)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

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

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

Type of injury: \_\_\_\_\_  
\_\_\_\_\_

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

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

#### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_  
\_\_\_\_\_

#### Could this accident have been avoided? How:

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Accident Reporting (cont.)

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



Accident & Health (U.S.)

Send Completed Form To:  
Little League, International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 570-327-1674 Fax: 570-328-9280

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

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

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

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in each column:

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> BASEBALL          | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER (4-7)          | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)               |
| <input type="checkbox"/> SOFTBALL          | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH (6-12) | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SCHEDULED GAME                          |
| <input type="checkbox"/> CHALLENGER (6-12) | <input type="checkbox"/> MINOR (8-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE      | <input type="checkbox"/> SCHEDULED GAME   | <input type="checkbox"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> TAD (2ND SEASON)  | <input type="checkbox"/> LITTLE LEAGUE (8-12)         | <input type="checkbox"/> PLAYER AGENT          | <input type="checkbox"/> TRAVEL TO        | (Submit a copy of your approval from Little League Incorporated) |
|  | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER  | <input type="checkbox"/> TRAVEL FROM      |  |
|  | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER        | <input type="checkbox"/> TOURNAMENT       |  |
|  | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER      | <input type="checkbox"/> OTHER (Describe) |  |
|  | <input type="checkbox"/> BIG (14-18)                  |  |   |  |

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

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

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

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

# Accident Reporting (cont.)

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)	
Name of League	Name of Injured Person/Claimant
	League I.D. Number
Name of League Official	Position in League
Address of League Official	Telephone Numbers (Inc. Area Codes)
	Residence: ( )
	Business: ( )
	Fax: ( )

Were you a witness to the accident?  Yes  No

Provide names and addresses of any known witnesses to the reported accident.

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

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

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

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

Date	League Official Signature
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# Cicero Little League Code of Conduct

- *Speed Limit- 5 mph* in all parking areas and driveways
- *No Alcohol Allowed* in any parking lot, field, or at any Cicero Little League event
- *Smoking is not permitted in the field areas*
- *No Playing in parking Lots*
- *No Playing on or around lawn equipment*
- *No Profanity, please*
- *No Swinging Bats or throwing baseballs or softballs* at any time within the walkways and common areas at any field
- *No Throwing Balls or Bats* at fencing or dugouts
- *No Throwing Rocks*
- *No Pets are permitted in any park* while games or practices are in progress
- *Only a Player on the Field* and at bat, may swing a bat (ages 5-12)
- *Observe All Signs*
- *During games*, players must remain in the dugout area in an orderly fashion at all times
- *After every Game*, each team must clean up trash in dugout area, under bleachers, and in seating areas

# Are Your Expectations Reasonable and Consistent?

What do I expect from my Players?

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

# Are Your Expectations Reasonable and Consistent?

What can You and Your Child expect from me?

- To be on time for all practices and games.
- To be as fair as possible in giving playing time to all players.
- To do my best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set reasonable expectations for each child and for the team.
- To teach the players the value of winning and losing.
- To be open to ideas, suggestions and help.
- To never holler at any member of my team, the opposing team, or umpires. Any confrontation will be handled in a respectful, quiet, and private manner.

# Are Your Expectations Reasonable and Consistent?

## What do I expect from Parents & Family?

- To come and enjoy the games.
- To cheer and make players feel important.
- To allow me to coach and run the team.
- To try not to question my leadership.
- All players will make mistakes and so will I. Please do not holler at me, the players, or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today.
- If you wish to question my strategies or leadership, please do not do so in front of others.
- Each of you have children on this team, it's your team as much as mine, please help.
- Finally, don't expect the majority of the children playing Little League Baseball and Softball to have strong skills. We hear all of our lives that we learn from our mistakes. Let's allow the players to make mistakes, but always be positive in supporting their growth, and lifting their spirits.