



PO Box 126 Clarks Summit, PA ABINGTONLITTLELEAGUE.COM

SAFETY PLAN

Abington Little League, Inc. Abington National ID 02381728

The Abington Little League is committed to providing a clean, organized, and safe playing area for our community. In order to provide and ensure our fields and common areas are safe for the families that visit, the Abington Little League will maintain and enforce the following safety guidelines, known as the "Safety Plan".

The Safety Plan as noted here, is to be revised and administered annually. The Safety Officer is required by the league, to make sure the information contained within this document is correct and accurate. Any changes will be brought to the Executive Board and amended accordingly. The Safety Officer is required to submit this plan to the League and District Offices prior to March 1st of each year.

1. Contacts and Personnel
 - a. League Safety Officer – Mary Summa, as filed with the DA and Little League Baseball. The Safety Officer shall remain as a voting member of the Executive Board of the Abington Little League.
 - b. League President – Jody Fanning, as filed with the DA and Little League Baseball. The President shall oversee and ensure the Safety Plan is amended yearly and enforced with the assistance of the Safety Officer and the others on the Executive Board.

2. Distribution
 - a. The Safety Officer will distribute this Safety Plan to all personnel, in printed form, or via email. This will include, but is not limited to:
 - i. Executive Board – prior to April 1st
 - ii. District Administrator – prior to April 1st
 - iii. Managers – during first coaches meeting, preseason
 - iv. Team Parents – via email once teams are established
 - v. Concession Volunteers – will be posted by the main entrance and other common visible areas.
 - vi. Website – The Safety Plan shall be posted under the safety section of the website.
 - vii. Dugout Postings – each dugout in the league will maintain a safety poster. See Addendum A.



3. Volunteer Background Checks

- a. The Safety Office will be responsible to conduct all background checks for the league. He/she will also be responsible to maintain a safety on all personnel that have been checked and processed. The files shall be kept for a minimum of three (3) years.
- b. Background checks will be completed pursuant to both Little League Baseball rules and policies, and also pursuant to Pennsylvania State Law, regarding any adult that has access to a minor on a regular basis.
- c. All Executive Board members will be subject to the Little League Baseball background check (Addendum B), the Pennsylvania State Police Verification Check, and the Pennsylvania Department of Health and Human Services check for Child Predators and Domestic Abuse Crimes.
- d. Each team will have a manager, and two assistant coaches at minimum. All these volunteers will be subject to the Little League Baseball background check, the Pennsylvania State Police Verification Check, and the Pennsylvania Department of Health and Human Services check for Child Predators and Domestic Abuse Crimes.
- e. Each team will have a “team parent”. All these volunteers will be subject to the Little League Baseball background check, the Pennsylvania State Police Verification Check, and the Pennsylvania Department of Health and Human Services check for Child Predators and Domestic Abuse Crimes.
- f. All other volunteers such as fundraising persons, concession persons, field maintenance, and others will be subject to the Little League Baseball background check.

4. Training

- a. At least one manager/coach/asst coach from each team shall receive “First Aid” training. This training will be conducted by the Safety Officer and one medical professional adequate to administer such training. The training shall cover such topics as basic first aid, bandage application, concussions, heat fatigue, dehydration symptoms and remedies, and other topics as so deemed by the medical professional. The meeting for training will be during the scheduled coaches meeting for each division.
- b. At least one manager/coach/asst coach from each team shall attend the pre-season “Coaches Clinic”. This shall ensure we are teaching the kids the proper skills, and also the most up to date drills available. And doing so in a safe manner. The Coaches Clinic will be March 19, 2022 at the Sandlot Baseball Academy, and is hosted by either Bill Zalewski (Head Coach, Abington Heights High School Baseball), or Chris Davis (Owner, Sandlot Baseball Academy).



5. Playing Fields - Pre-Game and Practice
 - a. Prior to the start of the season, the Safety Officer, along with a minimum of three other Executive Board Members shall walk the property owned and used by the Abington Little League. They will complete the Facility Survey yearly and will take note to what needs to be fixed immediately, or prior to the start of the season. This committee will also make recommendations to the board for possible improvements throughout the season.
 - b. Prior to any game or practice, the manager or coach in charge, will be required to walk the fields, dugouts, and surrounding areas. They shall look for any areas of disrepair, damage, safety concerns, or other noteworthy issues. Anything deemed safety related should be emailed to the Safety Officer that day. The Safety Officer will take the appropriate action.

6. Safety Registrations
 - a. The Safety Officer shall submit annually the Facility Survey online.
 - b. The Safety Officer shall submit annually the newest Safety Plan once approved by the Executive Board online.
 - c. Both registrations shall be completed no later than April 1st of each year. This is done to not only gain financially from discounts offered from the league, but to also allow adequate time for repair to the fields.

7. Concession Stand Safety
 - a. The menu shall be presented to and approved by the Executive Board no later than April 1 of each year.
 - b. The Safety Officer and Concession Manager shall walk through the stand, preseason, to ensure of its cleanliness and safety.
 - i. Equipment is cleaned and safe to use.
 - ii. Appropriate safety posters are posted and in the correct locations. See Addendum C.
 - iii. All locks and doors are in working order.
 - iv. All electrical equipment, outlets, and other devices are in safe working order.
 - v. No children under the age of 16 shall be permitted within the stand.
 - c. The Safety Officer shall conduct periodic inspections of the concession stand. These checks must be at a minimum of once every two weeks.
 - d. The concession stand shall maintain the following safety equipment:
 - i. Full EMT approved medical bag, with blanket for patients to prevent shock.
 - ii. Lightening detector (tested once per month)
 - iii. Defibrillator



iv. Minimum of 20 ice packs at all times

8. Equipment

- a. The Safety Officer, along with the respective division Commissioners shall inspect all equipment offered by the league and to make sure all equipment meets Little League Baseball standards as set forth in its rules book.
- b. Each team, in its team bag, shall receive one first aid kit. Manager/Coaches will be instructed to carry a first aid kit to games/practices at all times. This kit will include at minimum:
 - i. Antiseptic spray
 - ii. Band aids
 - iii. Gauze (roll and pad type)
 - iv. EMT Scissors
 - v. Bee Sting/Insect spray
 - vi. Ice Pack
 - vii. Medical tape
- c. Certain areas shall be given attention and are, but not limited to:
 - i. Catcher's gear is safe and usable.
 1. Throat guards in place and attached.
 2. Chest guards usable and all straps intact.
 3. Proper shin guards depending on age of division.
 4. Catcher's helmet with proper face mask, and helmet, shall contain no cracks or missing parts.
 - ii. Batting helmets shall show no signs of cracks, or other detrimental deficiencies.
 - iii. All bases on the fields shall be "break-away" type.
- d. All players will be notified of other safety equipment, which they may purchase on their own. These will include:
 - i. Athletic supporter (mandatory for Major, Little League, Intermediate, Junior, and Senior League Divisions).
 - ii. Cardiac protector
 - iii. Head/Temple guard primarily for pitchers but may be used by all.
 - iv. Sliding Shorts
 - v. Mouth/Teeth guard
 - vi. Baseball Pants (no shorts or jeans are permitted in the league)
- e. All coaches shall inspect the gear prior to each game or practice.
- f. All umpires shall inspect the gear prior to each game or practice.

9. Accident Reporting

- a. All accidents shall be reported using the Little League Baseball reporting forms. See Addendum D.



- b. They shall be submitted within 24 hours to the Safety Officer.
- c. The Safety Officer shall then report all accidents to the President within 48 hours.
- d. All applicable forms shall be obtained when possible, such as police report, EMT report, and ER documentation.

10. League Players

- a. All League Players will be listed on a coach's roster and will be filed with Little League Baseball prior to the start of the season using the Little League Data Center. This shall meet the Little League Baseball rules for managers/coaches/players.
- b. All coaches will be instructed to carry the team roster and medical contact forms for each player at all times.

11. Other Points

- a. This Safety Plan shall serve, in conjunction with, and not to override, the By-Laws and Constitution of the Abington Little League.
- b. Safety of the kids in the league shall be our first priority. The Executive Board vows to take an active approach in the safety of the kids in the league and in the community.

12. Notification of Crimes

- a. At any time, should an Executive Board member witness, be informed of, or notified about, ANY crime against a child, we shall have the utmost responsibility to notify the appropriate authorities.
- b. Managers/coaches, and team parents will be notified of their duty to notify the appropriate authorities should any crime be done towards a child or player within our league, or while on our property.



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ADDENDUM A

ABINGTON LITTLE LEAGUE
CONTACT NUMBERS

EMERGENCY PHONE: 911 EMERGENCY PHONE: 911

Local Police: Waverly Police Department @ 570-342-9111
Clarks Summit Police Dept. @ 570-342-9111
South Abington Township Police Dept @ 570-586-2111

Local Fire: Clarks Summit Fire Company @ 570-586-9656
Dalton Fire Company @ 570-563-1313
South Abington Township Fire Company @ 570-586-5726

Local EMT/Ambulance: 570-342-9111

GPS Address For EMT/FIRE Response: 140 Ackerly Road, Clarks Summit

League President: Jody Fanning @ 570-498-0522
League Vice President: Maggie Davis @ 570-499-8014
League Safety Officer: Mary Summa @ 570-445-8731



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ADDENDUM B

Little League 2018 Volunteer Form.pdf - Adobe Reader

File Edit View Window Help

Open [Icons] 1 / 1 62.1% [Icons] Tools Fill & Sign Comment

This file includes fillable form fields. You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

Fill & Sign Tools

- Add Text
- Add Checkmark
- Place Initials
- Place Signature
- Send or Collect Signatures
- Work with Certificates

Little League* Volunteer Application - 2018
Do not use forms from past years. Use extra paper to complete if additional space is required.

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

Name: _____ Date: _____
First Middle Last

Address: _____
 City: _____ State: _____ Zip: _____

Social Security # (mandatory with First Advantage or upon request)

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(s): _____

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

2. Special Certification (OPR, Medical, etc)? Yes No

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

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No
If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No
(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
(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? Yes No
If yes, explain: _____

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:
<http://www.littleleague.org/learn/programs/childprotection/state-laws-to-check>

ALSO CONDITION OF VOLUNTEERING: I give permission for the Little League organization to conduct background checks 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 or may not be me), child abuse and criminal history records. I understand that, if applicable, my position is conditional upon the league receiving the appropriate 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 privileges.

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):
 Regulation (c)(9) Mandates First Advantage or another provider that is comparable
 First Advantage Sex Offender Registry Data along with National
 Criminal Records check of at least 281 million records

*Please be advised that if you use First Advantage and there is a name match in the law state, where only name matches can be performed, you should notify volunteers that they will receive a letter directly from Lexipol 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.

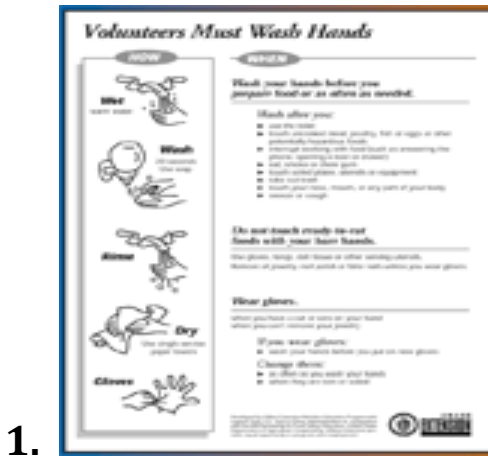
Only attach to this application copies of background check reports that reveal convictions of this application.

LAST EDITION 10/2017

11.00 x 8.50 in

7:10 PM 4/4/2018

ADDENDUM C





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ADDENDUM D

AIG Accident & Health (U.S.)	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: 570-326-9280
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.</p>	

League Name _____		League I.D. _____	
Name of Injured Person/Claimant _____		SSN _____	
Date of Birth (MM/DD/YY) _____		Age _____	
Sex _____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
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 _____

DAM OPM

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 (8-12)	<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 (9-13)	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
<input type="checkbox"/> BIG (14-18)	<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 _____



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ADDENDUM D- continued

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 _____