



Safety Manual 2020-2021

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Pennsylvania District 14
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Dillsburg Little League Baseball
Established 1946 Dillsburg, Pennsylvania

Welcome To 2021 Dillsburg Youth Baseball

Dear Managers, Coaches & Parents,

Welcome to the 75th season of Dillsburg Youth Baseball!

The Dillsburg Youth Baseball (DYB) Board of Directors consists of volunteers who give freely of their time and energy to put together a season of baseball for over 400 children ages 5-18. Our program consists of divisions ranging from Instructional Tee-ball through the Intermediate level, as well as a Challengers division for those with special needs. Our program uses 10 different fields over 4 locations, which require countless hours of maintenance and improvements. Our Board of Directors has come together again this season with renewed enthusiasm and commitment to making Spring 2021 a year to remember for our players!

Once again, new safety goals have been set, and plans are being made to raise the finances for these much-needed improvements. You will see some changes this season, while others remain in our "3-year plan". These changes include:

- **New 2021** installation of bullpens for both home and visiting teams at Ryder field (our tournament field)
- **New 2021** volunteer ID badges
*Only volunteers with completed clearances will be issued IDs and permitted access to fields and players. *NO Exceptions!*
- **New 2021** hands-on training with the AED/CPR for all managers, coaches, and volunteers
*Certification can be obtained for a small fee by contacting www.peytonwalker.org.
- **New 2021** mandated reporting training
*For additional information, please visit www.LittleLeague.org/ChildAbuse.
- Continued concussion training for all managers and coaches and enforcement of concussion protocol (**new 2020**).
*Free online training is available through the CDC at www.cdc.gov/HEADSUP.
- **New 2021** DYB Manager/ Coaches Mentoring Program with online positive coaching tips and advice
- Installation of individual cubbies in dugouts of all lower divisions at Ryder, Krall, and Franklin fields
- Continued updates of catchers' gear, batting helmets, and equipment for all divisions according to NOSCAE guidelines
- Continued basic first aid/pre-hospital safety training for all managers, coaches, and volunteers
- Continued umpire training both district-wide and within our league (junior umpire mentoring)
- Continued quarterly district-wide PCA (Positive Coaching Alliance) training
- Replacement of expired adult defibrillator pads (5 sets expire 2021 and there are 7 units total.)
- Purchasing of new AED units to replace current units that are phasing out by manufacturer (5 units total will need to be replaced.)
- Configuration of bullpens for Krall, Wolfe, and Franklin fields
- Replacement of dugouts' shingled roofs with metal roofing materials
- Addition of concrete floors and lighting to current batting cages at Gross field
- Logan field project – design of drainage system, renovation of dugouts, and replacement of infield dirt

For over 75 years, our league has made a commitment to encourage and provide a safe environment for our youth to learn and thrive while they enjoy the game of baseball. Our highest priority is the safety of our children. Education and prevention are the keys to reducing accidents, and it takes a unified team to make this happen. Dillsburg Youth Baseball needs your commitment to safety for us to succeed. To meet this goal, Dillsburg Little League continues to participate in Little League International's A Safety Awareness Program (ASAP).

The purpose of this manual is to provide important safety information to all participants of Dillsburg Youth Baseball. While specifically written for managers and coaches, the information contained in this document can be a useful resource for all participants and volunteers. Please take the time to review this manual in its entirety. We ask that you refer to this manual as a reference throughout the season.

Finally, as you cheer for your players and teams this upcoming season, please remember good sportsmanship. Setting a good example for our youth is of utmost importance.

Thank you all,


Brad Beck, League President


Sue Bruce, League Safety Officer



The Little League Pledge

I trust in God

I love my country and will respect its laws

I will play fair and strive to win

But win or lose

I will always do my best

Parent Volunteer Pledge

I Will Teach All Children to Play Fair and Do Their Best

I Will Positively Support All Managers, Coaches, and Players

I Will Respect the Decision of The Umpire

I Will Praise A Good Effort Despite the Outcome of The Game



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Dillsburg Youth Baseball

Dillsburg Little League

is a chartered member of Little League Baseball, which is headquartered in Williamsport, Pa. We are in District 14 of the Eastern Region, which is headquartered in Bristol, Ct. Our boundaries are pre-determined by District 14 and do not necessarily follow school boundaries.

Divisions

Dillsburg Youth Baseball supports the following:

- Tee-Ball Division for league ages 4-5
- Instructional Coach Pitch Division for league ages 6-7
- Instructional Hybrid Division for league ages 7-8
- Minors Division for league ages 8-10
- Majors Division for league ages 11-12
- Intermediate Division for league ages 12-13
- Junior/Senior Division for league ages 13-16
- American Legion for league ages 16-19
- Second Season for league ages 7-18
- Challenger Division for ages 6-25

Our Mission Statement

Dillsburg Youth Baseball is a non-profit organization run by volunteers who are committed to the youth and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well-adjusted, stronger, and happier children and will grow to be good, decent, and trustworthy citizens. All directors, officers, parents and participants shall bear in mind that the attainment of exceptional athletic skill or the winning of games is secondary, and the molding of future citizens is of prime importance.

Our Safety Mission

Our league's safety mission is to maintain a high degree of awareness of the condition of our equipment and playing fields to ensure the safety of our players and volunteers by implementing and adhering to the guidelines set forth in this plan. In addition, this document communicates what is expected from all coaches, players, volunteers and parents. It is the policy of our league to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our safety guidelines. ***Any behavior in violation of the safety code will be treated as misconduct and may result in corrective action deemed appropriate by the Board of Directors up to and including dismissal from the league.***



ASAP Plan

The Little League® A Safety Awareness Program (ASAP) is part of the organization's Child Protection Program and provides local leagues with direction for best practices designed to make the Little League experience enjoyable and healthy for all participants.

Introduced in 1995 and long the pacesetter in youth sports safety, Little League has taken the lead with the development of ASAP (A Safety Awareness program). With the help of corporate sponsors, Musco Lighting and AIG Insurance, ASAP has increased overall safety awareness, reduced injuries by 80%, and lowered insurance costs for participating leagues. Each year, our safety manual is printed and distributed to the managers and coaches of every team. A hard copy will be kept on file in the board room for review, and

additional copies can be provided upon request. You can also review the current plan online at www.dillsburgyouthbaseball.org by opening the "about us" tab and then clicking on "documents".



Emergency Contacts

Police / Fire / EMT 911
 Met Ed (Power Outages) (888) 544-4877
 Poison Control Center (800) 222-1222

Non -Emergency Numbers

Carroll Township Police (717) 432-3317
 Northern York County Fire Rescue / EMS (717) 432-3281
 Dillsburg Area Water & Sewer (717) 502-0431

Area Hospitals

Harrisburg Hospital (717) 782-3131
 111 South Front Street Harrisburg, Pa 17101
Carlisle Hospital (717) 249-1212
 361 Alexander Spring Road Carlisle, Pa
Hanover Hospital (717) 316-3711
 300 Highland Ave Hanover, PA 17331
York Memorial Hospital (800) 436-4326
 1701 Innovation Drive York, Pa 17408
Holy Spirit Hospital (717) 763-2100
 503 N. 21st Street Camp Hill, PA 17011
Chambersburg Hospital (717)267-3000
 112 N. 7th Street Chambersburg, PA 17201
Gettysburg Hospital (717) 334-2121
 147 Gettysburg Street, Gettysburg, Pa 17325

Area Orthopedic Urgent Care

Orthopedic Institute of Pennsylvania..... (717)761-5530
 3399 E. Trindle Rd Camp Hill, Pa 17011
 Hours: M-F 8a-8p Sat/Sun 9a-6p
O.S.S. Health (717)730-7099
 856 Century Dr. Mechanicsburg, Pa 17055
 Hours: M-F 8a-8p Sat/Sun 9a-6p

2021 Board of Directors

President	Brad Beck	(717) 968- 4487	Presidentdyb@gmail.com
Secretary	Sarah Gulick	(717) 805-2612	Secretarydyb@gmail.com
Treasurer	Jason Shaffer	(717) 695-1422	dybtreasurer@gmail.com
1 st VP of Teeners	Erick Johnson	(718) 324-0934	Esjohnson@gmail.com
2 nd VP of Majors/Intermediate	Mike Castellano	(717) 778-7059	Mcastellano@eximage.com
3 rd VP of Minors	Marc Smith	(917) 621-5498	Marc@marcsmithinvestments.com
4 th VP of Hybrid & Instructional	Tim Janosco	(570) 594-4543	tjanosco@gmail.com
5 th VP of Challengers	Brent Sailhamer	(717) 386-9941	Brent.sailhamer@comcast.net
Player Agent	Kelly Bruce	(717) 968-4521	Kelsmail2001@yahoo.com
Umpire-In-Chief	Clint Miller	(717) 903-0568	Camiller414@gmail.com
Safety Officer	Rob McDonald	(717) 574-0184	Coachmac20@outlook.com
Equipment	Sue Bruce	(717) 579-2859	safetydyb@gmail.com
Concessions	Justin Yost	(717) 773-2259	Justinyost1@comcast.net
Public Relations	Jen Beck	(717) 487-8877	Jenniferbeck1212@gmail.com
	Audi Kimmel	(717) 802-5848	dillsburgyb.pr@gmail.com

2021 District and Regional Contact

District Administrator	Pete Kline	pete.kline@pad14ll.org
Assistant District Administrator	Josh Fritz	djfritz80@yahoo.com
District Umpire Consultant	Bill Meyers	BillMeyers@embarqmail.com

Little League Eastern Region 335 Mix Street Bristol, Ct 06010 (860) 585-4730 website: www.LittleLeague.org/region/east-region
 Little League International 539 Route 15 Hwy (PO Box 3485) Williamsport, Pa 17701 - (570) 326-1921 www.littleleague.org

2021 Training Calendar

Training	Date	Time & Location	Who Must Attend
Majors assessments	Sat 1/9/2021	12:00-3:00 PM Keystone Fieldhouse 103B Midway Drive Carlisle	All Majors managers, league age eligible players (parent/guardian must be present)
Minors assessments	Sat 1/16/2021	12:00-3:00 PM Keystone Fieldhouse 103B Midway Drive Carlisle	All Minors managers, league age eligible players (parent/guardian must be present)
Hybrid assessments	Sat 2/9/2021	12:00-3:00 PM Keystone Fieldhouse 103B Midway Drive Carlisle	All Hybrid managers, league age eligible players (parent/guardian must be present)
Interlock Scheduling Meeting	Sat 2/27/2021	TBD	Managers & League Presidents
PCA -West	Sun 3/14/2021	TBD	
Spring Field Maintenance Day	TBD	Ryder, Krall, Gross, Wolfe, Franklin, Logan (Concession clean up needed)	All are welcome to attend.
Coaches Mechanics Clinic (Tent)	Sat 3/27/2021 Sun 3/28/2021	TBD	
Safety Meeting	Sat 2/20/2021	Franklinton Firehall 8 am-Noon	All Divisions Managers & Coaches Board members & umpires are welcome to attend.
Picture Day	Sat 4/10/2021	Franklinton Firehall	All individual players and teams ~Times to be assigned prior to event
Opening day	Sat 4/17/2021	10am Krall Field	All Managers, Coaches, & Players participating in parade should meet at the Dollar General by 9am.
Tournament Coordinator Hosting Meeting	Sun 6/6/2021	1:00-3:00 PM Location TBD	All Tournament Coordinators/ League Presidents
Tournament Paper Prep Review Meeting	Sun 6/6/2021	4:00-6:00 PM Location TBD	All International Managers Minors / Majors Intermediate Divisions
Tournament Affidavit Meeting	Sun 6/13/2021	1:00-4:00 PM Location TBD	All International Tournament Managers
CBT Coaches Meeting	Sun 6/27/2021	2:00-4:00 PM Location TBD	All CBT Coaches
Fall Ball Registration Deadline	Wed 8/11/2021		
Fall EOY Tournament Pool Play	Sat 10/23/2021 Sun 10/24/2021	Sites / Times TBD	
Fall EOY Tournament SE	Sat 10/30/2021 Sun 10/31/2021	Sites / Times TBD	

2021 Coaches Rules / Umpire Clinics

Sun 2/21/2021	Rules - Umpire Clinic Gettysburg (tent)	1:00-4:00 PM	Umpires/Coaches
Tue 2/23/2021	Rules - Umpire Clinic - East Location TBD	6:30-9:30 PM	Umpire/Coaches
Wed 2/24/2021	Rules - Umpire Clinic (Newville)	6:30-9:30 PM	Umpires/Coaches
Sun 2/28/2021	Rules - Umpire Clinic Gettysburg (tent)	1:00-4:00 PM	Umpires/Coaches
Tue 3/2/2021	Rules - Umpire Clinic - East Location TBD	6:30-9:30 PM	Umpires/Coaches
Wed 3/3/2021	Rules - Umpire Clinic (Newville)	6:30-9:30 PM	Umpires/Coaches
Sun 3/7/2021	Umpire Clinic - Gettysburg (tent)	1:00-4:00 PM	Umpires Only
Tue 3/9/2021	Umpire Clinic - East Location TBD	6:30-9:30 PM	Umpires Only
Wed 3/10/2021	Umpire Clinic - Newville	6:30-9:30 PM	Umpires Only
Sun 3/14/2021	Umpire Clinic - Gettysburg (tent)	1:00-4:00 PM	Umpires Only
Tue 3/16/2021	Umpire Clinic - East Location TBD	6:30-9:30 PM	Umpires Only
Wed 3/17/2021	Umpire Clinic - Newville	6:30-9:30 PM	Umpires Only
Sun 4/4/2021	On Field Umpire Clinic - Dillsburg Ryder Field	12:00-5:00 PM	Umpires Only

Volunteer Background Checks and Clearances

The backbone of Little League® is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local Board of Directors, and serve at the District level. These people, who live in every U.S. state and more than 80 other countries, make Little League the world's largest and most respected youth sports organization.

We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

"No local league shall permit any person to participate in any manner, whose background check reveals a conviction, guilty plea, no contest plea, or admission to any crime involving or against a minor. All local leagues must take into consideration criminal records when making the determination whether the individual is unfit to participate in any manner in the league." (Reg. I [c] 9.)

All Little Leagues are required to conduct background checks on board members, managers, coaches, umpires and all other adult volunteers who provide regular service to the league, and/or have repetitive access to, or contact with players or teams. All volunteers must submit a copy of the Little League Volunteer Application for the current year, along with a copy of a photo I.D. **Effective January 7th, 2020**, all volunteers must also secure three Pennsylvania state required background clearances, at their own expense. *The Pennsylvania state required background clearances are good for a period of 5 years*

Little League International's preferred provider, JDP National Crime File Database, includes more than 600 million criminal records and sex offender registry records across all 50 states and the District of Columbia, *meeting the current Little League Regulation 1(c) 8 & 9*. Your name and email will be used to generate an online link to the JDP website. This new method was adopted in part because it offers each applicant a greater level of security. Having said this, in some rare situations, a volunteer may be asked to submit a hard-copy form to the Safety Officer with their SSN and Date of Birth as was done in previous years.

A new background check is required each year. *After all clearances are obtained a league volunteer badge will be issued!*

PENNSYLVANIA STATE REQUIRED BACKGROUND CLEARANCES

The following three clearances are not a Little League requirement. However, it is required by Pennsylvania State law for all adults, involved with any program responsible for the welfare of a child, to maintain the following three background clearances. Unlike the Volunteer Application, which has to be submitted annually, the three PA State required clearances are good for five (5) years from the date of issuance.

Act 34 - State Police Criminal Record Check

This clearance is done on-line at <https://epatch.state.pa.us/>.

There is a fee of \$22.00 for this clearance. However, by clicking on "Volunteer" when going through the process, that fee is waived for Little League volunteers.

Act 151 - PA Child Abuse History Clearance

This clearance is done on-line <https://www.compass.state.pa.us/cwis/public/home>.

There is a fee of \$13.00 for this clearance. However, by clicking on "Volunteer" when going through the process, that fee is waived for Little League volunteers.

Act 114 - Federal Criminal History Check

This clearance is done on-line at www.keepkidssafe.pa.gov/resources/clearances/fbifinger/index.htm.

There is a fee of \$22.60 for this clearance. This clearance includes a check by the FBI, and it requires you to be fingerprinted. Therefore, the fee is not waived for this.

Background Check Signature Form

The PA District Administrators negotiated an arrangement with the PA State Legislature to allow any Little League volunteer who has lived within the State of Pennsylvania for the last 10 contiguous years to submit a Background Check Signature form in lieu of the \$22.60 Federal Criminal History Check.

Background Check Signature Form

Under the new Pennsylvania state law, all volunteers must obtain and submit the following clearances:

- Criminal History Clearance from the PA State Police – <https://epatch.state.pa.us/>
- Child Abuse History Clearance from the Dept. of Human Services – <https://www.compass.state.pa.us/cwis/public/home>

Additionally, the volunteer must have resided within the state of PA for the past 10 years & swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense listed below under code 6344 (c).

*****If the volunteer has NOT resided in the state of Pennsylvania for the last 10 years, FINGERPRINTING PROCESS IS REQUIRED.*****

By signing the bottom of this document, you are stating the you have:

1. Lived in the State of PA for the last 10 years
2. Have not been convicted of any of the offenses listed in section (c) to disqualify your participation

(c) Grounds for denying employment or participation in program, activity or service. --

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709.1 (relating to stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act committed within the five-year period immediately preceding verification under this section.

(c.1) Dismissal. --If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

First/Last Name _____
(please print)

Signature _____ Date _____

Little League® "Basic" Volunteer Application – 2021

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



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

All RED fields are required.

Name _____
First 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, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
 If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)
- Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
 If yes, describe each in full: _____
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full: _____
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? Yes No
 If yes, explain: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
- 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/ByStateLaws

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Review the Little League Regulation 1(c)(9) for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR

National Criminal Database check SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

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.

Last Updated: 10/28/2020

2021 Little League Volunteer Applications

Little League Volunteer Applications can be downloaded for the Little league Website by using one of the links below.

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App . Any volunteer not wishing to complete the JDP link must complete this application, along with a copy of their current state driver's license for submission to the Little League Data center for clearance.

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

Safety Responsibilities

League President

The President of our league is responsible for ensuring that the policies and regulations of the *Dillsburg Youth Baseball Safety Manual*, set forth by the League's Safety Officer, are carried out by the entire membership to the best of his or her abilities. The President shall also assume the right to administer executive decisions in the event of unforeseen times of uncertainty or circumstance. Such times could be, but are not limited to, the taking of disciplinary action requiring immediate attention to resolve matters unbecoming to the league itself or as deemed necessary to protect the health and safety of any player, coach, parent, or fan.

Safety Officer

The Safety Officer position is part of Dillsburg Youth Baseball Board of Directors, which is reported yearly to Little League Headquarters.

The Safety Officer's responsibilities will include:

- The development of the league's annual safety plan
- Serving as a link between the Board of Directors and the managers, coaches, umpires, parents, players, spectators, and any other involved parties regarding safety, rules and regulations
- Coordination of all safety activities, including ensuring safety in player training and play conditions
- Instruction and education of all managers and coaches about the importance of field and equipment inspection prior to the start of any practices or games
- Working in conjunction with the Equipment Manager to ensure safety and compliance of all equipment prior to the season
- Checking all playing fields with the league Maintenance Officer and recording areas in need of attention
- Ensuring that all fields have break-away bases as required by Little League
- Inspection of all concession stands and equipment with fire extinguishers; checking for faulty wiring, water leaks, structural damage, and signs of rodent/insect infestation
- Coordination with the league Maintenance Officer to ensure the proper signage is in place, including but not limited to, "No Parking", "No Smoking", and "Beware of Foul Balls"
- Scheduling of league-wide first aid, CPR/AED training classes
- Stocking and replenishing all field and concession stand first aid kits, and disposable ice packs as needed
- Immediate action to resolve unsafe or hazardous conditions once a situation is brought to his/her attention
- Assistance to parents and individuals with insurance claims, acting as a liaison between the insurance company and the parents or individuals
- Maintenance of an up-to-date first aid log of where injuries occur, to whom, in which divisions, and under whose supervision
- Solicitation of suggestions for making conditions safer with reports of said suggestions to the Board for consideration and implementation
- Handling of the communication/reporting of all suspected Covid 19 exposures or concerns and assurance that all individuals who may have been in contact with the presumed positive individual are notified; regular review of current CDC / DOH guidelines and work with the Board of Directors to frequently communicate all health and safety mitigation procedures to the league volunteers and families

The League Members

The League Members will adhere to and carry out the policies as set forth in the *Dillsburg Youth Baseball Safety Manual*.

The League Public Relations Officer

The league Information Officer is responsible for maintaining the league's website and social media communications and updating the safety information and other important information for parents and players on a regular basis.

Managers and Coaches:

The Manager is a person appointed by the President to be responsible for the team's actions on the field, and to represent the team in communication with the umpires and the opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules, and deference to the umpires. Remember that coaches are role models!
- The Manager is also responsible for the safety of his/her players. He /she is also ultimately responsible for the actions of designated coaches and players.
- In the absence of the Manager, he/she shall designate a Coach as the Acting Manager, and such Acting Manager shall have the duties, rights, and responsibilities of the Manager.

Pre-Season ~ Responsibilities of Managers:

- Possession of the current safety manual, each player's medical release and concussion forms, and the supplied first-aid kit
- Attendance at the mandatory training session on first aid and fundamentals (or appointment of a team coach in his/her place)
- Appointment of a responsible parent volunteer as the Team Parent to assist the manager with any team fundraisers, scheduling of concession volunteers, etc.
- Scheduled team meeting with parents to discuss Little League policies and safety related issues
- Covering of the basics of safe play with his/her team before starting the first practice
This can, and should, be done during the team meeting.
- Teaching players the fundamentals of the game, such as how to slide, while advocating safety
This should be done before the season starts and can be taught by the manager or designated coach.
- Returning of the signed DYB "Code of Conduct" and "Concussion Protocol" forms to the league Safety Officer prior to the first game
- Notification of parents that if a child is injured, he/she cannot return to games or practice unless with a note from his/her doctor. *This release protects the manager and the league if that child should become further injured.*
- Encouragement of all players to bring personal water bottles to games and practices, as well as to apply sunscreen and/or insect repellent
- Encouragement of all players to wear mouth protection

During Season Play ~ Responsibilities of Managers:

- Close work with the Safety Officer to ensure that all equipment is in good condition and meets all safety standards
- Ensuring that telephone access is always available during games and practices
It is mandatory that a cellular phone always be on hand.
- Ensuring that a first-aid kit is on hand
- Reasonable expectation of players (not expecting more than what the players are capable of)
- Education of the players regarding the fundamentals of catching fly balls, sliding correctly, proper fielding of ground balls, and simple pitching motion for balance
- An open attitude about ideas, suggestions, or help
- Enforcement of the idea that prevention is the key to reducing accidents
- Common sense and good judgement

Pre-Game and Practice ~ Responsibilities of Managers:

- Walking the field with identification of debris/foreign objects; assessment of conditions of the fences, backstop, and bases
- Ensuring that any player returning from injury has a medical release form signed by his/her doctor.
Otherwise the individual cannot play.
- Ensuring that players are properly and safely equipped
- Inspection of all equipment, prior to practice to assure that it is in safe condition for use
Umpires will inspect before games.
- Discussion of the condition of the playing field with the opposing manager
In the event that two managers cannot agree, the President or delegated representative shall make a determination. The Umpire-in-Chief shall be the sole judge as to the weather and when play shall be suspended during a game.
- Ensuring that the players have properly stretched prior to beginning any game or practice

Pre-Game ~ Responsibilities of Umpires:

- Inspection of the playing field for unsafe conditions
- Inspection of equipment, bats, and helmets for damage and to ensure proper regulations are met
- Conducting a plate meeting to introduce the plate/base umpire(s) to the team managers, receive official lineup cards from each team, obtain two game balls from the home team
- Ensuring that all players are properly and safely equipped (no jewelry except medic alert or religious medallions)
- Discussion of local playing rules (playing boundaries, ball/strike fair/foul safe/out are judgement calls and can't be protested, time limits, etc.)
- Ensuring no head-first slides, no on-deck batters, or unsportsmanlike conduct
- Reminding coaches about the requirement of bench players wearing helmets to warm up an outfielder
- Ensuring that games start promptly; maintaining time management (reminding coaches to have players prepared and ready to take the field); clarifying calling the game due to inclement weather or darkness

During the Game ~ Responsibilities of Managers:

- Keeping players alert at all times
- Maintaining discipline . *Horseplay leads to injuries.*
- Organization. *Have each innings field positions already assigned*
- Focus on the game . *Managers should not engage in idle conversation with parents or spectators.*
- Keeping spectators on their best behavior and out of the dugout during games
- Ensuring that players carry all gloves, helmets, and bats off the field and to the bench area when their team is up to bat.
No equipment shall be left lying on the field, either in fair or foul territory.
- Keeping all players and substitutes sitting on the team's bench unless actively participating in the game or preparing to enter the game . *At least one adult coach must remain in the dugout during the duration of the game.*
- Allowing the pitcher and catcher to warm up in the bullpen if properly equipped and preparing to enter the game
- Managers and Coaches must not warm up pitchers. (Rule 3.09) This includes standing at the backstop during practice as an informal catcher for batting practice. They may, however, stand to observe a pitcher during warm-up in the bull pen.
- Ensuring that the catchers are wearing the proper safety equipment.
- Strict adherence to the "No On-Deck" rule and keeping all players behind the fence
Bats must remain racked until batter is ready to exit the dugout.
- Refraining from protesting judgement calls made by the umpire (including balls/strikes, fair/foul, safe/out calls)
- Attending to ill or injured players and ensuring that they do not enter the game
- Encouragement of players to drink to prevent dehydration

Post-Game ~ Responsibilities of Managers:

- Ensuring that all players are performing the proper cool-down exercises
This could be done during the team meeting after each game.
- Encouraging players who throw regularly to ice their shoulders and elbows (including the catcher)
- Encouraging catchers to ice their arms and knees, as improper mechanics can take a toll on the knee joints
- Discussing any safety-related issues with the team's players and coaches
- (IF THERE WAS AN INJURY) Ensuring that an accident report is filed with the League Safety Officer
- Notification of the appropriate parents if a child is injured (No Exceptions!)
- Returning the field to pre-game condition, in accordance with DYB policy
This includes raking the infield, removing the bases, covering the mound and home plate areas, cleaning up the trash in the dugouts, checking all trash cans and emptying them if close to full, making sure concession stand is finished and deposit is picked up, turning off scoreboard and lights, and locking up the clubhouse and equipment shed.
- **Remaining at the field until every team member has been picked up by a known family member or predetermined designated driver**

Safety Code

For the Purpose of Accident Prevention:

- Responsibility for safety procedures shall be that of an adult member of the Dillsburg Youth Little League.
- No games or practices shall be held when field conditions or weather are deemed unsafe or lighting is inadequate.
- Prior to games and practices, managers and coaches shall inspect the field for holes, stones, glass and other foreign objects.
- All manager, coaches, umpires, and adult volunteers must submit to the requires background clearances.
- All adults will sign the appropriate Code of Conduct form and return them to the Board of Directors.
- All players must return the medical release form and concussion protocol form.
- Managers and coaches shall have basic first-aid, CPR/AED, Concussion Assessment, and recognizing child abuse training. These training sessions will be offered to enhance league safety and emergency preparedness.
- Managers are required to have the League-issued first aid kit available at all practices and games. At least one manager/coach should always have a cellular phone present in case of an emergency.
- Field first aid kits and disposable ice packs will be located in each equipment shed. All concession stands will have appropriate first aid kits available in case of cuts or burns.
- No medication will be taken during a practice or game unless administered or authorized by the child's parent/guardian. This includes Aspirin, Motrin and Tylenol and Ibuprofen.
- Any player showing signs or symptoms of a concussion will be removed from practice or game immediately and must have written release from a medical professional before returning to play.
- Managers and coaches shall have fundamentals training in hitting, sliding, fielding, and pitching.
- All team equipment shall be stored within the team's dugout area during games and not within the area defined by the umpire as "in play".

- Only players, managers, coaches, and umpires are permitted on the playing field or dugout area during games and practices. There will be NO Exceptions.
- Only league-approved managers and coaches can supervise batting cages or practice teams.
- Players shall be courteous and respectful towards all managers, coaches, umpires, teammates, and opposing players.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until his/her time at bat. This applies to Little League Majors Division and below.
- Equipment shall be inspected regularly for condition to make sure safety standards are met.
- Batters, runners, catchers, and youth base coaches must wear protective helmets which meet NOSCAE (National Operating Committee on Standards for Athletic Equipment) standards during batting practice and games.
- It is advised that batters and catchers do not wear hats, caps, or any other head covering underneath helmets to ensure maximum safety and protection to players in consideration of the helmet manufacturers intent of fit by design.
- All catchers must be equipped with a catcher's helmet, throat guard, chest protector, and shin guards. Male catchers must always wear a protective cup with an athletic supporter during practices and games.
- Catchers must wear a catcher's glove, not a first baseman's or fielder's glove.
- No player may act in the capacity of a catcher without wearing a catcher's mask.
- Manager and coaches may not warm up pitchers at home plate, in the bullpen, or elsewhere at any time upon arrival at field for a game (**Rule 3.09**).
- It is encouraged that batters wear a helmet with face guard and that all players wear mouth guards and protective cups to maximize safety.
- Shoes with metal spikes or cleats are not permitted, except at the Intermediate Baseball level and above. Shoes with molded cleats are permissible.
- The use of a batting donut is NOT permitted. The use of pine tar or any other similar adhesive substance is prohibited at all levels of Little League Baseball.
- Disengaging bases are mandatory for ALL league fields.
- All outfield fences will have padded tops. Managers and coaches are encouraged to inspect these prior to start of practices or games to make sure they are properly secure and intact.
- Reduced impact balls will be used for the T-Ball, Coach Pitch, and Challenger divisions.
- NO HEADFIRST SLIDES are permitted on the 60-ft diamond and below. The only exception is returning to a base.
- Players shall not wear watches, rings, pins, metallic items, or other jewelry during practices or games. The only exception is jewelry used for medical alert purposes. Medic alert jewelry must be taped down and not have the allergy/condition covered up. (Religious medallions worn will be at the discretion of the umpire.)
- Managers and coaches will never leave an unattended child at a practice or game.
- Emergency telephone numbers for Police, Fire, EMS, and pertinent League Officials shall be posted at all fields.
- Field address and physical locations shall be posted at all fields for expedient identification and response by emergency personnel. Addresses will also be located on the back of each AED unit.

Four "E's" of Safety

- **Education** is "the key to prevention in safety" and is the importance of training, instruction, communication, and follow-up.
- **Equipment** applies to the safe use and upkeep of personal protective equipment, bats, balls, fields, and physical property.
- **Enthusiasm** is the key to promoting safety while also making it fun for the players.
- **Enforcement** should be applied more as an incentive to developing talented players rather than as disciplinary action. Better results can be accomplished through praise, recognition, and tactful guidance backed by firmness and justly-used discipline.

Safety Code Distribution

The Safety Officer will submit a copy of this document, after assistance from and approval by the league President, to the league District Safety Office and District Administrator as well as a completed copy to Little League Headquarters.

This document will be distributed by email to the VP of each division and all additional Board members before the start of the spring season after final approval of the ASAP plan is obtained. A copy will be distributed to all managers and coaches of each team in all divisions at the yearly safety meeting prior to the start of any practices. If any manager or coach is unable to attend, a copy will either be given at the first practice or emailed out upon request. A copy of the ASAP plan will also be uploaded onto our league website for all participants, parents and community members to review.

Inclement Weather Conditions

Rain

If it is raining at game time, report to the ballpark and an onsite determination will be made by a conference of league officials, coaches, and umpires. When making a determination consider the following:

- ✓ Evaluate the strength of the rain. Is it a light drizzle or raining hard?
As a rule of thumb, games and practices should be postponed or cancelled in the event of heavy rain (within an hour of game time), standing water on the field, muddy conditions or saturated outfield.
- ✓ Determine the direction the storm is moving.
- ✓ Evaluate the playing field for saturation and/or slipperiness.
- ✓ Stop all activities if the playing field becomes unsafe.
- ✓ Always err on the side of caution.

In this situation, you as a parent or guardian have the right to decide whether or not to go to the park, but if game is playable, a forfeit may result from not having enough players to compete. **ASSUME THE GAME WILL BE PLAYED!**



Lightning

If lightning strikes are visible or you hear thunder:

- ✓ Suspend all outdoor activities immediately and seek shelter.
- ✓ Stay away from metal, including fences and bleachers.
- ✓ Do not hold metal bats.
- ✓ Get players to walk to their parent's or designated driver's car and wait for a decision about whether or not to continue the game or practice.
- ✓ Managers should make sure that every player on his/her team is accounted for and has somewhere to go for safety.



Once the team lineups have been submitted to the Chief Umpire (or in younger divisions after the pregame conference has concluded), any decisions regarding game suspension or cancellation are at the sole discretion of the Chief Umpire. If a game is suspended by rain, have the players stay in their dugouts, find local onsite shelter, or with the umpire's permission go to their cars and wait at least 30 minutes to see if the game can be resumed. If persistent downpours or poor field conditions prevent continuation, the game will be postponed and rescheduled. If lightning strikes in the 'visible' vicinity, do not delay in trying to get a third strike or third out, suspend the game and require all players to seek shelter away from trees and metal objects. The completion of a game is never more important than the safety of the player, coaches and spectators. Monitor the sky for more

lightning or thunder, and if there are no visible strikes for a minimum of 30 minutes, resume the game. Any lightning or thunder causes the clock to reset back to zero again.

Heavy Wind Gusts

Blowing dirt can pose a risk to the player's ability to see and breathe. A prolonged windstorm may warrant postponement or cancellation of a game or practice, as determined by the umpire or coach.

Rescheduled Games

If the weather is questionable, please be aware that we will try to play games rather than postpone them. Every effort will be made to get the fields ready. The safety of the children, however, is our priority. Although we want games to be played, we will not do so at the risk of the players. If games need to be rescheduled because of the above situations, the arrangements will be made by the Divisional VPs, along with the Umpire-In-Chief. The dates and times of the make-up games will be communicated to the coaches, who will then notify the parents. *Please note we will attempt to reschedule the games for the earliest available field openings. Managers are not to schedule make-up games on their own!*

Manager / Coaches Expectations

Are your expectations reasonable and consistent?

What do I expect from my players?

- To be on time for all practices and games
- To always do their best in the field or on the bench
- To respect not only all players, coaches, and umpires, but themselves as well
- To be cooperative and share team duties
- To show good sportsmanship, to be positive, and to encourage teammates
- To try not to become upset at their own mistakes or those of others... we will all make our share and must be supportive of others
- To understand that winning is only important if you can accept losing, as both are part of any sport
- To learn from the experience and have fun!

What can parents and players expect from me?

- To attend all coach clinics (First-Aid, rules, PCA)
- To be on time for all practices and games
- To enforce rules at all practices and games
- To prioritize safety for all players
- To do my best to teach the fundamentals of the game
- To be positive and respect each child as an individual
- To set reasonable expectations for each player and for the season
- To be fair in giving playing time to ALL players
- To teach players the value of winning and losing
- To be open to ideas, suggestions or help
- To refrain from taunting, yelling at, or threatening any member of my team, the opposing team or umpires
All confrontation will be handled in a respectful, quiet and individual manner.

What can I expect from my parents?

- To come out and enjoy the game
- To cheer in a manner that makes all players feel important
- To allow ME to coach and run the team
- To refrain from entering the dugout during games
- To respect my position and avoid open criticism
All players will make mistakes, as will the managers and coaches. If you wish to question strategies, please do not do so in front of the players and spectators. My contact information will be made available to everyone if there are any questions or concerns.
- To avoid unsportsmanlike conduct (i.e. cheering when an opponent strikes out or misses a catch)
Doing so puts me in a difficult position, as I am responsible for the behavior of my team's fans. A parent's conduct is often very embarrassing to his/her child.
- To refrain from making insulting comments to the umpires
We are all responsible for setting good examples for our children. Unruly spectators can be removed from the field by a league board member or if necessary local police.

Remember the players are only children, and no major league contracts will be awarded. Don't expect all children playing Little League to have strong skills. We hear all our lives, "we learn from our mistakes". Let's allow them to make mistakes, but always be there with positive support to lift their spirits and let them know you are proud of them!

The Role of a Little League Coach

Dillsburg Little League is committed to the principles of "Honoring the Game" and works in partnership with Positive Coaching Alliance (PCA) and PA District 14 to provide tools and resources to our baseball community to advance this goal. PCA is a national non-profit organization based at Stanford University with a mission to "transform youth sports so sports can transform youth."

DYB wants all players to enjoy their experience with the game of baseball and to learn positive character lessons that will help them in every aspect of their life. Coaches are expected to embody the principles of the Positive Coaching Alliance, including the following:

- ✓ A Positive Coach coaches for mastery rather than victory, which he sees as a by-product of the pursuit of excellence. He focuses on effort rather than outcome, learning rather than comparison to others
- ✓ A Positive Coach works to remain positive even through losing streaks. He recognizes that it is often when things go wrong that a coach can have the most positive impact and teach the most important life lessons. Regardless of the adversity involved, he refuses to demean himself or his players by resorting to fear, intimidation or shame. He always treats athletes with respect regardless of how well they perform
- ✓ A Positive Coach is a positive motivator and refuses to motivate through fear, intimidation or shame. He establishes order and discipline in a positive manner.
- ✓ A Positive Coach recognizes that mistakes are an important and inevitable part of learning and encourages an environment in which players are willing to risk making a mistake.
 - For athletes, developing a positive and constructive approach to making mistakes is one of the defining attributes that separate those that excel from those that do not. In fact, we encourage our players to look at mistakes as opportunities for tremendous personal improvement. What makes this approach so impactful for personal growth is that we find that managing physical mistakes is the same as managing mental mistakes, so they too should be treated that way.
<https://positivecoach.org/the-pca-blog/how-to-handle-mistakes/>
- ✓ A Positive Coach sets standard of continuous learning and improvement for himself and his players. He encourages and inspires his players, whatever their level of mastery, to strive to get better. He is committed to becoming the best coach he can be and continually seeks to improve his own effectiveness.
- ✓ A Positive Coach "Honors the Game." He feels an obligation to the sport he coaches. He loves his sport and shares his love and enjoyment with his players. He feels privileged to be able to take part in his sport.
- ✓ A Positive Coach respects his opponents, recognizing that a worthy opponent will push him and his team to do their best.
- ✓ A Positive Coach understands the important role that umpires play and strives to show them respect even when he disagrees with their decisions.
- ✓ A Positive Coach values the rich tradition of his sport and works to honor the spirit as well as the letter of its rules.
- ✓ A Positive Coach demonstrates personal integrity and would rather lose than win by dishonoring the game. Dishonoring the game is worse than defeat.

Focusing on what you can control is the key to performance and success. Great coaches teach this! And a tremendous body of research backs this up! The scoreboard is an important part of youth and high school sports...but still just a part. Winning is neither everything nor the only thing. While youth learn how to compete, a necessary lesson now and throughout their lives, they also should take a mastery approach to sports. That means focusing on what they can control: their effort, learning and ability to persist through mistakes and adversity.

We encourage all manager, coaches and parents to become more educated on positive approaches to developing our youth. It takes all of us to build their character, strength, and integrity both on and off the field. For more tips on positive coaching and so much more visit Positive Coaching Alliance at <https://positivecoach.org/the-power-of-positive/>

Manager / Coaches Mentoring Program

The basis of a successful season starts with the managers. Pre-season parents / players meetings are the perfect time to set expectations, allow for parents to ask you questions and get to know who everyone is. The next several weeks, these kids are now part of your “extended family” and a parent’s trust is placed in your hands. The impact a coach has on our youth goes beyond the field. For many, you are more than a coach, but a role model, a friend and someone who perhaps encourages them to succeed when no one else does.

EX: Pre-season Parents Meeting (time to set expectations)

Introduction: Tell everyone a little bit about yourself, number of years volunteering and any previous baseball experience. Provide them with your contact information.

Housekeeping (review the following):

- Review updated roster and contact information. Make sure phone numbers / email addresses are correct
- Medical concerns that you as a coach need to be made aware of . Collect the medical release form and have on hand at all times
- Include your pre-season practice schedule. Let them know No practices or games will be held on Sundays prior to 1pm (if needed)
- Volunteer coaches – obtain contact information for online clearance form to be mailed. Make sure PSP, and Child abuse clearances are obtained (need renewed every 5 years)
- Transportation concerns getting to practices or games?
- Communication – let everyone know how they can expect to receive practice / game changes, cancellations, etc.
- Game Changer App – if using make sure that everyone who wants access to , gets an invite
- Discuss raffle tickets, fundraisers, and picture forms
- Volunteer help with field day. Help is needed for in town fields as well as Franklin and Logan. Concessions need cleaned also
- Concession Duty – random draw (use as a manager assign duty) – if parent assigned cannot work that time slot, it is up to them to find a replacement or swap with another parent.
 - No one under the age of 16 is allowed in the concession. You will know far enough in advance to arrange care for younger children
- Parent Code of Conduct form – have signed and returned . They can be found on the DYB website
- Coaches Code of Conduct form – these must be signed and returned to the league safety officer or president.
- Introduce your assistant coaches to the parents and tell them a little about them (any experience, years volunteering)
 - Remind everyone only 3 coaches in the dugout and this includes the team manager. One adult coach must always be the bench coach
 - Welcome other parents to help at practice – clearances will need to be completed (at their expense) - there is NO exceptions
 - Ask for help with field prep before and after the game. (does not require clearances)
- Go over date reminders : first practice, opening day, picture day, first game, HR derby, slugfest, playoffs and Allstars

Establish Expectations

- Fun 1st. Judge my success when your son’s mindset is “ I get to go to practice” instead of “ I have to go to practice”
 - Coaches this includes you as well. Have fun. This isn’t about wins or loses, it’s about the kids. Get to know each kid individually. You may be the brightest spot in their day!
- Have a plan, be organized. Use the internet to search for good drills to use at practice. Plan your practice with a purpose (see attached)
- There is no arguing with umpires! Most of the umpires are junior umpires. Just like coaches and players, there are trying their best and will make mistakes
- Explain to your team and parents that practice will dictate where you play and the batting order. Playing time is earned through hard work on the practice field or on the playing field during a game
- Explain to parents that you’ll put their child in the best position to succeed. Ask them to trust your evaluation of their child’s skills
- Baseball is a game of failure. Mistakes, errors and strikeouts will happen. It’s all part of the game. Coaches make their fair share of mistakes as well. Do not harp on mistakes as they are in the past. Learn and build off them

- No coach or parent will have anything negative to say to a child! Do not get on teammates / players for making outs or errors. There will be no finger pointing. Coaches this does not exclude you . Be good role models
- There will be no throwing hats, gloves or bats at any time
- Stay positive with your players. Encourage aggressive mistakes. Don't get upset when they swing and miss. Cheer them on. Celebrate they are swinging at the plate and not looking for a walk. Some have never played before
 - Keep them on a "green" light for "go". This can only happen when you encourage them to not be afraid to fail. When they're afraid of making mistakes, they become reluctant to make mistakes and go on the "red" light.
- Be your players biggest fan! Celebrate their success. Talk with them. Get to know them personally. Find out what they like (talk about school, video games, baseball teams)
- Get parents involved in your practices. Give them something to do. Have them run a drill. Kids love having their parents involved. (remember however, they must have clearances to participate and some will)

Practice Plan Example

Practice: Logan park (5:30-7:30 pm)

Team: State (9&10)

- ✓ Warm up (quick fly ball drill)
- ✓ Situational BP
 1. 1st round – 6 swings opposite field (why? We want to get the feel of letting the ball travel and not reaching out to hit the ball. When we hit the ball the other way, we force ourselves to wait a little longer to hit the ball)
 2. 2nd round (another runner on base) – 3 swings opposite field, 3 swings move the runner from 2nd to 3rd, 3 swings get the runner in from 3rd (less than 2 outs)
 3. 3rd round (gap-to-gap, L-screen, drive the ball) (7 swings)
- ✓ Ground ball reps (two groups) clean play contest
- ✓ OF cut-offs and relays
- ✓ Bunt offense and defense (Create a bunt sign for your team)
- ✓ Pitchers fielding practice (covering 1B and backing up plays)
- ✓ Secondary leads
- ✓ Base running

DYB has been very fortunate to have some managers who have went above and beyond, giving 110% of themselves to make a memorable impact on our youth, that has lasted well after the final game. These managers have spent countless hours completing online training classes on positive coaching, mentoring and leadership, not because they had to, but because they wanted to give everything, they had to their players just like they were asking their players to do for them.

Stepping up to volunteer as a coach takes a lot of time and commitment. Often times parents hesitate not knowing what is expected, or where to begin. Our coaches do not need to be former players at any level, they just need to fully give of themselves because our children deserve it.

To help develop new coaches, DYB is starting a mentoring program. This will present new coaches with tips on how to run practices, and how to positively handle those frustrating "mistakes".

Dillsburg Little League Code of Conduct

Manager & Coaches Code of Conduct Agreement

The essential principals of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

Trustworthiness
Fairness

Respect
Caring

Responsibility
Good Citizenship

The Dillsburg Little League Board of Directors has mandated the following *Code of Conduct*. All managers and coaches shall read the *Code of Conduct* and sign in the space provided, acknowledging that he or she understands and agrees to comply with this *Code of Conduct*.

I promise to never:

- At any time, lay a hand upon, push, shove, strike or threaten to strike a Board Member, player, official or spectator
- There is ZERO tolerance for verbal, physical or sexual abuse of any minor
- Be guilty of an objectional demonstration of dissent at an official's decision by throwing gloves, helmets, hats, bats, balls or any other bipartisan forceful action
- Be guilty of using unnecessarily rough tactics towards any player or coach during a game in order to sway the outcome of the game
- Speak disrespectfully to any manager, coach, official (including junior umpires) or representative of the league
- I will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing, taunting or refusal to shake hands
- Be guilty of questioning an umpire's (or junior umpire's) dignity or challenging an umpire's authority
- Observe all rules and regulations of both DYB and Little League International
- Be guilty of tampering or manipulation of any league rosters, draft positions, selections, schedules, official scorebooks, rankings or financial records
- Be guilty of gambling upon the outcome of any play or any game with anyone at anytime
- No use of profane, obscene or vulgar language in any manner, at any time
- Appear to be intoxicated while acting in any official capacity representing *Dillsburg Little League*
- No Alcohol or tobacco of any kind are permitted on or around the playing fields. This includes E-cigarettes and Vapes. Smoking is permitted in designated areas only
- No weapons of any kind are permitted on or around the playing fields
- No swinging bats or throwing baseballs by managers, coaches or players at any time within walkways and/or common areas.
- No climbing on fences.
- At NO time should "horse play" be permitted on the playing field
- Encourage all players and spectators to always be alert for foul balls and overthrows.
- Managers or coaches are not permitted to "catch" pitchers.
- During games, players must remain in the dugout (bench) area in an orderly manner.
- No one is allowed in the Press Box without permission.
- Before each practice or game, managers and coaches shall inspect the field to ensure safe conditions.
- After each practice or game, teams are responsible for cleaning up and emptying trash in the dugout and bleacher area
- After each practice or game, home team shall rake and dress the pitching mound, home plate area and base paths, unless conditions are unfavorable and/or would result in damage to the fields.
- No pets allowed on the premises except for Service Animals. Absolutely NO dogs allowed on the playing fields

The Dillsburg Little League Board of Directors will review any violations of the Code of Conduct. Depending on the severity of, and failure to comply with the code, the board shall impose the appropriate disciplinary action, up to and including **expulsion from league and its facilities**.

Print Name

Date

Signature

Team Name and Division

Parents Code of Conduct Agreement

All parents will be required to read and sign the Sport Parent Code of Conduct

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for every child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing or taunting; refusing to shake hands; or using profane language or gestures

7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time
12. I will never ridicule or yell at my child or other children for making a mistake or losing a competition. I will always praise a good effort.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my own child to win
15. I will respect the officials and their authority during games. I will never question, discuss, or confront any managers or coaches on the game field. I will take time to speak with them at an agreed upon time and location in private.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from using while at all sports events
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Parent/Guardian Signature

Little League Insurance

All children who play Little League Baseball and Softball, as well as adults who serve as managers, coaches, umpires, official scorekeepers, Player Agents and Safety Officers must be covered adequately by accident insurance. Action to require all leagues to carry accident insurance was legislated by the Little League Congress in 1957.

The AIG Group Insurance Program is specially designed for chartered Little Leagues to create affordable protection for all eligible participants and lower program costs to local leagues.

What Parents should know about Little League Insurance Program

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident. <https://www.littleleague.org/downloads/accident-claim-form/>
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 International, 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 after the 52-week time limit when
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

Little League Baseball and Softball Claim Form Instructions



WARNING — It is important that parents/guardians and players note that: Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to What Parents Should Know on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. **The ASAP manual**, League Safety Officer Program Kit, is recommended for use by your Safety Officer

Treatment of Dental Injuries

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment require that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy is only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor.
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the league official.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. ***Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.***

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

ACCIDENT REPORTING PROCEDURES

In case of serious injury where seconds count and professional help is needed call 911. Our players, parents and volunteer's safety are always our number one priority!

What to report:

- An accident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer and League President
- A player who sustains a head injury requires special attention. Not only shall the manager or coach follow the normal procedures for reporting the injury to the Safety Officer, but the parents of the Player shall be alerted immediately to both the injury and the need to monitor the child closely for the next succeeding 24 hours. It will be the decision of the parents to seek medical attention.
- Any accidents that do not result in bodily injury should also be reported as "near miss", so that corrective actions can be taken, and the problem can be addressed,

When to report:

- All such accidents must be reported to the Safety Officer **within 24 hours** of occurrence. The Safety Officer is **Sue Bruce** who can be reached via phone# (717) 579-2858 or E-Mail: safetydyb@gmail.com

How to make a report:

- You may report the incident by telephone but **must following up in writing by email** You need to report the following information:
- A copy of the players medical release for must be included. <https://www.littleleague.org/downloads/medical-release-form/>
 - Name and Phone number of injured individual(s)
 - Date, time and location of the incident.
 - As detailed of a description of the incident as possible
 - Brief description of the extent of the injury/treatment.
 - What medical facility was the injured treated at?
 - Name and contact information of the person reporting the incident.
 - **Physician release- Players whose activities have been limited by a physician must present a doctor's release to the Safety Officer prior to returning to full playing status. Liability for all non-compliance with this requirement will lie with the player's parents.**

Accident report forms:

In any injury whether deemed severe or minor, an AIG form must be completed promptly. Little League provides insurance that is secondary to a family's own medical insurance

The League Safety Officer will initiate filling out of the proper insurance form and submit to the Little League's insurance carrier. Copies of the forms can be obtained on our website at www.dillsburglittleleague.org

The League Safety Officer will also complete an Incident/ Injury Tracking Report so that trends can be documented, and and corrective measures be taken.

Safety Officers Responsibilities:

- Within 48 hours of receiving the incident report, the Safety Officer shall:
 - Contact the injured party or parent of the injured party to verify information received.
 - Obtain any other information deemed necessary.
 - Check on the status of the injured party until the incident is closed

First Aid

First Aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

Definition - First Aid is the immediate, necessary, temporary, emergency care given for injuries. First-Aid means exactly what the term implies – it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives.

At no time should anyone administering first-aid go beyond his or her abilities

Good Samaritan Law

The “*Good Samaritan Law*” provides legal protection to those who provide emergency care to ill or injured persons during an emergency. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would –

- Move a victim only if the victim’s life was endangered
- Ask a conscious victim for permission before giving care
- Check the victim for life threatening injuries before providing further care
- Summon professional help to the scene by calling 911
- Continue to provide care until more highly trained personnel arrive

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of the Good Samaritan law does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission to treat before administering first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not available. Permission is also implied if the victim is unconscious or unable to respond. This means that you can assume that if the person could respond, he or she would agree to care.

First Aid Basic Training

Will be provided prior to the start of any games or practices and will be conducted by a certified EMT. At least one manager/coach for every division is required to attend. Coaches and any parent volunteers are encouraged and welcomed. A Physical Therapist/ Certified Athletic Trainer will also be on hand to discuss the importance of pre and post-game warm up. Hands on only CPR/AED will be provided. Certification can be obtained for a small fee by contacting the Peyton Walker Foundation (www.peytonwalker.org).

First Aid Kit / Field Kits

Travel first-aid kits will be distributed to each team manager, when equipment is picked up, prior to the start of the season. There will also be additional complete field first-aid kits, disposable ice packs and an AED unit located in each equipment shed. If any manager needs supplies replenished for their team’s travel kit, or supplies are depleted from field kits please notify the League Safety Officer. Each field kit will contain the following:

Sterile Gauze Pads (assorted sizes)	Band-Aids (assorted sized)	Sterile Roll Gauze
Surgical, Paper & Cloth Tape	Cohesive Bandage (Pressure wrap)	Sterile ABD Pads
Non-Sterile Cotton Rolls (nosebleeds)	Moleskin Blister Prevention	Sterile Ace wrap (assorted sizes)
Antiseptic Wipes	Sterile Alcohol Prep Pads	Povidone-Iodine Pads
Sterile Saline Bullets (for irrigation)	Dermal Wound Cleanser	Ammonia Inhalant Capsules
Latex Free Tourniquet	Sling	4x24 Folded Splint
First-Aid/Burn Cream Packets	Sting Relief Swabs	Hydrocortisone Cream
Tweezers	Paramedic Scissors	Latex Free Gloves

First Aid Tips

- Provide or assist in getting medical attention for anyone who needs it but KNOW your limits. Do not initiate treatment beyond your level of training. Never hesitate in providing first aid to someone in need!
- Never be afraid to ask for help if you are unsure of the proper procedure (i.e. CPR, etc.)
- Observe the accident scene and assess the victims before rendering care. Make sure it is safe for you to approach.
- Call 911 immediately if victim is unconscious or appears to be seriously injured
- Obtain consent (if conscious) before providing care. Explain exactly what you are going to do before you do it
- DO NOT administer any medications unless you are trained or certified to do so
- DO NOT provide anything orally except small sips of water
- Talk with and reassure the injured person that proper medical care will be provided
- Never transport an injured person. Let that up to the local EMS professionals.

Injury Assessment

- Approach and form a general impression of player's condition, note mechanism of injury
- Observe for signs of blood, bruising, deformity or broken bones
- Ask and listen to the injured victim describe what happened and what hurts.
- Allow for the victim to move an injured extremity first! Never start turning and moving it for them.
- Check mental status if a head injury is suspected. Observe for obvious changes in pupil size
- If unconscious, check for ABC's (Airway unobstructed, Breathing in and out, Circulation (pulse) is felt). Make note of both color and temperature of the skin

Remember (PRICES) when treating an injury - Protect, Rest, Ice, Compression, Elevation and Support

Cuts and Skin Wounds

- Bruises: Apply cool compress. If the person has a crush injury, large bruises, continued pain or swelling, call physician.
- Cuts: Rinse with water. Apply a clean cloth or Band-Aid. DO NOT use detergents, alcohol, peroxide, or apply any antibiotic ointments. This will trap in dirt and bacteria and damage healthy surrounding tissue. If the wound is deep, do not attempt to clean. If bleeding apply direct pressure with a clean cloth until bleeding stops. If blood soaks through, apply another clean cloth. Do not attempt to look at the wound during this time as it may disrupt the clotting. When bleeding has stopped, or it becomes more severe seek medical attention.
- Puncture Wounds: DO NOT attempt to remove object from a wound. Secure object in place and call 911.
- Splinters: Remove small splinters with tweezers, then wash with soap and water until clean. If unable to remove the splinter completely seek medical care.

Asthma: Is defined as acute spasms of tubes in the lungs. It affects individuals of all ages and is usually the result of exposure to certain allergens, respiratory infections, emotional stress or exercise. Symptoms may include whistling or wheezing sound when breathing out, shortness of breath or rapid breathing, tightness in the chest. Known asthmatics carry rescue Inhalers (inhaled corticosteroids) to control the attacks. Getting the victim to sit down, relax, remain calm and rest until the episode has passed is crucial. If the inhaler has not proven effective after using as prescribed, or the condition should worsen, call 911 immediately.

Diabetic Emergency - Low blood sugar can occur suddenly, without warning. Signs include confusion, irritability, unresponsiveness, cool/sweaty skin, headache, dizziness, excessive hunger or thirst. Treatment: Give fast acting sugar (glucose tablet, soft candy, regular soda, or pour sugar packet into water or orange juice) If no improvement within 15 minutes call 911.

Nose Bleeds: In a sitting position with head leaning forward, apply firm, steady pressure to both nostrils for 5 minutes. If bleeding continues or is very heavy, seek emergency care.

Jammed Finger / Dislocation: caused when the tip of the finger is compressed towards the hand resulting in pain, swelling, and the inability to bend, straighten or grip with that finger. Treatment: apply ice 15mins every hour to decrease swelling, elevate, "buddy" tape to adjacent finger or use a splint. Parents can continue to treat with over the counter pain relievers/anti-inflammatory (Motrin, Tylenol or Advil) as needed. Seek medical attention if finger is deformed, becomes hot, numbness or discoloration occurs, or pain becomes significant

Fractures (Simple or Compound) - If there is any bleeding it must be stopped and controlled. Apply pressure with a sterile bandage, clean cloth or clean article of clothing. Immobilize the injured area, but DO NOT try to realign the bone or push a bone that is sticking out back in. Apply ice pack to help relieve swelling or pain. If you will be moving the victim (Only do so if area is unsafe) immobilize the extremity. DO NOT move victim if there is a suspected neck or back injury. DO NOT administer any liquids, food or pain medication until evaluated by physician

- Growth plate fractures in the humerus of the throwing arm are too common. Maximum pitch counts and days of rest must strictly be followed for both pitchers and catchers.

Sprains: involve a stretch or partial tear of a ligament. Symptoms include pain, swelling/bruising, warmth and redness of the injured area, difficulty moving the joint. Treatment involves (RICE) Rest injured area for 48-72 hours. Apply ice to the joint immediately (20mins on 20 mins off no more than once an hour) no more than 4-8 times a day for the first 48 hours or until swelling improves. Compression (using ace wrap) may help but be sure to monitor for circulation in the affected area to ensure the wrap is not applied too tightly. Elevation (raised injured part above heart level) whenever possible to help reduce swelling.

Face, Eyes and Mouth: These areas have a rich blood supply and will bleed a lot.

- If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call Poison Control or Physician for additional recommendations.
- If the trauma is to an eye, do not put pressure on or manipulate the eye in any way. Never remove objects stuck in the eye. Do not touch or rub an injured eye. Cover with a moist dressing (pour sterile water on a 4x4 gauze), eye shield or paper cup until you can get medical attention.
- If teeth are knocked out, handle the tooth by the top and not the root. If dirty, rinse gently, place the tooth in a container/plastic bag with milk, saline solution (1 tsp table salt added to 8oz of water), or the persons' own saliva (or in the mouth between cheek and gum). Stop bleeding using gauze or cotton ball in the tooth socket and have the person bite down. Always have parents seek medical care from the family dentist, an oral surgeon or the emergency department.
- If blunt force trauma to the throat occurs, and the person experiences rapid or difficulty breathing, swelling, changes to voice, wheezing or odd changes in the sound of their breathing immediately call 911.
- If injury to the throat does not cause a lot of pain or any other severe symptoms, it is likely just tissue trauma (bruised). Apply ice to help minimize swelling. Over the counter pain/anti-inflammatory medications can be administered by the parents

Stings and Insect Bites

- Due to the ever-present issue of standing water often found around ball fields, mosquitoes and bugs can be a problem. Coaches, players and spectators should apply insect repellent with "Deet" before practices and games. Mosquitoes are always worse around dusk. Treat by applying ice to reduce swelling, and hydrocortisone cream to relieve itching.
- Stinging insects: remove the stinger as soon as possible with a scraping motion using a firm object (such as edge of a credit card). Put a cold compress on the bite to relieve the pain. Can apply a mixture of baking soda and water to draw out the stinger. If difficulty breathing, swelling of lips, face or throat, or hives occur call 911.
- Spider bites: We live in an area with Black Widow and Brown Recluse spiders that can deliver a toxic, life threatening bite. Seek medical attention immediately if there is significant swelling, change in behavior or loss of consciousness. Always have a physician check any bites that become red, warm, swollen and/or painful.
- Tick bites: use tweezers to grasp as close as possible to the head of the tick and briskly pull straight up from where it is attached. Seek medical care if a fever or bullseye rash appears.

Anaphylactic Shock - A potentially life-threatening reaction caused by exposure to something the individual is allergic to. Signs can be skin reactions including hives, itching, flushed or pale skin. Swelling of the eyes, lips or tongue. Constriction of airways leading to wheezing and difficulty breathing. A weak, rapid pulse. Nausea, vomiting and diarrhea. Dizziness, fainting or unconsciousness. Treatment: Immediately call 911. Ask victim if he or she is carrying an epinephrine autoinjector. Ask victim if you should help inject the medication. (This is usually done by pressing the autoinjector against a person's thigh). Loosen any tight clothing and have victim lie down. DO NOT give victim anything to drink. If there is vomiting, turn victim on his or her side to prevent choking. If there are no signs of breathing, coughing or movement, begin CPR. Do uninterrupted chest compressions at a rate of 100 every minute. If left untreated anaphylaxis can lead to death within 30 minutes.

Shock - occurs when the body is deprived of blood and oxygen usually resulting from trauma, heatstroke, blood loss, severe infection, severe burns or other causes. Symptoms can include cool, clammy, pale or ashen skin, bluish tinge to lips and fingernails (or gray in case of dark complexion), rapid breathing and pulse, nausea, vomiting, weakness and fatigue, enlarged pupils, dizziness or fainting, change in mental status or behavior such as anxiousness or agitation. Treatment: Call 911 immediately. Lay the person down and elevate the legs and feet slightly, unless this may cause pain or further injury. Do Not move the victim unless necessary. Loosen tight clothing and cover with a blanket if needed. Do Not allow the person to eat or drink anything. If vomiting turn victim to their side. If there are no signs of breathing, coughing or movement, begin CPR.

Seizures: Usually only last a few minutes at most. Because most seizures involve a vigorous twitching of the muscles. Keep all objects away from the person and do not touch them. Be sure to protect their head and loosen any tight clothing. Do not put anything in the victim's mouth. You can position the victim on his or her side to help prevent choking. Once the seizure has stopped, the victim's muscles will relax, and breathing will become fast and deep which will balance the reduced oxygen and circulation. If breathing stops or the victim turns blue, start rescue breathing (CPR if no pulse)

Spinal Injury

If you suspect a spinal cord injury (when dealing with a head injury/collision) do not move the individual. Spinal Cord injuries can lead to permanent damage with paralysis if not handled with extreme caution. If any of the following signs/symptoms are observed call 911 immediately.

- Localized neck pain, which may or may not be
- Neck stiffness
- Pain radiating from the neck down to the shoulders and/or arms
- Decreased sensation in the arms, legs or body
- Muscle weakness or paralysis of the arms or legs
- Swelling, bruising or tenderness
- Difficulty breathing

Try to keep the individual engaged in conversation and as calm as possible, encourage them not to move until medical personnel arrive.

Communicable Diseases

Unfortunately, the close contact and common sharing of equipment, that goes along with certain activities, carries the risk for infectious disease. While the risk of one athlete infecting another with HIV/AIDS is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. Hepatitis B can be present in blood as well as other bodily fluids. Procedures for reducing the potential transmission of these diseases should include, but not be limited to the following:

- All individuals providing care should protect themselves by wearing disposable gloves provided in the first aid kits
- Bleeding should be controlled immediately, and the open wound covered.
- If uniform is tainted with any blood, it must be cleaned and/or changed before player can return to play. Hydrogen Peroxide poured directly onto any blood stains, allowed to penetrate, then dabbed off will remove blood from clothing.
- Immediately wash hands and other skin surfaces following contact with blood and/or other bodily fluids
- Thoroughly clean all blood contaminated surfaces and equipment (using a solution of 1/4c. bleach per gallon of hot water). Any contaminated towels, gauze, gloves and other items should be properly disposed of or disinfected
- Although saliva has not been implicated in HIV transmission, CPR masks are provided in case of the need for mouth-to-mouth resuscitation.
- Managers, coaches or volunteers with any bleeding or oozing skin conditions, that cannot be controlled and covered, should refrain from all direct contact with players until condition resolves

Drug Awareness:

A drug is any substance that alters the body's chemistry. Drug abuse and addiction can happen to anyone, at any age. National statistics indicate that alcohol is one of the most widely used drug substances in the world. Alcohol use among our youth is major public health problem. Additionally, the number of youths experimenting with illicit and prescription drugs is increasing at alarming rates.

Managers, Coaches and Parents should be alert to the warning signs of possible abuse:

- Rapid changes in mood (Aggressive, rebellious behavior, hostility and lack of cooperation)
- Deteriorating relationships with family members and change in friends
- Loss of interest in hobbies and / or sports
- Drop in academic performance
- Lack of interest in personal appearance, withdrawal, isolation, depression
- Change in eating or sleeping habits, fatigue
- Physical changes (runny nose not from a cold or allergies, red eyes, cough, wheezing, bruises, needle marks or tracks)

Remember NOT every warning sign indicates drug use or abuse. Raise any concerns to the youth's parents based on noticed behavior and not the suspicion of the cause. Open communication between Managers, Coaches, Players and Parents is the key to prevention!

Heat Guidelines

Children who play sports or are physically active in hot weather can be at risk for heat related illnesses. Children sweat less than adults making it harder for them to cool off. Parents and coaches should consider the following guidelines:

- Know the physical condition of the athlete – be aware of their physical condition prior to the start of practices/games
- Acclimate to the heat – gradually increase the intensity and length of practices over the first 10-14 days.
- Schedule practice times/ games during the cooler hours of the day/evening if possible
- Wear proper clothing – lightweight, light colored clothing is best. Ventilated shorts and t-shirts let heat dissipate
- Provide frequent fluid breaks and encourage them – provide players cool down and fluid breaks in shaded areas at least every 20-30 minutes or more frequently depending on heat and humidity.
- Know the weather condition and plan accordingly – provide a tent for players to get out of the sun, and iced water towels to help them cool down
- Monitor athletes closely
- Rehydrate after all practices to replace lost fluid – players should weigh themselves before and after practice. To properly rehydrate, you should drink 20 ounces of water for every pound lost during activity.
- Have an Emergency Action Plan – all managers and coaches should be trained on the signs and symptoms of heat related illnesses and what to do

Dehydration

When you hear the word dehydration (not enough water in the body), there's a good chance that you automatically think of the heat; however, properly maintaining fluid balance in your body before, during and after physical activity is important year-round, regardless of the weather.

Unfortunately, many athletes, begin their workouts dehydrated. Even mild dehydration can affect a child's performance and make him or her irritable and lethargic. This is even true during the cold weather months when many individuals do not think that they need to be concerned about hydration. On the opposite extreme is when athletes consume too much fluid (hyperhydrated). Both dehydration and hyperhydration can compromise performance and increase health risks. It is important for young athletes to have access to water, but to also be aware of the risks of overdrinking which can lead to dangerously low sodium levels (exercise-associated hyponatremia) caused by excessive consumption of fluids – this includes sports drinks as well as water.

Encourage your child to pay attention to early signs of dehydration, if left untreated, dehydration increases the risk of more serious heat related illnesses including heat cramps, heat exhaustion and heat stroke. Early Signs and symptoms include:

- Dry or sticky mouth
- Thirst
- Headache, Dizziness, or Lightheadedness
- Cramps
- Nausea, Vomiting
- Excessive Fatigue / Exhaustion
- Disinterest in the game / Poor Concentration
- Loss of muscle coordination / Decreased Performance

Tips for staying properly hydrated include:

- Youth Ages 6-12: drink 8 oz. approximately 2 hours before participation
- drink 4-8 oz. 20 minutes before participation
- drink 4 oz. every 20-30 minutes during participation
- drink 16-20 oz. within 2 hours after participation, for every pound of weight lost
- Youth Ages 13-18: drink 16 oz. approximately 2 hours before participation
- drink 8-10 oz. 20 minutes before participation
- drink 6-12 oz every 20-30 minutes during participation
- drink 20-24 oz. within 2 hours after participation, for every pound of weight lost

Water or Sports drink: What is the better choice for youth athletes?

If youth athletes are working out for one hour or less, water is generally enough to prevent dehydration. Sports drinks such as Gatorade or Powerade may be recommended in certain situations including:

- Exercise lasts longer than 1 hour
- Athlete will be engaging in intense workouts
- Practicing or playing in extreme heat or humidity
- Excess sweating occurs

Heat Related Illnesses

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases. Athletes experiencing heat rash should:

- Try to practice in a cooler, less humid environment when possible.
- Keep the affected area dry.
- Dusting powder may be used to increase comfort

Heat Cramps (Stage 1 of Heat Illness)

Heat cramps usually affect athletes who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. Symptoms are muscle pain or spasms usually in the abdomen, arms or legs. Athletes experience heat cramps should:

- Stop all activity and sit in a cool place
- Drink clear juice or a sports beverage
- Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke

Seek medical attention if the athlete has any underlying heart problems, is on a low sodium diet, or cramps do not subside within one hour

Heat Exhaustion (Stage 2 of Heat Illness)

Heat exhaustion is the body's response to an excessive loss of the water and salt, usually through excessive sweating. With heat exhaustion, your body temperature rises as high as 104 F (40 C) and you may experience the following: heavy sweating, extreme weakness and fatigue, pale or flushed complexion, clammy or moist skin, fast and shallow breathing, dizziness and confusion, nausea and vomiting, muscle cramps, and headache. If left untreated, this can lead to heatstroke. Athletes experiencing heat exhaustion should:

- Rest in a cool, shaded or air-conditioned area
- Drink plenty of water or sports beverage
- Have them use a cool towel or take a cool shower

Heat Stroke (Stage 3 of Heat Illness)

The Center for Disease Control describes heat stroke as the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature usually as the result of prolonged exposure to or physical exertion in high temperatures. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given. Symptoms include:

- Alteration in sweating – skin will feel hot, and dry to the touch
- Flushed skin – skin may turn red as your body temperature rises
- Altered mental status or behavior – confusion, agitation, irritability, slurred speech, delirium, seizures and coma
- Rapid breathing – breathing may become rapid and shallow
- Racing heart rate – pulse may significantly increase because heat stress places burden on your heart trying to cool off body
- Throbbing headache
- Nausea and vomiting

Take the following actions when treating an athlete with heat stroke:

- Call 911 immediately
- Move the player to a cool shaded area
- Remove excess clothing
- Cool the player with whatever means are available - spray with cool water (garden hose), sponge with cool water, place in cool tub or shower, wrap in cool/wet towels
- Apply ice packs under armpits, groin, ankles, wrists, head and neck area to try to cool larger blood vessels and arteries
- Fan their body
- Monitor their breathing until medical personnel arrive. If necessary, begin CPR.

When to Call 911:

If the injured person is unconscious, call immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 and request the need for ambulance/Paramedics if the victim:

- ✓ Is or becomes unconscious
- ✓ Has difficulty breathing or is breathing in an unusual way
- ✓ Has Chest Pain or Pressure (These can be signals of a Heart Attack)
- ✓ Is bleeding severely
- ✓ Has pressure or pain in the abdomen that does not go away (This could be Gallbladder or Appendix)
- ✓ Has Seizures or slurred speech (Possible stroke indicator)
- ✓ Has injuries to the head, neck or back. If this is a possibility DO NOT move victim unless by not doing so causes them more harm. Allow trained professionals move them
- ✓ Has possible broken bones (especially Compound Fractures)

Remember: When calling 911, calls go directly to a dispatch center where basic information is collected. The dispatcher then transfers calls to the right agency based on where the call is coming from, and the type of emergency being reported. The local ambulance service may be unavailable, and your current area is being covered by another department. For this reason, when calling 911 always be clear that you have a *medical emergency*.

Concussion

A concussion is a type of a traumatic brain injury - or TBI- caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth within the skull creating chemical changes in the brain and sometimes damaging brain cells. Concussions are usually not life-threatening but still can be serious. In rare cases, a dangerous collection of blood (hematoma) may form that presses the brain against the skull. If any physical or behavioral changes are noticed call 911 right away or have the parent transport to an emergency center for evaluation.

The Center for Disease Control and Prevention estimates that as many as 3.8 million sports and recreation related concussions occur in the United States each year.

In mid-November of 2011, Pennsylvania Governor Tom Corbet signed the Act of Nov. 9, 2011, P.L. 411, No.101, known as the Safety in Youth Sports Act, into law. This law requires the Department of Health and the Department of Education develop guidelines and materials on concussions. For more on this law visit <https://www.health.pa.gov/topics/school/Pages/Concussion.aspx>

We encourage all managers, coaches, and volunteers to take the free online concussion training at the Center For Disease Control website www.cdc.gov/headsup/youthsports

Dillsburg Youth Baseball Concussion Protocol

Purpose: To provide direction for Coaches and Managers in the event of a suspected concussion due to injury.

Should a player be struck in the head during any game or practice OR have a forceful collision with another player the following actions should be taken:

If player is struck and is laying on the ground:

*** If the player is unconscious, do not move them. Call 911 immediately.**

- If a player is conscious and laying on the ground, do not allow the player to stand for at least three minutes (time needed to assess injury) Apply ice to injured area
- Assess for the following symptoms (or anything unusual for the individual).
 - *Disorientation to surroundings*
 - *Blurred or double vision, ringing in the ear(s)*
 - *One pupil larger than the other*
 - *Nausea, vomiting, convulsions or seizures (shaking or twitching)*
 - *Vacant look or stare*
 - *Slurred speech, weakness, numbness or decreased coordination*
 - *Headache or pressure in the head that gets worse and does not go away*
 - *Sensitivity to light or noise*
 - *Unusual behavior, increased confusion, restlessness or agitation*
 - *Just not "feeling right" -shows mood, personality or behavior changes*
- Should the player exhibit any of the above listed symptoms or show anything concerning beyond these symptoms, remove the player from the game and notify their parent/guardian immediately. The player must be evaluated at an emergency room or by their family physician before returning to practice/games. **The parent must provide the manager/Safety Officer with a written clearance from a provider** indicating that the player has been cleared and is able to play again without restrictions. **There will be NO exceptions.**

If a player is standing after being struck in the face or head (or colliding with another player)

- Assess the player for any of the above listed symptoms. Apply ice to the injured area.
- Should the player in your judgement **NOT** exhibit any of the above listed symptoms (or anything unusual for them), they may return to play at the managers discretion (but continue to observe for symptoms). An incident report must be completed, and parent/guardian notified. Advise the parent of the incident and encourage them to monitor for symptoms for next 24 hours. Have the parent/guardian sign the incident report that they are aware and are now assuming responsibility. The parent/guardian will not be required to have the player medically cleared as long as no symptoms are observed while under care of DYB team manager or coaches.

Key Points About Concussions:

- ✓ Not every player will present with the same symptoms so pay close attention to what they are doing after the injury
- ✓ It is important to not allow the player back into the game or practice because sometimes the effects of a concussion do not present right away and will happen up to an hour after the injury. Act in the best interest of the individual especially if history or previous concussions.
- ✓ You can still get a concussion if you are wearing a helmet and can occur from indirect hits to the head too.

Important Information for Coaches:

Should a parent argue the fact that you are taking the player out of the game. Instruct them that you are not permitted to allow the player to continue to play per the protocol that has been put into place to protect the player from additional injury and they may see a board member if they do not agree with the decision.

This protocol has been put into place to help guide you during the event of an injury and must be followed. Should there be a time when protocol is not being followed, it is at the discretion of the Board to counsel or remove a coach or manager who does not have the best interest of the player in mind.

Failure to follow protocol may result in the following:

- 1st offense - Removal from game or next physically played game
- 2nd offense - Three game suspension
- 3rd offense - Suspension for remainder of season and review by board to discuss future managing/coaching opportunities

I affirm that I have read and understand the Dillsburg Youth Baseball Concussion Protocol and I promise to adhere to all the rules and regulations therein.

Print Name of Team Manager/Coach

Team Name and Division

Signature of Team Manager/Coach

Date

Concussion Information for Parents and Players

Concussion Signs Observed:

- Can't recall events prior to or after a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes

Concussion signs Reported

- Headache or "pressure" in head that does not diminish
- Nausea or vomiting.
- Balance problems or dizziness,
- Double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, concentration or memory problems.
- Just not "feeling right," or "feeling down."

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention (by way of ambulance if necessary) if after a bump, blow, or jolt to the head or body he or she exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Has unusual behavior or becomes increasingly confused, restless, or agitated
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

When a player receives a blow to the head and presents with one or more signs / symptoms:

1. The manager or coach must remove the player from play for the rest of the day and shall not return to active play until evaluated by a licensed health care provider. Do not try to judge the severity of the injury yourself
 2. The team manager or coach must notify the player's parents: (a) when the injury occurred, (b) symptoms observed and (c) any treatment provided on site
 3. The team manager must complete and accident / injury report and email the league Safety Officer within 24 hours (safetydyb@gmail.com)
 4. The player may not return to play until a written clearance is obtained by a licensed health care professional. *There will be no exceptions.*
- *My child has had _____ previously diagnosed / documented concussions and I understand the increased risk of TBI with each additional occurrence*

We ask that parents discuss the risks of concussions and other serious brain injuries with your child and have each person sign below. If you have any questions regarding the policy, please contact the league President or league Safety Officer.

- I have learned about concussions and talked with my parent or coach about what to do if I have a concussion

Player Printed Name: _____ Date: _____

Player Signature: _____

- I have reviewed the information sheet with my child and understand the measures being taken to protect the health and safety of my child.

Parent / Legal Guardian Printed Name: _____ Date: _____

Parent / Legal Guardian Signature: _____



Accident / Injury Report Form

Report any incident that causes a player, coach, or umpire to receive medical treatment and / or first-aid on site.

Player Injured: _____ Time of Injury: _____

Field Location: _____ Division and Team Name: _____

Name and phone number of the person completing this form: _____

Relationship to injured player: _____

Date of Injury: _____ Age: _____ Sex: M / F

Player Injured Address: _____

Player Injured Phone #: _____ Alternate Contact #: _____

Incident occurred during: Game () Practice () Other () _____

Detail What was the injured player doing when the incident occurred?

Who else was involved? _____

What specific parts of the body were injured? _____

Immediate Action taken

Please check all that applies:

Treatment of injury: Yes () or No () First aid administered: Yes () or No ()

Type of first aid administered: _____

Taken to hospital: yes () or No () Hospital name: _____

Was player transported by 911: yes () or No ()

Was a parent / relative / guardian notified: Yes () or No ()

If "YES": Name and relationship to injured player: _____

Follow Up Please explain any follow up action taken by the coach. (Example: Coach calls injured player at home)

Comments or suggestions on how this injury could be avoided in the future:

Complete form and email within 24 hours of the incident to:
League Safety Office, Sue Bruce at safetydyb@gmail.com

A.E.D Program



Beginning in 2019 Dillsburg Little League will have an AED program. AED stands for automated external defibrillator. We have partnered with Holy Spirit EMS to implement a quality and compliant AED program. Although the units are designed to instruct the user on what to do, we will be providing all managers/coaches with pocket guides on CPR/AED instructions. Effective in our 2020 season, DYB will be implementing into our mandatory safety training, hands on CPR/AED training for all managers/coaches. All Board Members, Umpires and Parents will also be encouraged to attend.

Statistics show that approximately 600,000 people die each year from sudden cardiac arrest. It is the #1 cause of death among student athletes and the #2 cause of death in youth under the age of 25. Every hour, every day, a student dies from Sudden Cardiac Arrest. Many of these deaths occur due to out of hospital events brought on by ventricular fibrillation a dangerous arrhythmia that causes the heart to beat chaotically resulting in death. Early defibrillation by AED within 3 minutes of cardiac arrest is critical for survival. Every minute defibrillation is delayed chances of survival diminish by 10%. Calling for EMS alone may not be enough to save a victim's life. Statistics show that the average response time for EMS is 6-12 minutes. Having AEDs located at every field gives that victim the best chance for survival.

In 2019 Dillsburg saw just how vital these units can, as two of our units were put into action. Had it not been for quick access to an AED, and the quick actions of a trained bystander, the outcome for both victims would have been very different, but luckily those victims will live to tell their stories.



Heart Attack Vs Sudden Cardiac Arrest (SCA)

People often use these terms interchangeable, but they are not synonyms. A heart attack is when blood flow to the heart is blocked. Symptoms may be immediate and intense but more often symptoms start slowly and may persist for hours, days or weeks before a heart attack occurs. Cardiac arrest occurs suddenly and without warning. It is triggered by an electrical malfunction in the heart that causes an arrhythmia. Seconds later the victim loses consciousness and pulse resulting in death if the individual does not receive treatment within minutes.

Signs of Sudden Cardiac Arrest

- Chest Pain or Discomfort
- Rapid or irregular heartbeats, palpitations, agonal pulse
- Unusual shortness of breath or unexplained Wheezing
- Lightheadedness, dizziness, fainting or near fainting
- Syncope (passing out)
- Family history of sudden death or heart disease

The underlying cause of Sudden Cardiac Arrest can be a heart condition you are born with, and / or can develop as young hearts grow. SCA can be triggered from a viral illness, or a blow to the chest from an object or a person. Up to 95% of SCA victims die each year, because there was a delay in emergency response.

Key to Prevention:

Early detection of potentially lethal disorders by electrocardiogram screening, is believed to be the most effective in decreasing cardiovascular morbidity and mortality. EKG testing is a quick, painless and noninvasive test that provides information about the structure, function, rate and rhythm of the heart, that when paired with a comprehensive evaluation and medical history, can identify two-thirds of the conditions associated with sudden cardiac arrest. Once detected, further testing and treatment can occur. EKG screening for cardiovascular disease (ICD 10 code: Z03.89) can be ordered by your physician but are not covered by insurance. For this reason, DYB has teamed up with the Peyton Walker Foundation who works tirelessly in promoting and raising awareness of SCA in our youth. You can sign up for FREE EKG screenings in your area by visiting <https://www.peytonwalker.org/> and clicking on Programs and Services

Peyton's Law (Senate Bill 836)

July 23, 2020 Peyton's Law, sponsored by Senator Mike Regan (R-31st District), was signed into law by Gov. Tom Wolf.

Peyton's Law would require:

- That the importance of EKG testing and how it can help detect heart issues leading to SCA be included in the PIAA form that student athletes, their parents/guardians have to review and sign, prior to participating in school athletics.
- Schools to include information in this PIAA form outlining the option to request an EKG from a family's medical provider, at their expense, during a comprehensive physical examination.
- PA Department of Education (PDE) to develop and post information on their website about SCA – including warning signs/symptoms – and the importance of EKG testing for students.

Treatment for Heart Attacks and Sudden Cardiac Arrest

For both events **call 911** or your emergency response number. Every minute matters. Cardiac arrest is reversible in most victims if treated within the first 3 minutes of collapse. If you are by yourself, call 911 and get the AED (automated external defibrillator) if one is available. **Begin CPR immediately but only if environment is safe.**

In the Event of a Cardiac Arrest please contact: (after trained medical personnel arrive)

Sue Bruce, LPN (League Safety officer) 717-579-2859

Brad Beck (Dillsburg LL President) 717-968-4487

AED Location Field Addresses (Ariel Maps to be included)

AED units are stored in cabinets within equipment sheds during regular season. Sheds are locked but remain open during games and practices. Local EMS and law enforcement have been provided access codes and locations. During off season all AED units will be removed from locations and stored by the league safety officer or designated medical professional in a temperature-controlled environment.

Ryder Field (beside Dillsburg Elementary) – 202 S. Chestnut Street Dillsburg, Pa 17019

Krall Field (behind Fire Hall) – 53 East York Street Dillsburg, Pa 17019

Wolfe Field (behind Ace Hardware) – 161 S. South Baltimore Street Dillsburg, Pa 17019

Logan Park Field – 80 Logan Road Dillsburg, Pa 17019

Franklin Township Fields – 124 Century Lane Dillsburg, Pa 17019

50/70 Intermediate Field – adjacent to playground

Hybrid Field 1 – Far end of field adjacent to storage shed

Hybrid Field 2 – Field next to stream. Accessible from back lot enter by Franklin twshp building

Carroll Township Field – 555 Chestnut Grove Rd Dillsburg, Pa 17019 (sits behind twshp building)

Master Maintenance Logbook:

Each unit shall be inspected monthly by a medical / trained health care professional for the following:

- Unit is visible and unobstructed, AED sign displayed
- Unit Model / serial number listed for easy accessibility when reordering supplies
Include field location and address where each unit is placed and update as needed
- Battery Status / Expiration date
- Indicator Light is operational / AED exterior appears undamaged
- Adult / Pediatric pads availability / Expiration date
- Rescue Ready Kit is available and stocked
- Point of contact(s) is updated with phone numbers, email addresses in the event a unit is used or malfunctioning.

Each monthly inspection will be signed by the safety officer or designated medical professional and kept on file for each unit on site.

Pennsylvania Good Samaritan Law and Related Acts 42PA CSA

§ 8331.2. Good Samaritan civil immunity for use of automated external defibrillator

(a) General rule.--Except as otherwise provided in this section, any individual who is trained to use an automated external defibrillator in accordance with subsection (c) and who in good faith uses an AED in an emergency shall not be liable for any civil damages as a result of any acts or omissions by such individual in using the AED, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the individual receiving the AED treatment.

(b) Requirements. --Any person who acquires and maintains an AED for use in accordance with this section shall not be liable for civil damages provided that the person:

- (1) Ensures that expected AED users receive training pursuant to subsection (c).
- (2) Maintains and tests the AED according to the manufacturer's operational guidelines.
- (3) Provides instruction requiring the user of the AED to utilize available means to immediately contact and activate the emergency medical services system.
- (4) Ensures that any appropriate data or information is made available to emergency medical services personnel or other health care providers as requested.

(c) Training.--For purposes of this section, expected AED users shall complete training in the use of an AED provided by the American National Red Cross or the American Heart Association or through an equivalent course of instruction approved by the Department of Health in consultation with a technical committee of the Pennsylvania Emergency Health Services Council.

(d) Obstruction of emergency medical services personnel. --Nothing in this section shall relieve a person who uses an AED from civil damages when that person obstructs or interferes with care and treatment being provided by emergency medical services personnel or a health professional.

(e) Exception.--Any individual who lacks the training set forth in subsection (c) but who has access to an AED and in good faith uses an AED in an emergency as an ordinary, reasonably prudent individual would do under the same or similar circumstances shall receive immunity from civil damages as set forth in subsection (a).

(f) Definitions. --As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

"Automated external defibrillator" or "AED." A portable device that uses electric shock to restore a stable heart rhythm to an individual in cardiac arrest.

"Emergency." A situation where an individual is believed to be in cardiac arrest and in need of immediate medical attention to prevent death or serious injury.

"Good faith." Includes a reasonable opinion that the immediacy of the situation is such that the use of an AED should not be postponed until emergency medical services personnel arrive or the person is hospitalized.

<p>Adult CPR (over 12 yrs)</p> <ol style="list-style-type: none"> 1 Check the Scene - make sure it's safe 2 Check the Victim - tap and shout 3 Call for Help - Have someone call 9-1-1 If alone, Call 9-1-1, then do CABs <p>Compression - 30 times in 15 to 18 seconds Place heel of one hand in center of chest with your other hand on top and compress <u>at least 2 inches</u>.</p> <p>Airway - tilt head back, lift chin to open airway. Breathing - Take normal breath, pinch victim's nose closed and give a breath until chest rises. Give a second breath. Take 1 second per breath. If chest doesn't rise, open airway again.</p> <p>Repeat C - A - B until help arrives or victim breathes</p>	<p>Child CPR (1 to 12 yrs)</p> <ol style="list-style-type: none"> 1 Check the Scene - make sure it's safe 2 Check the Victim - tap and shout 3 Call for Help - Have someone call 9-1-1 If alone, do 5 CABs, then call 9-1-1 <p>Compression - 30 times in 15 to 18 seconds Place heel of one hand in center of chest with your other hand on top and compress <u>about 2 inches</u>.</p> <p>Airway - tilt head back, lift chin to open airway. Breathing - Take normal breath, pinch victim's nose closed and give a breath until chest rises. Give a second breath. Take 1 second per breath. If chest doesn't rise, open airway again.</p> <p>Repeat C - A - B until help arrives or victim breathes</p>	<p>Infant CPR (under 1 yr)</p> <ol style="list-style-type: none"> 1 Check the Scene - make sure it's safe 2 Check the Victim - tap and shout 3 Call for Help - Have someone call 9-1-1 If alone, do 5 CABs, then call 9-1-1 <p>Compression - 30 times in 15 to 18 seconds Place <u>two fingertips of one hand in center of chest and compress 1 1/2 inches</u>.</p> <p>Airway - tilt head back, lift chin to open airway. Breathing - Take normal breath, cover victim's nose and mouth and give a breath until chest rises. Give a second breath. Take 1 second per breath. If chest doesn't rise, open airway again.</p> <p>Repeat C - A - B until help arrives or victim breathes</p>
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Automated External Defibrillator (AED)



4 Universal steps to follow:

1. Turn on (voice prompts will tell you what to do)
2. Attach pads to patient's bare chest: looking at picture placement on pad (choose correct pads: adult or pediatric)
 - ❖ Remove medication patches and wipe skin
 - ❖ Do not apply pads over pacemakers/internal defibrillators (noted as a lump on top of the chest) place pad 1 inch away
 - ❖ May need to remove chest hair if pads do not attach firmly on chest
3. Connect cord to AED
4. Stand back from the patient so the AED can analyze the rhythm
 - ❖ AED will advise if a shock is needed: Make sure to clear the patient (no one is touching the patient) and press the shock button

At the 3 town fields, the AED units are in the equipment shed behind home plate at each location, marked by the red X.

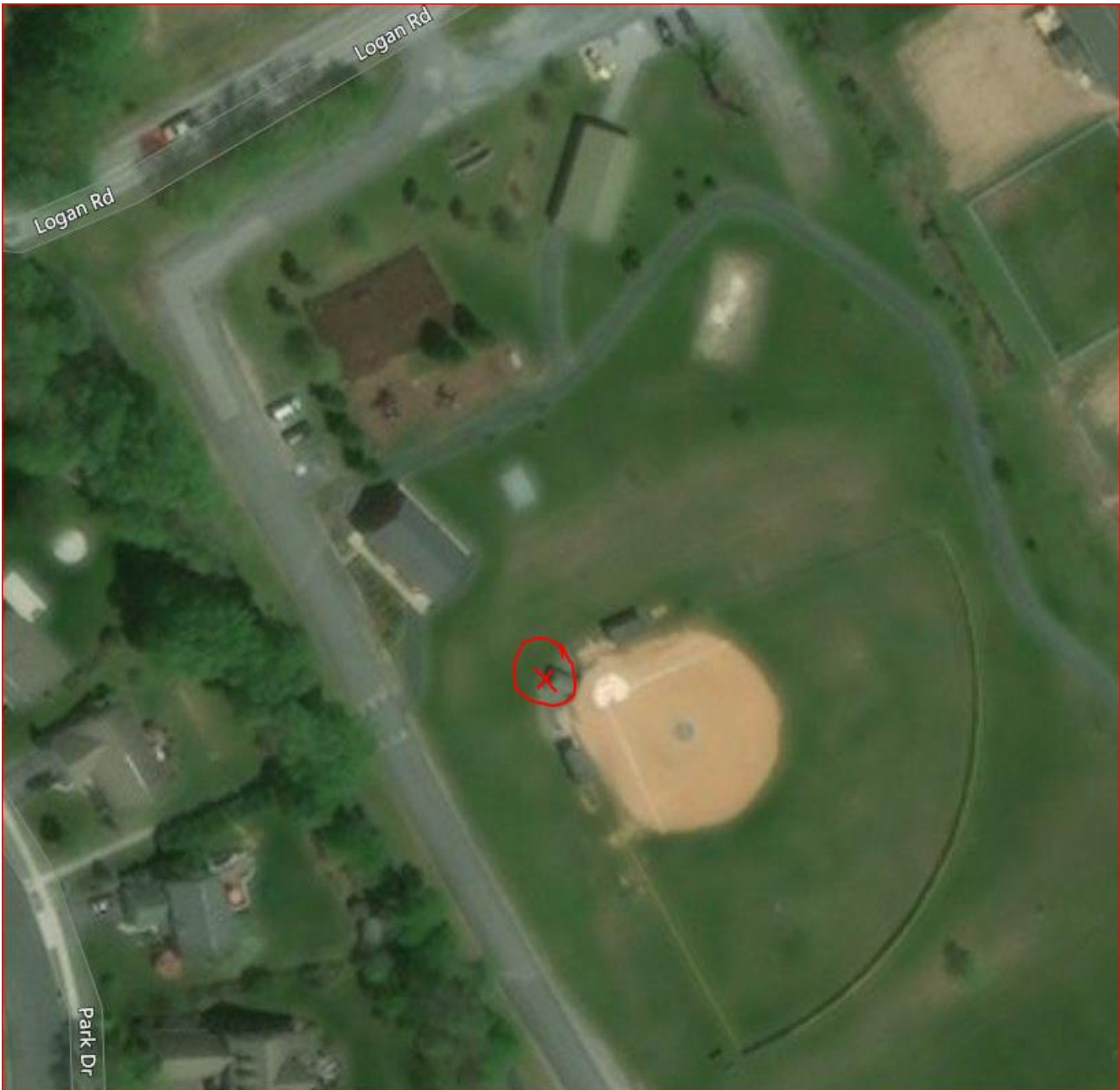
Krall Field – top of page – located behind Dillsburg Fire hall

Wolfe – bottom left – located behind Ace hardware

Ryder – bottom right – entrance to field adjacent to Dillsburg Elementary



At Logan Park, the AED unit is in the equipment shed behind home plate, marked by the red X.



At the **Carroll Township** "BASEBALL FIELD" (the big field), the AED unit is in the equipment shed behind 1st base, marked by the red X



At the **Franklintown Fields**, there are 2 units, 1 in the shed behind the bathrooms, and 1 at the tee-ball field shed, marked by the red X.



Little League Guidelines on Reporting Child Abuse

In 1998, Little League International launched its Child Protection Program to educate local league volunteers, with the goal of creating local league programs where only those who have the best interests of children in mind are involved. Little League's Child Protection Program was updated in 2018 to reflect the mandates set forth by the *"Protecting Young Victims from Sexual Abuse and Safe Sport Act of 2017"*.

Defining child abuse is the first step in battling it. Child abuse can take several different forms, and it is important for us to make clear right at the start what the prevention goal of the Little League Child Protection Program is.

Definition of Child Abuse

Child abuse takes many forms such as physical abuse, emotional abuse, sexual abuse, medical abuse, and neglect which often occur at the same time. A child who is being abused may feel guilty, ashamed, or confused. He or she may be afraid to tell anyone about the abuse, especially if the abuser is a parent, relative, or family friend. Specific signs and symptoms depend on the type of abuse and can vary. Keep in mind warning signs may not necessarily mean the child is being abused.

Signs and symptoms can be any of the following:

- Unexplained injuries such as bruises, fractures or burns
- Injuries that don't match the given explanation
- Sexual behavior that is inappropriate for the child's age
- Is always watchful, as though preparing for something bad to happen
- Cowers or turns away at the approach of an adult
- Shows extremes in behavior
- Is delayed in physical and emotional development
- Social withdrawal or loss of interest
- Avoidance of certain situations such as going to school, or riding the bus
- Lack of appropriate attention for medical, dental, or psychological problems

A crucial step in stopping child abuse before it happens is knowing who a child abuser might be, and where child abuse might happen. For better or worse, the answer to each question is simple. Where can it happen? Anywhere. Who could be a child abuser? Anyone.

Federal Law:

In 2018, the *"Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017"* became a federal law. The mission for the U.S. Center for SafeSport is to make the safety and wellbeing of every athlete the centerpiece of our sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment.

That same year, Little League's Child Protection Program was updated to reflect the changes mandated by this Law. The *"Protecting Young Victims from Sexual Abuse and Safe Sport Act of 2017"* mandates that all amateur sports organizations, which participate in an interstate or international amateur athletic competition and whose membership includes any adult who is in regular contact with an amateur athlete who is a minor *must report suspected child abuse, including sexual abuse, within 24 hours to law enforcement. An individual who is required, but fails, to report suspected child sexual abuse is subject to criminal penalties.* If an individual suspects a case of abuse within their league, they should report it to the appropriate child services organization and/or local law enforcement as well as, their League President and District Administrator. Information regarding reporting child abuse can be found, at: LittleLeague.org/player-safety.

Pennsylvania Child Abuse Law:

The PA Child Protective Services Law (CPSL) was signed into law in 1975. It was enacted to protect children from abuse, allow the opportunity for healthy growth and development, and, whenever possible, preserve and stabilize the family. Child abuse, according to CPSL, means to intentionally, knowingly, or recklessly do any of the following but not limited to:

- Cause bodily harm to a child through any recent act, or failure to act
- Cause or substantially contribute to serious mental injury to a child through any act, or failure to act
- Create a reasonable likelihood of bodily injury to a child through any recent act or failure to act

Child abuse includes certain acts in which the act itself constitutes abuse without any resulting injuries. These acts include but is not limited to:

- Kicking, biting, throwing, burning, stabbing, or cutting a child
- Unreasonably constraining or refining a child based on consideration of the method, location or duration of the restraint
- Forcefully shaking, slapping or otherwise striking a child
- Interfering with the breathing of a child

*Individuals – paid or unpaid – who based on the individual's role as an integral part of a regularly scheduled program, activity, or service, are responsible for the child's welfare or who has direct contact with children are considered a **Mandated Reporter**.*

When should mandated reporters make a report?

Mandated reporters are required to make a report of suspected child abuse *if they have reasonable cause to suspect* that a child is a victim of child abuse under any of the following circumstances:

- They come into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity or service.
- They are directly responsible for the care, supervision, guidance, or training of the child, or are affiliated with an agency, institution, organization, school, regularly established church, or religious organization or other entity that is directly responsible for the care, supervision, guidance, or training of the child.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

How to report suspected child abuse:

Mandated reporters must make an immediate and direct report of suspected child abuse to *ChildLine* either electronically at www.compass.state.pa.us/cwis or by calling 1-800-932-0313.

When filing a report, the reporter will be asked to identify themselves and a number where they can be reached so that if additional information or clarification on the situation is needed, the Children & Youth caseworker can contact you directly.

Once filed ChildLine forwards the report of suspected abuse to the local county Children & Youth Agency which investigates the report to determine if the allegations can be substantiated as child abuse / neglect. An investigation must begin within 24 hours of the report being filed. Once a determination is made, the mandated reporter will receive notification from the department regarding the final status of the report, as well as the services planned or provided to protect the child. Please understand that information provided may be vague to protect the privacy of the child involved.

For additional information on Child Abuse and Training for Mandated Reporters, or for answers to frequently asked questions go to <http://www.keepkidssafe.pa.gov/resources/training/index.htm> or <https://www.littleleague.org/player-safety/child-protection-program/>

If a report is made, immediately notify the League Safety Officer or League President so appropriate steps can further be taken.

Certificate of Completion

Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

Meets the Recognizing Child Abuse and Mandated Reporting components of
ACT 128 of 2013 training requirements

3 continuing education hours

Presenter:

University of Pittsburgh School of Social Work,
PA Child Welfare Resource Center
403 East Winding Hill Road, Mechanicsburg, PA 17055

Presented to:

Bruce, Suzanne

on the date:

July 5, 2020



Provider Number:
CACE00004

CE Course Number:
PCW00001

Molly S. Altman

Molly H. Altman,
Director of Continuing Education
School of Social Work

Richard Egan

Richard Egan,
Director PA Child Welfare
Resource Center

Conditioning & Stretching

Conditioning is an important part of accident prevention. Extensive studies on the effects of conditioning, commonly known as “warm-up” have demonstrated that stretching properly can increase and improve motion in your joints, increase blood flow, and decrease feelings of stiffness. Other potential benefits of stretching can include reducing delayed onset muscle soreness, increasing athletic performance and reducing the risk of tendon or muscle tears. It is important to remember that just because you perform stretches doesn't mean that you will never get injured. Stretching won't *prevent an overuse injury* that is predominant in sports that involve the repetition of similar movement patterns. There are other important factors such as strength and endurance training, essential to reducing the risk of injury.

Stretching should never be done forcefully, but rather in a gradual manner. Remember to follow the basics:

- ✓ Stretch necks, backs, arms, thighs, legs, and calves
- ✓ Hold the stretch for at least 10 seconds
- ✓ Don't ask a child to stretch more than he or she is capable of
- ✓ Allow one of the players lead the stretching exercises
- ✓ Always do age appropriate stretching and encourage players to do it routinely.

Dillsburg Youth Baseball and **Drayer Physical Therapy** understand the importance of proper stretching and conditioning. Muscle imbalances and poor movement patterns during and following growth spurts, predispose youth athletes to overuse injuries. For this reason, **Drayer Physical Therapy** has “teamed” up with DYB and created for us, an “age appropriate” Home Health exercise program as a guideline for what our youth can do to decrease the risk of possible injury both as warm-up and routinely at home. To access the *Home Exercise Program* login at www.drayer.medbridgego.com and type the appropriate access code:

Instructional / Coach Pitch / Hybrid – access code B6FL3MWQ
Minors – access code 3QWTZHR4
Majors – access code RJTQKLHF
Intermediate – access code FG9BBDPY

Copies of the programs provided for each division will be included for those unable to access the internet.

Pitchers and Catchers are at an increased risk of injury to their elbows and shoulders due to the repetitive motion. Improper body mechanics through the pitching cycle (wind up, early cocking, late cocking, acceleration, deceleration, and follow through) causes increased stress to the spine, shoulder blade, rotator cuff and UCL ligament of the elbow. Recent studies have shown that players can significantly reduce their risk of injury by engaging in an *individualized arm care program* based on their own unique needs. There is NO one size fits all program for baseball players.

Drayer Physical Therapy will form an individualized program based on evaluation of the following:

- Joint ROM (hypermobility) both shoulder and elbow
- Pectoralis major and latissimus dorsi flexibility (muscles of the scapular)
- Rotator Cuff / Shoulder – strength and movement
- Core Strength and Posture
- Lower extremity flexibility and strength

Cost of the *30-minute evaluation* is \$45-\$55. If an underlying condition is diagnosed, an evaluation by your family physician or orthopedic surgeon will be required prior to the start of any stretching and strengthening program.

Use of Ice and Heat

For Pitchers and Catchers as well as any player who throws:

- ✓ Heat is recommended prior to stretching and throwing to help increase circulation, loosen muscles and activate some of the natural lubricants of the joints
- ✓ Ice is advised after throwing to reduce cellular damage and decrease the inflammatory response to microtrauma (tiny tears in the muscle tissues).
- ✓ Between innings, it is advised to keep the pitching arm warm (even during the summer months) to prevent muscles from contracting during rest. Once removed from pitching, proper stretching and icing is essential to decrease soreness felt the next day.

Pitching, Strengthening and Arm Care Programs

For a more in-depth arm care evaluation with a breakdown of pitching mechanics by video analysis DYB has teamed up with both the **Keystone Fieldhouse** and **EXSP Explosive Sports Performance** to offer you two of the area's premier facilities specializing in individual and group training.

Keystone Fieldhouse: Central PA's premier Indoor Baseball & Softball training Facility

- Specializing in private individual and team lessons / clinics (hitting, pitching, arm care programs, catching, fielding and recruiting services)

Fieldhouse is excited to offer their newest service (coming soon)

Hittrax – provides real-time stats and key performance metrics along with powerful video analysis, trend reports and more. Patented technology provides a one-of-a kind experience that fosters player engagement and a meaningful connection with instruction. Here is what will be analyzed:

- ✓ Hitting Stats – exit velocity, launch angle, distance, point of impact, play outcome, strike zone analysis, high speed video w/integrated metrics
- ✓ Pitching Stats – pitch velocity, pitch location, late break measurement, % strikes, performance by pitch type, opposing batting stats, high speed video w/integrated metrics
- ✓ Catching Stats – arm strength, pop-time / transfer time, exchange time, throw accuracy, caught stealing %, strike zone analysis, high speed video w/integrated analysis

For additional information, services and pricing call (717) 798-0748 or you can check out their services and pricing by visiting their website at www.keystonefieldhouse.com

EXSP Explosive Sports Performance- Central Pa's premier Speed and Agility Institute

- Works in conjunction with Drayer Physical Therapy providing a Return From Therapy program . This program is designed to work with therapist to transition a player back to the field in their pre-injury level.
- 1-on-1 Personal Training – to gain experience and knowledge in improving themselves through a tailored program to meet their individual needs.
Focusing on : Balance Coordination, First Step Quickness, Strengtening, Injury Mitigation, Running Mechanics and Proper Movement Mechanics
- Specialize in small group training and speed classes. Their team of certified trainers and coaches want to help your child to understand the importance of how the body works, how to improve and transform it by focusing on training that mimics the environment experienced in your child's respective sport or activity
- Small Group Training (limited to 8 per class) focuses on: customized workouts to meet the needs of each athlete, with attention to speed, strength, power and areas of concern
- Game Speed Classes focuses on: first step acceleration, deceleration, change of direction (to reduce chances of ACL tears) and increased athletic movement

For additional information on how EXSP can help your child excel call (717)571-4476 or visit www.exsp.biz/south-programs



Home Exercise Program Login Instructions

Login URL

drayer.medbridgego.com

Your Access Code

B6FL3MWQ

TWO WAYS TO ACCESS



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- ▶ Search The App Store or Google Play for "**MedBridgeGO**".



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Learn about your condition

Gain a deeper understanding of your condition and the road to health recovery.



Track your progress

Keep track of your activity and progress throughout treatment and post care.



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Clinician Notes

Coach pitch/ hybrid ages 5-8

Jumping Jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs together

Movement

Raise arms apart overhead

Spread feet apart

Cross body jumping jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs at together

Movement

Jump and spread arms and legs

Jump and cross one arm and leg over the other

Jump apart then repeat with other arm and leg over top



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Page 2

Arm circles

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Make big arm circles going forward for 10 reps and backward for 10 reps

Cross body stretch

REPS: 10	HOLD: 10 SECONDS
----------	------------------



Setup

Standing

Movement

Cross arm over body and hold for 30 seconds. Repeat 3 times on each side.

Lunge with Twist

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Lunge forward and twist upper body to same side. Repeat on other side



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Page 3

Side skip with crossover

YARDS: 10



Setup

Standing

Movement

Flex inside hip/leg then skip to side while crossing over with the outside hip/leg. Repeat on other side



Home Exercise Program Login Instructions

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Your Access Code

3QWTZHR4

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Clinician Notes

Minors ages 8-10

Jumping Jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs together

Movement

Raise arms apart overhead

Spread feet apart

Cross body jumping jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs at together

Movement

Jump and spread arms and legs

Jump and cross one arm and leg over the other

Jump apart then repeat with other arm and leg over top



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Page 2

Arm circles

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Make big arm circles going forward for 10 reps and backward for 10 reps

Cross body stretch

REPS: 10	HOLD: 10 SECONDS
----------	------------------



Setup

Standing

Movement

Cross arm over body and hold for 30 seconds. Repeat 3 times on each side.

I's

REPS: 10	SETS: 3
----------	---------



Setup

Standing

Palms face backwards

Movement

Bring arms backwards

Squeeze shoulder blades together

Perform 20 reps



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Page 3

Y's

REPS: 10

SETS: 2



Setup

Standing

Thumbs up

Movement

Make the letter Y overhead

Perform 20 reps

T's

REPS: 10

SETS: 2



Setup

Standing

Palms up

Movement

Make the letter T with your arms

Perform 20 reps

Lunge with Twist

REPS: 10

SETS: 2



Setup

Standing

Movement

Lunge forward and twist upper body to same side. Repeat on other side



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Page 4

Side skip with crossover

YARDS: 10



Setup

Standing

Movement

Flex inside hip/leg then skip to side while crossing over with the outside hip/leg. Repeat on other side



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Prepared By: Tyler Hannon



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RJTQKLHF

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Clinician Notes

Majors ages 10-12

Jumping Jacks

REPS: 10	SETS: 2
----------	---------



Setup

Standing
Arms and legs together

Movement

Raise arms apart overhead
Spread feet apart

Cross body jumping jacks

REPS: 10	SETS: 2
----------	---------



Setup

Standing
Arms and legs at together

Movement

Jump and spread arms and legs
Jump and cross one arm and leg over the other
Jump apart then repeat with other arm and leg over top



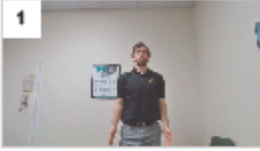
Disclaimer: This program provides exercises related to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your health care provider.

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Page 2

Arm circles

REPS: 10	SETS: 2
----------	---------



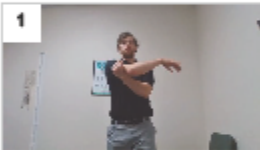
Setup
Standing

Movement

Make big arm circles going forward for 10 reps and backward for 10 reps

Cross body stretch

REPS: 10	HOLD: 10 SECONDS
----------	------------------



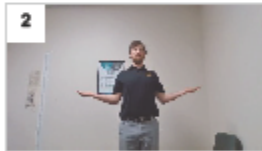
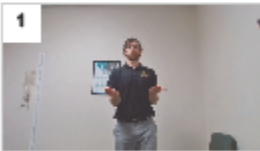
Setup
Standing

Movement

Cross arm over body and hold for 30 seconds. Repeat 3 times on each side.

No money

REPS: 10	SETS: 2
----------	---------



Setup
Standing

Movement

Elbow at side and palms up.
Keep elbow tight to side
Bring Forearms out to the side
Perform 20 reps



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Page 3

I's

REPS: 10

SETS: 3



Setup

Standing

Palms face backwards

Movement

Bring arms backwards

Squeeze shoulder blades together

Perform 20 reps

Y's

REPS: 10

SETS: 2



Setup

Standing

Thumbs up

Movement

Make the letter Y overhead

Perform 20 reps



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Page 4

T's

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Palms up

Movement

Make the letter T with your arms

Perform 20 reps

Lunge with Side Flexion

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Lunge forward and Reach with both arms overhead then lean to same side. Repeat on other side

Lunge with Twist

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Lunge forward and twist upper body to same side. Repeat on other side



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Page 5

Lunge Matrix

REPS: 10	SETS: 2	WEEKLY: 2
----------	---------	-----------



Setup

Standing

Movement

Lunge forward then return to starting position

Lunge to side then return to starting position

Lunge to the back then return to starting position

Repeat on other side

Steamboats

REPS: 10	SETS: 2	DAILY: 2
----------	---------	----------



Setup

Standing

Movement

Keep leg straight and kick leg forward then to back, out to the side and finally across body. Repeat on other side

Side skip with crossover

YARDS: 10



Setup

Standing

Movement

Flex inside hip/leg then skip to side while crossing over with the outside hip/leg. Repeat on other side



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Page 6

Cowboys

YARDS: 10



Setup

Standing

Movement

Flex and externally rotate hip

Repeat on other side



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Page 7

Prepared By: Tyler Hannon



Home Exercise Program Login Instructions

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Clinician Notes

Intermediate/teenagers ages 13-16

Jumping Jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs together

Movement

Raise arms apart overhead

Spread feet apart

Cross body jumping jacks

REPS: 10	SETS: 2
-----------------	----------------



Setup

Standing

Arms and legs at together

Movement

Jump and spread arms and legs

Jump and cross one arm and leg over the other

Jump apart then repeat with other arm and leg over top



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Page 2

Arm circles

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Make big arm circles going forward for 10 reps and backward for 10 reps

Cross body stretch

REPS: 10	HOLD: 10 SECONDS
----------	------------------



Setup

Standing

Movement

Cross arm over body and hold for 30 seconds. Repeat 3 times on each side.

No money

REPS: 10	SETS: 2
----------	---------



Setup

Standing

Movement

Elbow at side and palms up.

Keep elbow tight to side

Bring Forearms out to the side

Perform 20 reps



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Page 3

I's

REPS: 10

SETS: 3



Setup

Standing

Palms face backwards

Movement

Bring arms backwards

Squeeze shoulder blades together

Perform 20 reps

Y's

REPS: 10

SETS: 2



Setup

Standing

Thumbs up

Movement

Make the letter Y overhead

Perform 20 reps



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Page 4

T's

REPS: 10

SETS: 2



Setup

Standing

Palms up

Movement

Make the letter T with your arms

Perform 20 reps

Bretzel stretch

REPS: 3

HOLD: 30 SECONDS



Setup

Lay on your back

Movement

Cross one leg over and grab knee with opposite hand

Grab foot of lower leg with other hand

Lunge with Side Flexion

REPS: 10

SETS: 2



Setup

Standing

Movement

Lunge forward and Reach with both arms overhead then lean to same side. Repeat on other side



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Page 5

Lunge with Twist

REPS: 10

SETS: 2



Setup

Standing

Movement

Lunge forward and twist upper body to same side. Repeat on other side

Lunge Matrix

REPS: 10

SETS: 2



Setup

Standing

Movement

Lunge forward then return to starting position

Lunge to side then return to starting position

Lunge to the back then return to starting position

Repeat on other side

Steamboats

REPS: 10

SETS: 2



Setup

Standing

Movement

Keep leg straight and kick leg forward then to back, out to the side and finally across body. Repeat on other side



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Page 6

Side skip with crossover

YARDS: 10



Setup
Standing

Movement

Flex inside hip/leg then skip to side while crossing over with the outside hip/leg. Repeat on other side

Cowboys

YARD: 10



Setup
Standing

Movement

Flex and externally rotate hip
Repeat on other side



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Page 7

2021 Little League Pitch Count regulations

Ages	Maximum
7 – 8 year olds	50 pitches per day (CBT 7-8 Tournament Only)
9 -10 year olds	75 pitches per day
11 – 12 year olds	85 pitches per day
13-14 year olds	95 pitches per day

- If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning or the game. The pitcher will only be required to observe the calendar day(s) of rest for the threshold he / she reached during that at-bat provided that pitcher is removed or the game is completed before delivering a pitch to another batter.
- A player, who has played the position of catcher in 4 or more innings in a game, is not eligible to pitch for the remainder of that calendar day. A pitcher, who delivers 41 or more pitches in a game, cannot play the position of catcher for the remainder of that day.
- A player who played the position of catcher for 3 innings or less, moves to the pitcher position. And delivers 21 or more pitches, can not return to the catcher position on that calendar day.

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

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

A player may not pitch in more than one game in a day. Exception: Junior league – If a player pitches 30 or less pitches in the first game, that player can pitch in the second game on that day.

2021 Little league Bat Rules

Rule 1.10 – Baseball – The bat must be a baseball bat which meets the USA Baseball Bat (USABat) standard as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard.

Little League Majors and Below – it shall be no more than 33 inches in length nor more than 2-5/8 inches in diameter and if wood, not less than fifteen-sixteenths (15/16) inches in diameter at the smallest part. Wood bats taped or fitted with a sleeve may not exceed 16 inches from the small end.

Intermediate (50/70) and Junior Division – shall not be more than 34 inches in length nor more than 2-5/8 inch in diameter, and if wood, not less than 15/16 inches in diameter, (7/8 inch for bats less than 30”) at its smallest part. Wood bats taped or fitted with a sleeve may not exceed 18” from the small end. NOTE: Solid one-piece wood barrel bats do not require a USA Baseball logo. Also permitted for this division are bats meeting the BBCOR performance standard and so labels with a silkscreen or other permanent certification mark.

Tee Ball – under USA Bat standards, Certified Tee Ball bats (26” and shorter) will feature the USA Baseball mark and text which reads ONLY FOR WITH APPROVE TEE BALLS. All Tee Balls bats must feature the USA Baseball mark and accompanying text. Tee ball produced and/or purchased prior to the new standard can be certified using an Approved Tee Ball sticker via the USA Baseball Tee Ball Sticker Program (www.USABaseballShop.com)

DIVISION: _____

TEAM: _____

(All entries MUST BE IN PEN, no pencil)

Date	Day	Opponent	Pitchers Name	League Age*	Number Innings Pitched	Number Pitches Thrown**	Required Day(s) Rest***	Eligible to Pitch Date	Visiting Scorekeeper	Home Scorekeeper	Visiting Manager's Signature	Home Manager's Signature

***League Age: Players age on April 30th of season year**

League Age	Max Pitches
13-16	95
17-19	85
20-24	75
25-29	50

# of Pitches	***Calendar Days Rest
1-20	0
21-35	1
36-50	2
51-68	3
69 - MAX	4
69 - MAX	4

**By Rule, if a pitcher reaches a day(s) of rest threshold while being a batter, the pitcher may continue to pitch until any one of the following conditions occurs:
 1) That batter reaches base, 2) That batter is retired, 3) The throw is made to complete the inning. The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at-bat, provided that pitcher is removed before delivering a pitch to another batter.

*** A CALENDAR DAY begins at midnight and ends at midnight.
 Example: Player pitches 66 pitches on Saturday's team game due requiring 4 days rest. Pitcher must rest Sunday/Wednesday then will be eligible to pitch Thursday.

INNING

Number	Catcher's Name	1	2	3	4	5	6	7	8	9	10

Pitcher to Catcher: A pitcher who delivers fifty-one (51) or more pitches in a game cannot play the position of catcher for the remainder of that day.
Catcher to Pitcher: A player who has played the position of catcher in four (4) or more innings in a game, is not eligible to pitch on that calendar day.

Pitching (Catching) on Multiple Teams

The skill of pitching a baseball applies tremendous forces on the shoulder and elbow. Combining these forces with improper pitching technique, under-developed arm strength, a growing body, and throwing to fatigue have all been shown to factor into an increased risk for injury. Frequent injuries seen in pitchers involve the shoulder (labrum and rotator cuff) and more significantly to the elbow. Damage or tear to the ulnar collateral ligament (UCL) is the most common injury suffered and is often caused by pitchers throwing too much. This ligament is the main stabilizer of the elbow for the motions of pitching. When it becomes damaged, it can be difficult to repair and rehabilitate.

During the last decade there has been an alarming increase in both injuries to, and surgical repair of, the ulnar collateral ligament (UCL) in the pitcher's elbow. Currently, many athletes are playing for youth and high school teams as well as "travel teams," increasing the length of their season as well as the number of games played during the spring and summer. Follow this with "Fall Ball" and winter "showcases," coupled with private lessons, has led to the current "injury epidemic" in young throwers. Pitchers who regularly pitched to arm fatigue – increased their risk of surgery by 36X.

Recent research has focused on identifying risk factors for shoulder and elbow injuries as well as providing published guidelines for preventing these injuries. The risk factors with the strongest association to sustaining an arm injury are all related to the total volume of pitching, and improper technique during the pitching motion. Improper technique during any stage of delivery a pitch (wind up, early cocking, late cocking, acceleration, deceleration, follow through) stresses the spine, shoulder and elbow. Pitchers are prone to developing bad habits early on, as success (defined as getting batters out) will trump good mechanics. As success continues, youth coaches and the players will be further discouraged from "messing with a good thing." This is where it is important for coaches to emphasize long-term success and minimize injury risk by instilling proper pitching mechanics. Parents and pitchers must understand that eventually poor mechanics will lead to early fatigue, which will then increase the torque and force on the elbow during each pitch, thereby increasing the risk of injury.

Recommended guidelines to reduce injury risk in pitchers

- Warm up properly by stretching, running and easy, gradual throwing
- Watch for signs of fatigue: decreased ball velocity, decreased accuracy, elbow dropping below shoulder, trunk remaining upright during pitching, taking more time in between pitches. Never Pitch through pain and fatigue.
- No overhead throwing for 3-4 months every year. These months should focus on strength and conditioning.
- Follow pitch-count limitations during school and "club/travel" seasons. A pitcher should never be extended to the higher pitch count limits if they *are not conditioned for it*
- Emphasis on proper mechanics in pitching delivery/throwing motion
- Concentrate on age-appropriate pitching (renowned orthopedic surgeon Dr. James Andrews suggests):
 - Fastball Age 8 +/- 2 years
 - Slider age 16 +/- 2 years
 - Change Up age 10 +/- 3 years
 - Forkball age 16 +/- 2 years
 - Curveball age 14 +/- 2 years
 - Knuckleball age 15 +/- 3 years
 - Screwball age 17 +/- 2 years
- All Pitchers(catchers) *should have an individualized arm care program*, based on their unique needs, that they can do before and after games and make it part of their daily routine.
- Never pitch with elbow or shoulder pain, if pain persists seek evaluation by a physician or orthopedic surgeon
- Avoid playing pitching and catching positions in same game to limit arm strain. Never use the same pitcher twice in a same day
- Never use a radar gun

Ultimately injury prevention is the responsibility of the parents. Set pitch count and inning limits for the day, weekend, week, and season. Keep track and be firm with these numbers and communicate with all coaches. It is recommended that that *weekly maximum pitch count should be 120 pitches*. Always communicate with young players on how their arm is feeling. Remember, there are no guidelines, rules or regulations that can protect a child from overuse injury better than the limitations set by a parent! You know your child best. An ounce of early prevention, may help your child to continue playing for years to come.

Introduction

Walking the Tight Rope Between Rec Ball and Travel Ball: Arm Care, Mechanics, & Ethics (Opinion and Guidance)

Ross Fronk
Northstars Baseball
for
Dillsburg Youth Baseball
November 9, 2020

Introduction

Sue Bruce approached me recently at a coach pitch game and requested written guidance regarding player safety. The request was to address the perils associated with youth players participating simultaneously in local rec baseball leagues and travel baseball events and identify actions to mitigate the inherent risk of arm injuries related to overuse. The easily identifiable problem is pitch counts being monitored in our Little League [LL] sanctioned games coupled with the absence of universal pitch count rules common with travel ball events. This leads to a lack of continuity in oversight.

Pitch counts however, should not be the end-all be-all for reducing or preventing arm injuries. The glaring reality that not all pitchers are created equally is often overlooked. Each pitcher has their own individual risk level. Having all-encompassing pitch count parameters does not take into consideration the individual characteristics of each pitcher. Should a pitcher that is physically more mature than most kids in his age group and possesses good throwing mechanics be held to the same limit as one with bad mechanics or a lesser stature? The answer is 'no' and I will address this in a later section in more detail. Nevertheless, I understand that a line needs to be drawn somewhere.

For context, I should also make it clear that I am not a huge advocate for travel ball. The premise of travel ball presents a number of other issues. It sends the wrong message to kids by placing winning above personal progress and team progress. Essentially, it has become collegiate baseball at the youth level. Whichever program can recruit the best collection of players from the broadest geographic area has the best chance to dominate their respective age group. At ages 9-12 this is a ridiculous concept. Kids also use travel ball as a crutch to specialize in baseball, which is ultimately detrimental to their overall athletic development. But the main issue lies with the seemingly endless supply of unethical travel ball coaches that will ruin a young player's arm to win an ultimately meaningless tournament. However, I digress and will offer the knowledge and ideas I have to address the question at hand – how do we lessen the likelihood of injuries from this increasingly unavoidable scenario?

Player Evaluation

In order to impart counsel on player safety, we must first address the reasons kids injure their arms in the first place. Generally speaking, people like to point a finger at overuse. But it is important to understand that overuse is relative and usually arm problems arise in combination with other factors. As I mentioned before, each pitcher should be treated as an individual and therefore evaluated on an individual basis. There are three items to consider when evaluating a pitcher – physical size and strength, throwing mechanics, and training.

Physical Size and Strength

Youth players, with a few exceptions, do not have muscle structure around their joints to support the repeated, violent action required to pitch a ball with an overhand motion. However, this lack of physical stature can be negated by a proper training and arm care regimen. In 2015, Dr. James Buffi published an article for Driveline Baseball entitled *Why Overuse May Not Be Baseball's Problem for Pitchers*. He stated, "without adequate training, the body is unprepared for the rigorous demands of pitching." Dr.

Buffi also noted that players will take excessive rest periods in an effort to avoid overuse. He goes on to make a very important distinction – throwing to train the muscles and throwing in high intensity competitive situations are completely different. Therefore rest is not usually the answer, but we should look to develop arm strength and stability.

Throwing Mechanics

In my 16 years coaching baseball, almost *all* arm problems I have seen are a direct result of poor throwing mechanics compounded by a lack of a substantial arm care program (see [Northstars arm care program](#) and [5 day pitching program](#)). This may be the most difficult to address because the overwhelming majority of youth coaches have no advanced training on throwing mechanics. Furthermore, the biomechanics involved in delivering a pitch are even more complex than standard throwing mechanics. I had the good fortune to play and pitch at the collegiate level, for a coach that pitched at the major league level. That experience has given me specific knowledge to see mechanical issues and address them quickly. It is unreasonable however, to expect novice, volunteer coaches, to be able to dissect a pitching delivery for inefficiencies. In a subsequent section I will note some simple pitfalls to avoid and provide a few examples.

Pitching biomechanics consists of 6 phases – wind-up, stride, arm cocking, arm acceleration, arm deceleration, and follow-through. The majority of arm injuries occur during the cocking, acceleration, and/or deceleration stages. Shoulder injury typically occurs during the deceleration phase of the throwing motion. This happens because the muscles that propel the acceleration phase are stronger than the muscle groups responsible for deceleration.

To avoid going into complex detail about the kinematic motion, muscle groups, joints, and types of stresses involved in the throwing motion, I included a link to a very useful article in the footnotes. In the article, there is an informative section that everyone should read regarding “Little League Shoulder.” I am aware of several instances in which a kid has been seen by an orthopedist and told it is a “growth plate issue.” This injury is treated with rest and physical therapy. So if a parent ever tells a coach “it’s just a growth plate issue,” that coach should restrict the player from all throwing activities until the player is pain free, regardless of what the parent tells them. The primary takeaway from this longwinded and undoubtedly boring portion is that by establishing an arm care and throwing program will help to prevent injuries.

Red Flags and Common Misconceptions

Several misconceptions about pitching and throwing in general still circulate the dugouts in baseball today. All kids today think that you have to accelerate your arm as fast as you can to throw hard. This is 100% not true. You do not have to move your arm fast to throw hard. The frontrunner in the biomechanics of pitching is Wake Forest University’s Pitching Laboratory. Using their state-of-the-art technology, the pitching lab determined that velocity can be increased while decreasing stress on the shoulder and elbow by maximizing the speed of trunk rotation.ii This power comes from core strength. How does this translate to our discussion? Teach kids a controlled delivery powered by their midsection as opposed to a max effort delivery. This concept can be researched further by web search of ‘hip-to-shoulder separation.’ I commonly refer parents that want to see ideal pitching mechanics to watch YouTube videos of Greg Maddux or Mariano Rivera (https://youtu.be/Pu0-f_DNoWA) and avoid the highly violent delivery of someone like Roy Oswalt or Max Scherzer (<https://youtu.be/YZ9BNQvDxaE>) as they are the exception and not the rule.

Another frequently overlooked common occurrence is they stress on the arms of position players. This stress is multiplied if those position players are also pitchers. Third base, shortstop, and catcher are particularly taxing because they require quick, high velocity throws across the diamond. This is once again compounded by playing for more than one team at once. As a hypothetical example, assume a kid goes to rec ball practice on Monday. He takes 40-50 ground balls at third base and makes all the throws to first base. On Tuesday, that same player goes to travel ball practice and does the same thing. He may as well have thrown 40-50 pitches on back-to-back days.

Some other mechanical red flags include:

- The throwing elbow should not be lower than the shoulder when the body starts turning toward the plate to deliver the ball. This will lead to elbow problems.
- Both arms should be linear to the trunk. I see a lot of young pitchers swinging their throwing arm way behind their back. This will lead to shoulder problems and is large culprit of Little League elbow.

- Don't use arm movement to get a movement on a secondary pitch. Breaking balls and sinking (swing-back) fastballs are achieved by wrist position and grip.
- The most technical issue, which is hard to correct at a young age is the notorious "Inverted W" also known as 'excessive scapular load.' I don't know why they can't just call it a "M," but the best way to avoid it is to teach proper hand break and arm path. Again, the arms should be linear to the trunk, as if you were going to stick a skewer through the front arm, then through the torso, and catch the throwing arm on the way out.

I find that it is useful to video all of my pitchers, at the first few practices, so I can watch their pitching motion at home where there are less distractions. Typically, I record them from both sides and the back so I can see all moving parts.

Additional Opinions

In an effort to be complete in my recommendations I spoke with Millersville University Head Baseball Coach, Jon Shehan and Shippensburg University Head Baseball Coach, Matt Jones, for their opinions and strategies. Both have kids of their own that play both rec ball and travel ball – and both coach those travel ball teams when their fulltime jobs do not conflict. Coach Shehan and Coach Jones shared similar perspectives. Those similarities consisted of:

- Pitchers should avoid high intensity pitching activity for a minimum period of 3 consecutive months.
- 'Plyocare' is their preferred arm care activity, which I will touch on in my recommendations. This can be applied at all age groups.
- Pitch counts during the week should be minimal if the players are going to have substantial pitching duties that upcoming weekend.
- Older, more advanced pitchers have individualized arm care and recovery programs.

Coach Shehan advised that implementing a good warm-up, pre-throwing program, and post-throwing recovery program is the key to preventing injuries and maintaining arm strength. He also stated that the basic pre-throwing program that the infielders use, would be good for youth players because it incorporates all essential exercises. Coach Jones said he requests that his 11u kids stay between 40-50 pitches during the week if they have a travel tournament that weekend.

Conclusion & Recommendations

Since collective oversight of dually roster players is nearly impossible, we should only worry about what we can control. Physical size and strength are out of our control. With a few exceptions, throwing mechanics are out of our control as a whole. My recommendation would be to distribute arm care and maintenance routines to all coaches at the minors and majors levels. There are plenty of things that can be done that do not require additional expenses for new equipment. It would be absurd to expect DYB to foot the bill for some of the equipment. The overall expense for all of the training equipment ranges between \$300-\$400. However, I have included our Northstars warm-up routine which requires no equipment. Also, for a reference, I included our strength and agility workouts, which has the necessary equipment listed. The equipment specifically required for arm care would be the:

- J-Bands (<https://www.jaegersports.com/product/j-bands-jr/>)
- Plyocare Balls (<https://www.amazon.com/Driveline-PlyoCare-Balls-Adult-Set/dp/B078SKPW1M>)

However, wrist weights offer a much more affordable option to the plyocare balls, for the youth level. For our purposes, both J-Bands and Plyocare Balls are used for pre-throwing range of motion warm-up and post-throwing recovery of damaged tissue. Coaches should be aware of each player's workload, since they are responsible for the well-being of their players. My recommendation is to adhere to LL's pitch count rule. For instance, if a 11u pitcher is throwing on a DYB team Wednesday, but that coach knows that pitcher will have to throw in a travelball tournament on Saturday, the coach should limit that pitcher to the '2 days rest' threshold of 35 pitches in the Wednesday game. Again, that is a guideline. Each pitcher is different. Most coaches are trustworthy and ethical in these scenarios. If parents have these recommendations in advance of theseason, they can have these discussions with their coaches before the situation arises. In the end, parents need to be the most responsible party involved. It is rare that the travel ball and rec ball coach will be in communication, unless the two coaches happen to coach the rec ball team together. Parents need to have an up-front conversation with both coaches at the beginning of the season, so they can set expectations and limits. A hierarchy should be established so that both coaches know what to expect and can plan accordingly.

i <https://www.contemporarypediatrics.com/view/how-diagnose-shoulder-injuries-young-athletes>

ii <https://www.baseballamerica.com/stories/one-of-a-kind-pitching-lab-helps-wake-forest-find-its-niche/>

DUAL ARM EXERCISES

1: Over-the-head Forearm Extensions

- **BE SURE** to place clip so it is not in alignment with head
- Get in lunge position with front knee over front heel at right angle.
- Elbows stay stationary
- Palms extend forward

Exercise 1 Step 1



Exercise 1 Step 2



2: Side Extensions

- **BE SURE** to place clip so it is not in alignment with head, & that there is lag in the J-Band
- Front knee over front heel at right angle
- Lengthen (not round) the side
- Extend from back hip through fingertips

Exercise 2 Step 1



Exercise 2 Step 2



3: Diagonal Extensions

- Clip at mid-back height
- Front knee over front heel at right angle
- Extend from back hip diagonally through fingertips

Exercise 3 Step 1



Exercise 3 Step 2



4: Forward Flies

- Clip at chest height
- Slightly bent elbows at chest height
- Bring palms toward each other

Exercise 4 Step 1



Exercise 4 Step 2



5: Reverse Flies

- Clip at mid-back height
- Same as Forward Flies in reverse direction
- Palms move away from each other
- Bend knees, keep chin over toes and head still

Exercise 5 Step 1



Exercise 5 Step 2



Workout Reminders

1. Exercises are to be done **ESIDE** to throwing (for an average of 2-5 days a week during periods of time off)
2. One set of 25 repetitions per exercise (Exercises 2 & 3 involve using the breath while stretching in 30 second increments)
3. Quality over Quantity
4. Maintain proper technique, alignment, etc
5. Keep pace fluid in both directions
6. Keep arm, body, and mind relaxed
7. Keep long, fluid breathing patterns
8. Walk closer to the fence to reduce tension
9. Work to the point of fatigue rather than failure.

THROWING ARM SPECIFIC EXERCISES

6: Internal Rotation

- Clip at hip height
- Elbow on hip
- Arm at right angle
- Place off-hand under armpit
- Maintain level shoulders
- Rotate arm towards opposite hip

Exercise 6 Step 1



Exercise 6 Step 2



7: External Rotation

- Clip at hip height
- Arm at right angle
- Same as Internal Rotation in opposite direction
- Opposite hand on outside of elbow to stabilize
- Maintain level shoulders

Exercise 7 Step 1



Exercise 7 Step 2



8: Elevated Internal Rotation

- Clip at shoulder height
- Arm at right angle
- Throwing elbow stabilized perpendicular to shoulder at shoulder height and in line with silver clip

Exercise 8a Step 1



Exercise 8a Step 2



8: Elevated Internal Rotation (Alternative)

- Clip at shoulder height
- Have chest facing away from fence
- Have throwing elbow in alignment with clip at shoulder height & maintain right angle (wrist over elbow)
- Keep elbow as stable as possible

Exercise 8b Step 1



Exercise 8b Step 2



9: Elevated External Rotation

- Clip at shoulder height
- Same as Internal Rotation in opposite direction

Exercise 9 Step 1



Exercise 9 Step 2



10: Reverse Throwing

- Clip at waist height
- Front shoulder facing clip
- Take arm in reverse direction maintaining the same arm action and arm slot of forward throwing motion
- Make a complete arm circle

Exercise 10 Step 1



Exercise 10 Step 2



11: Forward Throwing Motion

- Clip at waist height
- Place throwing fingers through wrist cuff & in alignment with clip
- Keep clip and tubing in line with arm slot
- Maintain normal throwing mechanics
- Extend out in front & make a complete arm circle with loose & relaxed arm action

Exercise 11 Step 1



Exercise 11 Step 2



ARMED BY JAEGER

Jaeger
BASEBALL

Important Notice and J-Band™ Care information

BE SURE that the silver clip is **NEVER** in alignment with your face or head. The J-Band™ is not a toy and should not be used in any way other than the exercises that it is designed for. The J-Band™ is **NOT** to be stretched more than one-to-two feet or its original length — even for the strongest of students. Increase reps if needed.

Keeping it out of the sun and away from your cisals (when not in use) will help maximize the longevity and safety of your J-Band™.



When fastening silver clip to a chain link fence be sure to fasten the clip where the links intersect for stronger support.

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NORTHSTARS

2021 Handbook

Warm-Ups – Stretch, Run, Throw

Stretching – Begin with upper body static stretching (2 minutes):

1. Arm Circles Forward
2. Arm Circles Reverse
3. Scissors – <https://www.youtube.com/watch?v=Cilm0WNRdCo>
4. Right Arm Across – <https://www.youtube.com/watch?v=alQ0fLi8iak>
5. Left Arm Across – <https://www.youtube.com/watch?v=alQ0fLi8iak>
6. Right Arm Behind – <https://www.youtube.com/watch?v=nbH0mIYMazk>
7. Left Arm Behind – <https://www.youtube.com/watch?v=nbH0mIYMazk>

Dynamic Stretching – Conclude with lower half ballistic stretching at a distance of 35 feet or half of the baseline; 1 set = up and back:

1. High Knees – 1 set, Increase range of motion for glutes, hamstrings, & hips
 - <https://www.youtube.com/watch?v=JXznOw0uEIU>
2. Swivel Hips Back Pedal – 2 sets, up and back, Increase range of motion with trunk rotation
 - <https://www.youtube.com/watch?v=tOjEDkN6R7s&list=PLkI5IikVY67cpKscwLoh8tNVowIHx3UXE&index=37>

Running:

3. Sprints at 70 feet – 3 sets (1 set = Run 3 then walk 1) **or** 6 poles **or** a combination
 - ***If anyone cheats or gives weak effort, we all start over***

Throwing Program: https://www.youtube.com/watch?v=TggshUrWTJw&ab_channel=IMGAcademy

- Start at 45 feet work back to 70 feet
- Work beyond 70 feet to long toss at your comfort level; long toss will increase arm strength
- Shuffle and throw every time, unless throwing as a pitcher
- Practice glove to throwing hand quick transition

Winter/Spring Workout

Equipment:

- J-Bands
- Some type of weight
 - o Medicine Ball, 10, 12, or 15 lbs.
 - o Kettlebell, 10, 12, or 15 lbs.
 - o Dumbbells, 10, 12, or 15 lbs.
- Jump rope
- Resistance Bungee
- Cones

Workout 1 – Resistance:

Medicine Ball or Kettle Bell Step Up – 3 x 10 each leg

(https://www.youtube.com/watch?v=Nyb2WLgXQ_c)

(https://www.youtube.com/watch?v=B9A_GONMKYI&feature=youtu.be)

Medicine Ball or Dumbbell Romanian Dead Lift – 3 x 10

(<https://www.youtube.com/watch?v=nmBSb8qOXkg>)

(<https://www.youtube.com/watch?v=6BxkV9h3h2k>)

Pike Pushup – 3 x 10 (<https://www.youtube.com/watch?v=BsPXtFmQPYU>)

Medicine Ball or Kettlebell Squat – 3 x 10 (<https://www.youtube.com/watch?v=3h1A9GfB07w>) or

(<https://www.youtube.com/watch?v=DA4NQ7qRpw4>)

J-Band Upright Rows – 3 x 10 (<https://www.youtube.com/watch?v=YijoxClc6QE>)

J-Band Internal/External Rotation – 2 x 12 each and each arm

(<https://www.youtube.com/watch?v=nhGjR7VBxmA>)

Band Pull Aparts – 3 x 12 each (<https://www.youtube.com/watch?v=FXLvxGEGCks>)

Band Bicep Curls – 2 x 12 (https://www.youtube.com/watch?v=_UEeb6-3ccM)

Farmers Walk – 3 x 10 laps (https://www.youtube.com/watch?v=Fkzk_RqIYig)

Workout 2 – Agility & Change of Direction:

Lunge Jump – 3 x 6 each leg (<https://www.youtube.com/watch?v=WgZWrrG63rY>)

Explosive “I” Cone Drill – 6 each side (<https://www.youtube.com/watch?v=FPdyMNXg4yY>)

Lateral Shuffle – 6-8 each side (<https://www.youtube.com/watch?v=pgZ49C-1EDg>)

5 Cone Retrieval –

Plyobox Jumps – 10 each (<https://www.youtube.com/watch?v=fRi11yD55U8>)

Northstars Pitchers 5 Day Routine (see individual J-band & Plyo programs)

Game Day 65-85 pitches

Day After Full stretching

- J-Band Recovery Protocol
- 10 poles or 4 sets of sprints at 70 feet (set = run 3, walk 1)

Next Practice Full stretching

- Plyoball Program
- Regular throwing program (IMG)
- Short-mound Bullpen at 30 pitches (location focus)
- 10 poles or 4 sets of sprints at 70 feet (set = run 3, walk 1)

3 Days After Full stretching

- 2 sets of sprints
- Bullpen at 75% intensity (mechanics & rhythm focus)

4 Days After Full stretching

- Plyoball Program
- Regular throwing program (IMG)
- Short-mound Bullpen at 30 pitches (location focus)
- 10 poles or 4 sets of sprints at 70 feet (set = run 3, walk 1)

Infield Circuit:

Terminology Implementation:

1. Key-up – This is the ready step for all infielders. We will use this term in games if they are not getting ready before each pitch.
2. Throwing circle – Transition after fielding a ground ball to throwing position.

Drill 1a – Physical Setup/Ready Position (Middle Infield): 2 minutes

Coach Equipment: None

Process: Walkthrough footwork, dry drill.

https://www.youtube.com/watch?v=SA1ArLbICgU&ab_channel=IMGAcademy

https://www.youtube.com/watch?v=UaKsw2kdNel&ab_channel=IMGAcademy

Drill 1b (video 1:09) – Physical Setup/Ready Position (Corner Infield): 2 minutes

Coach Equipment: None

Process: Walkthrough footwork, dry drill.

https://www.youtube.com/watch?v=FMExUPK5fy&ab_channel=IMGAcademy

Drill 2 (video start to 2:15) – Approach on a Routine Ground Ball: 2 minutes

Coach Equipment: None

Process: Walkthrough footwork, dry drill.

https://www.youtube.com/watch?v=WiftMzkpzsc&ab_channel=IMGAcademy

Key Points of Focus;

1. Approach with choppy steps
2. Sequence of feet matters – plant with right foot first, then left foot
3. Take note to the part about boxing the ball and sweeping the ball, and also correct wrist position when receiving the ball

Drill 3 (video start to 3:09) – Receiving Glove Side, Center, Backhand: (8-15 minutes)

Coach Equipment: Baseballs, Soft Hands Trainers (Paddles)

Process: Infielder on knees, roll them ten balls from a few feet away for each center receiving, backhand receiving, and glove side receiving; (optional) move back and do another set from further back with more difficult hops. Build off of the initial drill with short fungos in the same sequence; (optional) add another set with random fungos. This drill can be done with bare hands, soft hands trainer, or a baseball glove.

https://www.youtube.com/watch?v=vDlnzZs4DUU&frags=wn&ab_channel=FOXSportsSouth

Key Points of Focus:

1. Catch the ball in the palm to improve quick transition
2. Simulates the last hop prior to receiving
3. Everything is always done out in front of your body

Drill 4 (video 2:20 seconds) – Transition and Throw:

Coach Equipment: Bucket of balls, empty bucket for 1B

Process: Roll balls to infielders

https://www.youtube.com/watch?v=WiftMzkpzsc&ab_channel=IMGAcademy

Key Points of Focus:

1. Key-up
2. Approach and receive correctly
3. Get the ball transitioned to throwing circle
4. Always keep momentum moving toward the target

Drill 5a – 2B Double Play Drill:

Coach Equipment: Bucket of balls

Process: Go through dry a few times to ensure the footwork, timing, and momentum are all in sync. Work in rollers to the shortstop.

https://www.youtube.com/watch?v=Yy_FpzNU0XA&ab_channel=AntonelliBaseball

Key Points of Focus:

1. Get to the bag on a sprint
2. Get shoulders and feet in line with first base and keep them that way, so you are always on Target
3. Hands should be ready at chest level and close together
4. Communicate with shortstop
 - a. Yell “flip” if they are close enough
 - b. Tell the shortstop to take it themselves if they are close

Drill 5b – SS Double Play Drill:

Coach Equipment: Bucket of balls

Process: Go through dry a few times to ensure the footwork, timing, and momentum are all in sync. Work in rollers to the shortstop.

https://www.youtube.com/watch?v=RT7LVuZ0uBc&t=20s&ab_channel=AntonelliBaseball

Key Points of Focus:

1. Footwork; left foot to receive; right foot left foot to throw
2. Don't come into the bag too aggressive assuming it will be a good throw
3. Repetition of timing will greatly improve efficiency and effectiveness of turning two

Sample Infield Practice Breakdown

- Fundamentals
 - Physical Setup/Key-up – 2 minutes, different for corner infielders and middle infielders
 - Dry Approach Groundball – 2 minutes, different for 3B/SS and 2B
 - Knees Receiving Drill – 8-15 minutes; 2 minutes each, rotate through twice
 - Rollers – 6 minutes, alternate 2B/SS, alternate 1B/3B
 - Random Fungo – 12 minutes
- Individual
 - 1B – 10 minutes
 - Stretch
 - Picks
 - Combined with 3B
 - Middle Infield – 10 minutes
 - 2B double play rollers, vary feeds
 - SS double play rollers, vary feeds
 - Random middle infield double play
 - 3B – 10 minutes
 - Backhand
 - Charging bunt
 - Glove side, cut off ball to short
 - Random, combined with 1B

Items to build-in:

1. Throwing on the run
2. Voice recognition on cut-offs

Outfield Practice:

Terminology:

1. **Halo** – Wingspan of the cutoff man, up, down, side to side.
2. **Long Hop** – Line drive throws that one or two hop an infielder making it easy for the infielder to receive the throw. Hops get the ball to the target quicker than high arching throws.

Drill 1 – Receiving the Baseball as an Outfielder

https://www.youtube.com/watch?v=75TClI2qz9s&ab_channel=IMGAcademy

Coach Equipment: Ball bucket

Process: Coach throwing/lobbing pop flies, starting close, and working further away. Mix up balls right at the outfielder, left, and right, in front and behind.

Key Points of Focus:

1. Get behind the baseball, to be able to generate momentum toward the target you will be throwing to. Get 2-3 steps behind the ball.
2. Get hips situated toward the base you will be throwing to, in advance of a catch.
3. Make the routine play 100% of the time. Use two hands. Catch the ball in front of your face.
4. Never drift to a baseball. You cannot get behind the baseball. It looks unathletic and lazy.

Drill 2 – Z Drill

https://www.youtube.com/watch?v=p4S0MobFt3A&ab_channel=IMGAcademy

Coach Equipment: Ball bucket and 3 cones

Process: Set cones up in a 'V' formation. The point of the V should be closest to the coach. The outfielder opens up to the left towards that back cone. They will plant the left foot and re-open to the right to catch the fly ball. Coach throws/lobs the pop fly when they get to the back cone. Loft the ball high so they can simulate a recovery.

Key Points of Focus:

1. The plant foot to re-direct should be the same side foot of the initial drop. For example, the initial open is to the right, the outfielder will plant the right foot and re-open to the left.
2. Getting behind the ball, building on the first drill.

Drill 3 – Throwing the Baseball as an Outfielder

https://www.youtube.com/watch?v=TtvQqCHY8xo&frags=wn&ab_channel=IMGAcademy

Coach Equipment: Fungo, ball bucket and 4 cones.

Process: Mix of fly balls and grounders. One outfielder will be placed as a cutoff man. Outfielder gets behind the ball and throw through the cutoff's "halo". It should long hop to the coach receiving the ball by the coach hitting fungos.

Key Points of Focus:

1. 4 seam grip so the throw gets lift and carry, it won't tail, and it will be easier for the infielder to receive.
2. Use the long hop mentality. It is easier for the infielder to receive and make a tag on a runner. It will also get to the bag or cut-off quicker than a ball that is air mailed.
3. Front foot and hips pointing at the target.
4. Arm at a 90-degree angle. Increases accuracy and prevents the ball from tailing.
5. Target is the cutoff's "halo" which is their wingspan up, down, or either side.

Drill 4 – Long Hop Throwing

https://www.youtube.com/watch?v=CbjD248_NRY&t=76s&ab_channel=IMGAcademy

Coach Equipment: 3 cones per and one ball for each pair of outfielders. Cones set at 45 feet, 70 feet, and 120 feet for each pair. Setup one outfielder on a foul line and mark off distances from there.

Process: Outfielders in pairs. Stationary feet pointed at the target at 45 feet. Work on throwing with a good 90-degree arm angle through the partners halo. 10 reps each. Then move back to 70 feet. 10 reps each. Move back to 120 feet. Shuffle and throw. Throwing on a line

Key Points of Focus:

1. 90-degree arm angle.
2. Throw on a line and use the long hop.

Items to build-in:

1. Combine infielders and outfielders, so cutoff men can work on alignment and footwork. Outfielders can practice throwing through the cutoff's halo.
2. Pitchers backing up bags on throws from the outfield.

CONCESSIONS

- **No one under the age of 16 is permitted inside the concession building without a parent or another adult present and will only be permitted if volunteering.**
- **We ask that at least (1) one volunteer plan to open the stand at least 30 minutes before the start of a game.** It will take some of the roller grill items that long to cook to a safe internal temperature to consume
- All food preparation and handling will follow guidelines set by the Pennsylvania Dept. Of Agriculture's Food Code Regulation
- Hand washing will be practiced frequently. The use of hand sanitizer to clean hands will only be allowed twice then hands must be washed for at least 20 seconds using soap and water.
 - ✓ Hands must be washed after using the toilet, touching uncooked meat or other raw foods, after touching soiled plates, utensils or equipment, handling of cash, opening of doors, changing trash, using cleaning products, touching your nose, mouth or any other part of your body, after sneezing, coughing, or blowing your nose
- Disposable gloves *must* be worn at all times when handling food. No unpackaged food will be served without the use of gloves, tongs, paper serving products or other utensils. The use of gloves are NOT a substitute for frequent and thorough hand washing.
 - ✓ Change gloves as often as you wash your hands, or when they are torn or soiled.
- A first-aid kit will be supplied in each concession stand. If supplies deplete, notify the league safety officer, or concession manager.
- All foods requiring refrigeration must be kept in the refrigerator/cooler until time of use, and returned when finished.
- Any meat stored in the refrigerator, must be kept on lowest shelf, in a sealed plastic bag or container, to prevent the leakage of any juices from the meat contaminating any other products.
- To maintain proper food storage temperatures, please make certain that all doors to the refrigerator, coolers, and freezers are pushed closed completely.
- DO NOT overstock the soda coolers, there must be room for air to circulate in order for the condenser to work properly and the beverages to get cold.
- All concession buildings will be inspected, cleaned, disinfected and stocked before the season begins and then again before, frequently during and after each use using products that meet EPA guidelines.
- All cleaning products will be properly stored away from any food or beverage to prevent contamination.
- Fire extinguishers are placed in each concession building and are inspected regularly.
- Safety guidelines/procedures and operating instructions, including safe food handling, location of first aid kits, emergency phone numbers shall be posted at each concession building.
- All concession stand volunteers will be trained in food safety and made aware of all rules and regulations.
- After handling cash, hands must be cleaned using soap and water or hand sanitizer.
- Upon closing, make sure to unplug the roller grills, coffee makers, and microwave,(as well as any other small appliances that may be used for special events), rotate beverages and all other products when restocking, empty trash, wipe down all surfaces and sweep floors. This will help to eliminate the unwanted ants that the sugary products attract.
- Any volunteer feeling ill and has been assigned concession duty is strongly encouraged not to come. Please arrange for an alternate person to cover for you and if unable to find a replacement, contact the Concession Manager.
- All inventory will be managed and ordered by the concession manager. If any food items, gloves, paper products or cleaning supplies start to run low or are depleted please notify the concession manager. (contact information will be posted in each stand).

PA DISTRICT 14 LITTLE LEAGUE 2020 LEAGUE COVID-19 Participant Guidance

In response to the current national health crisis and in conjunction with local, state, and federal health and governmental policies, District 14 Little League, in conjunction with all local leagues, has adopted the following recommended safety protocols for Leagues, players, coaches, and spectators for the 2020 - 2021 Little League spring season.

It is recognized that participation by all individuals, players, coaches, officials, volunteers, parents, spectators is fully a voluntary act. These guidelines have been developed in accordance with Little League International "Best Practices" and the CDC "Considerations for Youth Sports" and they are exactly that, guidelines and implementation is to be guided by what is practical under the circumstances. It is the responsibility of all participants to self-regulate and self-monitor with respect to the safety guidelines provided in order to protect not only themselves but others. It is further recognized that the recommendations and guidelines employed by PA District 14 and the individual leagues is intended to provide a framework by which we can minimize the risk of coronavirus to a manageable and acceptable risk level in order to provide the players with the wholesome benefits of youth sports. Any individual whose behavior or actions are deemed to increase the coronavirus risk for the players will be given a chance to correct the behavior and should they choose not to do so may be asked by league officials to leave the premises. Any individual who has concerns that the implementation of the guidelines is not satisfactory for them and/or their child are encouraged to take respectful steps to address the concern, reach out to their league officials and/or remove themselves and their player from an environment they feel is unsafe.

GENERAL PARTICIPANT GUIDANCE (Players, Coaches, Officials, Volunteers, Parents, Spectators)

1. All participants shall follow all local and state guidelines and directives.
2. All participants are encouraged to review and familiarize themselves with Little Leagues published "Best Practices Guide" <https://www.littleleague.org/downloads/best-practices/>
3. All League officials, and participants are encouraged to review and familiarize themselves with updated "Guidance for All Sports Permitted to Operate During the Covid-19 Disaster Emergency" from the PA Governor's office. Updates can be found on their website <https://www.governor.pa.gov/covid-19/sports-guidance>
4. All active participants (Players, Managers, Coaches, Umpires, League Officers) of PA District 14 Interlock programs shall be required to sign the "PA D14 LL waiver/release for communicable diseases" document.
5. No league provided food or concessions will be available, families are encouraged to bring their own food/beverages. Independent licensed food services operations are the only concessions that may be available.
6. All participants are encouraged to practice social distancing to the greatest extent possible. Person-to-person contact should be limited wherever practical. For situations where players are engaged in sports activity see On-Field Guidance below.
7. All individuals are requested to measure their body temperature to ensure that no fever is present prior to participating or attending each Little League activity. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Little League activity until cleared by a medical professional.
8. Any player or participant who has tested positive for Covid-19 or has had close contact with a person testing positive for Covid-19 is required to notify their leagues Covid-19 Point of Contact or safety officer as appropriate so that the necessary follow up can take place.
9. Any player who is experiencing Covid-19 symptoms, has tested positive for Covid-19, or has recently had close contact with a person with Covid-19 WILL NOT BE PERMITTED to participate in practices or games. Coaches have the authority to send a player home immediately if they are exhibiting any symptoms.
10. Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Little League activities with permission from a medical professional.
11. If there is a game or practice prior to your event, families and spectators are encouraged to stay in their vehicles or at recommended social distances until the start of their game play to prevent overcrowding of spectator spaces and walkways.
12. Players and families are asked to vacate the field/facility as soon as reasonable at the conclusion of the game/practice and minimize unnecessary contact with others.

PARENT GUIDANCE:

- 1) Parents are encouraged to:
 - a) Provide their players with antibacterial wipes and hand sanitizer to clean hands and equipment between innings.
 - b) Provide their players with a folding camp-style chair to help coaches “expand the dugout”.
 - c) Provide their players with personal drinks for all activities. Drinks should be labeled with the person’s name.
 - d) Clean and Disinfect their players’ equipment after each practice and game.
 - e) Practice appropriate social distancing and wear cloth face coverings when unable to maintain a distance of six feet from individuals who are not members of their household.

COACH GUIDANCE:

1. Use of cloth face coverings is expected, and **STRONGLY RECOMMENDED** at all times and when unable to maintain a distance of six feet from individuals who are not members of their household and encouraged when in the dugout, at plate meeting and when applicable.
2. There should be no shared team beverages or snacks.
3. Determine player seating assignments in the dugout, on the bleachers or in seating outside the field of play, in an effort to maintain social distancing. An expanded dugout is encouraged however players must be placed behind a fence.
4. It is recommended that any shared field preparation equipment be sprayed or wiped with cleaner and disinfectant before and after each use.
5. Coaches will be responsible for ensuring that equipment is adequately spaced and visible prior to the game for a “visual only” equipment check by the umpires.
6. Coaches are required to:
 - a. Disinfect hard surface areas (benches, high touch areas, etc) upon first arrival.
 - b. Clean dugout of all trash and other items after game.
 - c. Disinfect hard surface areas (benches, high touch areas, etc) prior to leaving. *This complies with CDC recommendation of a two-step process for cleaning and disinfecting.*

UMPIRE GUIDANCE:

1. Encouraged to eliminate the plate meeting if possible.
2. Use of cloth face coverings is expected, and **STRONGLY RECOMMENDED** at all times during the plate meeting. Maintain six feet social distancing.
3. Plate meetings should only consist of one manager or coach from each team, and game umpires. No players should ever be part of the plate meetings.
4. Use of cloth face coverings is expected, and **STRONGLY RECOMMENDED** at all times during if physically able, but not required during the game.
5. Balls and strikes will be called from behind home plate, however at the discretion of the umpire call balls and strikes may be called from behind the mound.
6. Umpire equipment inspection will consist of a visible inspection only, equipment is to be adequately laid out by the teams to facilitate a “visual only” inspection. Any questions or concerns will be addressed directly with the coach.

PLAYER GUIDANCE:

1. Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc.
2. Players use of cloth face coverings is **STRONGLY RECOMMENDED**, when on the sidelines and in the dugouts and when in close contact areas and in places where recommended social distancing is challenging or not feasible.
3. Players should not wear protective medical gloves on the field during game play.
4. Players will be permitted (but are not required) to wear a cloth face covering on the field during game play, if physically able to do so, based on any directive of a medical provider or individual determination of the player/parent/guardian.
5. Players are to remain at their assigned spots (designated seating location) while awaiting their turn at bat or while on the bench on defense.
6. No personal player bat bags/equipment bags should be allowed in the dugout. Player equipment should be spaced accordingly outside the dugout to prevent direct contact.
7. Players should have their own individual batter’s helmet, glove, bat, and catcher’s equipment. The use of shared equipment should be minimized or avoided when feasible.

SPECTATOR GUIDANCE:

1. Spectators should practice appropriate social distancing the use of cloth face coverings is **STRONGLY RECOMMENDED** when unable to maintain a distance of six feet from individuals who are not members of their household and avoid direct hand or other contact with players / managers / coaches during play.
2. Spectators should bring their own seating or portable chairs when possible
3. A spectator with any of the following conditions should not attend a practice or game until evaluated by a medical provider and given clearance to do so:
 - a. Active COVID-19 infection
 - b. Known direct contact with an individual testing positive for COVID-19
 - c. Fever
 - d. Cough
 - e. Those at higher risk for severe disease should consider consultation with their medical provider before attending a game and should ensure the strictest adherence to guidelines regarding face coverings, distancing, and handwashing. Such groups include:
 - i. Those with a serious underlying medical condition, including heart disease, morbid obesity, diabetes, lung disease, immunocompromise, chronic kidney disease, and chronic lung disease.
 - ii. Those currently residing in a nursing home or long-term care facility
 - iii. Those over 65
4. Should Not touch or return foul balls to play

ON-FIELD PROTOCOL

1. Eliminate the plate meeting if possible
2. The pre-game managers meeting at home plate, if necessary, is limited to one coach from each team plus the umpires, no players. Social distancing and cloth face coverings are **STRONGLY RECOMMENDED**.
3. The Little League pledge will be conducted prior to every game. In lieu of the traditional lining up closely on the foul line the players should line up on their respective foul lines and use an "arm's length" measurement to stand 6 feet apart. In the event that the line extends beyond 1st or 3rd base it should continue along the 1B/2B or 2B/3B baselines to form a box. Only one player should lead the pledge from the mound.
4. Teams should spread out as much as practical during practices and games. Expand the dugout area when room permits and **ONLY IF PLAYER SAFETY WILL NOT BE COMPROMISED**. Expansion of the team dugouts will need to be determined on a field by field basis based on available safety fencing. Player seating must be behind a fence.
5. Only one head coach and two assistant coaches are permitted in the dugout area with the players.
6. Each player will be required to provide their own helmet, bat, glove, and other equipment (sunglasses, batting glove). Shared equipment should be minimized to maximum extent possible and if necessary "shared equipment" sanitization procedures should be followed.
7. All players wishing to catch are highly encouraged to provide their own catching equipment. Where individual equipment is not possible, team equipment will be provided. Coaches shall disinfect all shared equipment in between each inning.
8. Baseballs and softballs should be rotated through on a regular basis, at least every two innings, to limit individual contact.
9. Each team will provide 2-3 balls to be used while that team is defense. These balls will be alternated each half inning to limit cross contact of balls between teams.
10. Balls used in infield/outfield warm-up should be isolated from a shared ball container.
11. Player equipment should be spaced out to prevent direct contact.
12. Umpires shall limit contact with balls, catchers shall retrieve foul balls and passed balls wherever possible.
13. All foul balls shall be retrieved by participants. Spectators shall not retrieve foul balls.
14. In lieu of the traditional post-game handshake line, teams should line up in front of their dugouts and tip their caps to the opposing team after each game.
15. No shared "team" snacks or drinks are permitted. Each player shall bring their own water bottle for during a game and snack/drink for after a game if desired.
16. Use of sunflower seeds, gum, etc. is prohibited.
17. All players and coaches are to refrain from spitting at all times, including in dugout areas and on the playing field.
18. Bat retrieval will be by the bench coach who will grab the bat by the barrel.

PA DISTRICT 14 LITTLE LEAGUE and affiliated local Leagues inclusive of:

Bermudian Little League, Carlisle Little League, Dallastown Little League, Dillsburg Little League, Dover Area Little League, Gettysburg Little League, Greencastle Little League, Hanover Little League, Newville Little League, North Eastern Little League, Penn Mar Little League, Shippensburg Little League, South Middleton Little League, Southern York County LL, York City Little League, York Little League
(Hereinafter PA D14 Assoc. LL's)

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of PA D14 Assoc. LL's athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of my league officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PA D14 Assoc. LL's their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I agree to indemnify the RELEASEES against any and all costs and expenses incurred by the RELEASEES, including reasonable attorneys' fees, to defend against any legal action brought by me or on my behalf against the RELEASEES for claims herein released.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

Appendix 1

County Health Authorities Contact Info:

Adams County State Health Center

424 E Middle St Ste 1
Gettysburg, PA 17325-1926
Phone: (717) 334-2112

Cumberland County State Health Center

425 E North St
Carlisle, PA 17013
Phone: (717) 243-5151

Franklin County State Health Center

518 Cleveland Ave
Chambersburg, PA 17201-3400
Phone: (717) 263-4143

York County State Health Center

1750 N George St
York, PA 17404-1807
Phone: (717) 771-4505

York City Bureau of Health

PO BOX 509
York, PA 17405-0509
Phone: 717854-7724
Email Department
Visit Website

bkovacs@yorkcity.org <bkovacs@yorkcity.org>;

<https://www.yorkcity.org/city-services/departments/economic-and-community-development/bureau-of-health/>

PA DISTRICT 14 LITTLE LEAGUE 2020 LEAGUE COVID-19 Exposure Response Guidance

The below guidance was developed in accordance with the CDC “Public Health Guidance for Community-Related Exposure” & “Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19”

Volunteers, coaches, players, umpires and families should familiarize themselves with the systems of COVID-19.

Symptoms of Coronavirus

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills (fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher

- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- This list does not include all possible symptoms. CDC will continue to update this list

A link to the [CDC Self-Checker Guide](#) can be found here.

Exposure Situations

Exhibiting COVID-19 Symptoms (I think or know I had COVID-19, and I had symptoms)

If a volunteer, player, coach or umpire exhibits COVID-19 symptom (i.e. fever, cough, shortness of breath or any other of the systems identified above), they must alert their coach and contact their Local League’s Safety Officer. If the symptoms develop during a League Activity, the volunteer, player or coach will be sent home immediately. If the systems develop while at home, the volunteer, player or coach must remain at home.

You may resume participation in League activities after:

- 3 days with no fever without the use of fever-reducing medications and
- Symptoms improved and
- 10 days since symptoms first appeared

Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart. Under this last condition, the League will require the individual to provide documentation clearing their return to League Activities.

Close Contact with a Tested Positive COVID-19 Individual

A volunteer, player or coach that have come into close contact with a confirmed-positive COVID-19 individual (volunteer, coach, teammate, family member or otherwise) will be directed to cease participation in League Activities (and advised to self-quarantine) for 14 days from the last known date of close contact with the carrier per CDC guidelines.

Close contact is defined as within six feet for about 10 minutes.

If the League learns that a volunteer, player, coach or umpire has tested positive, the League will conduct an investigation to determine the active participants (volunteers, players, managers, coaches and umpires) that may have had close contact with the confirmed-positive individual in the prior 14 days. Those individuals will be notified and directed to cease participation in League Activities (and advised to self-quarantine) for 14 days from the last date of close contact with the carrier.

If a volunteer, player or coach learns that he has come into close contact with a confirmed-positive individual outside of League Activities, the individual must alert their Local League Safety Officer and their coach (if applicable) of the date of the close contact. They are directed to cease participation in League Activities (and advised to self-quarantine) for 14 days from the last date of close contact with the carrier.

Should a participant test positive or exhibit symptoms during the 14-day period the resumption of league activity shall be as outlined under "Exhibiting COVID-19 Symptoms" above.

Tests Positive for COVID-19 With No Symptoms

An individual that tests positive for COVID-19 will be directed to be self-quarantine per CDC guidelines and stay away from the League and all fields and facilities. They are directed to notify their Local League Safety Officer of the date of the positive test. The league will conduct an investigation and proceed as outlined in the "Close Contact with a Tested Positive COVID-19 Individual" section. The individual that tested positive are directed to cease participation in League Activities (and advised to self-quarantine).

Those that test positive and are symptom free may return to League Activities when:

- at least ten (10) days have passed since the date of the positive test and
- have not had a subsequent illness.

Depending on the individual's healthcare provider's advice and availability of testing, individuals may still be required to get tested to see if they still have COVID-19. In this case, the individual may return to League Activities after they receive two negative test results in a row, at least 24 hours apart. Under this last condition, the League will require the individual to provide documentation clearing their return to League Activities.

Tests Positive for COVID-19 With Symptoms

An individual that tests positive with symptoms are directed cease participation in League Activity and to care for themselves at home. They may return to League Activities when:

- They have no fever for 72 hours (3 full days) without the use of fever-reducing medication and
- other symptoms have improved and
- at least ten (10) full days have passed since the symptoms first appeared.

Depending on the individual's healthcare provider's advice and availability of testing, individuals may still be required to get tested to see if they still have COVID-19. In this case, the individual may return to League Activities after they receive two negative test results in a row, at least 24 hours apart. Under this last condition, the League will require the individual to provide documentation clearing their return to League Activities.

Game Cancellations Due to Exposure Situations

The League reserves the right to cancel and/or reschedule game(s) due to a team being limited from playing due to quarantine or similarly related COVID-19 issues. The League will make every effort to reschedule games but cannot guarantee the number of games being played by each team if a significant amount of time may be missed by a team.

Confidentiality/Privacy

Except for circumstance in which the League is legally required to report occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law. The individual's name will not be shared unless such individual has provided express consent that his/her name may be shared with league membership. When it becomes necessary to make notifications the notifications will be based on date, time, and team or activity basis maintaining the individual confidentiality.

Communicating to the league regarding confirmed coronavirus cases

Unfortunately, leagues may be in the position of having a member of the league or volunteer notify them of contracting COVID-19 (Coronavirus). In these unique circumstances, leagues should promptly notify their participants and their families, and more specifically individuals who may have come into contact with this individual, with the recommendation to follow all CDC and World Health Organization requirements for self-quarantine.

For additional guidelines and updates on the coronavirus as well as any restrictions imposed due to mitigation efforts, regularly refer to the Little League website <https://www.littleleague.org/player-safety/coronavirus-update/faqs/#general>

When notifying participants within your league or district, the individual's name should not be shared with anyone and should be kept to the strictest confidentiality; unless such individual has provided express consent that his/her name may be shared with the league membership.



Dear Dillsburg Youth Baseball Parents

We were recently notified that a (player, coach) associated with our league (is presumed positive or tested positive) for COVID-19 (coronavirus). To respect the safety and privacy of that individual, we will not be sharing any personal details on that individual.

Below are the details as well as the steps we have taken to ensure the safety of our players, coaches, umpires and fans. Unfortunately, prior to the individual's diagnosis, and before our league was aware, that individual participated in the following league activities:

((INSERT GAME/PRACTICE/LEAGUE ACTIVITY DETAILS INCLUDING DATES; PLEASE DO NOT SHARE PERSONAL INFORMATION OF THE INDIVIDUAL UNLESS YOU HAVE CONSENT TO DO SO))

Out of an abundance of caution, I have temporarily suspended the team's activities until further information is obtained. The team has been advised to adhere to strict social distancing (of at least 6 feet from another individual) until test results are made available. I have contacted both our District 14 administrator and the PA Dept of Health to obtain guidance on how to proceed. The Pa Dept of Health recommends that any positive test result of the participant would prompt contact tracing for 48 hours prior to the test date.

For anyone who participated or attended any of these events, we strongly urge you to follow the recommendations of the CDC, which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>. If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

I want to address the reality that many of our families may see or have seen cases like this. I'm sure that you'll join me in recognizing a few things:

1. That early communication regarding potential infection and contact is important. When in doubt, please contact us. Your privacy will be respected, and it does not immediately mean that the season is over.
2. That the participant and their family, while anonymous, are a part of our community and baseball family. We are not singling them out nor are we ostracizing them. They are part of us, and we support them and their family. I'm sure that you'll join me in well wishes for the participant and their family to have good health and a negative test result!
3. That we can take this opportunity to be more diligent moving forward. Social distancing may seem like a nuisance and administrative overhead that is unnecessary, but it kept us from cancelling a team's season. Not following these restrictions in future games could mean a different outcome, should this happen again. PLEASE partner with us - I have reminded coaches of the guidelines we agree to follow.

We are thinking of this individual battling the coronavirus, as well as everyone in our **Dillsburg Little League** family during this difficult time.

Should you have any questions please reach out to ((INSERT LEAGUE CONTACT INFO))

Thank you for your understanding, patience, and compassion as we navigate this difficult situation.

Sincerely,

((INSERT LEAGUE PRESIDENT AND/OR BOARD NAME))

