



2024

Coronado Little League

Safety Plan

League ID.#405-32-01

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Introduction

The mission of Coronado Little League shall be to implant firmly into the children of the community the ideas of good sportsmanship, honesty, loyalty, courage and respect for authority so they may grow up well-adjusted and happier children and become good and decent citizens.

To achieve this mission the Coronado Little League will provide a supervised instructional program under the rules and regulations of Little League Baseball, Incorporated. All directors, officers and members shall bear in mind the attainment of the exceptional athletic skill or winning of games is secondary, and to the molding of future citizens is of prime importance.

In accordance with Section 501-(C)-(3) of the Federal Internal Revenue Code, the Coronado Little League shall operate exclusively as a non-profit organization providing a supervised program of competitive baseball games. No part of the net earnings inure to the benefit of any private shareholder or individual, no substantial part of the activities will be carrying on of propaganda, attempting to influence elections, legislation or participating in any political campaign on behalf of any candidate for public office.

Message from the CLL President

CLL Volunteers & Parents:

Welcome to another year of Coronado Little League baseball!

The Coronado Little League safety program is modeled after the Safety Awareness Program provided by Little League Headquarters in Williamsport, Pennsylvania. It will guide us in our effort to fulfill the stated goals as outlined in our Mission Statement: "Our chief pursuit is to make the Little League experience SAFE and fun for all participants."

SAFETY FIRST and SAFETY ALWAYS...

In any situation, during practice or a game you must consider safety is the first and most important consideration.

Thank you in advance for your efforts in helping to make Coronado Little League a safe and fun experience.

Doug Barker CLL President CLL 405-32-01

Emergency Contact Info

Field Safety Telephone Numbers

EMERGENCY	911
SAFETY OFFICER – Meghann Eastham	619.301.4485
CLL PRESIDENT – Doug Barker	858.663.2701
CLL VICE-PRESIDENT – Matt Cannon	619.666.6489
FIRE STATION	619.522.7374
CORONADO POLICE DEPARTMENT	619.522.7350

*Coronado Little League Safety Officer: Meghann Eastham, on file with Little League Headquarters.

In the event of a Medical Emergency

- 1) Provide medical aid immediately on scene.
- 2) Assign someone to call 911 if the injury severity requires emergency medical personnel.
- 3) Notify player parents if they are not present. Manager shall have player Emergency Contacts in their player binder which should be with them at all times.
- 4) Notify CLL Safety Officer Meghann Eastham at 619.301.4485 or League President Doug Barker at 858.663.2701 within 24 hours of the incident.
- 5) Have a Manager/Coach or Board Member stay with the injured player if their parents are not present.
- 6) Complete the incident report form (located in your team first aid kit with additional copies in the snack bar) and place in the safety officer mailbox in the snack bar.
- 7) Interview witnesses if necessary and record their name and contact information as well as what they observed about the circumstances surrounding the incident.
- 8) Report any safety hazards identified through the incident to the CLL Safety Officer so that steps can be taken to prevent another incident from happening.
- 9) Report any injury to any player, manager, coach, umpire, or volunteer where first aid has been received.

Volunteer Training Requirements

1. Coronado Little League shall use the Official Little League Volunteer form to screen all volunteers. Volunteers shall also provide a government-issued photo identification for identity verification.
2. All volunteers aged 18 years of age and older who will have 16 hours or more per month or 32 hours or more per year of direct contact with CLL youth shall complete a fingerprint-based background check via LIVESCAN.
3. All coaches and administrators shall successfully complete the concussion and head injury education offered at least once online before the start of CLL practice.
4. All CLL volunteers shall complete annual Child Abuse Awareness training before the start of CLL practice.
5. All managers, coaches, board members and officers shall receive and review this Safety Manual in its entirety before the start of CLL practice.
6. At least one manager or coach from each team shall attend a league sponsored first aid training session presented by the CLL Safety Officer to discuss best practices for injury prevention, first aid administration, concussion training and pre-game/practice warm-up instruction on January 28th at Bradley Field.
7. All team managers shall attend a league sponsored Fundamentals Training Clinic held at Bradley Field on January 28th. The clinic will address fundamentals of positive coaching, skills and best practices for planning effective practices. All coaches are encouraged to attend as well.

First Aid

1. First aid training will be provided by the Safety Officer and attendance will be required by at least one coach or manager from each team on January 28th @ Bradley Field. Umpires will be encouraged to attend as well.
2. Managers will be responsible for contingency medical service management prior to any game or practice.
3. Every team will be issued a first aid kit with their equipment and should bring the kit to all practices and games (on and away from CLL fields).
4. A large first aid kit will be immediately available in each equipment shed and in the equipment lockers at each field. All coaches will have access to equipment sheds and lockers during practices and games.
5. Small bags of ice for injuries during games will be available in the snack bar freezer.
6. Cold packs for injuries requiring ice during practice when the snack bar is closed will be included in each large first aid kit located in the storage sheds and equipment lockers.
7. Managers shall make prompt incident reporting. Complete and return the accident forms to the safety officer (Meghann Eastham – 619.301.4485) within 24 hours of any event.
 - a. A sample incident report form is included with this safety plan, in your team first aid kit, the snack bar and can be downloaded from the CLL website.
 - b. Completed forms shall be shared with the district safety officer (Sean Green).
8. Managers, coaches and other volunteers shall promptly share any concerns or suggestions for improved safety measures with the CLL safety officer - Meghann Eastham (619.301.4485) when “near-misses” take place to reduce likelihood of future injuries.

Field Safety

1. CLL completed its annual Facility Survey in December 2023.
2. Coaches and Managers shall walk the field of play prior to each game or practice and resolve any hazards before play begins.
 - a. For games, the HOME coaches/managers will be responsible for walking the field to identify and resolve hazards.
3. Bathroom safety checks: When a player needs to use the bathroom, the following steps shall be taken if the player's parent or guardian is not available:
 - a. The player must inform his/her coach or manager
 - b. The coach or manager and another player must accompany that player to the bathroom.
 - c. The coach will conduct a "safety sweep" of the bathroom to make sure the player will be safe while inside.
 - d. To bypass this process, the coach can notify the player's parent or guardian to escort his or her own child to the bathroom.
4. Dogs must be leashed and kept off the playing fields at all times.
5. Coaches shall carry the player binder with them at all times containing pertinent health information and emergency contact info.
6. Managers and coaches shall not leave any player at practice or playing fields unattended.
7. There shall be a minimum of two adults present at each practice or game.
8. Only managers, coaches, umpires and players shall be allowed on the field or in the dugout area during the game.
9. Warm up areas shall be on the field of play and away from spectators.
10. No game or practice shall be played when lightening, inclement weather or other field conditions are not suitable for safe play. During a game, the decision to continue play shall be made by the head umpire in consultation with the managers.
11. All fire extinguishers shall be up to code and recharged or replaced as necessary.
12. Disengaging (break away) bases shall be used on all fields of play.
13. All team equipment shall be stored within the team dugout or behind the fence outside of the field of play.

Player Safety

1. Players shall be instructed in the fundamentals of batting, throwing and sliding safety.
2. The league equipment manager shall inspect the equipment prior to issue to ensure they are safe to use.
3. Managers shall inspect equipment prior to each game and practice. Umpires shall inspect all baseball bats for compliance with Little League rules before each game.
4. Only approved equipment, including bats, chest protectors, ball and helmets shall be used during games and practices.
5. Catchers shall wear the helmet, mask, throat guard, chest protector, shin guards and protective cup for practice, warm up and games.
6. The batter and base runners shall wear a protective helmet during both practice and games. All players are encouraged to wear a protective cup and supporters for practices and games.
7. When warming up a pitcher, the player doing the catching must wear the catcher's helmet with mask, throat guard and protective cup.
8. Managers, coaches and umpires standing behind the plate shall wear the required protective gear prescribed for umpires in games.
9. Managers and coaches shall not warm up pitchers.
10. Headfirst sliding is prohibited in Minors and below.
11. Abusive language by managers, coaches, players and parents will not be tolerated. In order to ensure a positive environment is maintained, managers and coaches are encouraged to relay the league's position about this topic to their players and parents at all times.
12. On-deck batters are not permitted.
13. Safety is everyone's responsibility. If you see something, say something. Please do not hesitate to contact the Coronado Police Department (619.522.7350) with any concerns or suspicious activity.
14. The safety officer shall submit a qualified safety plan annually. This plan will be disseminated to all coaches, managers, league volunteer and the District Administrator. A copy of the safety plan will be posted in each dugout, snack bar and only the CLL website.
15. All league roster data shall be uploaded via the Little League National Data Center.
16. CLL requires all teams to enforce all Little League Rules.

Pitching Rules

The following is derived from regular season Pitch Count Regulations for all levels of Little League Baseball.

1. Any player on a regular season team may pitch. However, any player who has played the position of catcher in 4 or more innings in a game is not eligible to pitch on that calendar day.
2. Approved Ruling: The catcher receiving one pitch to a batter in the fourth inning constitutes having caught four (4) innings. Warm-up pitches do not count, only when the ball is live will the pitches count toward innings caught.
3. There is no limit to the number of pitchers a team may use in a game.
4. The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

Ages 6-8	50 pitches per day
Ages 9-10	75 pitches
Ages 11-12	85 pitches
Ages 13-16	95 pitches

5. If a pitcher reaches the limit imposed in Regulation VI © for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs:
 - a. The batter reaches base;
 - b. The batter is put out;
 - c. The third out is made to complete the half-inning of the game.
 - d. The pitcher is removed from the mound prior to the batter completing his/her at bat.
6. Intermediate Division, Junior and Senior League only: A pitcher remaining on defense in the game but moving to a different position, can return as pitcher anytime in the remainder of the game, but only once per game.

7. Pitchers league age 14 and under must adhere to the following rest requirements:

66 or more pitches in a day	4 calendar days of rest must be observed
51-65 pitches in a day	3 calendar days of rest must be observed
36-50 pitches in a day	2 calendar days of rest must be observed
21-35 pitches in a day	1 calendar day of rest must be observed
1-20 pitches in a day	No rest required

8. Under no circumstance shall a player pitch in three (3) consecutive days.
9. A pitcher's pitch count for the purposes of day(s) rest threshold is determined by the first pitch thrown to a batter. The pitcher may not start a new batter once the limit imposed in Regulation VI© has been met.
10. Each league must designate the scorekeeper or another game official as the official pitch count recorder.
11. The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.
12. The official pitch count recorder should inform the Umpire-in-Chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI©. The Umpire-in-Chief will inform the pitchers manager that the pitcher must be removed in accordance with Regulation VI©. However, the failure by the pitch count recorder to notify the Umpire-in-Chief, and/or the failure of the Umpire-in-Chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.
13. Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19

Concession Stand Safety

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

1. **Menu:** The menu shall be posted and approved by the safety officer and league president. Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.
3. **Reheating:** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
4. **Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.
5. **Hand Washing:** Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. **Health and Hygiene:** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
7. **Food Handling:** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. **Dishwashing:** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
 - a. Washing in hot soapy water;
 - b. Rinsing in clean water;
 - c. Chemical or heat sanitizing; and
 - d. Air drying.
9. **Ice:** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.
10. **Wiping Cloths:** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
11. **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness:** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.
13. **Set a Minimum Worker Age:** Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

VOLUNTEERS MUST WASH HANDS



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.
 - Wear gloves when you have a cut or sore on your hand or when you cannot remove your jewelry.
 - If you wear gloves, wash your hands before you put on new gloves.
 - Change your gloves as often as you wash your hands and 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.

Storage Shed

CLL utilizes two storage sheds (one at Bradley field and one at Tidelands) to store baseball and field maintenance equipment. The following safety procedures apply to anyone that accesses these storage sheds during the regular season:

1. Those with access to the CLL equipment sheds (ie Managers, coaches, field maintenance, etc.) shall be aware of their responsibilities to maintain the organized and safe storage of field maintenance tools and supplies. Leave it better than you found it.
2. All chemicals and organic materials for field maintenance that are stored in sheds should be properly labeled and out of reach of children.
3. If a spill of organic materials or chemicals takes place in the shed, it shall be cleaned and disposed of immediately to avoid accidental poisoning.



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

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
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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) | |

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

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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