

# **LaGrange Youth Baseball/Softball**



**2025 ASAP Plan**

**P.O. Box 111  
LaGrangeville, NY 12540**

**District: NY-17**

# **LaGrange Youth Baseball/Softball ASAP Plan**

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# **LaGrange Youth Baseball/Softball ASAP Plan**

## Requirement 1 (League Safety Officer):

- League Safety Officer, **Kerri Blanco**, is on file with Little League International

## Requirement 2 (Safety Manual Distribution):

- LaGrange Youth Baseball/Softball will provide copies of this safety manual to all appropriate personnel such as managers, coaches, officers and the district administrator/district safety officer.
- Copies will be posted for access by all volunteers

## Requirement 3 (Emergency and League Contact Info):

### Emergency and League Contact Numbers

**EMERGENCY (Police/Fire/Ambulance): 9-1-1**

Position	Name	Contact Info
President	Matt Burke	845-541-1898
VP of Baseball	Chris Knittel	845-649-0328
VP of Softball	Chris McCartney	914-804-6953
Treasurer	Diane Slifstein	203-858-9746
Secretary	Mark Jennings	845-464-9906
Safety Officer	Kerri Blanco	845-392-3153
Player Agent Boys/Girls	Dan Barone	845-214-7811
Equipment Manager	Eric Moglin	518-391-3540
Sponsorship Coordinator	Gerald Jackson	646-629-4288
Webmaster	Bob Sayah/Craig Gloede	845-444-0186/845-325-2516
Umpire-in-Chief	Chris Kerns	914-204-3688
T-Ball Commissioner	Tom Uhle	203-613-1596
Boys Instructional Commissioner	Mike Crawford	845-380-6737
Boys Rookie Commissioner	Dan Barone	845-214-7811

# **LaGrange Youth Baseball/Softball ASAP Plan**

Boys Minors Commissioner	Eric Moglin	518-391-3540
Boys Majors Commissioner	Mark Jennings	845-464-9906
Boys Jr/Sr Commissioner	Chris Basso	609-332-9293
Girls Instructional Commissioner	Kyle Nace	914-482-2637
Girls Rookie Commissioner	Keith Ballard	845-242-0578
Girls Minors Commissioner	Patrick Bell	845-891-6861
Girls Majors Commissioner	Brian Howard	845-803-7276
Girls Jr/Sr Commissioner	Gia McCartney	845-629-6899
Challengers Commissioner	Kurt Beale	845-797-9573

## Requirement 4 (Volunteer Application):

- The LaGrange Youth Baseball/Softball requires all volunteers to complete or provide a current background check each year (including Board Members) as indicated on the Little League website (<https://www.littleleague.org/player-safety/child-protection-program/state-laws-background-checks-leagues/>).
- Background checks are required by Little League International with results to be turned in to the league President.
- Both a background check as well as approval from the Board must be cleared before an individual may actively participate in any phase, at any level of LaGrange Youth Baseball/Softball programs.

# LaGrange Youth Baseball/Softball ASAP Plan

## Little League Volunteer Form



### 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 <http://littleleague.org/localib/check> 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 \_\_\_\_\_

Address \_\_\_\_\_

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

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

Call 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? \_\_\_\_\_  
 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? \_\_\_\_\_  
 Driver's License#: \_\_\_\_\_ State \_\_\_\_\_  
 Yes  No

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 (If volunteer answered yes to Question 7, the local league must contact Little League International.)  
 Yes  No

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, or 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/BackgroundLaws](http://LittleLeague.org/BackgroundLaws)**

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 names only sometimes 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 reported, my position is conditional upon the league receiving no inoperative 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 volunteer 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) 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  Database and Little League International Ineligible/Suspended List

\*Please be advised that if you use JDP and there is a name match in the law status where only name search 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 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.

# LaGrange Youth Baseball/Softball ASAP Plan

## Little League Basic Volunteer Form



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 \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Call Phone \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Driver's License#: \_\_\_\_\_

- Have you ever been charged with, convicted of, pled 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 pled no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (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)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (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?  
 If yes, explain: \_\_\_\_\_  Yes  No  
 (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/Registration](http://LittleLeague.org/Registration).**

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 names 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) \_\_\_\_\_ Date \_\_\_\_\_  
 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  National Sex Offender Registry Database and Little League International Ineligible/Suspended list

\*Please be advised that if you use JDP and there is a name match in the low 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 the criminal records associate 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.**

# **LaGrange Youth Baseball/Softball ASAP Plan**

## Requirement 5 (Fundamentals Training):

- At least one manager/coach from each team must attend the coaches meeting where Fundamental training will be provided covering topics like hitting, sliding, fielding, pitching, etc
- Along with Baseball/Softball fundamentals, player safety will also be presented.

### Safety of Players

- Above all else, LaGrange Youth Baseball/Softball is committed to the safety of all its players at all levels. LaGrange Youth Baseball/Softball Little League programs will adhere to the spirit of the Little League Pledge
- Every manager and coach will assure that throughout each game and practice, player safety is the number one priority, even at the expense of winning, if necessary. This includes, but is not limited to:
  - Making sure each player is properly stretched and warmed up before engaging in strenuous activities
  - Assuring every player is reasonably healthy at the start of the game and is not trying to play while seriously ill (such as with a high fever).
  - During hot weather conditions, assuring all players stay hydrated and requiring players to drink water or sports drinks throughout the game, regardless of whether or not the player is “thirsty”.
  - Elimination of any dangerous horseplay or activities
  - Assuring all practice drills are appropriate and practices are properly structured.
  - Following all requirements previously stated, such as field inspections, etc.

## Requirement 6 (First-Aid Training):

- At least one manager/coach from each team must attend the coaches meeting where basic first-aid training will be provided covering topics like cuts and scrapes, allergies, injury assessment, etc
- LaGrange Youth Baseball/Softball concussion protocol is we follow player’s doctor recommendation when it is safe to return to baseball/softball
- An Automated External Defibrillator (AED) is located on site at the back of the concession stand in the “9-1-1 Room”.
- Instructions to use the AED are found with the AED itself.

## Requirement 7 (Check Field Conditions):

- A manager or coach representing both teams is required to walk and inspect the playing field prior to every practice and game. Umpires are also required to inspect the field to assure it is safe and suitable for play prior to each game.

# **LaGrange Youth Baseball/Softball ASAP Plan**

## Requirement 8 (Complete Field Survey):

- Completed as part of the ASAP submission process on the Little League Data Center.

## Requirement 9 (Concession Stand Safety):

- The LaGrange Youth Baseball/Softball Concession Stand is operated by an outside vendor. Concession Stand operations shall meet or exceed the local Board of Health regulations.
- Name of Individual or Business operating concession: **Familia Pizzeria**
- Concession Equipment (unless otherwise noted) owned by vendor. List of equipment below:
  - (1) Pizza Oven
  - (1) Pretzel machine
  - (1) Slushy machine
  - (1) Deep fryer
  - (1) Table Top Grill
  - (2) Soda/Water refrigerators (owned and maintained by Pepsi)
  - (1) Freezer
  - (3) Ice Cream freezers Gillette Creamery
- For access, contact the league President **Matt Burke @ 845-541-1898**
- In case of an emergency or accident, call 9-1-1 and give your location as follows:
  - LaGrange Park
  - 1392 Noxon Road (by the corner of Rt 82 and Noxon Rd)
- Contact a Board member (See Requirement 3 for contact information) to open the gate
- Have emergency personnel drive the concession stand
- Contact the league President **Matt Burke @ 845-541-1898** to provide details of any incident involving emergency personnel

## Requirement 10 (Equipment Check):

- The LaGrange Youth Baseball/Softball Equipment Manager will inspect all equipment in the pre-season.
- All faulty equipment will be either repaired if possible or replaced with new equipment.
- During the season, managers and/or coaches are required to inspect equipment prior to each game and practice. They will also immediately repair, remove and/or replace any equipment that becomes faulty during the course of play (i.e. a broken catcher's throat guard strap).
- In addition, umpires are required to inspect equipment during and throughout each game to assure they meet all safety standards. They will immediately grant time to repair, remove and/or replace any equipment that becomes faulty during the game.



# **LaGrange Youth Baseball/Softball ASAP Plan**

## Requirement 11 (Accident Reporting):

- LaGrange Youth Baseball/Softball will act in accordance with the procedures and forms found on the official LL website. Sample forms are included with this plan.
- Completed accident forms must be collected by the Commissioner of the division the incident happened in. That completed form must be provided to the LaGrange Youth Baseball/Softball Safety Officer or President within 72 hours of the reportable incident.
- The Safety Officer/President will keep a composite record of reported accidents over the course of the season.

# LaGrange Youth Baseball/Softball ASAP Plan

## Little League 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

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	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)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <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) (11-19) | <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

# LaGrange Youth Baseball/Softball ASAP Plan

**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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# **LaGrange Youth Baseball/Softball ASAP Plan**

## Requirement 12 (First-Aid Kits):

- LaGrange Youth Baseball/Softball issues first-aid kits to all managers and stocks additional supplies for them. Contact your commissioner for more supplies.
- LaGrange Youth Baseball/Softball stocks ice packs in utility closets located around the complex
- Managers are required to carry their first-aid kits at all games and practices.

## Requirement 13 (Enforce Little League Rules):

- LaGrange Youth Baseball/Softball requires all teams to enforce all Little League Rules([Little League Safety Code](#).)and Local LaGrange Youth Baseball/Softball rules.
- This includes, but is not limited to:
  - Proper equipment for catchers, including throat guards
  - No on-deck batters
  - Bases that quickly disengage upon contact on all fields
  - Use of official, approved bats only

## Requirement 14 (Player/Coach Data):

- League player, manager and coach information has been submitted by the League President.
- LaGrange Youth Baseball/Softball uses League Athletics to complete all player and volunteer registrations. Data is uploaded to and integrated with Little League Data Center.

## Requirement 15 (COVID-19 Response)

- LaGrange Youth Baseball/Softball will continue to look for guidance from the CDC and local authorities
- LaGrange Youth Baseball/Softball will operate in accordance of all laws and regulations concerning COVID-19 outbreaks