

Abingdon Little League

Abingdon, VA

346-01-01

2026

Safety Plan

Board Approved: 11/06/25

President: Jeff Johnson

Safety Officer: Norma Koscinski

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2026 Qualified Safety Plan Requirements

1. Have a safety officer on file at Little League International
2. Make safety plan accessible to coaches, managers, board members and any other volunteer in the league
3. Post and distribute emergency and league officer phone numbers
4. Require volunteers to complete and submit the Official Little League Volunteer Application
5. Provide fundamentals training
6. Provide first-aid training
7. Require field inspections before games and practices
8. Complete the annual Facility Survey
9. Post and utilize concession stand procedures
10. Regularly inspect and replace equipment as needed
11. Have a procedure for reporting accidents/injuries
12. Require First Aid Kits at all league events
13. Enforce Little League Rules & Regulations
14. Submit League Registration Data for players, coaches and managers
15. Complete survey question in LL Data Center

2026 Qualified Safety Plan Recommendations

<https://www.littleleague.org/player-safety/asap/enhance-your-plan/>

Mission Statement

The purpose of the Abingdon Little League (ALL) Safety Plan is to provide every child of Little League age the opportunity to play baseball or softball in the safest possible conditions. Although there are inherent risks of injury in the games, we will strive to minimize those risks by incorporating and renewing this Safety Plan every year.

Introduction – 2026 Season

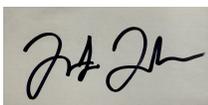
ALL's Board of Directors works closely with Little League International and the Southeast Region to create a safe environment for its volunteers and participants. The following list provides a partial list of the important safety precautions that are in place for 2026:

- All volunteers must complete and submit a 2026 Volunteer Application either on paper or electronically via JDP. Background checks will be conducted on all Managers, Coaches, Board Members, and other Volunteers as deemed necessary by the Board of Directors.
- League Safety Officer is approved by the Board of Directors
- Volunteer Code of Conduct to be signed by all Managers and Coaches
- Sport Parent Code of Conduct to be signed by all parents/guardians.
- Regular field inspections performed by Board Members and Managers.
- Regular field maintenance provided by the Town of Abingdon
- League adopted Concussion Policy in accordance with Washington County Schools and the VHSL.
- Managers and Coaches attendance at safety and first aid training.
- All Managers, Coaches, and Board of Directors are given a copy of the Safety Plan.
- Copies of the Approved Safety Plan for ALL are available online (www.abingdonlittleleague.org) and in the concession stand, available upon request.

ALL works with the Town of Abingdon Parks and Recreation Department to maintain the facilities with a focus on safety for our players. We would like to thank the Abingdon Police Department, Washington County Sheriff's Office, Washington County Life Saving Crew, and the Abingdon Fire Department for their continued support.

A special thank you to all the volunteers who contribute their time, skills and resources to create a safe and healthy environment for the children of ALL.

Think Safety,



Jeff Johnson

President
Abingdon Little League

League Safety Officer

The League Safety Officer for 2026 is Norma Koscinski.

The ALL Safety Officer is the direct link between the Board of Directors and the managers, coaches, umpires, players, and any other third parties regarding safety matters. The main responsibility of the ALL Safety Officer is to develop, implement, and communicate the League's safety program to all involved.

The ALL Safety Officer's responsibilities shall include but are not limited to:

- Work with the President and the Board to develop/review and implement the Safety Plan for the League.
- Post and distribute any relevant Little League ASAP (A Safety Awareness Program) newsletters to team managers.
- Assist parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents/player.
- Distribute the ALL Safety Plan to all managers at the beginning of each season.
- Review Safety Plan with Managers and Coaches during pre-season training session(s)
- Manage Concussion Policy for ALL
- Inspect playing fields for potential safety hazards and notify appropriate persons for necessary corrective action.
- Make First-Aid training available to managers and coaches
- Maintain first aid kits and verify that coaches are aware of their locations at the facility.
- Verify and record completion of 2026 Volunteer Application by all volunteers and work with the President to verify any background checks ordered through JDP.
- Act, in a reasonable time, to mitigate unsafe or hazardous conditions
- Complete the annual Little League Facility Survey and lighting audit prior to the start of the season.
- Make Accident Reports available to all Managers
- Log and maintain copies of all accident reports completed.

Safety Plan Distribution

ALL will distribute copies of the Board approved Safety Plan to the following people each year:

- Board of Directors
- Approved Managers and Coaches
- District Administrator
- Abingdon Parks and Recreation Director – Kyle Pollard
- Abingdon Elementary Principal- Allison Willis

Abingdon Little League will maintain a copy of the Safety Plan in the following places for direct access.

- www.abingdonlittleleague.org
- Hard copy available in the Concession Stand at facility on Russell Road.

Emergency Contacts

EMERGENCY

Abingdon Police/Fire/EMT	911
Washington County Rescue Squad	(276) 676-2401
Abingdon Police Department	(276) 628-3111
Abingdon Fire Department	(276) 628-5563
Washington County Sheriff	(276) 676-6277
Ballad Health Urgent Care	(276) 619-0075
Poison Control Center	(800) 222-1222

Area Hospitals

Johnston Memorial Hospital 16000 Johnston Memorial Drive Abingdon, VA 24211	(276) 258-1000
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League Contacts

President

Jeff Johnson #304-952-6132
cecil_512@hotmail.com

Vice Presidents

Phillip Reynolds(baseball)
#276-469-2141
allclean.aprd@gmail.com

Chad Johnson(softball)
#276-698-6511
coachjvfl@gmail.com

Secretary

Bridgett Pack 276-608-6670 abvhrh@gmail.com

Safety Officer

Norma Koscinski 570-592-8141 norma.koscinski@yahoo.com

Player Agent

Mike McCool #276-698-8182
mmccool@gmail.com

Reporting Guidelines

- Every injury/incident should be reported to the League with 48 hours, including the incident report if necessary.
Incident Report is attached in Appendix A
- League President and Player Agent will work together to submit all player, volunteer, and team data as required by Little League International to the online Data Center.

Background Checks

ALL will use the Official Little League Volunteer Application form to screen all of our volunteers. Background checks will be required for all volunteers, including, but not limited to:

- Board Members
- Managers
- Coaches
- Umpires
- Any other volunteer as deemed necessary by the Board based on re-occurring, direct access to children.

The purpose of the background check is to verify that children are protected from anyone who has committed a sexual offense against a minor. ALL will use national databases, including the JDP National Criminal File database and National Sex Offender Public Website (NSOPW) (<http://nsopw.gov>), to conduct criminal background checks. Prior to the start of the season, anyone who desires to volunteer will be required to complete a 2026 volunteer application form and submit a photocopy of their driver's license or other government identification to verify their identity.

Copies of the New and Returning Volunteer Application Form are attached in Appendix A.

Volunteer Training

Training Dates

- TBD – Fundamentals and Rules Training – (Coordinated with District 1)
- TBD – Fundamentals and Safety/First Aid Training – Abingdon, VA (League)

CPR

ALL may offer CPR Certification training to the Board of Directors. Including awareness and use of the on-site AED.

First-Aid Training

ALL will provide First-Aid training for all Managers and Coaches as well as the Board of Directors. Mandatory attendance of at least one Manager/Coach from each team is required. Any Manager, Coach or Director should, at minimum attend the training at least once every two years.

Fundamentals Training

ALL will provide fundamentals training for managers and coaches for the purpose of teaching the fundamentals of hitting, sliding, fielding, pitching, etc. At least one representative from each team will be required to attend the training. Managers and coaches are required to attend the training at least once every 3 years.

Umpire Clinic

ALL, partnering with District 1, will provide an Umpire's Clinic prior to the start of the season. All Managers, Coaches and Volunteer Umpires are encouraged to attend.

Facilities/Equipment

Facility Survey

ALL's Safety Officer will annually complete and submit the annual Little League Facility Survey. The survey provides an overview of the current facility setup and also shows future plans for the League's facilities.

Final Facility Survey will be attached to this document as Appendix C.

Field Inspection

ALL requires Managers/Coaches to walk/inspect the fields prior to practices and games. Umpires are also required to walk the fields for hazards before each game. Managers, Coaches and Umpires should note and repair, items that may raise a safety hazard for the participants. A Facility and Field Inspection Checklist will be provided to all managers/coaches.

Checklist is attached in Appendix A

Equipment

Baseball Bats (2019 Rule Change)

All baseball bats used in practices or games for Abingdon Little League must be provided by the league or approved by the League President or his designee before they can be used. Bats will be clearly marked as approved so that the bat can be distinguished from a distance. League markings will be applied to all League approved bats. League markings must also be applied to any personal bats that a player would like to use. League mark on the bat must remain as applied without alteration for the duration of the Abingdon Little League year to remain eligible for use.

The League mark is defined in the By-Laws as a 1-inch bright tape around the top of the handle that has the President's or his designee's signature across the tape seam.

Pre-Season

All equipment is inspected for damage and defects prior to distribution to coaches. Any equipment deemed unsafe is disposed of and replaced by the League.

Pre-Game

- All equipment should be inspected prior to the start of a game. Any equipment found unsafe should be removed from the dugout and replaced prior to game starting. If a player is using an illegal bat, the player & Manager will be ejected from the game of play.
- Players are allowed to wear jewelry, and/or necklaces, rubber bracelets.
- All male catchers MUST wear a protective cup. This applies to all divisions of play.
- Stickers may be worn on helmets, & cannot be excessive or offensive.

Concession Stand

ALL maintains a concession stand at the Russell Road facility. The Guidelines below will help minimize the risk of food borne illness. Concession workers will be given basic training including, but not limited to, proper handling of food, proper operation of cooking or heating equipment and general safety.

An inspection will be completed prior to and throughout the season by the ALL Concessions Committee Members, League President and Safety Officer. Concession Stand Safety Procedures and Guidelines will be posted in the concessions area.

1. Use only foods from approved sources; do not distribute any items that are prepared at home.
2. Always use a food thermometer to check the cooking and holding temperatures of food. All Cold items must be maintained at 41F or below, and all hot items must maintain a temperature of 140F or above. Ground beef & Pork must be cooked to an internal temperature of 155F and poultry must be cooked to 165F. Check temperature of all items periodically.
3. Frequently and thoroughly wash hands. Disposable gloves may be worn as an additional barrier for contamination, but hands still must be washed.
4. If you are sick, don't work in the concession stand. Anyone who is showing any symptoms (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands is not allowed to work in the concession stand.
5. Do not handle any raw, ready-to-eat foods or food contaminated surfaces. Dispensing utensils should be used at all times when serving food.
6. Use disposable utensils for food service, and discard after use.
7. Ice used for storing items is not to be used in cup beverages. Use scoop to dispense ice, never use hands.
8. Use disposable sanitation cloths, and only one use per cloth.
9. Keep all food covered to protect from insects.
10. Garbage cans must have tight fitting lids.
11. Food is to be stored a minimum of 6 inches off the floor.
12. No one under the age of 12 is allowed to work in the concession stand. Volunteers must be at least 14 to operate equipment such as grill, etc.

First Aid Kits

ALL will provide First Aid kits and ice packs (for injuries). First Aid kits will be located in the Concession Stand and press box areas.

Automated External Defibrillator

The Town of Abingdon Parks and Recreation Department has provided an AED that remains onsite in the Ray Petty concession stand for the duration of the Little League season.

Gameday Safety

Little League Rules

ALL will require ALL TEAMS to enforce and adhere to ALL LITTLE LEAGUE RULES, including Proper Equipment for Catchers.

Some of the Rules to highlight include, but are not limited to:

- Games and practices should be held only when weather, field, and light conditions provide a safe playing environment.
- Games and practices should be stopped when lightning is detected in the area. Games or practices can resume no earlier than 30 minutes from the last lightning sighting. All players should be sent to their cars with their parents/guardians until play is deemed safe by League officials.
- Only managers, coaches, umpires, and players should be permitted on the field or in dugouts during practices and games.
- Players with glasses should be encouraged to wear safety glasses and eyeglass retainer straps (provided by parents).
- Batters must wear protective NOCSAE helmets during practice, as well as during games. This includes while batting, base-running, and coaching a base
- During games, all players must remain in the dugout area in an orderly fashion at all times.
- There is no on deck for batter warm-up. Players should not have bat in hand until it is time for them to leave the dugout for their at bat.
- Managers and coaches may warm up pitchers during the regular season, Tournament play it must be a player with mask. This applies to the field, bullpen, or any other spot on Little League facility grounds.
- A catcher must wear their mask while warming up pitchers and catching up for a coach hitting infield.
- Headfirst slides are not permitted except when a runner is returning to a base.
- All catchers must wear catcher's helmet and mask with a throat protector, chest protector, shin guards

General Safety Guidelines

- Team equipment will be stored within the team dugout or behind screens.

- Managers and coaches are responsible for keeping bats and loose equipment off the field of play.
- Foul balls batted out of the playing area shall be returned to the press box.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so as to not endanger them of wild throws or missed catches.
- All pre-game warm ups should be performed within the confines of the playing field.
- The condition of equipment shall be inspected regularly by the manager and coaches.
- At no time will horseplay be permitted in the dugout or on the field.
- Managers will only use official Little League balls supplied by ALL.
- Shoes with metal spikes or cleats are permitted in the boy's juniors and seniors only, shoes with molded cleats only are permissible in all other divisions.
- Managers will never leave a child unattended at a practice or game.
- Never hesitate to report any present or potential safety hazard to the ALL Safety Officer.
- No drugs, alcohol, or tobacco will be allowed on the playing fields or their premises at any time.
- No medication will be taken at a practice or game unless administered directly by the child's parents.
- Be aware of any medical problems or allergies pertaining to your players and determine from the parent how to detect or deal with any condition.

Weather

Practice

Managers are responsible for cancelling practice for their team based on current weather conditions and condition of field for which that practice is assigned.

League wide cancellation of League activities may be necessary based on the weather. This decision will be made by the President and communicated to all Managers within the League. This decision is final and no longer up to each individual Manager to determine ability to practice or play a game.

Games

The League President or Board Member on duty shall be responsible for determining if games are cancelled due to weather. Once a game is started, an effort should be made to play to 4 innings to complete an official game.

Concussion Policy

ALL adopts the following Concussion policy and procedures. The policy follows the Concussion Policy defined for Washington County Public Schools and allows ALL to comply in our partnership with the Abingdon School District pursuant to Virginia Code 22.1-271.5.

ALL desires to protect its participants from the effects of a concussion, whether suffered during a League affiliated activity or outside of their participation. The goals of this policy are (a) to inform all League volunteers of the short- and long-term effects of a concussion; (b) to verify that concussed athletes are

identified, removed from participation, and referred to an appropriate medical authority for accurate diagnosis; and (c) that appropriate measures are in place to monitor an athlete's ability to return to practice and games, symptom free and having received medical clearance to return.

Volunteer Training

All Board Members, Managers, and Coaches will be required to complete online concussion training. Volunteers will be ineligible to be approved for Manager and Coach positions without completion of concussion training.

- Online training to be completed through NFHS Concussion Course.
- <http://nfhslearn.com/courses/38000>
- Certificate of completion must be presented to the League President or League Safety Officer by email or hard copy once completed.

Parent/Player Review

All players and their parents/guardians will be given concussion awareness documentation, including a copy of the League concussion policy. Each player must have a parent/guardian signed statement on file

Concussion Consent Form attached in Appendix B

Player Removal

- Any player suspected of a possible concussion, by a Manager, Coach, League Official or Parent shall be removed from participation immediately.
- A removed participant should be evaluated immediately by parents and coaches. If concussion is **SUSPECTED**, the player is **ineligible to return to activities that day** and should be seen by a Licensed Health Care Provider for further diagnosis.
- If participant is not diagnosed with a concussion by a Licensed Health Care Provider, they are eligible to return to play the following day
- If participant is determined to have suffered a concussion by a Licensed Health Care Provider, they are **immediately ineligible to participate** and cannot return to practice or games until having been cleared in writing by a Licensed Health Care Provider and completed the Return to Play Protocol defined below.

Return to Play Protocol

Any participant diagnosed with a concussion, whether while involved with a League activity or outside of League activities is ineligible to participate in practices or games in ANY way until completion of the Return to Play Protocol.

1. Participant must be medically released in writing to return to play by a Licensed Health Care Provider. Release should be delivered to the Manager, who will deliver to the Safety Officer.
2. Complete 5 stage Graduated Return to activity, monitored by a Manager or Coach at practice.

5 Stage Tracking Document is attached in Appendix B

Record Keeping

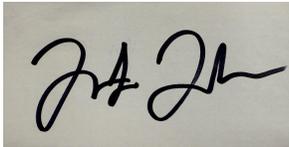
ALL will maintain records with regard to its Concussion policy for 3 years. These items include, but are not limited to, the following:

- Volunteer Names and Dates of concussion training completion
- Incident record files for every time a participant is removed from activity

Board Approval

The above 2026 Safety Plan has been approved by the Abingdon Little League Board of Directors on 11/06/25 Plan is in force until another plan is approved by the League Board of Directors.

Jeff Johnson
President

A rectangular image showing a handwritten signature in black ink on a light-colored background. The signature appears to be 'JA Johnson'.A handwritten signature in black ink, consisting of a large, stylized 'B' followed by a horizontal line and a small flourish.

Bridgett Pack
Secretary

Appendix A

Medical Release Form



LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:

_____	_____	_____
Name	Phone	Relationship to Player

_____	_____	_____
Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Legal Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

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

2026 Volunteer Application

<https://www.littleleague.org/downloads/volunteer-application/>



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 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/BgStateLaw

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 US. 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.

Proof of completion of Abuse Awareness Training for Adults provided to league

Form 10/25/23

Facility and Field Inspection Checklist

FACILITY AND FIELD INSPECTION CHECKLIST

Facility Name: _____

Inspector: _____

Date: _____ Time: _____

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris and foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Areas around Bleachers free of debris
- General Garbage clean up

NOTES/HAZARDS:

Signature: _____

Appendix B

Incident Injury Tracking Report

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: _____

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 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 to being allowed in a game or practice.)

Type of incident and location:

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

Prepared By/Position: _____ Phone Number: () _____
Signature: _____ Date: _____

Accident Claim Form



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

1. This form must be completed by parents (if claimant is under 18 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

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

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

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

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

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

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

Check all applicable responses in each column:

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

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

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

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

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

Concussion – 5 Stage Return to Play

Player Name _____ Team _____
Manager _____
Date Concussion Diagnosed _____ Date Medically Cleared to Return _____

Stage 1

10 minute Jog

Participant Completed Successfully on _____ Signature _____

Stage 2

25 minutes Total Activity

- 10 min Jog
- 5 minute walking lunges alternate with slides
- 5 minute running with change in direction
- 5 minute jog

Participant Completed Successfully on _____ Signature _____

Stage 3

30-45 minutes Total Activity

- 10 min jog
- Active pre-practice warmup
- 5 min low intensity run w change in direction
- 5-10 minute Sport specific drills
- 5 min jog

Participant Completed Successfully on _____ Signature _____

Stage 4

Full NON-Contact practice

- Must be active for 60 minutes

Participant Completed Successfully on _____ Signature _____

Stage 5

Reach and Maintain Full Exertion

- Participate in all practice drills without issue
- Must be active for fro 60+ minutes

Participant Completed Successfully on _____ Signature _____

Player cleared to return to Full practice and Games

Manager _____ Date _____
League President or Safety Officer _____ Date _____

Appendix C

Facility Survey

Submitted Electronically at www.facilitysurvey.musco.com