



# 2024 Greater West Melbourne Little League Baseball/Softball Safety Manual



*The new Max K. Rodes Park  
Dedicated July 16, 2011*



Prepared By: Jeff Gates  
2024 GWMLL Safety Officer

Approved By: 2024 GWMLL Board of  
Directors March 1, 2024

1.0.....	GWMLL LEAGUE SAFETY MISSION STATEMENT	4
2.0.....	SCOPE AND OBJECTIVE OF THE SAFETY MANUAL	5
3.0.....	LEAGUE ORGANIZATION	5
3.0.....	LEAGUE ORGANIZATION	6
3.1	Little League Structure .....	6
3.2	GWMLL Organization .....	8
3.3	Safety Officer.....	10
3.3.1	Message from the Safety Officer .....	10
3.3.2	Safety Officer Roles and Responsibilities .....	12
3.3.3	GWMLL Safety Code.....	12
3.4	Volunteer Applications.....	15
3.4.1	GWMLL Volunteer Requirements .....	16
3.4.2	Use of Background Checks.....	16
3.4.3	List of Approved Volunteers .....	17
3.5	Roles and Responsibilities.....	17
3.5.1	Managers and Coaches .....	19
3.5.2	Umpires.....	20
3.5.3	Player Agents .....	20
3.5.4	Board Members.....	21
3.5.5	Concession Stand Workers .....	21
3.6	Local Safety Resources.....	21
3.7	The Cost of Safety .....	21
4.0.....	TRAINING	22
4.1	Fundamentals of Training for Coaches, Managers & Umpires .....	22
4.1.1	GWMLL Mandatory Baseball and Rules Training.....	22
4.1.2	GWMLL Training Clinics .....	22
4.1.3	Proper Warm-Ups .....	23
4.1.4	Pitching Do's and Don'ts.....	25
4.1.5	Where to Find Baseball Instructions.....	26
4.2	First Aid Training for Coaches, Managers & Umpires.....	28
4.2.1	Basic First Aid .....	28
4.2.2	The First Aid Kit.....	37
4.2.3	Basic CPR.....	38
4.2.4	<u>AED</u> .....	44
4.2.5	Hydration .....	44
4.2.6	West Nile Virus.....	45
4.2.7	Communicable Disease Procedures.....	46
4.2.8	Reporting and accident or near miss.....	46
4.2.9	Insurance Policies .....	49
4.3	Concession Stand Safety Training .....	50
4.4	Bicycle Traffic Safety .....	51
4.5	Just Say No! .....	52
4.6	Weather Safety.....	54
4.7	Child Abuse .....	57
4.8	Parents Involvement in Training.....	59

5.0.....	FACILITIES & EQUIPMENT	60
5.1	Facilities.....	61
5.1.1	Max K. Rodes Park Facilities.....	61
5.1.2	Roles & Responsibilities.....	62
5.1.3	Brevard County Parks and Recreation Maintenance.....	63
5.1.4	What to Look For and What to Do.....	63
5.1.5	How to Report Unsafe Conditions.....	63
5.1.6	To Play or Not to Play, That is the Question.....	63
5.2	Equipment.....	64
5.2.1	Roles & Responsibilities.....	64
5.2.2	What to Look For and What to Do.....	64
5.2.3	How to Report Unsafe Equipment.....	65
5.3	Concession Stand Safety Equipment.....	66
5.3.1	Max K. Rodes Park.....	66
5.3.2	Keep It Clean.....	66
5.4	Fire Extinguishers.....	66
5.5	Facility Survey.....	67
5.6	Lighting Safety Audit.....	67
5.7	Long-Range Facility Plan.....	67
5.8	Use of Special Equipment.....	67
5.9	Guidelines for Safe Equipment Use.....	68
5.10	Traffic Safety.....	68
6.0.....	ACTIVITIES	698
6.1	2024 GWMLL Safety Audit.....	70
6.2	Emergency Contact Information.....	72
6.2.1	Medical Release Forms.....	72
6.2.2	Contact List.....	73
6.3	Report and Tracking Injuries.....	73
6.4	First Aid Kits.....	75
6.5	Safety Equipment for Players.....	75
6.6	Education & Promotion of Safety.....	75
6.6.1	Little League Publications.....	76
6.6.2	Safety Posters/Signs.....	76
6.6.3	Safety Bulletin Board.....	77
6.6.4	GWMLL Newsletter.....	77
6.6.5	Safety Awards.....	77
6.7	Safety Improvement Team (SIT).....	78
6.8	COVID-19 Policy & Procedures.....	79

**1.0 GWMLL LEAGUE SAFETY MISSION STATEMENT**

**The Greater West Melbourne Little League's (GWMLL) mission is to provide a fun, safe and challenging opportunity to our community's children to learn life-lessons through the sport of baseball/softball.**



## 2.0 SCOPE AND OBJECTIVE OF THE SAFETY MANUAL

The scope of this GWMLL Safety Manual is to provide the basic information to all managers, coaches, umpires, volunteers, players and parents on providing a safe environment for all while participating in Little League Baseball/Softball. The manual should provide a reference for all participants on the key items identified by Little League Baseball to affect a Qualified Little League Safety Program.

This manual represents only a fraction of information that is essential to providing all with a fun, safe and challenging environment. The GWMLL highly encourages all participants to learn more about baseball/softball through resources available through Little League. Helpful information can be found at <http://www.littleleague.org> and through the Southern Regional Headquarters of Little League located in Warner Robins, GA at <https://www.littleleague.org/region/southeast-region/>.

The objective of this manual is...

**To create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball.**

These objectives are met by:

- Providing the GWMLL with a complete safety manual that meets all the Little League Baseball Safety Program requirements.
- Educating all participants in the safe conduct for participating in Little League Baseball.
- Promoting safety awareness to all to improve in the overall effectiveness in the safety program at GWMLL.

As part of our safety program, GWMLL is required to submit a Qualified Safety Plan to Little League Baseball Headquarters on or before April 1, 2024. The benefits of this plan include:

1. Establishing GWMLL's commitment to safety.
2. Earning a 20% credit on GWMLL's player accident insurance premium.
3. Entry into the national award program for Little League safety.

As part of this Qualified Safety Plan, we are also providing the following required documentation:

1. Annual Little League Facility Survey
2. Annual Little League Lighting Safety Audit



### 3.0 LEAGUE ORGANIZATION



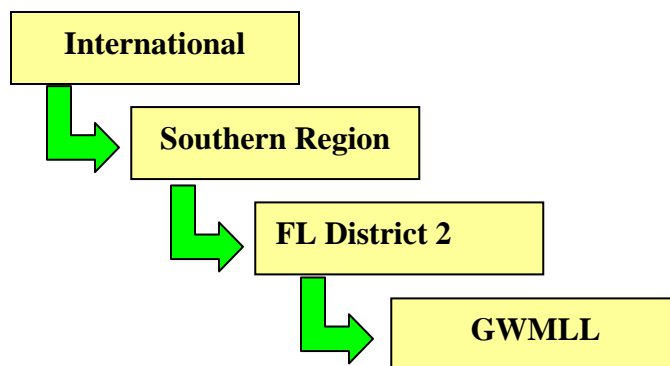
Little League Baseball is a Federal Incorporation granted under a Bill signed into law by President Lyndon B. Johnson on July 17, 1964, and amended December 24, 1974, to admit girls.

The legislation, which received unanimous approval of both the U.S. Senate and the House of Representatives, is Public Law 88-378. It is the highest recognition that the Federal Government can accord. It provides for incorporation of Little League Baseball in all 50 states and endows the program with protective integrity by the U.S. Government.

Action of the President and Congress places Little League Baseball in the same category as Red Cross, Boy Scouts, Boys Clubs of America and a select group of other agencies similarly chartered.

#### 3.1 Little League Structure

Little League Baseball is an international organization that includes leagues from around the world. The structure of Little League is divided into four (4) levels. The following diagram depicts GWMLL's overall position within Little League Baseball's organization:



#### International Headquarters:

Little League operations are led by Stephen D. Keener, President and Chief Executive Officer of Little League Baseball. Mr. Keener responds to the Little League Board of Directors, which includes eight field District Administrators elected to rotating terms by fellow District Administrators at the Congresses.

The full-time staff members of Little League Baseball, Incorporated, work with District Administrators, their assistants, and local league officials in developing new leagues, coordinating tournaments, and assisting in the overall operation of a local league program. Worldwide, there are about 110 full-time Little League employees (about one for every 40,000 children and adult volunteers). There are more than 2.8 million participants registered in new and established leagues throughout the year.

The headquarters building is the focal point of the Little League complex of 66 acres in the Borough of South Williamsport, located south of the city of Williamsport on U.S. Route 15, a main north-south highway connecting Buffalo, New York and Washington, D.C. The plot contains five diamonds, including two regulation diamonds for Senior and Big League play, practice facilities, housing, dining and recreation areas, Howard J. Lamade Stadium (site of the

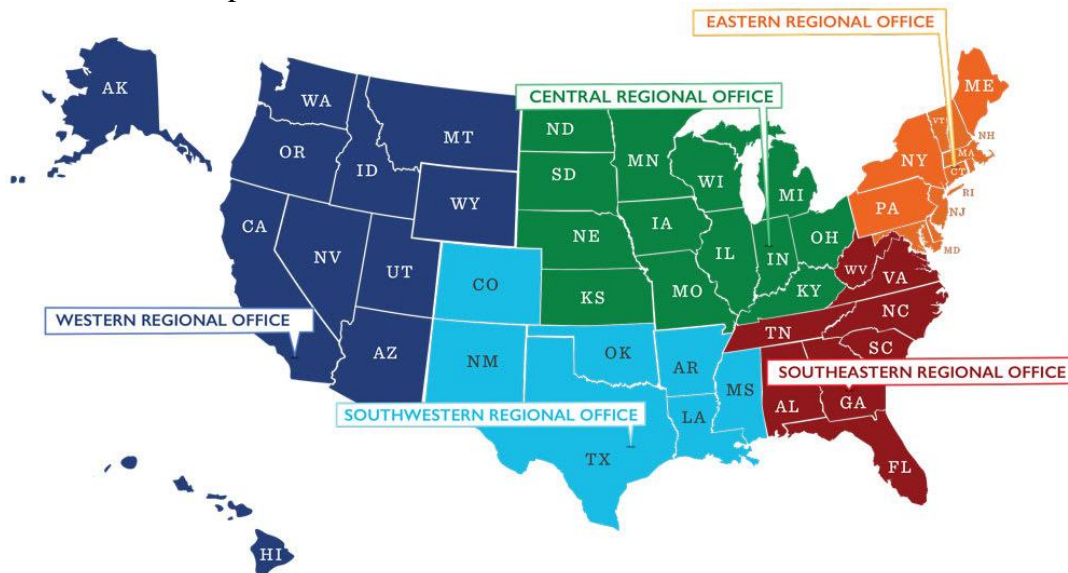
annual World Series in August), a new World Series stadium, the John W. Lundy Conference Center, and the Peter J. McGovern Little League Museum.

The headquarters building houses all administrative and business offices of Little League, as well as facilities for storage and mailing of large quantities of materials distributed annually to local leagues. Its operation is geared to five-day-a-week service throughout the year.

For more information, please refer to <http://www.littleleague.org>.

### **Regional Headquarters:**

There are five regions of Little League Baseball in the United States. As part of the staff of Little League Baseball, Incorporated, the Regional Directors work out of Regional Centers at St. Petersburg, Florida; San Bernardino, California; Indianapolis, Indiana, Bristol, Connecticut, and Waco, Texas. Representatives for the International regions of Little League maintain offices in Puerto Rico, Canada, Japan and Poland.



GWMLL is part of the Southern Region. The Southeast Regional Headquarters is in Warner Robins, GA (478) 987-7227. The following staff provides our region with assistance in training, education and planning for all activities:

Jennifer Colvin      Regional Director      [jcolvin@littleleague.org](mailto:jcolvin@littleleague.org)

The following is the Southern Region Little League Baseball website:  
<https://www.littleleague.org/region/southeast-region/>

The Southern Regional Headquarters includes a new 5,000 square foot office building that has been opened. The new office includes a 10-seat conference room, 5 individual offices, a large filing area, shipping and supply room, and a game room. The game room can be converted into a 50-seat classroom and is complete with 8 computer workstations. The facility includes dormitories, cafeteria, practice fields and the Arnold White Memorial Stadium. The facility supports a multitude of training and education sessions including summer camp.

### **Florida District 2:**

For administrative and tournament purposes, roughly 10 to 20 leagues in a given area usually comprise a district. The District Administrator is an experienced volunteer elected by the constituent leagues to counsel, direct, and provide leadership in the policies and rules of the Little League program and to serve as liaison between the leagues and the Regional Director. The District Administrators report to the Regional Director.

The District Administrator organizes the district tournament and attends the periodic International Congress, where Little League rules and regulations are democratically reviewed and revised for the betterment of the program. There are more than 450 District Administrators worldwide, each with a staff of appointed and/or elected assistants to help more effectively serve his or her leagues.

GWMLL participates in Florida District 2. The district encompasses the local area leagues including West Melbourne, Eau Gallie, Palm Bay East, Palm Bay West, Palm Bay Fastpitch, Beachside, South Beaches and Viera/Suntree. The District Administrator for our district is Mr. Ken O'Neill, email [d2da@yahoo.com](mailto:d2da@yahoo.com). The District Safety Officer for our district is Mr. John Pope, email: [jpopebsll@gmail.com](mailto:jpopebsll@gmail.com).

### **3.2 GWMLL Organization**

Each Little League program is organized with a community. The league has an established boundary that has been approved by the District Administrator. It is only from within this territory that the league may register its players.

All league personnel, including the officers, managers, coaches, umpires, auxiliary, field workers, etc., are volunteers interested in providing the benefits of a Little League program to the youth of their community. GWMLL is guided by a Board of Directors, which include fourteen (14) adult volunteers from the community. The GWMLL Board of Directors, elected from and by the adult members of the league, is responsible for the day-to-day operations of the league within the rules, regulations, and policies of Little League.

This organization protects the integrity of each player, each team, and each community. Little League programs operate within specific boundaries for each league's territory, to permit participation by all eligible youngsters within the boundaries. The 2024 GWMLL Board of Directors are:



**GWMLL Board of Directors  
2023-2024**

Term: August, 2023 to August, 2024

<b>Position</b>	<b>Name</b>	<b>Phone</b>
President	Chris Benavidez	321-505-6808
VP Baseball	Lisa Gates	321-698-4204
VP Softball	Sarah Sierra	407-721-8140
Treasurer	Matt Kenny	717-826-3300
Secretary	Nicole Yarbrough	321-626-1272
BB Player Agent	Jason Pfister	321-698-9922
SB/Tball Player Agent	Ellen Mackor	518-538-1543
Information Officer/Safety Officer	Jeff Gates	321-794-7424
Mgr Coaches Coordinator	Justin Combs	321-704-0157
Sponsorship Coordinator	Tiffany Youtzy	321-243-0528
SB Concession Manager	Stephanie Woodling	321-626-7330
UIC	Alex Fundora	305-610-1747
BB Concession Manager	Daniela Henke	321-474-1954
Equipment Manager	Matt Gorman	407-619-4112
Merchandise / Event Coordinator	Alicia Plevetsky	321-266-1554

GWMLL operates under an approved constitution on file at the Regional Headquarters. A copy of this constitution can be found in the appendices of this Safety Manual.

In addition to these positions, GWMLL operates with the generous contributions of our volunteers. Our managers, coaches, umpires, parents, sponsors, and community members at large all contribute to the success of our organization through their contribution of time, money, and talents to make our league a success. The following are a list of some of the volunteer positions that support the GWMLL organization:

- Concession Stand
- Umpires
- Managers & Coaches
- Field Preparation
- Press Box
- Score Keeper
- Team Parent
- Team Sponsor

To be a GWMLL volunteer, a Little League Volunteer Application must be on file with the GWMLL President and a background check must have been performed and approved by the GWMLL Safety Officer.

### **3.3 Safety Officer**

The Safety Officer is an elected position on the GWMLL Board of Directors as mandated by our constitution. GWMLL is committed to the safety of all our players, coaches, and volunteers. By establishing a comprehensive safety program, headed by our Safety Officer, GWMLL is striving to provide all our stakeholders with a fun, safe environment to play baseball/softball.

#### **3.3.1 Message from the Safety Officer**

# *West Melbourne Little League*

Welcome to an exciting new year of Little League Baseball & Softball! I am honored to serve you as the 2024 GWMLL Safety Officer. I hope that this year will prove to be the best year we have ever had.

The commitment to safety is paramount to GWMLL. We all have a duty and requirement to provide a safe, clean and enjoyable environment for all. As part of this duty, GWMLL has prepared and approved a Safety Manual that will act as the cornerstone of our safety program.

This safety manual is just one part of the overall program. The big element of the program is YOU. All managers, coaches, umpires, players, board members, volunteers and parents must work together to follow the guidelines in the safety manual for our program to be a success. Remember, safety is everyone's job. Prevention is the key to reducing accidents. Report all hazardous conditions to the Safety Officer or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are always fully equipped, especially catchers and batters. Check all equipment prior to every practice and game and report and do not use any equipment that is damaged or does not meet Little League Baseball requirements.

This year we are providing all managers and coaches with certification in first aid and certification in use of our new AED system located in the concession stand, coaches training rules review and an overview of the safety manual. This is another step in improving our already outstanding program here at GWMLL.

Let me encourage every one of you to keep safety of our children your number one priority this year. Our children are our greatest sources of joy in this world. Through your commitment to the GWMLL safety program, we will be able to enjoy a great year of baseball.

Sincerely

---

Jeff Gates  
2024 GWMLL Safety Officer

### 3.3.2 Safety Officer Roles and Responsibilities

The roles and responsibilities of the GWMLL Safety Officer are outlined in our approved constitution on file with the Southern Regional Headquarters of Little League Baseball. The Safety Officer shall:

- a) Be responsible to create awareness, through education and information, of the opportunities to provide a safer environment for children and all participants of Little League Baseball.
- b) Develop and implement a plan for increasing safety of activities, equipment and facilities through education, compliance, and reporting. Note: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer:
  - a. **Education** – Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians, and other volunteers.
  - b. **Compliance** – Should promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.
  - c. **Reporting** – Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data is forwarded as available.



The GWMLL Safety Officer has the following duties that are derived from the mandated roles and responsibilities:

- a) Coordinate individual team managers to provide a fun and safe environment.
- b) Assist league members with insurance claims and act as the liaison between AIG and league members.
- c) Maintain a First-Aid log that will track all injuries, regardless of insurance claim.
- d) Work with the GWMLL Board of Directors, review all incidents and near-misses and generate lessons learned and preventative measures where appropriate.
- e) Maintain and distribute all Safety Manuals and First-Aid kits to all team Managers.
- f) Coordinate safety training for all managers, coaches, umpires, and league volunteers.
- g) Conduct periodic safety audits of fields, equipment, and concession stand.

### 3.3.3 GWMLL Safety Code

The Board of Directors for the GWMLL has established a Safety Code for all Little League Baseball and Softball participants. All managers, coaches, umpires and player agents received a copy of the Safety Code as part of their mandatory training during the pre-season. Each Manager will review this Safety Code with their players and parents as part of their parent-player pre-season meetings. A copy of the GWMLL Safety Code will be posted at each Concession Stand and on the League's internet website.

The GWMLL Safety Code can be found on the following four pages.



# GWMLL Safety Code



- **Responsibility for safety procedures belong to every member of the Greater West Melbourne Little League**
- **Each player, manager, coach, and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.**
- **Only league approved managers and/or coaches can practice teams, including batting cage practice.**
- **Only players, managers, coaches, and umpires are permitted on the playing field or in the dugouts during games and practice sessions.**
- **Arrangements should be made in advance of all games and practices for emergency medical services.**



- **First aid kits are issued to each team manager during the pre-season and additional kits are in the concession stand.**
- **Managers, designated coaches, and umpires will have mandatory training to include fundamentals on rules, regulations, basic coaching and first aid.**
- **No games or practices will be held when weather or field conditions are poor to include bad weather, lighting, or excessively wet fields.**
- **Fields will be inspected before practice and games for holes, damaged fencing, foreign objects, or other conditions that could result in injury.**
- **Team equipment shall be stored within the team dugout and not on the field during practice or games.**

- **An adult must be present at all times in the concession stand and will supervise any minors who are assisting.**
- **Speed limit in the parking lot is 5 MPH.**
- **Parking is permitted in designated areas only. No parking signs are posted for emergency vehicles and shall be enforced.**
- **Managers shall ensure that a GWMLL approved coach or manager is in the dugout at all times. No unsupervised dugouts are permitted.**
- **Managers are responsible for the conduct of their team, parents and spectators. Managers will ensure that all participants are conducting themselves according to the GWMLL Code of Conduct.**
- **Dugout gates shall remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.**
- **Bicycle helmets must be worn at all times when riding bicycles.**



Safety Is Everyone's Job!  
Safety Is Everyone's Job!



### 3.4 Volunteer Applications

In compliance with Little League mandatory requirements, all adult GWMLL members who wish to serve in a volunteer position must fill out a volunteer application form and undergo a background investigation. Volunteer positions include the following:

- Board of Director Positions
  - President
  - Vice President
  - Treasurer
  - Secretary
  - Security Officer
  - Information Officer
  - Player Agents (T-Ball, Minor BB, Major BB, Jr/Sr BB, Softball, Coaching Coordinator and Chief Umpire)
- Equipment Manager
- Concession Stand Manager
- Training Coordinator
- Managers
- Coaches
- Team Parents
- Concession Stand Workers
- Score Keepers
- Press Box workers
- Volunteers at large



The GWMLL President must approve all GWMLL volunteers.

### Little League® Volunteer Application – 2023

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1 (c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKCAP. Visit [LittleLeague.org/socialcheck](http://LittleLeague.org/socialcheck) for more information.  
A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

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

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

Call Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

Special professional training, skills, hobbies \_\_\_\_\_  
 Community affiliations (Clubs, Service Organizations, etc.) \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year) \_\_\_\_\_

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

2. Special Certification (CPR, Medical, etc.)? If yes, list: \_\_\_\_\_  Yes  No

3. Do you have a valid driver's license?  Yes  No  
Driver's license# \_\_\_\_\_ State \_\_\_\_\_

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

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

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

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

In which of the following would you like to participate? (Check one or more.)

League Official  Umpire  Manager  Concession Stand  
 Coach  Field Maintenance  Scorekeeper  Other \_\_\_\_\_

Please list three references, or at least one of which has knowledge of your participation as a volunteer in a youth program:  
 Name/Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/Background](http://LittleLeague.org/Background)

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 some only searches which may result in a report being generated that may or may not be real), child abuse and criminal history records. I understand that if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Name (please print or type) \_\_\_\_\_

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

**Review the Little League Regulation 110(N) for all background check requirements**

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)\*

National Criminal Database check **OR**  U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International

National Sex Offender Registry  Ineligible/Suspended List

\* Please be advised that if you use JDP and there is a name match, a name match search can be performed. You should notify volunteers that they will receive a letter or email directly from JDP in compliance with the First Credit Reporting Act regarding any criminal charges 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.

### 3.4.1 GWMLL Volunteer Requirements

As stated above, all GWMLL Volunteers must fill out “Little League Volunteer Application” and undergo a background investigation. After the conclusion of the background check, the League President shall either approve or disapprove all volunteers.

All GWMLL Volunteers will receive a copy of the GWMLL Safety Code, Code of Conduct and Little League’s *A Parent’s Guide to the Little League Child Protection* document. Volunteers are required to adhere to all the principles outlined in these documents. If at any time a volunteer is deemed by the Board of Directors to be delinquent in following these principles, their status as a GWMLL Volunteer may be revoked.

Managers, coaches, player agents, and umpires must receive mandatory training as prescribed by the GWMLL Board of Directors.

The Concession Stand Manager must receive training on the proper handling of food, fire prevention and safety and must ensure that any concession stand volunteer is trained prior to working in the concession stand.

### 3.4.2 Use of Background Checks

Per Little League regulations, as a condition of service to the league, all managers, coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with players or teams, must complete, and submit an official “Little League Volunteer Application” to the local league president. Annual background screening must be completed prior to the applicant assuming his/her duties for the current season. Refusal to submit a fully completed “Little League



Volunteer Application” must result in the immediate dismissal of the individual from the local league.



GWMLL requires all volunteers to fill out and submit a “Little League Volunteer Application.” The GWMLL President and/or the Security Officer shall conduct a national background check by use of the J.D. Palatine system promoted by Little League International. The President shall maintain all records associated with the application for one year. In addition, Brevard County Parks & Rec has partnered with AUE Staffing to perform and additional high-level National Background Checks on all GWMLL Volunteers. These clearances are good for a 5-year period.

If at any time the league becomes aware of information, by any means whatsoever, that an individual, including but not limited to volunteers, players or hired workers, has been convicted of or pled guilty to any crime involving or against a minor, GWMLL shall contact the appropriate government agency to confirm the accuracy of the information. If confirmed, GWMLL shall not permit the individual to participate in GWMLL activities in any manner.

### 3.4.3 List of Approved Volunteers

The GWMLL President shall maintain a list of approved volunteers. This list is posted in the League Office above the Baseball Concession Stand. Prior to soliciting or receiving help from a volunteer, this list must be consulted.

If for any reason a volunteer is removed from the list of approved volunteers, the GWMLL will update the list, post it and notify all Board members and Managers of the change.

### 3.5 Roles and Responsibilities

Safety is everyone’s responsibility and to ensure the success of the GWMLL safety program. All GWMLL members are encouraged to be constantly aware of safety issues and seek to remedy potentially hazardous situations as soon as possible.

Through the various roles that each of the GWMLL members play in our Little League program, certain duties and responsibilities are incurred. The following sections highlight each role’s responsibilities and some of the functions that are required of those positions.



Each member of this program is encouraged to find continuous improvement ideas to aid in the safety program. Ideas should be brought to the attention of the GWMLL Safety Officer and/or any member of the Board of Directors. These ideas will be assessed and incorporated as deemed appropriate into the GWMLL safety program.

### 3.5.1 Managers and Coaches

The Manager is a person appointed by the President of GWMLL to be responsible for the team's actions on the field, and to represent the team in communications with the team, umpire and opposing team. The Manager is ultimately responsible for:

- The conduct of their team, to include the team's parents, in observance of the rules and in every aspect of the game.
- The safety of the players at all times when participating in GWMLL activities.
- Training and instruction on the proper techniques of baseball/softball.

Coaches are appointed by the President of GWMLL and will assist the Manager in fulfilling the responsibilities of the Manager. In the event the Manager cannot be present at any GWMLL function, the Manager shall designate a Coach as a substitute. As such, the Coach shall have the duties and responsibilities of the Manager.

Managers and Coaches shall:

#### PRE-SEASON

- Attend a mandatory training session on fundamentals of baseball, rules and regulations and safety to include basic training in First Aid.
- Take possession of and maintain the team's copy of the Safety Manual and First-Aid kit and have these in their possession at all practices and games.
- Meet with all parents on a designated "parent's day" to discuss Little League philosophy and safety issues. During this meeting, copies of the GWMLL safety code and code of conduct will be provided to each parent and reviewed.
- Review the safety code and code of conduct with all players on their team.
- Teach all players on the fundamentals of baseball/softball.
- Ensure the safety of all players in their care.

#### SEASON PLAY

- Ensure that all equipment follows Little League regulations and remove all defective equipment from play. Defective equipment shall be returned to the GWMLL equipment manager for repair and/or replacement immediately upon discovery of any defect.
- Ensure that all players, coaches, and parents associated with their team are conducting themselves according to the GWMLL code of conduct and safety code.



- Continue to teach the fundamentals of baseball/softball.
- Ensure that all players are properly equipped including catchers gear, athletic supporters, cups, gloves, balls, bats and helmets.
- Together with the opposing team's Manager and Umpire, certify that the field conditions are appropriate for play.
- Always observe the "no on-deck" rule for batters and keep non-active players in the dug-out (unless released by the umpire).
- Ensure the safety of all players in their care.

Throughout the season, the Managers/Coaches shall implement the following guidelines to ensure the health and welfare of all:

- Make sure that there is telephone access available at all activities, including practice and games.
- Make sure that players are healthy, rested and alert.
- Report all injuries and/or near misses to the GWMLL Safety Officer through the GWMLL accident notification form.
- Ensure that players are properly warmed-up prior to play.
- Ensure that players are properly hydrated during practice and games. Encourage players to bring their own water/sports drink to all practices and games.
- Check local weather reports prior to practices and games. Do not hold practices/games in bad weather conditions.
- Never leave a child unattended at any time, before, during or after any event.
- Notify parents of any injury to a child, no matter how small or insignificant.
- Ensure that all players are properly equipped including catchers gear, athletic supporters, cups, gloves, balls, bats and helmets.
- Ensure that players do not wear jewelry of any kind.
- Report any safety concerns or unsafe situations to the GWMLL Safety Officer.

### 3.5.2 Umpires

The Umpire is responsible for ensuring that all rules and regulations of Little League Baseball, including local amendments as allowed, during the play of the game. Together with the teams' Managers, the Umpire is responsible for ensuring the safety and conduct of all managers, coaches, players, and parents. Prior to and during the games, the umpires shall:

- Ensure that all equipment follows Little League regulations and remove all defective equipment from play. Defective equipment shall be returned to the GWMLL equipment manager for repair and/or replacement immediately upon discovery of any defect.
- Ensure that all players, coaches and parents associated with their team are conducting themselves according to the GWMLL code of conduct and safety code.
- Ensure that all players are properly equipped including catcher's gear, athletic supporters, cups, gloves, balls, bats and helmets.
- Together with the teams' Managers, certify that the field conditions are appropriate for play.
- Always observe the "no on-deck" rule for batters and keep non-active players in the dug-out (unless released by the umpire).
- Ensure the safety of all players in their care.
- Report any safety concerns or unsafe situations to the GWMLL Safety Officer.



### 3.5.3 Player Agents

The Player Agent is an elected position on the GWMLL Board of Directors. The Player Agent is ultimately responsible for all managers, coaches, and players within their division (T-Ball, Minor Baseball, Major Baseball, Jr/Sr Baseball and Softball). The Player Agent shall:

- Monitor the adherence of its division to the GWMLL code of conduct and safety code.

- Act as a liaison between managers, coaches, parents, players, and the Board of Directors for all issues.
- Try to resolve all player/parent/manager/coach related issues through effective communication.
- Ensure that Managers/Coaches are providing proper training and instruction on the techniques of baseball/softball.
- Ensure the safety of all players in their care.
- Report any safety concerns or unsafe situations to the GWMLL Safety Officer.

### 3.5.4 Board Members

The other Board Members include the President, Vice President, Information Officer, Secretary, Treasurer, Safety Officer, Coaching Coordinator and Chief Umpire. The definition of these positions can be found in the GWMLL Constitution. Regarding the GWMLL Safety Program, the Board Members share the responsibilities to ensure that all members of the GWMLL adhere to the GWMLL code of conduct and safety code and are compliant with the rules and regulations of Little League Baseball.

### 3.5.5 Concession Stand Workers

The GWMLL will elect a Concession Stand Manager. The Concession Stand Manager is responsible for the overall safety of all operations in the concession stand. The Concession Stand Manager will:

- Be trained in the concession stand safety procedures.
- Oversee the training of all concession stand workers prior to their working in the concession stand.
- Post the concession stand safety guidelines in both concession stands (Baseball and Softball).
- Ensure that the fire extinguishers are operational and that all volunteers are trained in its use.
- Conduct a weekly safety checklist and report any unsafe conditions to the GWMLL Safety Officer.
- Maintain a log of all food items to include a “spoil date” and review weekly.



### 3.6 Local Safety Resources

GWMLL makes use of several local resources in the implementation of its safety program. These resources include:

- West Melbourne Volunteer Fire Department
- West Melbourne Police Department
- West Melbourne Public Library

Each of these organizations has provided documents, videos, and experts to help put our safety manual together. Many thanks to these organizations to make this season a success.

### 3.7 The Cost of Safety

A large portion of the GWMLL annual budget is related to safety issues. This year, we will allocate more than \$5,563.00 for the replacement and repair of our baseball equipment, concession stand, fire extinguishers, safety lighting, pitching nets, press box equipment, and lightning detector and first aid kits.

## 4.0 TRAINING

A fundamental aspect of the GWMLL Safety Program is a comprehensive training program for all managers, coaches, umpires, and concession stand workers. GWMLL requires mandatory training of all managers and coaches on the fundamentals of baseball/softball as well as rules and regulations, first-aid, safety code and code of conduct training.

The following section outlines the type of training that is provided and includes reference material for all volunteer to use as guidelines when performing their duties.

### 4.1 Fundamentals of Training for Coaches, Managers & Umpires

During the pre-season and prior to any practices and games, managers, coaches, and umpires are required to attend mandatory training sessions. These sessions include:

- **GWMLL Mandatory Baseball and Rules Training**
- **GWMLL Training Clinics**
- **Proper Warm-Ups**
- **Pitch Count**
- **Where to Find Additional Training**

#### 4.1.1 GWMLL Mandatory Baseball and Rules Training

The GWMLL Board of Directors includes positions for Coaching Coordinator and Chief Umpire. The Coaching Coordinator is responsible for developing and implementing a training program for all managers and coaches. GWMLL has established a manager and coaches training program which includes classroom training and field training (clinics). The Chief Umpires is responsible for developing and implementing a training program for all umpires. GWMLL has established an umpire training program that includes classroom training and field training (clinics).

#### 4.1.2 GWMLL Training Clinics

Prior to the start of any practices, GWMLL hosts several training clinics for manager, coaches, players and parents. These clinics are held at the Max K. Rodes Park facility and include basic instruction on proper and safe techniques for:

- **Throwing**
- **Catching**
- **Fielding**
- **Pitching**
- **Batting**
- **Base Running**
- **Use of Equipment**
- **Code of Conduct**
- **Safety Code**



During the season, the GWMLL Coaching Coordinator schedules several clinics to assist parents, players, managers and coaches. These clinics are scheduled for Sunday afternoons throughout the spring season. The GWMLL newsletter contains times and dates for each of these clinics. The goal of these clinics is to provide additional training during the playing season as GWMLL is limited on practice facilities and does not have enough fields to support ample practices for all teams during the season. All GWMLL members are encouraged to attend to help promote proper training of our players.

#### 4.1.3 Proper Warm-Ups

As part of the GWMLL Safety Program, all Managers and Coaches are provided with fundamental training on proper warm-up techniques. Prior to a practice or games, the Managers and Coaches will ensure that players perform proper stretching to include:

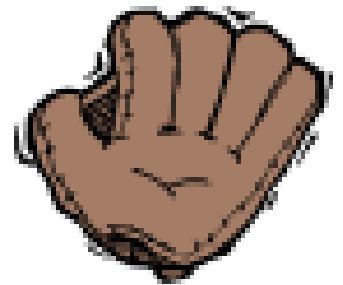


- |             |                |
|-------------|----------------|
| ◆ Arm       | ◆ Hamstrings   |
| ◆ Shoulders | ◆ Quadriceps   |
| ◆ Neck      | ◆ Groin        |
| ◆ Back      | ◆ Calf Muscles |

Instructions on proper warm up techniques can be found on the following page.

Following stretching, players are then warmed up by a light jog around the field, followed by throwing warm-up drills in the following order:

- Light tosses a short distance (15 – 20 reps)**
- Light tosses a medium distance (15 – 20 reps)**
- Medium tosses a medium distance (15 – 20 reps)**
- Regular tosses a medium distance (15 – 20 reps)**
- Regular tosses a long distance (5 – 20 reps) Field ground balls**
- Field pop flies**



## Suggestions for Warm-up Drills



### Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



### Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



### Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



### Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



### Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



### Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



### Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

### Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



#### 4.1.4 Pitching Do's and Don'ts

All Managers and Coaches are instructed on pitching injuries and how to prevent them. In the Major Leagues, a pitcher is removed after approximately 100 pitches. Children cannot be expected to perform like adults. Little League managers and coaches must carefully watch the condition and attitudes of their pitchers to guard against overextending their abilities and injuring their arms and their egos.



Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in the nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle. The forces generated during throwing can cause this growth plate to pull away from the main bone. If the distance between the growth plate and the main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15.

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to fragments of the bone breaking away which can float in the joint and cause early arthritis.



Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Studies by Dr. Glenn Fleisig at the American Sports Medicine Institute have found the following statistics in children aged 9 – 14:

- A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
- A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
- A total of 450 pitches or more in one season leads to a high cumulative injury rate to the elbow and shoulder.
- Preliminary data suggests that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- Pitchers who limited their pitching to the fastball and change-up had the lowest rate of injury to their throwing arm.
- A slider increased the risk of both elbow and shoulder problems.

Based on these facts, GWMLL recommends the following guidelines for pitching:





Please refer to the new pitching guidelines as shown in “The Little League Pitch Count Regulation Guide for Parents, Coaches and League Officials”

# Pitch Count Matters!

## 4.1.5 Where to Find Baseball Instructions

In addition to the mandatory training for managers, coaches and umpires and the scheduled pre-season and in-season clinics, all volunteers and parents are encouraged to seek outside assistance on baseball/softball instruction.

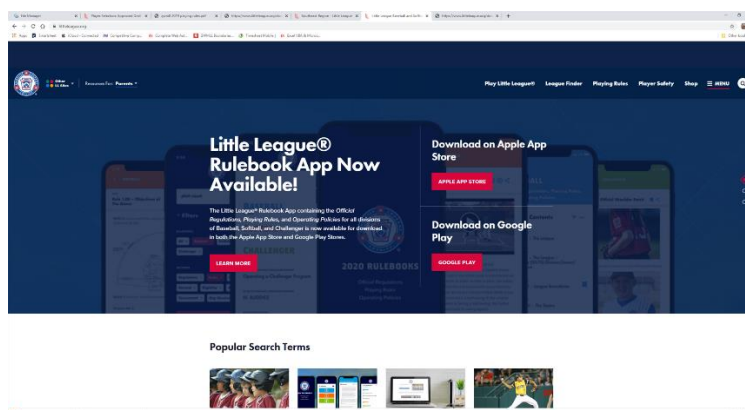
GWMLL has made arrangements with the West Melbourne Public Library for use of their audio-visual room during the spring 2024 season along with the following instructional videos:

- 1) Teaching Kids Baseball with Jerry Kindall; 75 minutes
- 2) The Baseball Masters: Hitting with Al Kaline and George Kell; 25 minutes
- 3) The Baseball Masters: Pitching with Jerry Koosmen; 25 minutes
- 4) The Baseball Masters: Fielding with Al Kaline and George Kell; 40 minutes

The rooms and videos must be reserved 72 hours in advance. All first time managers and coaches are encouraged to make arrangements to view these videos.

The World-Wide-Web also provides a wealth of information and resources on the instruction of baseball and softball. The following web sites are recommended by GWMLL:

<http://www.littleleague.org>



## 4.2 First Aid Training for Coaches, Managers & Umpires

GWMLL has mandated that all coaches, managers, and umpires receive mandatory training as outlined in Section 4 of this document. As part of this mandatory training, instructions on basic first aid will be provided including classroom training and a video presentation.

All coaches, managers and umpires will view the video titled “*Basic First Aid*” provided by the Brevard Public Library (Call Number: VCV-02493).

Additionally, classroom training will include a review of the information contained in this document for Basic First Aid.



### 4.2.1 Basic First Aid

We all take certain measures to prevent accidents but despite our best-efforts emergencies arise. You trip and fall... unintentionally come in contact with exposed wiring... step on a rusty nail... or literally bite off more than you can chew... And when an accident happens, time is not on your side. Besides a well-stocked and functional First Aid Kit, preparation and skills are the most important tools you can have at your disposal.

This section of our training will introduce you to a number of common emergency situations and their respective First Aid responses. Feel free to return to any area of this section as many times as you feel are necessary until you feel comfortable that should an accident happen; you are well equipped to deal with it appropriately.

#### ➤ BITE

If the victim was bitten by an unprovoked undomesticated animal such as a raccoon or a squirrel, an immediate shot may be necessary to prevent the possibility of a rabies infection. Contrary to common belief, a human bite can sometimes be more dangerous than that of an animal because human saliva contains many more types of bacteria which may cause infection. A bite from a domestic pet can be painful but rarely requires a visit to the emergency room and unless obvious bodily harm was sustained, a simple precautionary treatment will suffice.

#### BITE FIRST AID

- Use anti-bacterial soap and water to thoroughly clean the bite wound.**
- Apply antibiotic ointment such as Neosporin to prevent infection.**
- If the injury resulted in broken skin, dress it with a sterile bandage and replace the dressing frequently.**
- If the bite is deep, the victim may need to be treated for a puncture wound.**

#### ➤ BROKEN BONE

A broken bone may not always be obvious as most breaks do not result in compound fractures (bone protruding through the skin). It is important not to misdiagnose a break and mistake it for a bruise or sprain. Typical symptoms of a broken bone are:

- Immediate and excessive swelling

- Injured area appears deformed.
- The farthest point of the injured limb turns blue or is numb to the touch
- Even slight movement or contact to the injured area causes excessive pain

Dial 9-1-1 immediately and immobilize the broken bone with a splint. A functional splint can be made of almost any material (wood, plastic, etc.) as long as it is rigid and is longer than the broken bone. To apply the splint simply lay it along the broken bone and wrap it against the limb with gauze or a length of cloth, starting at a point farthest from the body. Do not wrap it too tight as this may cut off blood flow.

If the break is in the forearm, loosely wrap a magazine or a thick newspaper around the break and use a sling fashioned from gauze or a strip of cloth to keep the elbow immobilized.

A break in the lower part of the leg requires two splints, one on each side of the leg (or at least the chin). If suitable material is not available, you can use the victim's healthy leg as a makeshift splint.

As much as possible, keep the victim from moving and until an ambulance arrives, remember ICE:

**"I"** is for ice - if possible, apply an ice pack or ice cubes to the injured area. This will keep down the swelling and reduce pain.

**"C"** is for compression - if the wound is bleeding, apply direct pressure with a clean cloth to reduce blood flow.

**"E"** is for elevation - try to keep the injured area as high above heart level as possible. This will reduce blood flow to the injury and minimize swelling.

➤ **BRUISE**

A typical bruise is a contusion caused by traces of blood escaping from small vessels that lie close to the skin's surface. Since our blood vessels become more fragile with age, the elderly tend to bruise easier than healthy adults and children. Conversely, if a child sustains excessive bruising, it may be an indication of a more serious injury and should be treated accordingly. If the bruise is on the victim's head, he may've have sustained and should be checked for head trauma. To reduce the bump and minimize the pain, do the following:

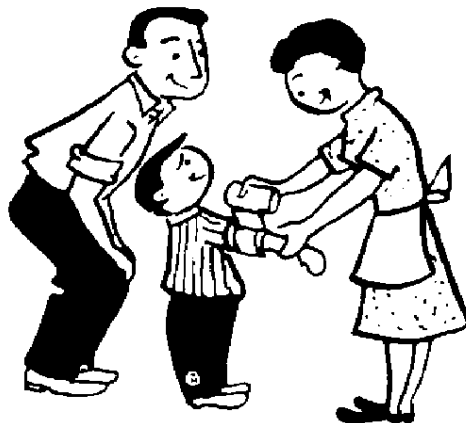
## **BRUISE FIRST AID**

- **Elevate the injured area and apply a commercial ice pack or ice cubes wrapped in a towel for 30 to 45 minutes.**
- **Repeat for a few days or until the swelling and the pain begins to dissipate.**

## BURN

A burn victim will require different type of care depending on the type and extent of his injury. Burns vary greatly from common, harmless sunburn to a potentially life-threatening 3rd degree burn caused by open flames or electrocution. Here's how to distinguish the three different types of burn injuries and how to care for each:

- 1st degree burns are usually accompanied by redness and some swelling of the skin. Treat a minor burn by first cooling the affected area. If possible, keep the injury under cool running water for at least 10 minutes. If running water is not available place the burn in a container of cold water such as a bucket, tub or even a deep dish. Using a cool, wet compress made of clean cloth will also work if nothing else is available. Keeping the burn cool will reduce pain and minimize the swelling. If the injury is on the part of a body where jewelry or snug clothing is present, carefully remove them before it begins to swell. Apply a moisturizing lotion or Aloe Vera extract and dress the burnt area with loosely wrapped sterile gauze.
- 2nd degree burns will result in deeper, more intense redness of the skin as well as swelling and blistering. This type of burn should be treated just as a 1st degree burn but because the damage to the skin is more extensive, extra care should be taken to avoid infection and excessive scarring. Replace the dressing daily and keep the wound clean. If a blister breaks use mild soap and warm water to rinse the area. Apply antibiotic cream such as Neosporin to prevent infection before redressing in sterile gauze.
- 3rd degree burns may appear and feel deceptively harmless as the victim may not feel much pain due to complete destruction of all layers of skin and tissue as well as nerve endings. The damaged area may appear charred or ash-color and will instantly start to blister or "peel". If the victim's clothing is on fire, douse him with non-flammable liquid. Dial 9-1-1. Do not remove burnt clothing from the victim as this will expose open wounds to the elements and potential infection. If possible, cover the victim's injuries with wet sterile cloth to reduce the pain and swelling. If you notice that the victim is going into shock and loses consciousness, you will need to perform CPR.



## ➤ CHOKING

Choking is usually caused by a piece of foreign matter such as food becoming lodged in a person's windpipe. Because a choking victim is fully aware that he cannot breathe normally, a sense of panic may overcome them, making assessing the situation and rescue efforts difficult. It is important to try and keep the victim calm in order to determine whether your assistance is truly necessary or if the victim's own coughing reflex is enough.

Start by asking the person if he is choking. This simple step can be deceptively effective - the victim may be coughing violently or even gasping for air, but if he is able to answer then he is probably not choking. A choking victim will not be able to speak since oxygen cannot reach his lungs. But if after asking the person if he's choking all he can do is gesture or point to his throat and you notice his face starting to turn blue, then he is most likely choking and you will need to perform the Heimlich maneuver immediately.



### **The Heimlich maneuver**

- **Start by finding the proper stance - behind the victim with one of your feet planted firmly between the victim's feet.**
- **Wrap one of your arms around the victim and place your hand in a closed fist just slightly above his belly button.**
- **Place your other hand directly on top of the first.**
- **Squeeze the victim's abdomen in quick upward thrusts as many times as it is necessary to dislodge the object in his windpipe.**
- **If you fail to clear the victim's air passage, dial 9-1-1 immediately and continue to perform the Heimlich maneuver until help arrives.**

### ➤ CUTS & SCRAPES

The first and possibly most important step when treating minor cuts and scrapes is to thoroughly clean the wound with mild anti-bacterial soap and water. You can use sterilized tweezers to remove any debris that remains embedded in the wound after rinsing. This will reduce the risk of an infection and possible complications. If the debris is abundant or can't be removed for some other reason, a trip to the emergency room will be necessary.



Water may induce bleeding by thinning the blood. If while rinsing the wound you notice increased blood flow, use gauze or a clean cloth to apply gentle, continuous pressure until the blood clots.

Although hydrogen peroxide is commonly used as a disinfectant for minor cuts and scrapes, it is actually not very effective and may even delay the healing process by irritating a person's living cells. You can use hydrogen peroxide but apply it around the open wound, not directly to it. An antibiotic ointment such as Neosporin is a better alternative - it will keep the wound from getting infected and speed up the healing process.

Dress the wound with a bandage or sterile gauze to keep dirt and bacteria out. Change the dressing frequently and rinse the wound as often as necessary to keep it free of dirt.

Continue to monitor the wound for several days. If the injured area turns red or puffy, or if excessive pain persists, then it may've become infected and will require a physician's attention. Do not simply dismiss cuts as minor injuries as some may be quite serious if not tended to by a professional. If the wound is very deep or the bleeding is profuse, it may require stitches in order to heal properly.

#### Cuts and Scrapes First Aid

- **Clean the wound with anti-bacterial soap and water.**
- **Apply pressure to the wound to stop bleeding.**
- **Apply antibiotic ointment.**
- **Dress wound with a bandage or sterile gauze.**
- **Seek help if deep or bleeding continues.**

### ➤ ELECTROCUTION

Electricity travels through conductors - any material which allows electrical flow - as it tries to reach the ground. Because people make excellent conductors, minor electrocution is a common household hazard. Fortunately, it is usually more surprising than dangerous and does not require medical attention. However, some basic precautions should be taken to ensure that the shock does not interfere with the body's normal electrical impulses including the functions of the brain and the heart. Prolonged exposure to a direct source of electricity can also cause severe burns to the skin and the tissue.

In the event of electrocution do NOT rush to assist the victim until you are certain that he is no longer in contact with electricity. Otherwise the current will pass through the victim directly to you.

If possible, turn off the source of electricity (i.e. light switch, circuit breaker, etc.) If this is not an option, use non-conductive material such as plastic or dry wood to separate the source of electricity from the victim.

## Electrocution First Aid

- **If the injuries appear serious or extensive, dial 9-1-1.**
- **Check the victim's vitals signs such as the depth of his breathing and regularity of his heartbeat.**
- **If either one is effected by exposure to electricity or if the victim is unconscious, begin to perform CPR.**
- **Treat any areas of the victim's body that may've sustained burns.**
- **If the victim is responsive and does not appear seriously injured but looks pale or faint, he may be at risk of going into shock. Gently lay him down with his head slightly lower than his chest and his feet elevated.**

### ➤ HEAD INJURY

Although most minor head injuries caused by a fall or a strike to the head may result in a bruise or a bump and are not dangerous, it is extremely important to pay close attention to the following symptoms:

- Excessive bleeding from an open wound
- Loss of consciousness
- Interruption of breathing
- Prolonged disorientation or apparent memory loss

If you detect any of the above, the victim may have sustained serious head trauma and will require professional medical attention. If that's the case, dial 9-1-1 immediately. Until the ambulance arrives.

Each Manager, Coach, Umpire or Team Parent that registers as such with the GWMLL is required to Complete the "Heads Up Concussion Training" provided for free by the CDC. The resulting certificate is to be turned into the Safety Officer prior to assignment to a team.

## Head Injury First Aid

- **If possible, place the victim in a dim, quiet area.**
- **Lay the victim down with his head and shoulders slightly elevated.**
- **If the wound is bleeding, dress it with gauze or clean cloth.**
- **Do not leave the victim unattended.**
- **If the victim loses consciousness, you may need to perform CPR.**
- **If the injury does not appear serious or extend beyond minor bruising, it should be treated accordingly.**

### ➤ NOSEBLEED

A human nose is rich with small fragile blood vessels which are susceptible to damage. A nosebleed may be caused by a fall, a strike to the nose, or even from breathing excessively dry air. If the nosebleed is not a symptom of a more serious injury, it is rarely dangerous and can usually be stopped by applying continuous pressure.

If the victim's nose continues to bleed or if the blood flow appears to be excessive, or if the victim feels weak or faint, the damage may be more serious than it appears. You should call 9-1-1 or take him to the nearest emergency room as soon as possible.

## Nosebleed First Aid

- **Do NOT tilt the victim's head backward.**
- **Have the victim sit or stand upright to slow down the flow of blood.**
- **Loosen any tight clothing around the victim's neck.**
- **If possible, have the victim spit out excess saliva - swallowing may disturb the clot and cause nausea.**
- **Pinch the nostrils shut and press the tip of the nose against the bones of the face.**
- **Maintain pressure for 5 to 10 minutes.**
- **Once the bleeding has stopped, the victim should avoid blowing his nose or otherwise straining himself for at least an hour.**



➤ **PUNCTURE WOUND**

Unlike a cut, a puncture wound does not typically result in profuse or excessive bleeding and although painful, may look harmless as the skin around the wound simply closes. But puncture wounds carry a risk of infection and if left unattended can result in serious complications.

Injuries sustained by stepping on a nail that punctures through a shoe are especially prone to infection. If the injury is caused by stepping on a nail or a shard of glass that's been exposed to the elements, it is a good idea to consult a physician who may recommend a tetanus shot or booster.

A bite from a household pet or another person that results in a puncture wound should be considered and treated as serious injury. If the bleeding is heavy or the item that caused the wound appears unsanitary, thoroughly clean the injured area with mild anti-bacterial soap and water and seek professional medical assistance as soon as possible.

If the injury is minor, clean it with soap and water and apply an antibiotic ointment such as Neosporin to prevent infection. Dress the wound with sterile bandage and replace the dressing frequently. It is prudent to keep a close eye on the wound for several days to prevent an onset of an infection from any debris that may've lodged itself deep in the wound. If you notice persistent redness or puffiness or if the wound starts to ooze pus, have the victim consult a doctor right away.

#### 4.2.2 The First Aid Kit

First Aid Kits have been issued to all teams and are located at the concession stands located in the Baseball and Softball complexes. The First Aid Kit should be checked and restocked periodically and be at every practice and game. A good First Aid Kit should always contain the following items:

- ✓ **Sterile adhesive bandages in assorted sizes**
- ✓ **Sterile gauze pads in assorted sizes**
- ✓ **Hypoallergenic adhesive tape**
- ✓ **Scissors**



- ✓ **Tweezers**
- ✓ **Needle**
- ✓ **Ace bandage**
- ✓ **Moistened towelettes**
- ✓ **Antiseptic**
- ✓ **Thermometer**
- ✓ **Tongue blades**
- ✓ **Splints in assorted sizes**

- ✓ **Petroleum jelly**
- ✓ **Assorted sizes of safety pins**
- ✓ **Anti-bacterial soap**
- ✓ **Antibiotic ointment**
- ✓ **Latex gloves and face mask**
- ✓ **Sunscreen**
- ✓ **Aspirin and/or ibuprofen**
- ✓ **Ice Pack**

Additional First Aid Kit supplies are maintained in the concession stands within the Baseball and Softball complexes. Managers should ensure that any items used are replenished immediately.

### 4.2.3 Basic CPR

Can you save a life? In an emergency, when every second is critical, would you know what to do? According to recent statistics sudden cardiac arrest is rapidly becoming the leading cause of death in America. Once the heart ceases to function, a healthy human brain may survive without oxygen for up to 4 minutes without suffering any permanent damage. Unfortunately, a typical EMS response may take 6, 8 or even 10 minutes.

It is during those critical minutes that CPR (Cardiopulmonary Resuscitation) can provide oxygenated blood to the victim's brain and the heart, dramatically increasing his chance of survival. And if properly instructed, almost anyone can learn and perform CPR.

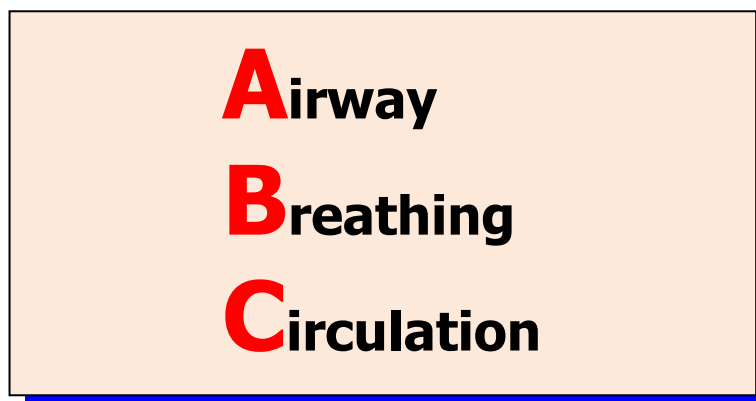
#### ➤ HOW CPR WORKS

The air we breathe in travels to our lungs where oxygen is picked up by our blood and then pumped by the heart to our tissue and organs. When a person experiences cardiac arrest - whether due to heart failure in adults and the elderly or an injury such as near drowning, electrocution or severe trauma in a child - the heart goes from a normal beat to an arrhythmic pattern called ventricular fibrillation, and eventually ceases to beat altogether. This prevents oxygen from circulating throughout the body, rapidly killing cells and tissue. In essence, Cardio (heart) Pulmonary (lung) Resuscitation (revive, revitalize) serves as an artificial heartbeat and an artificial respirator.

CPR may not save the victim even when performed properly, but if started within 4 minutes of cardiac arrest and defibrillation is provided within 10 minutes, a person has a 40% chance of survival.

Invented in 1960, CPR is a simple but effective procedure that allows almost anyone to sustain life in the first critical minutes of cardiac arrest. CPR provides oxygenated blood to the brain and the heart long enough to keep vital organs alive until emergency equipment arrives.

To make learning CPR easier, a system was devised that makes remembering it as simple as A-B-C:



Let's begin by emphasizing the very first step of Basic Life Support

➤ **DIAL 9-1-1**

It is critical to remember that dialing 9-1-1 may be the most important step you can take to save a life. If someone besides you is present, they should dial 9-1-1 immediately. If you're alone with the victim, try to call for help prior to starting CPR on an adult and after a minute on a child. Before we learn what to do in an emergency, we must first emphasize what NOT to do:

- **DO NOT leave the victim alone.**
- **DO NOT try make the victim drink water.**
- **DO NOT throw water on the victim's face.**
- **DO NOT prompt the victim into a sitting position.**
- **DO NOT try to revive the victim by slapping his face.**

Provide 9-1-1 operators with:

- **Location & phone number**
- **Type of emergency**
- **Victim's condition and age**

Always remember to exercise solid common sense. When faced with an emergency situation we may act impulsively and place ourselves in harm's way. Although time should not be wasted, only approach the victim after determining that the scene is safe: always check for cars, fire, gas, downed electrical lines, and any other potential hazards before attempting to perform CPR

➤ **CPR FOR ADULTS**

American Heart Association's guidelines dictate that Adult CPR is performed on any person over the age of 8. The procedure outlined in the following lessons is similar to Children CPR and Infant CPR, although some critical differences apply. Before you start any rescue efforts, you must remember to check the victim for responsiveness.

If you suspect that the victim has sustained spinal or neck injury, do not move or shake him. Otherwise, shake the victim gently and shout, "Are you okay?" to see if there is any response. If the victim is someone you know, call out his name as you shake him.

If there is no response, immediately dial 9-1-1 and check the airway:

## AIRWAY

**"A" is for AIRWAY. If the victim is unconscious and is unresponsive, you need to make sure that his airway is clear of any obstructions. The breaths may be faint and shallow - look, listen and feel for any signs of breathing. If you determine that the victim is not breathing, then something may be blocking his air passage. The tongue is the most common airway obstruction in an unconscious person.**

**With the victim lying flat on his back, place your hand on his forehead and your other hand under the tip of the chin. Gently tilt the victim's head backward. In this position the weight of the tongue will force it to shift away from the back of the throat, opening the airway.**

If the person is still not breathing on his own after the airway has been cleared, you will have to assist him breathing:

## BREATHING

**"B" is for BREATHING. With the victim's airway clear of any obstructions, gently support his chin so as to keep it lifted up and the head tilted back. Pinch his nose with your fingertips to prevent air from escaping once you begin to ventilate and place your mouth over the victim's, creating a tight seal.**

**As you assist the person in breathing, keep an eye on his chest. Try not to over-inflate the victim's lungs as this may force air into the stomach, causing him to vomit. If this happens, turn the person's head to the side and sweep any obstructions out of the mouth before proceeding.**

**Give two full breaths. Between each breath allow the victim's lungs to relax - place your ear near his mouth and listen for air to escape and watch the chest fall as the victim exhales.**

If the victim remains unresponsive (no breathing, coughing or moving), check his circulation:

## CIRCULATION

**"C" is for CIRCULATION. In order to determine if the victim's heart is beating, place two fingertips on his carotid artery, located in the depression between the windpipe and the neck muscles, and apply slight pressure for several seconds.**

**If there is no pulse then the victim's heart is not beating, and you will have to perform chest compressions.**

Remember Your A-B-C's!  
**Remember Your A-B-C's!**

### ➤ CPR FOR CHILDREN

According to the American Heart Association's guidelines Child CPR is administered to any victim under the age of 8. Although some of the material in the next lesson may seem repetitive, we strongly recommend that you do not skip ahead as there are crucial distinctions that apply to children's rescue efforts.

The first thing to remember about Child CPR is this: in children cardiac arrest is rarely caused by heart failure but rather by an injury such as poisoning, smoke inhalation, or head trauma, which causes the breathing to stop first. And since children are more resilient than adult statistics have shown that they tend to respond to CPR much better if administered as soon as possible.

If the child is unresponsive and you are alone with him, start rescue efforts immediately and perform CPR for at least 1 to 2 minutes before dialing 9-1-1. Before you call an ambulance, immediately check the victim for responsiveness by gently shaking the child and shouting, "Are you okay?" DO NOT shake the child if you suspect he may have suffered a spinal injury.

If the child is clearly unconscious, remember your A-B-C and check the child's airway. If there are no signs of breathing, clear the airway. If the child is still not breathing after his airway has been cleared, you will have to assist him in breathing.

Check the child's carotid artery for pulse by placing two fingertips and applying slight pressure on his carotid artery for 5 to 10 seconds. If don't feel a pulse then the victim's heart is not beating, and you will have to perform chest compressions. When performing chest compressions on a child proper hand placement is even more crucial than with adults. Place two fingers at the sternum (the bottom of the rib cage where the lower ribs meet) and then put the heel of your other hand directly on top of your fingers.

A child's smaller and more fragile body requires less pressure when performing compressions. The rule to remember is 1 hand, 1 inch. If you feel or hear slight cracking sound, you may be pressing too hard. Apply less pressure as you continue.

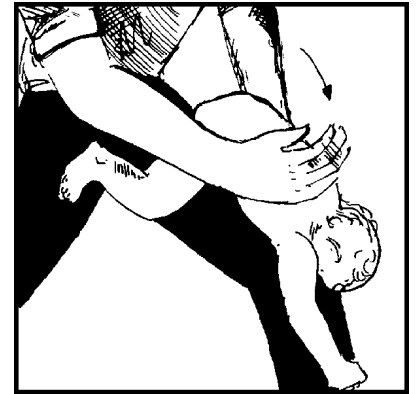
Count aloud as you compress five times, followed by one breath. Perform this cycle 20 times - five chest compressions followed by one breath - after which remember to check the victim's carotid artery for pulse as well as any signs of consciousness.

If there is no pulse, repeat a complete cycle of 5 compressions/1 breaths 20 times before checking for pulse and breathing. If none are present, continue performing CPR until help arrives. If the child regains an active heartbeat (you detect a pulse) but is still not breathing, rescue breaths at the rate of 1 breath every 3 seconds need to be administered (remember to pinch the nose to prevent air from escaping). After the first rescue breath, count three seconds and if the child does not take a breath on his own, give another rescue breath.

### ➤ **CPR FOR INFANTS**

According to generally accepted guidelines, Infant CPR is administered to any victim under the age of 12 months. Infants, just as children, have a much better chance of survival if CPR is performed immediately. If you are alone with the infant, do not dial 9-1-1 until after you have tried to resuscitate the victim.

Check the infant for responsiveness by patting his feet and gently tapping his chest or shoulders. If he does not react (stirring, crying, etc.), immediately check his airway. It is normal for an infant to take shallow and rapid breaths, so carefully look, listen and feel for breathing. If you cannot detect any signs of breathing, the tongue may be obstructing the infant's airway.



Although the head tilt/chin lift technique is similar to adults and children, when clearing an infant's airway it's important not to tilt the head too far back. An infant's airway is extremely narrow and overextending the neck may close off the air passage.

- "Sniffer's position"  
Tilt the head back into what is called the "sniffer's position" - far enough to make the infant look as if he is sniffing. If the victim is still not breathing on his own, you will have to assist him breathing.
- Breathing  
Cover the infant's mouth and nose with your mouth creating a seal, and give a quick, gentle puff from your cheeks. Let the victim exhale on his own - watch his chest and listen and feel for breathing. If he does not breathe on his own, again place your mouth over his mouth and nose and give another small puff. If the infant remains unresponsive (no crying or moving), immediately check his circulation.
- Circulation  
An infant's pulse is checked at the brachial artery, which is located inside of the upper arm, between the elbow and the shoulder. Place two fingers on the brachial artery applying slight pressure for 3 to 5 seconds. If you do not feel a pulse within that time,

then the infant's heart is not beating, and you will need to perform chest compressions.

#### 4.2.4 AED

In January 2023 a Generous League Member donated an AED to the GWMLL. This AED is in the Baseball Concession Stand and is charged for use 24 hours a day should the occasion arise. An automated external defibrillator (AED) is a medical device designed to analyze the heart rhythm and deliver an electric shock to victims of ventricular fibrillation to restore the heart rhythm to normal. Ventricular fibrillation is the uncoordinated heart rhythm most often responsible for sudden cardiac arrest. Along with the AED a complete training and certification was included for all current Board Members and the entire roster of Volunteers.

#### 4.2.5 Hydration

GWMLL encourages managers and coaches to maintain a source of drinking water for all at any practice or games. Water is available at the Baseball and Softball Concession stands at the Max K. Rodes Park facility. If playing or practicing off the Max K. Rodes Park facility, managers and coaches should plan to provide a water source. Further, managers and coaches should encourage parents and players to bring their own water or sports drinks at all functions.

Good nutrition is important for all, and especially for children. One of the most important nutrients children need is water. This is especially true when children are active. When children are physically active, their muscles generate heat and increase their body temperature. As the body temperature rises, the cooling mechanism, sweat, begins to work. When sweat evaporates, the body is cooled. Children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

Managers and coaches should schedule drink breaks every 30 minutes during practices on hot days and should encourage players to drink between innings. Special attention should be given to catchers. It is GWMLL policy that anytime a catcher requests water, the umpire will give time-out to the offensive team so that the catcher may receive a drink. If a manager, coach or umpire determines that a catcher is becoming overheated, the manager should replace the catcher with another player.



**When it's hot  
Drink a lot!**

## HYDRATION

**W**atch children to make sure they are not getting overheated

**A**lways make sure there is water available at all practices and games

**T**ell parents and players to bring their own water or sports drinks

**E**nsure players drink every 30 minutes or between innings

**R**emember, children get hotter than adults during physical activity



#### 4.2.6 West Nile Virus

Brevard County, Florida is susceptible to outbreaks of the West Nile Virus. Due to the population of mosquitoes in the Brevard County area, the Brevard County Health Department has issues health warnings and precautions to all residents. The GWMLL Safety Officer will monitor the conditions reported by the Brevard County Health Department and will advise the GWMLL Board of Directors on any conditions that might warrant suspension of games during an outbreak.

Typically, West Nile Virus outbreaks are more prevalent during July through November, the hurricane season. During these times, excessive rainfall causes large swarms of mosquitoes that are the primary carrier of the disease. Infected mosquitoes bite humans and transfer the virus through the skin. The Health Department has issued the “5-D’s” for prevention:



## West Nile Virus 5-D's For Prevention

**Dusk & Dawn – Avoid being outside when insects are feeding. This is usually at dusk and at dawn.**

**Dress – Wear clothing that covers the skin .**

**Deet – Use Mosquito repellent**

**Drainage – Check your home and yard for standing water where mosquitoes breed.**



#### 4.2.7 Communicable Disease Procedures

Communicable diseases include HIV/AIDS and Hepatitis B or C viruses. While it is highly unlikely that any of these viruses could be transmitted through an open wound during athletic activity, a remote chance of the transmission of blood borne diseases does exist. The following procedures to guard against transmission of blood borne diseases should be followed:

### **Communicable Disease Procedures**

- **A bleeding player should be removed from play as soon as possible.**
- **The bleeding must be stopped; the wound covered, and soiled clothing removed.**
- **Use gloves, as provided in the first aid kit, to prevent mucous membrane exposure when in contact with blood or other bodily fluids.**
- **Immediately wash hands and skin with antibacterial soap.**
- **Clean all blood contaminated surfaces with a solution of bleach and water (1:1).**
- **Managers, coaches and volunteers should refrain from contact with others until the situation is resolved.**
- **Dispose all bloody dressings, mouth guards and other articles containing body fluids.**

#### 4.2.8 Reporting and accident or near miss

What to report? An incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the GWMLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report? All such incidents described above must be reported to the GWMLL Safety Officer within 48 hours of the incident. The 2024 GWMLL Safety Officer Larry Henke and can be reached through the following means:

*Greater West Melbourne Little League “A Safe  
Place To Play”*

**Jeff Gates**  
**GWMLL Safety Officer**  
Cell: 321-794-7424  
Email: emailjeffgates@gmail.com

How to make a report? Incident reports are available at the Baseball and Softball concession stands and blank forms have been provided in each manager’s information packet at the beginning of the season.



**LITTLE LEAGUE® BASEBALL AND SOFTBALL  
ACCIDENT NOTIFICATION FORM  
INSTRUCTIONS**

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

Accident & Health (U.S.)

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age Sex
					<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
			( )	( )	
Address of Claimant			Address of Parent/Guardian, if different		

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

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

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

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

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

Check all applicable responses in **each** column:

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

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

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

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

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

**For Residents of California:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: ( ) Business: ( ) Fax: ( )

Were you a witness to the accident?  Yes  No  
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?  YES  NO  
If YES, are they  Mandatory or  Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------

Within 48 hours of the Safety Officer receiving a call or an incident report, the Safety Officer will contact the injured party or the injured party's parents and verify the information received, obtain any other information deemed necessary, check on the status of the injured party, and on the event that the injured party required other medical treatment such as an emergency room visit or doctor's visit, will advise the parent or guardian of the GWMLL insurance coverage and provisions for submitting claims. If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to check on the status of the injuries, and to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered closed (no further claims are expected and/or the individual is participating in the league again).

#### **4.2.9 Insurance Policies**

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Inc.

GWMLL participants shall not participate as a Little League team in games or practices with other teams of other programs or in tournaments except those authorized by Little League Baseball and approved by the GWMLL Board of Directors.

The AIG Little League's insurance policy is designed to afford protection to all participants at the most economical cost to GWMLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, AIG Little League insurance, purchased by GWMLL, takes over and provides benefits after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is always in force during the season.

When filing a claim, all medical costs should be fully itemized. 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 must accompany a claim form.

For dental claims, it will be necessary to fill out a Major Medical Form as well as a Dental Form; then submit them to the insurance company of the claimant. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and the bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID and year of the injury on the form.

All claims must be filed with the GWMLL Safety Officer, Jeff Gates. The Safety Officer then forwards the forms to Little League Baseball, Inc, P.O. Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 326-9280.

### 4.3 Concession Stand Safety Training

The president of GWMLL will appoint a Concession Stand Manager. The Concession Stand Manager is responsible for the overall safety of all operations in the concession stand. Prior to volunteers working in the concession stand, the Concession Stand Manager will review the concession stand safety procedures with the volunteer. Further, the concession stand safety procedures will always be posted in the concession stand .



#### Concession Stand Safety

- **No children under the age of 15 will be allowed to work in the concession stand without an adult and the approval of the Concession Stand Manager.**
- **People working in the concession stand will be trained in safe food preparation. Training will cover safe use of equipment.**
- **Cooking equipment will be inspected periodically and repaired or replaced when needed.**
- **Propane tanks and grills will be turned off and stored in the cage after use.**
- **Food not purchased by GWMLL is not permitted in the concession stand and will not be cooked, prepared, or sold.**
- **Cooking grease will be stored safely in containers away from open flames.**
- **Carbon Dioxide tanks will be secured so they stand upright and cannot fall over.**
- **Cleaning chemicals must be stored out of reach of children.**
- **A certified fire extinguisher suitable for grease fires must be in plain sight of the concession stand and the barbeque grill during use.**
- **All concession stand and grill workers will be trained on the use of the fire extinguisher.**
- **Instructions on the Heimlich maneuver will be posted in plain view in the concession stand.**
- **A fully stocked first aid kit will be placed in the concession stand.**
- **The concession stand main door will remain unlocked while workers are inside.**
- **Prior to using the grill, the protective fence must be in place and access must be restricted within the cooking area to only trained concession stand workers.**



#### 4.4 Bicycle Traffic Safety

As the neighborhoods around the Max K. Rodes Park facility grow, more and more of our children are walking and or riding bicycles to practice and games. It is essential that we keep an eye out for our children and assist them in learning safe bicycle safety.

Bicycle safety can be boiled down to a few basic ideas:

### Bicycle Safety

- **Wear your helmet**
- **Wear shoes and proper clothing**
- **Only one on a bike**
- **Watch for cars**
- **Yield to pedestrians**
- **Ride with Traffic**
- **Use pedestrian crossings**
- **Pay attention**



It is recommended that managers and coaches encourage players and parents to use the pedestrian crossing located at the Fell Road and Minton Road intersection. This intersection provides safe crossing access to the Wingate development, Meadowlane Elementary and Central Middle Schools as well as the West Melbourne Public Library. A new accessible intersection has been recently constructed at the intersection of Flanagan Avenue and Minton Road to allow for better park access.



#### 4.5 Just Say No!

## Why Kids Do And Don't Do Drugs

### Why Kids Don't Do Drugs:

1. That kids don't use drugs is that they want to be healthy. This is a good reason because you can get all kinds of cancers.
2. That they have other things to do like sports, homework, and after school activities.
3. That they just don't want to so they don't get sick.

**Be smart like these kids and stay drug free!**



### Why Kids Do Use Drugs:

1. Kids do use drugs because they are feeling bad about themselves. Once they have one drug they have to have more.
2. They are afraid to say no.
3. They want to feel good.

**These kids don't realize or care that they are hurting themselves. One they start using drugs is difficult to stop. Don't even try drugs!**

# Just Say NO!

Did you know.....

500,000 people die from drugs each year.

30,000 people die from abusing alcohol and by drinking and driving.

31% of 9th grade students have tried cigarettes.

Learn to say "no" to drugs!



# Ways to Say No To Drugs

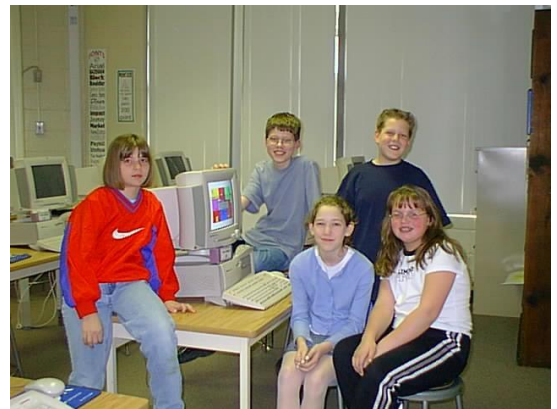
If you are ever confronted by someone who wants you to use drugs, try these ways to say no. Practice them with a friend or parent so you will feel comfortable.

1. Saying "No Thanks" Druggie-Hey you. You want a hit. **You-No thanks**
2. Giving a Reason of Excuse Druggie-Let's smoke some marijuana. **You-No way. I don't smoke.**
3. Repeated Refusal, or Keep Saying No Druggie-You want some beer. **You-No. Druggie-Come on. You-No. Druggie-Just drink it! You-No**
4. Walking away Druggie-Want a cigarette. **You-Say No while walking away.**
5. Changing the Subject Druggie-I got some pot. You want some. **You-No. Let's play basketball instead.**
6. Avoiding the Situation Stay away from areas where drugs are expected.
7. Cold Shoulder Druggie-Hey! You want a smoke. **You-Ignore the person.**
8. Strength in Numbers Hang with nonusers, especially where drug are expected

## 15 Things To Do Instead Of Doing Drugs!

You can have a lot more fun doing these things:

1. Play Little League Baseball/Softball!
2. Spend time doing a hobby or learn a new hobby.
3. Talk on the phone with your friends.
4. Play a video game.
5. Finish a quiz or learn something new.
6. Spend time with your parents and grandparents.
7. Study or do your homework.
8. Listen to music.
9. Do work for your community (Community Service) or help someone in need.
10. Play a board game.
11. Watch TV.
12. Draw.
13. See a movie.
14. Play on the computer.
15. Talk to your friends on the Internet.



*This Just Say No Briefing is courtesy of Jen, Ray, Laura, Lisa and Tim.*

*Many thanks from GWMLL for your hard work and contribution.*

<http://library.thinkquest.org/J002597/>

### 4.6 Weather Safety

The springtime in the Brevard County area is a perfect time for playing baseball. The weather is mild and storms are few and far between. However, GWMLL baseball extends well beyond just the springtime in Florida. Tryouts for baseball/softball begin in mid-winter. GWMLL sanctioned tournaments begin in June and can last through August. Fall baseball begins in September and extends through November. GWMLL baseball is a year-round activity that is witness to all seasons, and all types of weather conditions.

To ensure that all GWMLL personnel are educated, weather safety is part of our overall training program. Volunteers are provided with an overview of what to look for and what to do in the varying weather conditions that can occur throughout our annual season.

#### ➤ Cold Weather

Many people think that because Florida is the “Sunshine State” that cold weather does not play a part in being prepared for activity outdoors. However as recently as 2001, snowfall was recorded in Brevard County. Managers, coaches, players and parents should be aware of what the temperatures are and the effects of wind-chill on temperatures. Some important facts about wind-chill:

- The wind chill temperature index measures how cold people feel when outside.
- Wind chill is based on the rate of heat loss from exposed skin caused by wind and cold. As the wind increases, it draws heat from the body, driving down skin temperature and eventually the internal body temperature.
- The wind therefore makes it feel much colder. If the temperature is 0°F and the wind is blowing at 15 mph, the wind chill is -19°F. At this wind chill temperature, exposed skin can freeze in 30 minutes.

The National Weather Service introduced a revised wind chill table on Nov. 1, 2001. The new index was tested on human subjects and is based on heat loss from exposed skin. The old index, formulated in 1945 by Antarctic explorers, measured the cooling rate of water.

Wind speed (mph)	Temperature (°F)																	
	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

While winter temperatures in the Brevard county rarely fall below 30° Fahrenheit, the wind chill can often make the skin temperature feel as if it is below freezing.

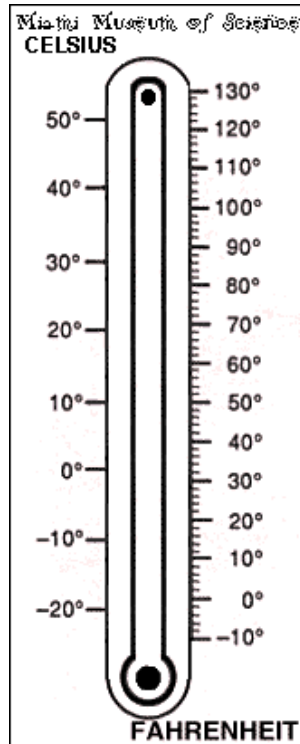


What to do in cold weather? Ensure that all players are dressed warmly. Light jackets or protective undergarments, such as Under Armor, can help keep you warm and ward off the effects of wind

chill. If the wind chill factor causes the effective temperature to drop below freezing, practices and games should be deferred until the temperature rises. Cold weather can lead to pulled muscles and, at worst case, hypothermia. Use common sense when playing in cold weather.



### ➤ Hot Weather



If there's one thing we get in Florida, it's plenty of sunshine and hot weather. Precautions must be taken to make sure the players on your team do not dehydrate or hyperventilate. See paragraph 4.2.4, Hydration, to learn more about proper hydration. There are several recommendations on what to do in hot weather:

## Hot Weather Safety

- **Suggest players to take drinks of water when coming on and going off the field between innings**
- **If a player looks distressed while standing in the hot sun, substitute that player and get them into the shade.**
- **If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. The player to drink water and use ice bags to cool them down until emergency teams arrive.**

### ➤ Ultra-Violet Ray (Sun) Exposure:

Another thing that Florida is famous for is our sunshine. We enjoy a tropical environment that is full of sun and fun. However, the sun can be dangerous to our skin. Sun exposure increases a person's risk of developing a skin cancer known as melanoma. Additionally, heavy sun exposure in the intense Florida sun can result in sunburns that are very painful. The GWMLL recommends the use of sunscreen with an SPF (sun protection factor) of 15 or greater as a means of protection from the sun.

### ➤ Rain:

Our area receives a lot of rain. During the season and especially during tournament and fall ball play, our area can experience very heavy rain and thunderstorms. If it begins to rain:

## Rain Safety

- **Evaluate the strength of rain. Is it a light drizzle or is it a storm?**
- **Determine the direction the storm is moving.**
- **Evaluate the playing field as it becomes saturated and determine if play should be suspended.**
- **Stop practice or games if the playing conditions become unsafe.**
- **Use common sense.**

➤ **Lightning:**

Thunderstorms in Florida are plentiful. Of particular concern to residents of our area are the intense thunderstorms and accompanying lighting that is prevalent in our summer weather.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud.

On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise. By the time you can hear the thunder, the storm has already approached to within 3-4 miles.



GWMLL has a lightning detector device that detects bursts of electromagnetic radiation, in the form of very low frequency radio signals, generated by lightning flashes up to 40 miles away. This device is located on the football equipment building and a horn will sound when lightening is detected with the "Safe Distance" area. When the detector's alarm sounds, the Board Member In Charge will immediately notify each field that the play should halt and the fields be evacuated. Normal play can resume once the "all clear" is given by three blasts of the horn in quick succession.

If you are questioning what to do in the event of lightning storms, remember the following:

## **Lightning Safety**

- **When You Hear It – Clear It!**
- **When You See It – Flee It!**
- **Seek shelter in large, enclosed buildings (Press Boxes, Restrooms, Rodes Park Gymnasium)**
- **Get in your vehicle with windows rolled up**
- **If stranded in an open area, crouch down and put your hands over your ears**

Do not seek shelter in high places and open fields, isolated trees, unprotected gazebos (such as picnic areas within the park), dugouts, light poles, bleachers, fences or areas near water.

#### 4.7 Child Abuse

Big Brothers/Big Sisters of America defines child sexual abuse as “the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual.” So abusing a child can take many forms, from touching to non-touching offenses.



Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen anywhere at any time. By educating GWMLL parents, volunteers, and children you can help reduce the risk it will happen at GWMLL.

GWMLL has instituted a three-step plan for the prevention of child abuse:

1. Volunteer Applications – All volunteers in the GWMLL program are required to fill out a complete volunteer application form. All volunteers must undergo a background investigation to include a search in Florida’s state-wide Sex Offenders database.
2. Interview of Volunteers – All volunteers in the GWMLL program are interviewed by Board Members to ascertain their understanding of the code of conduct and to assess their character to insure they are of no threat to our children.
3. Reference Checks of Volunteers – All volunteers are required to submit three-character references as part of their application. These references are checked to determine if there are any reasons that would prohibit them from participating in the GWMLL program.

GWMLL also institutes the following guidelines for all managers and coaches who are charged with the care of our children throughout the season:

### **Child Safety**

- **The Buddy System – Children are to remain in groups at all times. If a child leaves the field for any reason, an adult or another child will accompany the child. This includes trips to the concession stand, bathroom or parking lot.**
- **Controlled Access – At no time are any non-certified GWMLL Volunteers allowed to have access to the children on the fields, dugouts, press boxes, concession stands or other GWMLL facilities.**
- **Supervision – Children will be supervised by a manager and/or coach at all times. At no time will a child be left alone at a practice or game.**
- **Transportation – Children must be picked up by a parent or guardian unless prior arrangements have been communicated directly to the manager and/or coach prior to a practice or game. Children are not permitted to “catch rides” with friends or other adults not known to you.**
- **Lighting of Fields – The field lights will remain on at night while there are children present. The lighting in the Max K. Rodes Park parking lot and surrounding areas is not sufficient when the field lights are turned off. Dimly lit areas are breeding grounds for sex offenders.**

What to do in the event you suspect child abuse? In the unfortunate case that you suspect child abuse may be occurring, you should immediately contact any GWMLL Board Member. GWMLL along with our district administrators will contact the proper law enforcement agencies.

When an allegation of abuse is made against any GWMLL volunteer, it is our duty to protect the children from any possible abuse by removing the abuser from the program. If allegations are substantiated, the volunteer will be permanently barred from any participation at any GWMLL functions. Further, all Board Members, managers, coaches and umpires will be notified of the substantiated allegations and made aware of the individual's name and their ineligibility to participate in any GWMLL functions.

It is important to note that all states provide immunity from liability to those individuals who report suspected child abuse in good faith. At the same time, it is important to note that these same laws are in place to protect adults who prove to have been inappropriately accused.

For more information on the prevention and reporting of child abuse, GWMLL recommends the following websites:



<http://www.missingkids.org/>

<http://www.childwelfare.gov/>

<https://www.littleleague.org/player-safety/child-protection-program/>



#### 4.8 Parents Involvement in Training

The most important person in a child's baseball/softball training is the parent. During pre-season, practices are limited to 2 days per week for duration of 2 hours due to the limitations we have on practice fields. During the season, practice can be limited to as much as 1 day per week for duration of 2 hours. It is essential that parents get involved in the training of their children to have an effective GWMLL program.



GWMLL encourages all parents to participate in our training clinics both pre-season and during the season. During these training clinics, our managers, coaches and training coordinator will explain basic drills that parents can participate in with their children. Furthermore, we encourage all parents to attend their team's practices to see what their children are doing and what areas they need the most work on.

GWMLL encourages our managers and coaches to discuss what practice homework the players should be doing at home. The following recommendations are made to all parents:

- Play catch with your child for 15 minutes a day.
- Take your child to the batting cages located in our community.
- Use GWMLL batting nets and hit off of a Tee once a week.
- Attend all pre-season and in-season training clinics with your child.
- Check out videos from the West Melbourne Public Library on Baseball Training.

By getting involved in your child's training, you will create a bond with your child that will last a lifetime. Besides, you may actually get some exercise along the way!



## 5.0 FACILITIES & EQUIPMENT

GWMLL has a comprehensive safety program which includes audits and inspections of all facilities, equipment, concession stand and special safety equipment. The following sections outline our facility, equipment and concession stand safety issues.

While the GWMLL is an independent Chartered Little League organization what operates under Little League Baseball, Inc, the GWMLL also operates within the confines of Greater West Melbourne Athletic Association (GWMAA). GWMAA is a non-profit organization that oversees various organized athletic activities for the residents of the Greater West Melbourne area and acts as a liaison between the individual sports and Brevard County Parks and Recreation. GWMAA oversees the following athletic programs:

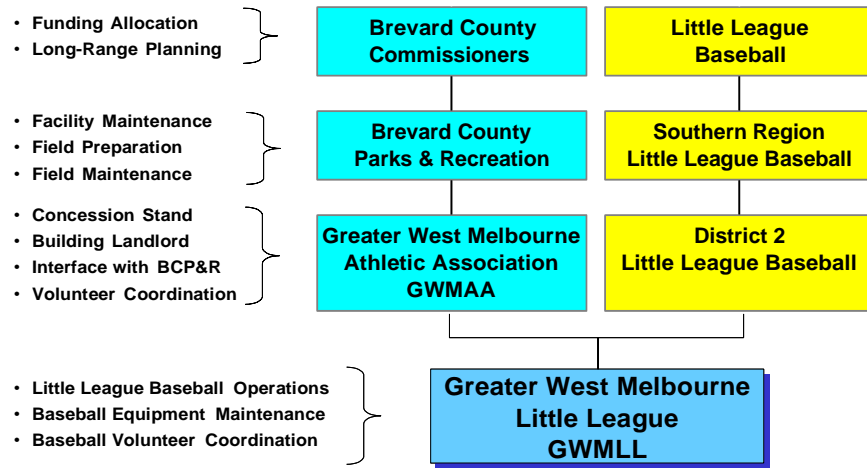
- Baseball/Softball (GWMLL)
- Basketball
- Football
- Cheerleading

GWMAA is responsible for coordinating with the various municipal government agencies for the use of, and maintenance of the facilities used by GWMAA organizations. GWMLL, working hand-in-hand with GWMAA, is responsible for the safety program for all Little League activities. If GWMLL identifies safety issues related to the facilities used for baseball/softball, GWMLL will make recommendations to GWMAA who, in turn, coordinates facility repairs or upgrades with the local government. Issues that must be coordinated with GWMAA and local governments include, but are not limited to:

- Fencing Maintenance/Upgrades
- Lighting Maintenance/Upgrades
- Building Maintenance/Upgrades
- Field Maintenance/Upgrades
- Parking Lot Maintenance/Upgrades
- Spectator Stands Maintenance/Upgrades

The following diagram depicts the overall organizational hierarchy and roles and responsibilities that exist for the maintenance and upgrades of facilities in support GWMAA and GWMLL activities:





## 5.1 Facilities

The following paragraphs describe the facilities used by GWMAA and the roles and responsibilities GWMLL must ensure that all safety issues are addressed.

### 5.1.1 Max K. Rodes Park Facilities



GWMLL is based at the new Max K. Rodes Park, located on Flanagan Avenue, West Melbourne, Florida. Rodes Park is managed and maintained by Brevard County Parks and Recreation.

The Max K. Rodes Park facility includes five Baseball fields (1 T-Ball, 3 Minor B, A, Major and 1 Junior/Senior) and two Softball dedicated fields with a practice-utility field. Each field complex (Baseball and Softball/T-Ball/Utility contains a concession stand, press box, scoreboard controls and scorekeeper’s desk. Inside each press box are the necessary equipment to line fields, rakes, shovels, hoses and non-caustic line marking material.

*Jr/Sr Baseball Field*



*T-Ball Field*



***Minor A/B/Major Fields (3)******Softball Fields (2)******Batting Cages******Equipment/Propane Storage***

Also located within Max K. Rodes Park are outdoor basketball courts, a football complex, a soccer complex, gymnasium, and numerous park amenities.

### **5.1.2 Roles & Responsibilities**

During baseball season, GWMLL has the responsibility to ensure that all fields and facilities are safe and comply with the rules and regulations of Little League Baseball. The GWMLL Safety Officer is responsible for the overall safety program for GWMLL. As such, the Safety Officer will report on any safety issues related to fields or facilities to the GWMLL Board of Directors. The GWMLL President will address all facility issues that require repair or maintenance to the GWMAA President, who in turn will coordinate with the Brevard County Parks and Recreation to ensure that the condition is repaired in a timely fashion.

During practices and games, it is the responsibility of the umpire and managers to ensure that the field conditions are safe and comply with the rules and regulations of Little League Baseball. GWMLL has placed the responsibility of lining and raking fields on the home team. The home team Manager will ensure that the field is prepared prior to the game.

It is the responsibility of all members of the GWMLL to look for and report any unsafe conditions.

### 5.1.3 Brevard County Parks and Recreation Maintenance

The Brevard County Parks and Recreation, South Area is responsible for the maintenance and upgrades to all facilities at Max K. Rodes Park. The maintenance facility is in the North West corner of the park area. The GWMAA and GWMLL presidents coordinate with the Parks Supervisor, Mr. David Laliberte on all safety related items and scheduling of field use. We are fortunate to have a highly skilled and trained staff who keeps our fields in tip-top condition. As a result of our excellent facilities, GWMLL has hosted several District 2 baseball tournament and All-Star tournaments for the past several years. If any conditions in the Max K. Rodes park facility need immediate attention, it is advised to contact Mr. Jerry Gust immediately. His contact information is:

David Laliberte <a href="mailto:Dave.Laliberte@brevardfl.gov">Dave.Laliberte@brevardfl.gov</a> Parks Supervisor BC Parks and Rec. Phone: 321-302-1664	Jerry Gust, Rodes Park Supt. <a href="mailto:Jerome.Gust@brevardfl.gov">Jerome.Gust@brevardfl.gov</a> 3410 Flanagan Ave. West Melbourne, FL 32904 Phone: 321-255-4400
---	---

### 5.1.4 What to Look for and What to Do

The umpire and both managers will walk the field and look for unsafe conditions, which include but are not limited to:

- Holes or humps that could be trip hazards
- Torn or cut fencing
- Insufficient lighting
- Unstable or improperly installed bases
- Wet or mushy fields
- Rocks, glass or other foreign objects

The umpire and managers will confer prior to all games to certify that the field is in good condition and compliant with the GWMLL Safety Code and program. If problems are found, the umpire and managers should attempt to repair or correct any unsafe condition prior to the start of a game or practice. If the repairs cannot be made to bring the field into a safe condition, the umpire should report the condition to the GWMLL Safety Officer or President immediately. The situation will be reviewed by the umpire, team managers, Safety Officer and President to determine if play can continue. For all other facility issues, all GWMLL members are encouraged to keep an eye out for unsafe conditions. Anytime anything looks like it might cause a problem, report it.

### 5.1.5 How to Report Unsafe Conditions

For game time situations, unsafe conditions should be reported immediately to any GWMLL Board Member, but specifically to the GWMLL President and Safety Officer. A GWMLL Board Member in Charge (BMIC) will be present during all games at Rodes Park.



If the unsafe condition is off-site (at another facility) or during a practice session, the GWMLL Incident Report (see paragraph 4.2.7) should be filled out and submitted to the GWMLL Safety Officer with 48 hours. The GWMLL Safety Officer will investigate the unsafe condition and report on findings and make recommendations on how to repair the condition to the GWMLL Board of Directors.

### 5.1.6 To Play or Not to Play, That is the Question

Safe play is a product of common sense.

- If the weather is not conducive to safe outdoor activity.... DON'T PLAY!
- If the fields are saturated and could cause injury... DON'T PLAY!

- If the fields aren't properly maintained... DON'T PLAY!
- If there are foreign objects on the field that could harm a player... DON'T PLAY!
- If torn fencing could cut or trap a player... DON'T PLAY!
- If lighting is dim or not conducive to safe play... DON'T PLAY!

## 5.2 Equipment

The GWMLL Board has elected an Equipment Manager for the 2024 season. In November, 2024 the Equipment Manager organized several “clean-up” days where members of the GWMLL Board of Directors reviewed all of the existing equipment and discarded or repaired all equipment that was in ill repair or non-compliant with Little League Baseball rules and regulations. This was done to ensure that all existing equipment was in proper repair and to determine what equipment needed to be purchased for 2024.

At the start of the 2024 season, all Managers will be provided with an equipment bag and all necessary equipment including:



- Catchers Equipment
- Bats
- Helmets
- Baseballs or Softballs

All the equipment meets Little League Baseball minimum requirements.

### 5.2.1 Roles & Responsibilities

It is the responsibility of all managers and coaches to continually check all equipment to ensure that it is in good repair and meets Little League Baseball rules and regulations. Further, it is the umpires and managers' responsibility to inspect every helmet, bat and catcher's equipment prior to every game to ensure that it is not damaged and is *“Approved for Little League Baseball.”* This inspection shall include all GWMLL provided equipment as well as equipment provided by players. Under no circumstances are any baseball/softball equipment permitted to be used in GWMLL practices or games that do not meet Little League Baseball rules and regulations.



If at any time an umpire, manager or coach identifies equipment that is in ill-repair or does not meet Little League Baseball requirements, the equipment should not be used for practice or

games. Further, if the equipment is damaged and belongs to GWMLL, the equipment should be returned to the Equipment Manager for repair or replacement.

### 5.2.2 What to Look for and What to Do

All helmets, including the catcher's helmet, must have the NOCSAE seal. Further, helmets should be regularly inspected for cracks or missing/broken padding. Snaps and screws should be regularly inspected to ensure they are tight. If any helmet appears to be damaged, it shall not be used and be returned to the Equipment Manager for repair or replacement. Additionally, managers and coaches should ensure that the helmet being used by a player properly fits the player by fully covering the head, including the base of the neck and ears.

All catcher's masks must have a throat guard (gobbler) hanging in front, below the mask. At no times are skullcaps permitted in GWMLL baseball.

Catcher's gear must include a chest protector and shin guards. The chest protector must fully cover the player's shoulders, chest and abdomen. For all play below the Jr/Sr League, the chest protector must include a crotch pad.

All catchers must wear an athletic support and protective cup. Managers and coaches are encouraged to have all players wear the same protective gear.

All bats shall be inspected to ensure they bear the seal "USA Baseball". Further, bats will be inspected to ensure they have proper handle grips and that there are no visible breaks, chips or dents in the bats. Any bat that has visible damage shall be disposed of and reported to the Equipment Manager.



All baseballs and softballs shall be inspected to ensure they bear the seal "Approved for Little League Baseball." At no times shall any baseball or softball other than those approved for Little League Baseball be used. Balls should also be inspected for cuts, tears or scuffs that could affect the motion of the ball. Balls found to be in ill-repair shall be disposed of and replacements provided by the Equipment Manager.

Managers and coaches should also ensure that their players are appropriately dressed for play. Appropriate dress includes:

- Baseball Pants or Softball Shorts & Sliders
- Rubber Cleats (no metal cleats allowed except in Juniors and above)
- Athletic Knee-High Socks
- Jersey
- Belt (if pants do not include a draw string)
- Hat

Managers and coaches are reminded that pitchers may not wear white undershirts, sleeves or other material containing white colors on their upper torso.

### 5.2.3 How to Report Unsafe Equipment

If any equipment is deemed to be unsafe, it should be pulled from use immediately and reported to the GWMLL Equipment Manager. The Equipment Manager maintains a database of all

GWMLL equipment which has been labeled with the GWMLL seal. The Equipment Manager will issue new equipment to the Manager/Umpire that returns the unsafe equipment. The Equipment Manager will report on all unsafe equipment reported at the monthly GWMLL Board Meeting and request funding and direction on replacement or repair of the equipment to replenish the GWMLL equipment inventory.

If any equipment is found to be unsafe as a direct result of an accident or near miss, the Manager, coach or umpire involved in the incident shall fill out a GWMLL incident report form and submit the form to the GWMLL safety officer. The GWMLL Safety Officer will investigate the

incident and report on findings and suggested improvements to equipment at the monthly GWMLL Board Meetings.

### **5.3 Concession Stand Safety Equipment**

GWMLL is primarily responsible for the equipment and resources in the Concession Stand located within the Baseball and Softball complexes at Max K. Rodes Park. GWMLL is responsible for the operations of the Concession Stand during Spring and Fall Baseball and Summer Little League Tournaments sanctioned by District 2 – Little League Baseball.

#### **5.3.1 Max K. Rodes Park**

GWMLL has access to modern facilities at the Baseball and Softball complexes located at Max K. Rodes Park. Each Concession stand includes two refrigerators, a freezer, icemaker, soda fountains, popcorn machine, food warmer, crockpots, and various food preparation stations. GWMLL is responsible for ensuring that all conditions in the concession stand are safe and comply with all Brevard County health codes.

Outside each Concession Stand is a common use picnic gazebo and barbeque grill. While the general public has access to these facilities, no one other than GWMLL approved volunteers are permitted to use the facilities or equipment.

After every GWMLL event, the barbeque grill shall be cleaned and secured in the concession stand(s). All extra propane tanks that are not in use shall be stored in the locked fenced area at the South side of Baseball field No. 1.

#### **5.3.2 Keep It Clean**

The most important safety element of concession stand safety is to adhere to Brevard County health code regulations. All food service areas shall be cleaned after and prior to use. Cleaning supplies are maintained in a restricted access closet inside the concession stand.

The Concession Stand Manager is responsible for ensuring that all codes and regulations are enforced in the Concession Stand.

### **5.4 Fire Extinguishers**

Each Concession Stand includes two (2) Fire Extinguishers, one at either end of the Concession Stand. Both fire extinguishers are rated for A, B and C level fires. The fire extinguisher at the north end of the concession stand must always remain visible from the barbeque grill area when in use.

The fire extinguishers have fill indicators which indicate if they are in proper working order. The fill indicators have a “green zone” with a needle indicator which indicates the fill level of the fire extinguisher. If the indicators are in the “red zone” they must be refilled or replaced. The Concession Stand Manager is responsible for ensuring the fire extinguishers are in the “green zone” prior to use of the Concession Stand for all GWMLL sponsored events. A spare fire extinguisher is in the Concession Stand closet. If a fire extinguisher needs refilling or replacement, the spare fire extinguisher shall be placed in the holder while the other extinguisher is being refilled/replaced.



### **5.5 Facility Survey**

As required by Little League Baseball regulations, GWMLL has completed the 2024 Facility Survey; all information in the Little League Data Center has been updated.

### **5.6 Lighting Safety Audit**

As Max K. Rodes Park is a new facility that was opened by Brevard County Parks and Recreation in 2011, a detailed Lighting Safety Audit was completed by BCPR as part of the completion of the facility. BCPR and GWMLL Staff continually check lighting systems for proper operation. All lights are in safe and operational condition.

### **5.7 Long-Range Facility Plan**

The Board of County Commissioners for Brevard County has completed construction of the new Max K. Rodes Park facility. The park currently has:

- A new activities center (gymnasium and meeting rooms)
- New baseball fields, stands, press boxes
- New football field, stands, press box
- New basketball courts
- New softball fields, stands, press boxes
- Common use facilities
- Concession Stands at each complex

As a result of this long-range plan, the GWMLL Facility Survey includes:

- ▶ Installation of Pitcher Warm-Up areas (bull pens) at each field
- ▶ Installation of PA (sound systems) at each field
- ▶ Installation of Warning Tracks in outfields

### **5.8 Use of Special Equipment**

Even with the new park, GWMLL has added several special safety related equipment to our facilities and operations. This safety equipment includes:

- Reduced Impact Balls for use by T-Ball
- Additional Emergency Equipment (First Aid Kits, Telephone, Lightning Detector.
- Outfitting of Baseball Batting Cage facility.

All Board Members maintain a cellular telephone for emergency use. The football equipment building maintains a Lightning Detection System and alarm. The alarm is a loud horn that is activated if the lightning detector or other evacuation situations arise. The alarm is announced and each press box will initiate field clearing notices.

Each concession stand also maintains an industrial size First-Aid Kit that can be used by all GWMAA/GWMLL patrons. The kit includes all Little League recommended components and is replenished after every use.

### 5.9 Guidelines for Safe Equipment Use

The training section (paragraph 4.0) of the GWMLL Safety Manual includes guidelines for the proper use of all baseball equipment. As the Brevard County Parks and Recreation maintains the fields and facilities, GWMAA and GWMLL volunteers permit no other equipment for use. This includes mowers, tractors, machinery or other equipment. If GWMAA/GWMLL requests volunteers to support any activities with heavy equipment, the volunteers must be trained/certified contractors registered with the appropriate government agencies.

GWMLL maintains several pitching machines for use by our Little League teams. The following guidelines are in place for safe use of these machines:

### Pitching Machine Safety

- **Only GWMLL approved volunteers are allowed to use equipment**
- **No children are allowed to use equipment**
- **All batters must wear a NOCSAE certified helmet**
- **Only one batter may be in the batting cage at any time**
- **Only UL listed, outdoor extension cords may be used**
- **Machines may not be used in damp or wet conditions**
- **Machine must be tested prior to use for proper function**
- **Machine must be adjusted prior to each batter to ensure proper alignment**
- **Only yellow pitching machine balls may be used**
- **Pitcher's mound protective net must be in place**

### 5.10 Traffic Safety

The loop roadway throughout Max K. Rodes Park (Champions' Way) maintains a maximum speed of 15 m.p.h. All parking lots at Max K. Rodes park have a posted speed limit of 5 m.p.h. All Managers and coaches are encouraged to remind parents that there are small children at play in the park and they should observe the posted speed limits.







There are numerous “No Parking” zones at the park that are well marked. No vehicles are permitted to park or stand in these locations. Any vehicle found in these locations is subject to towing.

There is handicap parking strategically placed throughout Max K. Rodes Park. It is Florida State Law that only state-permitted vehicles are allowed to park in handicap parking spaces. All other vehicles are subject to towing and a fine. All GWMLL members are encouraged to observe these handicap parking regulations.

It is Florida State Law that all persons in a moving vehicle must wear safety belts. As a result, parents, managers and coaches should be advised that passengers in the back of pick-up trucks or SUV’s that do not have appropriate restraints are in violation of the law. Buckle-up, it’s the law.



## Traffic Safety

- **Speed Limit at the park is 15 M.P.H. (5 M.P.H. in Parking Areas)**
- **NO PARKING in fire lanes as marked throughout Max K. Rodes Park**
- **Only state-permitted handicap vehicles may park at Handicapped Spaces**
- **All passengers in a vehicle must wear seat belts**
- **No riding in back of pick-up truck or SUVs**
- **WATCH FOR PEDESTRIANS AT ALL TIMES!**

## 6.0 ACTIVITIES

In order to have an effective safety program, people must do things. Safety doesn't just happen, it takes an effort from all GWMLL members. The primary element of our safety program is training and education (paragraph 4.0). This Safety Manual represents only the basic information that is provided as the core element of that training and education. Our safety program also includes active review of our processes, procedures, facilities, equipment and a constant awareness of our situation.

This section highlights some of the key activities outside of our training and education program that are undertaken by GWMLL to ensure a safe and fun environment for playing baseball.

### 6.1 2024 GWMLL Safety Audit

Prior to the spring baseball season, there are two key events that occur with GWMLL. The first event occurs in late fall, typically November, where the Equipment Manager schedules an inventory and safety review of all of the equipment stored in the club house. The Equipment Manager and volunteers inventory all of the equipment, discard unsafe or damaged equipment and establishes a needs list. The GWMLL Board of Directors then issues an order for purchase of all new equipment (see paragraph 5.2).



The second key event related to our safety program occurs in February, prior to the spring season beginning. The Safety Officer schedules a comprehensive Safety Audit of all fields, facilities and special safety equipment. The safety audit consists of a Field Survey (see paragraph 5.4), Lighting Safety Audit (see paragraph 5.5) and a field/facility audit. The Safety Officer and the Player Agents conduct the field/facility audit.

The field/facility audit consists of a visual inspection of the fields, buildings, fields, stands and building equipment. The results of the field/facility audit are documented in the form of a discrepancy list. The list, along with a summary letter, is submitted to the GWMLL Board of Directors for disposition. The president of GWMLL then directs funds and authorizes the Safety Officer on what items GWMLL will be responsible for addressing and which items GWMLL and the Brevard County Parks and Recreation is responsible for addressing. The GWMLL and Brevard County Parks and Recreation items are then forwarded to the president of GWMLL to address.

The following letter and discrepancy list documents the 2024 GWMLL Safety Audit, field/facility audit:

# *Greater West Melbourne Little League*

Date: January 2024

To: Chris Benavidez  
GWMLL President

From: Jeff Gates  
GWMLL Safety Officer

Subject: 2024 Field/Facility Safety Audit

Dear Chris

On Saturday, January 6, 2024, I completed our safety audit as prescribed in the Greater West Melbourne Little League Safety Manual. I conducted this audit with the help of representatives from our board of directors. We performed a complete field/facility audit of all fields, buildings, and concession stand. Since the 2024 season will not start for a few weeks I will conduct another audit a few days prior to the start of the season. Our coach's safety meeting will be held, February 10, 2024.

Our fields are all in good condition and ready for the 2024 Little League season. The County was able to oversee the fields during our off season, resulting in fantastic field conditions this year.

During the scheduled March Board of Directors meeting, the codes to the key boxes for the press boxes, first aid kits and a copy of this season's safety manual will be distributed to all of the 2024 Greater West Melbourne Little League Managers. If additional concerns are presented to the Greater West Melbourne Little League Board of Directors, then they will be addressed in a timely fashion, followed by appropriate documentation.

Sincerely

---

Jeff Gates  
2024 GWMLL Safety Officer


## 6.2 Emergency Contact Information

All managers, coaches and umpires will receive an emergency contact list for the 2024 season as part of the mandatory training sessions held during pre-season. Additionally, this list will be maintained in the concession stand posted next to the telephone. Managers shall ensure that his list is with the team at all practices and games.

### 6.2.1 Medical Release Forms


As required by Little League Baseball regulations, all GWMLL players must have a medical release form on record with GWMLL and Little League Baseball. A copy of these forms for each player is provided to the manager of the team. The manager will maintain a copy of these records and have them available at all practices and games. These forms provide information regarding their player’s medical records and emergency contact information. Should emergency care be needed for any player during a GWMLL event, these forms should be provided to emergency care technicians to help them in emergency treatment.

It is further recommended that each team manager build a quick reference call sheet of all primary and emergency phone number for each player. These call sheets will help in communications during the season and can aid in the event an emergency arises.



**Little League Baseball and Softball**  
**MEDICAL RELEASE**

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



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If parent(s)/legal guardian cannot be reached in case of emergency, contact:**

Name _____	Phone _____	Relationship to Player _____
Name _____	Phone _____	Relationship to Player _____

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

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

Mr./Mrs./Ms. \_\_\_\_\_ Authorized Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

**6.2.2 Contact List**

The GWMLL Emergency Contact List is found in the following table:

### 2024 GWMLL Emergency Contact List

GWMLL CONCESSION STAND..... Daniella Henke 321-474-1954

**BREVARD COUNTY EMERGENCIES DIAL: 911**

#### Local Non-Emergency Numbers

West Melbourne Police Department Non-Emergency: .....	321-264-5201
Brevard County Sheriff's Office Non-Emergency: .....	321-633-2123
Brevard County Animal Services Assistance .....	321-633-2024
Brevard County Emergency Management Office.....	321-637-6670
Brevard County Family and Children Services .....	321-633-1951
Brevard County Fire Prevention and Education .....	321-633-2056
Brevard County Risk Management/Safety/Wellness.....	321-633-2037

**6.3 Report and Tracking Injuries**

The processes for reporting and tracking injuries are presented in paragraph 4.2.8. This paragraph outlines the initial steps that are taken when anyone associated with GWMLL activities is injured while participating in GWMLL sponsored events. Further explained are the procedures for making an insurance claim to AIG.

In addition to the training provided in the GWMLL Safety Manual, GWMLL provides the following explanation to all parents on the processes for making a AIG insurance claim.

# *Greater West Melbourne Little League*



## **WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE**

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 the parent's 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, after a \$50.00 deductible per claim, 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 an 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.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplier 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 of claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment 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 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 23<sup>rd</sup> 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, and the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusion provisions of the Policy.

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

Jeff Gates – 2024 GWMLL Safety Officer

## 6.4 First Aid Kits



All managers/teams have been provided a First Aid Kit to support Little League Baseball mandatory requirements. These kits have been provided at the beginning of the Spring 2024 season. Additionally, a large, industrial size kit is located in the concession stands located at the Baseball and Softball Complexes.

As items are used in these kits, they must be replenished immediately. The GWMLL Safety Officer maintains a supplement of refills. If items are used, a GWMLL Incident Report Form must be filled out explaining why the items were used. A note on the bottom of the form should include the quantity and identification of First Aid Kit items used. Once the form is turned in to the Safety Officer, refills will be provided to the Manager/Coach to replenish the kits.

## 6.5 Safety Equipment for Players

GWMLL mandates the use of appropriate safety equipment at all levels of play. This safety equipment includes:

- Catchers Gear
- Helmets
- Cups



In addition to mandatory safety equipment, GWMLL promotes the use of batting helmet facemasks and teeth guards to all players. Use of this equipment is voluntary at all levels of play. The GWMLL Equipment Manager maintains several sizes of batting helmets with facemasks. A Manager may check out these helmets at any time for use by the team for the season. GWMLL recommends that all batters in the Minor League wear helmets with facemasks.

## 6.6 Education & Promotion of Safety

GWMLL has an active safety program that includes education and promotion of safety in all elements of our baseball program. In addition to our mandatory training for managers, coaches and umpires, GWMLL promotes safety in our education of players and parents. This promotion includes training and instruction at pre-season and in-season player/parent clinics, pre-season parent information meetings and through a variety of promotional aids including:

- Little League Publications and E-News
- Safety Signs and Posters
- Safety Bulletin Board
- GWMLL Newsletters
- Safety Awards and Recognition

Safety education and awareness is a full-time effort for all who participate in the GWMLL program.

### **6.6.1 Little League Publications**

Little League Baseball offers a wealth of information and support to the GWMLL program. All managers, coaches, umpires, league officials, parents and players are encouraged to use Little League Baseball's website.

Volunteers are provided with up-to-date information on training clinics and classes provided by the Southern Region Headquarters in Warner Robins, GA. In the spring, all managers are asked to provide Little League Summer Camp information to all players to encourage them to take advantage of this excellent program.

### **6.6.2 Safety Posters/Signs**

GWMLL in cooperation with the Brevard County Parks and Recreation Department have posted several safety signs throughout the park. These signs include No Smoking, Foul Ball Area, West Nile Virus and other safety related signs.

As a promotion and safety awareness aid, GWMLL's Board of Directors has produced and personally signed a commitment to safety poster that is on display at the Concession Stands in the Baseball and Softball Complexes. The purpose of this poster is to show our personal commitments to making GWMLL....

*A Safe Place To Play!*



## GWMLL IS COMMITTED TO SAFETY



*A Safe Place To Play!*  
*A Safe Place To Play!*

### 6.6.3 Safety Bulletin Board

GWMLL maintains a bulletin board at the front of the Concession Stand at the Baseball Complex. The GWMLL provides up-to-date safety information, copies of Little League Publications and other important data on the bulletin board.

Included on the bulletin board are instructions on how to report an incident, safety issue/concern and suggestions on improving the safety program at GWMLL.

### 6.6.4 GWMLL Newsletter

GWMLL publishes a monthly newsletter for all members of our league. This newsletter is mailed out at the first of each month and includes important information on dates, events and league standings. Included in the GWMLL newsletter is the Safety Officer's corner, which includes important safety information, education and statistics on the effectiveness of our safety program.

### 6.6.5 Safety Awards

GWMLL has several safety awards to help promote our safety program. These awards include:

- Most Injury Free Games Award
- Most Incident Forms Submitted Award
- Safety Suggestion Awards
- GWMLL Safety Officer Safety Award



### 6.7 Safety Improvement Team (SIT)

All plans must be updated to keep up with changing times. A key element of the GWMLL Safety Program is our Safety Improvement Team (SIT). The goal of the SIT is to continuously improve the overall safety program at GWMLL.

The SIT includes the Player Agents, select managers from each level of play and the Safety Officer. The SIT meets once per month, prior to the GWMLL Board Meeting and reviews our current safety program and manual, field conditions, facility conditions and concession stand. During these meetings we review all incident reports, insurance claims and suggestions that have occurred over the previous month. Recommendations on improving the overall safety program are made and an action plan is put into place.

The GWMLL Safety Officer provides all information generated during the monthly SIT meetings to the GWMLL Board of Directors. Recommendations are nominated and voted on in compliance with the GWMLL constitution and by-laws.

Questions or comments?

Please contact Jeff Gates at 321-794-7424 or via email at: [gwmllboard@gmail.com](mailto:gwmllboard@gmail.com)

