

# Cedarburg Little League

2025

Safety Manual

for

Managers and Coaches



League ID Number

252-11-08



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# Cedarburg Little League Mission Statement

Cedarburg Little League is a municipally operated program, led by dedicated Town staff and volunteers\*, whose mission is to teach the fundamentals of Little League safely to the children in our area.

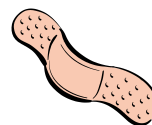
\*Cedarburg Little League performs background checks on all volunteers and staff that experience regular interaction with players per Little League International requirements. All volunteers will complete the volunteer information online on our sports connect website or by filling out the paper application (see page 59). Cedarburg Little League will use JDP to perform all background checks.

## **SAFESPORT**

All volunteer coaches must complete a free Safesport training prior to coaching. Coaches will turn in the completion certificate to the League President from either Safesport OR USA Baseball. USA Baseball offers free training found on the website below.

[USA Baseball's BASE Abuse Awareness Training](https://usabdevelops.com)  
<https://usabdevelops.com>

# Safety Manual & First Aid Kits



Each manager/coach/volunteer & participant will receive an electronic copy of the Safety Manual at the beginning of the season. The manager/coach/volunteer of the team will acknowledge the receipt of the manual by signing in the space provided below when taking possession of the manual.

Additional copies may be obtained at Town Hall and on the website.

First Aid kits and Chemical ice packs will be available at all times in the equipment boxes and equipment sheds.

The equipment boxes and sheds will also have a Safety Manual in plain sight at all times.

The Safety Manual will include maps to the nearest medical treatment facilities, important contact phone numbers, the CLL Code of Conduct, and DO's and Don't of treating injuries.

I have received my Safety Manual and will have it present at all practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

---

\_\_\_\_\_  
Print name of Coach

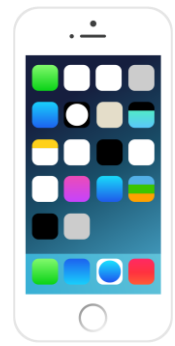
\_\_\_\_\_  
Team name/Division

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

Submit to Town Hall when completed.

# Phone List



Columbia St. Mary’s Ozaukee Hospital.....	(262) 243-7300
Grafton Aurora Hospital.....	(262) 329-1000
Aurora Health Center.....	(262) 375-3700
Cedar Mills Medical Clinic.....	(262) 377-6933
Mequon Clinic-Children’s Hospital of Wisconsin.....	(414) 607-5280
Cedarburg Police Department.....	(262) 375-7620
Cedarburg Fire Department.....	(262) 375-7630



President.....	Paul Jungbauer.....	(262)377-4509
Vice President.....	Eric Ryer.....	(262)377-4509
Treasurer.....	Katie LeBlanc.....	(262)377-4509
Umpire in Chief.....	Paul Jungbauer.....	(262)377-4509
Player Agent.....	Paul Jungbauer.....	(262)377-4509
Safety Officer.....	Paul Jungbauer.....	(262)377-4509
Information Officer.....	Paul Jungbauer.....	(262)377-4509
Field Maintenance.....	Adam Monticelli.....	(262)377-4509
Equipment Manager.....	Paul Jungbauer.....	(262)377-4509
Sponsorship.....	Paul Jungbauer.....	(262)377-4509

# Cedarburg Little League Codes of Conduct for Parents, Coaches/Volunteers, & Players

## Ensuring a Positive and Supportive Environment for All

At Cedarburg Little League (CLL), we believe in fostering a positive and supportive atmosphere for our youth players. Our codes of conduct outline the proper roles and responsibilities for parents, coaches/volunteers, and players within our league. By adhering to these guidelines, we can create an enjoyable and enriching experience for everyone involved.

## Section 1: Parent Code of Conduct

### Supporting Your Child and Promoting Good Sportsmanship

As a CLL Parent, you play a crucial role in nurturing our community's youth and promoting sportsmanship. We encourage you to follow these guidelines to ensure a positive experience for all:

- Demonstrate good sportsmanship by providing positive support at all times.
- Communicate with your coaches/volunteers prior to your scheduled practice/game ahead of time to allow the coaches/volunteers time to plan practices and lineups accordingly. The coaches/volunteers can determine their preferred method of communication.
- Remember that children play for fun, and the game is for youth, not adults.
- Refrain from unsportsmanlike conduct, such as booing, taunting, or using profane language.
- Teach your child(ren) that effort and personal growth matter more than winning.
- Respect the officials and their authority during games. Respect the coaches/volunteers who are giving of their time to provide the experience for your child(ren). Respect the players on both your team and opposing team by cheering in a positive manner. Respect the spectators from both teams.
- Avoid confronting coaches, volunteers or umpires during games or directly after the games. Please give 24 hours to address any issues with the coaches/volunteers/umpires.
- Appropriate items to address:
  - Treatment of your child
  - Ways to help your child improve
  - Concerns about your child's behavior
- Issues NOT appropriate to discuss with your coaches/volunteers:
  - Team strategy
  - Play calling
  - Other players

If you plan on helping coach or volunteer as an extra set of eyes in the dugout, even on a small part-time basis, you must fill out and complete the necessary paperwork prior to assuming any related activities with the team (and complete a background check by Town staff confirming you as an approved Cedarburg Little League Coach/Volunteer).

Failure to abide by these rules may result in disciplinary actions, including verbal or written warnings, suspensions, or removal from league activities. The Cedarburg Little League Board of Directors has the sole authority to determine appropriate disciplinary measures.

## Section 2: Coach/Volunteer Code of Conduct

### Setting a Positive Example and Fostering a Supportive Environment

As a Cedarburg Little League Coach/Volunteer, you serve as a role model for the players and the community. We ask you to adhere to the following Code of Conduct:

- Complete the required volunteer application and submit it with a copy of a photo ID. This needs to be completed on an annual basis. If you coached/volunteered the previous season, you are still required to complete the application

on an annual basis. You are not to assume the role of coaching/volunteering until you have received confirmation from the Director of Parks & Recreation confirming you as an approved Cedarburg Little League coach/volunteer.

- Complete all required trainings required by Little League International and Cedarburg Little League.
- Prioritize the emotional and physical well-being of players over winning.
- Treat each player as an individual, considering their unique developmental needs.
- Ensure a safe playing environment for all players.
- Organize engaging and challenging practices for all players.
- Exhibit fair play and sportsmanship and instill these values in players.
- Teach the rules of the game to players and parents.
- Remember that you are a youth sports coach, and the game is for children, not adults.
- Refrain from abusing coaches, umpires, parents, or players in any way. This includes but not limited to physical abuse, sexual abuse, verbal abuse, or any other intimidating action.
- Promote development, fun, fairness, and sportsmanship over winning.
- Avoid using profanity or offensive language.
- Encourage respect among players, teammates, coaches, officials, and parents.
- Foster a team atmosphere, emphasizing collaboration over individual achievements.
- Abide by league policies and rules.

Failure to adhere to these guidelines may result in disciplinary actions, including warnings, suspensions, or removal from league activities. The Cedarburg Little League Board of Directors has the sole authority to determine appropriate disciplinary measures.

### **Section 3: Player Code of Conduct**

#### **Embracing Respect, Responsibility, Fairness, and Sportsmanship**

As a Cedarburg Little League Player, your responsibilities are simple: be respectful, responsible, fair, and always do your best. To exhibit good sportsmanship, please follow these guidelines:

- Encourage good sportsmanship among fellow players, coaches, officials, and parents.
- Be a team player, supporting your teammates.
- Attend practices and games punctually, notifying coaches if you cannot.
- Strive to improve your skills through hard work.
- Listen and learn from your coaches.
- Encourage parental involvement with your team.
- Congratulate the opposing team after games to demonstrate sportsmanship.
- Refrain from using violence, unfriendly language, or insults towards others.
- Be gracious in both victory and defeat.
- Follow the rules of the game and work for the good of the team.
- Accept officials' decisions with grace, refraining from challenging or questioning calls.
- Conduct yourself with honor and dignity at all times.
- Applaud the efforts of both your teammates and opponents.

Failure to abide by these guidelines may result in disciplinary actions, including warnings, suspensions, or expulsion from the league. The Cedarburg Little League Board of Directors has the sole authority to determine appropriate disciplinary measures.

### **Conclusion**

At Cedarburg Little League, our goal is to create a supportive and positive environment that encourages the growth and development of all participants. By adhering to our Codes of Conduct for parents, coaches/volunteers, and players, we work to provide a fun, fair, and enriching experience for everyone involved. Thank you for your commitment to maintaining the highest standards of sportsmanship and integrity within our league.



# Safety Top Ten

1. BE ALERT;
2. CHECK PLAYING FIELD FOR SAFETY HAZARDS;
3. WEAR PROPER EQUIPMENT;
4. ENSURE EQUIPMENT IS IN GOOD SHAPE;
5. ENSURE FIRST AID KIT IS AVAILABLE;
6. MAINTAIN CONTROL OF THE SITUATION;
7. MAINTAIN DISCIPLINE;
8. SAFETY IS A TEAM SPORT;
9. BE ORGANIZED;
10. HAVE FUN!!!!

**MAKE SURE THAT SOMEONE AT  
YOUR GAME/PRACTICE HAS A  
CELLULAR PHONE TO USE!!!**

## **IN CASE OF A MEDICAL EMERGENCY:**

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, not breathing – error on the side of caution);
2. Notify the parents immediately if they are not on the scene;
3. Notify league safety officer (Paul Jungbauer, cell [262-429-1500](tel:262-429-1500));
4. Complete a CLL injury report form;
5. Talk to your team about the situation if it involves them. Often players are upset and worried about the injured player. They need to understand why the injury occurred and how to avoid a future reoccurrence.

# CLL SAFETY CODE

1. Responsibility for safety procedures belong to every adult member of CLL.
2. Managers and coaches will have mandatory training in first-aid. First-aid kits are available in the equipment boxes and sheds.
3. No games or practices will be held when weather or field conditions are not good, particularly when lightning is visible.
4. Play area will be inspected frequently for holes, damage, glass and other foreign objects.
5. Dugouts and bat racks will be positioned behind screens.
6. Only players, managers, coaches, volunteers and umpires are permitted on the playing field during play and practice sessions.
7. Responsibility for keeping bats and loose equipment off the field of play will be that of a regular player assigned for this purpose.
8. Procedure will be established for retrieving foul balls batted out of the playing area.
9. During practice and games, all players should be alert and watching the batter on each pitch.
10. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
11. Equipment should be inspected regularly. Make sure it fits properly.
12. Batters must wear approved protective helmets during practice, as well as during games.
13. Shoes with metal spikes or cleats are NOT permitted. Shoes with molded cleats are permissible.
14. No smoking on Cedarburg Little League grounds at any time!



15. Players must not wear watches, rings, pins, jewelry or other metallic items.
16. Parents of players who wear glasses should be encouraged to provide “Safety Glasses”.
17. At no time should “horseplay” be permitted on the playing field.
18. During sliding, practice bases should not be strapped down and should be located away from the base anchoring system.
19. Except when the runner is returning to a base, head first slides are not permitted.
20. Catchers must wear catcher’s helmets, mask, throat protector, long model chest protector, shin-guards and male catchers should wear a protective supporter at all times.



# CLL Board Responsibilities

## The President:

**The President** of CLL is responsible for ensuring that the policies and regulations of the CLL Safety Officer are carried out by the entire membership to the best of his abilities.

## Field Maintenance Manager:

**The CLL Facilities manager** is responsible to ensure the fields and structures used by CLL meet the safety requirements as set forth in this manual.

## Equipment Manager:

**The CLL Equipment Manager** is responsible to get damaged equipment repaired or replaced as reported (badly damaged equipment will be destroyed). This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly. Coaches should notify the equipment manager of defective equipment.

## CLL Safety Officer:

The main responsibility of the CLL Safety Officer is to develop and implement the League's safety program.

The CLL Safety Officer is the link between Town staff, league managers, coaches, volunteers, umpires, players, spectators, and any other third parties on the CLL grounds in regards to safety matters, rules and regulations.

## **The CLL Safety Officer's\* responsibilities Include:**

1. Coordinating with the team managers/coaches/volunteers in order to provide the safest environment possible for all.
2. Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
3. Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
4. Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, under what supervision.
5. Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
6. Insuring that each team receives its Safety Manual at the beginning of the season.
7. Installing First Aid Kits in the equipment boxes and sheds and restocking the kits as needed.
8. Inspecting applicable concessions operation and checking any fire extinguishers.
9. Instructing any concession stand workers on the use of fire extinguishers.
10. Checking fields with the Field Managers and listing areas needing attention.
11. Scheduling a First-Aid Clinic for all managers, designated coaches, umpires, and player agents during the pre-season.
12. Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
13. Making spot checks at practices and games to make sure all managers/coaches/volunteers have their Safety Manuals.
14. Tracking all injuries and near misses in order to identify injury trends.
15. Making sure that safety is a topic at the season-end meeting, allowing experienced people to share ideas on improving safety.

⇒ \*In cooperation with the League President and Maintenance Manager.

# Coaches

**The Coach** is a person appointed by the president of CLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team. Coaches assume the role of coaching/managing/volunteering after they have received confirmation from the Director of Parks & Recreation confirming them as an approved Cedarburg Little League coach/volunteer/manager.

- (a) **The Coach** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- (b) **The Coach** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches/volunteers/managers.
- (c) If a **Coach** leaves the field, that coach shall designate a substitute **coach (volunteer/manager)**, and such **substitute** shall have the duties, rights and responsibilities of the **coach**.

## **Pre-Season:**

Coaches will:

- ⇒ **Take possession of this Safety Manual** supplied by CLL.
- ⇒ Attend a **mandatory training session on First Aid** given by CLL with his/her designated coaches.
- ⇒ Meet with all parents on the first practice of the season to discuss Little League philosophy and safety issues.
- ⇒ Cover the basics of safe play with his/her team before starting the first practice.
- ⇒ Return the signed Safety Manual and CLL Code of Conduct sheets before the first game.
- ⇒ **Teach players the fundamentals** of the game while advocating safety.
- ⇒ Teach players how to *slide* before the season starts. A board representative will be available to teach these fundamentals if the coach or designated coaches do not know them.

## Pre-Season continued...

- ⇒ Notify parents that if a child is injured or ill, he or she can not return to practice unless they have a note from their doctor. This **medical release (see appendix)** protects you if that child should become further injured or ill. **There are no exceptions to this rule.**
- ⇒ Encourage players to bring water bottles to practices and games.
- ⇒ Tell parents to bring **sunscreen** for themselves and their child.
- ⇒ Encourage your players to wear **mouth protection**.
- \*\* **First-time Coaches** are requested to read materials or view videos on Little League Baseball mechanics available online (CLL staff can help locate materials).

## Season Play:

Coaches will:

- ⇒ Work closely with Team Safety Officer to make sure equipment is in first rate working order.
- ⇒ Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- ⇒ Not expect more from their players than what the players are capable of.
- ⇒ Teach the **fundamentals** of the game to players.
  - Catching fly balls
  - Sliding correctly
  - Proper fielding of ground balls
  - Simple pitching motion for balance
- ⇒ Be open to ideas, suggestions or help.
- ⇒ Enforce that **prevention** is the key to reducing accidents to a minimum.
- ⇒ Have players wear sliding pads if they have cuts or scrapes on their legs.
- ⇒ Always have First-Aid Kit and Safety Manual available.
- ⇒ Use common sense.

## **Pre-Game and Practice:**

Coaches will:

- ⇒ Make sure that players are healthy, rested and alert.
- ⇒ Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- ⇒ Make sure players are wearing the proper uniform.
- ⇒ Make sure that the equipment is in good working order and is safe.
- ⇒ Agree with the opposing coach on the fitness of the playing field. In the event that the two coaches cannot agree, the President or a duly delegated representative (i.e. umpire) shall make the determination.
- ⇒ Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.
  - 1) Calf muscles
  - 2) Hamstrings
  - 3) Quadriceps
  - 4) Groin
  - 5) Back
  - 6) Shoulders
  - 7) Elbow/forearm
  - 8) Arm shake out
  - 9) Neck
- ⇒ Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.
  - Light tosses short distance.
  - Light tosses medium distance.
  - Light tosses large distance.
  - Medium tosses medium distance.
  - Regular tosses medium distance.
  - Field ground balls.
  - Field pop flies

### **\*\*\* Player Pitch, Intermediate & Juniors Baseball Divisions Pitch Count**

During pregame with the umpire and coaches, the coaches will present their scorebook from the previous game and determine which players are ineligible to pitch base on League Pitch Count Rules.





## **HAVE YOU:**

---

- ✓ Walked field for debris/foreign objects**
- ✓ Inspected helmets, bats, catchers' gear**
- ✓ Made sure a First Aid kit is available**
- ✓ Checked conditions of fences, backstops, bases and warning track**
- ✓ Made sure a working telephone is available**
- ✓ Held a warm-up drill**

## During the Game:

Coaches will:

- ⇒ Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- ⇒ Keep players **alert**.
- ⇒ Maintain **discipline** at all times.
- ⇒ Be **organized**.
- ⇒ Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- ⇒ Make sure catchers are wearing the **proper equipment**.
- ⇒ Encourage everyone to think **Safety First**.
- ⇒ Observe the **"no on-deck"** rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- ⇒ Keep player's off fences.
- ⇒ Get players to **drink** often so they do not dehydrate.
- ⇒ Not play children that are ill or injured.
- ⇒ Attend to children that become injured in a game.
- ⇒ Not lose focus by engaging in conversation with parents and passerby's.

### \*\*\* Player Pitch, Intermediate, & Junior Baseball Divisions Pitch Count

During the game, a coach from each team will be responsible for keeping a pitch count for their pitchers and the opposing teams pitchers. At the end of each half inning and/or after a pitcher is removed from pitching, they will report to the umpire the total pitch count they had for that pitcher. The umpire will then announce the official total pitch and the coach will record the official total pitch count in their scorebook.

## Post Game

Coaches will:

- ⇒ Do cool down exercises with the players.
  1. Light jog.
  2. Stretching as noted above.
  3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  4. Encourage catchers to ice their knees.

### \*\*\* Player Pitch, Intermediate, & Junior Baseball Divisions Pitch Count

After the game, coaches will present their scorebook to the umpire and the umpire will sign off on the official pitch counts.

## **Post Game continued...**

Coaches will:

- ⇒ Not leave the field until every team member has been picked up by a known family member or designated driver.
- ⇒ **Notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball, Incorporated and CLL.
- ⇒ Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- ⇒ If there was an injury, make sure an accident report was filled out and given to the CLL Safety Officer.
- ⇒ Return the field to its pre-game condition, per CLL policy.

## **Umpires Responsibilities**

### **Pre-Game Umpires will:**

- ⇒ Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- ⇒ Make sure catchers are wearing helmets when warming up pitchers.
- ⇒ Run hands along bats to make sure there are no splinters.
- ⇒ Make sure that bats have grips.
- ⇒ Make sure there are foam inserts in helmets and that helmets meet Little League specifications and Cedarburg Little League's seal of approval.
- ⇒ Inspect helmets for cracks.
- ⇒ Walk the field for hazards and obstructions (e.g. rocks and glass).
- ⇒ Check players to see if they are wearing jewelry.
- ⇒ Check players to see if they are wearing metal cleats.
- ⇒ Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.

### **\*\*\* Player Pitch, Intermediate, & Junior Baseball Divisions Pitch Count**

Umpires will verify which pitchers are ineligible to pitch based on league pitch count rules during the pre-game meeting by verifying the team's scorebooks.

Card for umpires to make sure field is checked  
before playing begins

### Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

### During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

Copy and provide to umpires for reference.

## **Umpires responsibilities continued...**

### **Pre-Game the umpire shall:**

- ⇒ Secure official Little League balls for play from both teams.

### **During the Game:**

During the game the umpire shall:

- ⇒ Govern the game as mandated by Little League rules and regulations.
- ⇒ Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- ⇒ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- ⇒ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- ⇒ Enforce the rule that no spectators shall be allowed on the field during the game.
- ⇒ Make sure catchers are wearing the proper equipment.
- ⇒ Continue to monitor the field for safety and playability.
- ⇒ Make the calls loud and clear, signaling each call properly.
- ⇒ Make sure players and spectators keep their fingers out of the fencing.

### **Post-Game**

After a game, the umpire shall:

- ⇒ Check with the managers of both teams regarding safety violations.
- ⇒ Report any unsafe situations to the CLL Safety Officer by telephone and in writing.
- ⇒ Report the final score to the President.

### **\*\*\* Player Pitch, Intermediate, & Junior Baseball Divisions Pitch Count**

Confirm and initial the final pitch counts in both team's scorebooks.

# EQUIPMENT

## EQUIPMENT

The Equipment Manager is an appointed CLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Coaches should inspect equipment before each game and each practice.

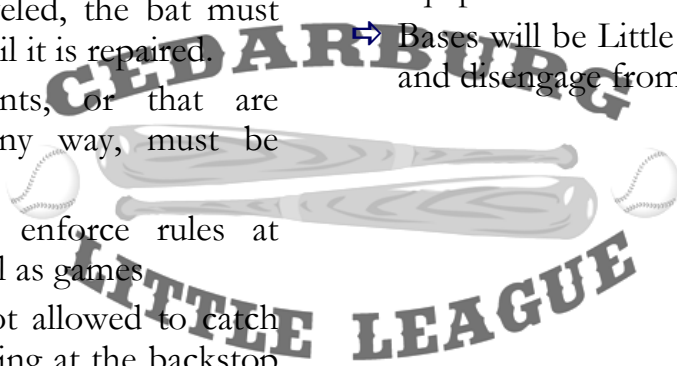
The CLL Equipment Manager will promptly replace damaged and ill fitting equipment when notified. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the CLL Equipment Manager. Safety Manuals must be turned in with the equipment.



- ⇒ Each team, at all times in the dugout, shall have four (4) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by CLL and will be located in the equipment boxes. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- ⇒ Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- ⇒ Use of a helmet by the batter and all base runners is mandatory.
- ⇒ Use of a helmet by a player/base coach is mandatory.
- ⇒ Use of a helmet by an adult base coach is optional.
- ⇒ All male players should wear athletic supporters.
- ⇒ Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- ⇒ Female catchers must wear long or short model chest protectors.
- ⇒ Multi-colored gloves can no longer be worn by pitchers.
- ⇒ Make sure helmets fit.

- ⇒ All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- ⇒ All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- ⇒ If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- ⇒ Bats with dents, or that are fractured in any way, must be discarded.
- ⇒ Coaches must enforce rules at practices as well as games.
- ⇒ Coaches are not allowed to catch pitchers, including at the backstop during practice.
- ⇒ Only Official Little League balls will be used during practices and games.
- ⇒ **No wood bats at any time.**
- ⇒ Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- ⇒ Replace questionable equipment immediately by notifying the CLL Equipment Manager.
- ⇒ Make sure that players respect the equipment that is issued.
- ⇒ Bases will be Little League approved and disengage from base



# WEATHER

Most of our summer days in Southeastern Wisconsin are sunny but there are those days when the weather turns bad and creates **unsafe weather conditions**.

## **Rain:**

If it begins to rain:

1. Evaluate the strength of the rain (is it a drizzle or is it pouring?)
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes increasingly saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

## **Lightning:**

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. 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 to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

## **If you can HEAR, SEE OR FEEL a THUNDERSTORM:**

1. **Suspend all games and practices immediately.**
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.



## Hot Weather:

If, and when we get HOT weather, precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

## Ultra-Violet Ray Exposure:

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as **melanoma**. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, CLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

## TORNADOES

What is a tornado? According to the Glossary of Meteorology (AMS, 2000), a tornado is "a violently rotating column of air, pendant from a cumuliform cloud or underneath a cumuliform cloud, and often (but not always) visible as a funnel cloud."



How do tornados form? The most destructive and deadly tornados occur from supercells, which are rotating thunderstorms with a well-defined radar circulation called a *mesocyclone*. [Supercells can also produce damaging hail, severe non-tornadic winds, unusually frequent lightning and flash floods.] Tornado formation is believed to be dictated mainly by things which happen on the storm scale, in and around the mesocyclone.

What do we do if there is a tornado? Take cover in the nearest building.

# ACCIDENT REPORTING

## **What to report -**

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

## **When to report -**

All such incidents described above must be reported to the CLL Safety Officer within 24 hours of the incident. The CLL Safety Officer, Paul Jungbauer, can be reached at the following:

**Day Phone:** (262)377-4509 x2

**Cell:** (414)429-1500

**Fax:** (262)377-0308

**Email:** [pjungbauer@townofcedarburgwi.gov](mailto:pjungbauer@townofcedarburgwi.gov)

**Address:** 1293 Washington Avenue

Cedarburg, WI 53012

The CLL Safety Officer's contact information will be posted at all times in the equipment boxes.

## **How to make a report -**

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- ⇒ The name and phone number of the individual involved.
- ⇒ The date, time, and location of the incident.
- ⇒ As detailed a description of the incident as possible.
- ⇒ The preliminary estimation of the extent of any injuries.
- ⇒ The name and phone number of the person reporting the incident.

## **CLL Safety Officer's Responsibilities**

- ⇒ Within 24 hours of receiving the CLL Accident Investigation Form, the CLL Safety Officer will contact the injured party or the party's parents and;
- ⇒ Verify the information received;
- ⇒ Obtain any other information deemed necessary;
- ⇒ Check on the status of the injured party; and
- ⇒ In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Cedarburg Little League's insurance coverage and the provision for submitting any claims.
- ⇒ If the extent of the injuries are more than minor in nature, the CLL Safety Officer shall periodically call the injured party to: check on the status of any injuries, and 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" (i.e., no further claims are expected and/or the individual is participating in the League again).

## **INSURANCE POLICIES**

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Cedarburg Little League participants shall not participate as a Little League in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Cedarburg Little League participants may participate in other programs during the Little League season and tournament provided such participation does not disrupt the Little League season or tournament team. Unless expressly authorized by the Board of Directors of CLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.

Cedarburg Little League Insurance Policy is designed to supplement a parent's existing family policy.

## **Explanation of Coverage:**

Little League's insurance policy is designed to afford protection to all participants at the most economical cost to CLL. 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, Little League insurance - which is purchased by the CLL, not the parent - takes over and provides benefits, 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 in force at all times during the season.

## **Filing a Claim:**

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On 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, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills.

Claims must be filed with the CLL Safety Officer. Include the claimant's name, League ID, and year of the injury on the form. The CLL Safety Officer forwards claims to Little League International. Questions and correspondence should be directed to Little League International at (570) 327-1674. Contact the CLL Safety Officer for more information. Little League International/their insurance company may ask the claimant to send certain information directly to Little League Headquarters.

## **CONCESSION STAND SAFETY**

- ⇒ The Town may offer concessions directly or through voluntary groups or individuals. The following will apply:
- ⇒ People working in the concession stands will be trained in safe food preparation.
- ⇒ Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager and given to Team Liaison in the beginning of the season.
- ⇒ Cooking equipment will be inspected periodically and repaired or replaced if need be, discontinue use.
- ⇒ Cleaning chemicals must be stored in a locked container.
- ⇒ A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times if such food is cooked/served out of the concessions stand.
- ⇒ All concession stand workers are to be instructed on the use of fire extinguishers.
- ⇒ All concession stand workers will attend a training session in first aid.
- ⇒ A fully stocked First Aid Kit will be placed in the stand along with a copy of this safety plan.

# FIRST AID

## **HEALTH AND MEDICAL - Giving First-Aid**

### **What is First-Aid?**

**First-Aid** means exactly what the term implies, it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives,

(9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. **Know your limits!** The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

### **First Aid-Kits**

First Aid Kits will be located in all equipment boxes and the sheds.

A First Aid Kit should be taken with each team that plays an away activity (whether season or post-season) and any other CLL Little League event where children's safety is at risk. To replenish materials in a First Aid Kit, the manager, designated coaches or the umpire must contact the CLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit).

## Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The “*Good Samaritan Laws*” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- ⇒ Move a victim only if the victim’s life was endangered.
- ⇒ Ask a conscious victim for permission before giving care.
- ⇒ Check the victim for life-threatening emergencies before providing further care.
- ⇒ Summon professional help to the scene by calling 9-1-1.
- ⇒ Continue to provide care until more highly trained personnel arrive.

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

# GIVING FIRST AID

## SOME IMPORTANT DO'S AND DON'TS

### Do . . .

- ⇒ **Assess** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ⇒ **Know** your limitations.
- ⇒ **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- ⇒ **Look** for signs of *injury* (*blood, black-and-blue, deformity of joint etc.*)
- ⇒ **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- ⇒ **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- ⇒ **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

### Don't . . .

- ⇒ **Administer** any medications.
- ⇒ **Provide** any food or beverages (other than water).
- ⇒ **Hesitate** in giving aid when needed.
- ⇒ **Be afraid** to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- ⇒ **Transport** injured individual except in extreme emergencies.



# 9-1-1

## 9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- ⇒ First Dial 9-1-1.
- ⇒ Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
- ⇒ The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. Our field locations are found later in this safety plan.
- ⇒ The telephone number from which the call is being made.
- ⇒ The caller's name.
- ⇒ What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- ⇒ How many people are involved.
- ⇒ The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- ⇒ What help (first aid) is being given.
- ⇒ DO NOT hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- ⇒ Continue to care for the victim till professional help arrives.
- ⇒ Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary.
- ⇒ This saves valuable time.
- ⇒ Remember... every minute counts.

## **WHEN TO CALL 9-1-1**

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim:

- ⇒ Is or becomes unconscious.
- ⇒ Has trouble breathing or is breathing in a strange way.
- ⇒ Has chest pain or pressure.
- ⇒ Is bleeding severely.
- ⇒ Has pressure or pain in the abdomen that does not go away.
- ⇒ Is vomiting or passing blood.
- ⇒ Has seizures, a severe headache, or slurred speech.
- ⇒ Appears to have been poisoned.
- ⇒ Has injuries to the head, neck or back.
- ⇒ Has possible broken bones.

**If you have any doubt at all,  
call 9-1-1- and requests paramedics.**

Also Call 9-1-1 for any of these situations:

- ⇒ Fire or explosion
- ⇒ Downed electrical wires
- ⇒ Swiftly moving or rapidly rising water
- ⇒ Presence of poisonous gas
- ⇒ Vehicle Collisions
- ⇒ Vehicle/Bicycle Collisions
- ⇒ Victims who cannot be moved easily

## Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin. If a victim is bleeding,

- 1) **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, call **9-1-1** immediately. **Apply a tourniquet** only as a last resort to stop excessive bleeding.

## Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

### Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

### Treatment:

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.



## **BURNS:**

### **Care for Burns:**

The care for burns involves the following 3 basic steps.

- ⇒ **Stop** the Burning -- Put out flames or remove the victim from the source of the burn.
- ⇒ **Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.
- ⇒ **Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

### **Chemical Burns:**

If a chemical burn:

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).

### **Sunburn:**

If victim has been sunburned,

- ⇒ Treat as you would any major burn (see above).
- ⇒ Treat for shock if necessary (see section on “Caring for Shock”)
- ⇒ Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- ⇒ Give victim fluids to drink.
- ⇒ Get professional medical help immediately for severe cases.

## Heat exhaustion:

**Symptoms** may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

### Treatment:

- ⇒ Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- ⇒ Massage legs toward heart.
- ⇒ Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- ⇒ Use caution when letting victim first sit up, even after feeling recovered.

## Sunstroke (Heat Stroke):

**Symptoms** may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

### Treatment:

Call 9-1-1 immediately.

- ⇒ Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
- ⇒ DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

## Transporting an Injured Person

- ⇒ **If injury involves neck or back, DO NOT** move victim unless absolutely necessary. Wait for paramedics.
- ⇒ **If victim must be lifted:** Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

## Concussions:

- ⇒ The Sidelined for Safety Act became law on April 2, 2012. The law requires the development of guidelines to inform and educate pupil athletes, their parents or guardians, and coaches of the nature and risk of concussion in youth athletic activities. It requires youth athletic leagues to distribute a concussion and head injury information sheet annually to each coach and to each participating athlete, which must be signed by a parent or guardian and returned prior to participation. It also requires the removal of a youth athlete by a coach, official or health care provider if it is determined that that person exhibits signs and symptoms of concussion or head injury and if a concussion is suspected. The athlete may not return until evaluated by a licensed health care professional and receives written clearance to return. Coaches, officials or volunteers are immune from civil liability unless an omission rises to the level of gross negligence or wanton or willful misconduct.
- ⇒ Informational sheets and signature pages are provided to parents/guardians at the time of registration.
- ⇒ The following pages include the Coach informational sheets and Coach's agreement.



# A FACT SHEET FOR Youth Sports Coaches



Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

## What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

## What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

## How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.<sup>3</sup> Here are some ways you can help:

### Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and "don't feel right."

### Focus on safety at games and practices:

- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

## Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.<sup>1,2</sup>

### Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.

[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



### Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

### Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP).
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

### Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.<sup>4</sup>



## How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just “don’t feel right”—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

### Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent.
- Moves clumsily
- Answers questions slowly or repeats questions
- Can't remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

### Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

### Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not “feel right”

### Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.<sup>5-7</sup>



## What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

### Remove the athlete from play.

**When in doubt, sit them out!** Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

### Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

### Inform the athlete's parent(s) about the possible concussion.

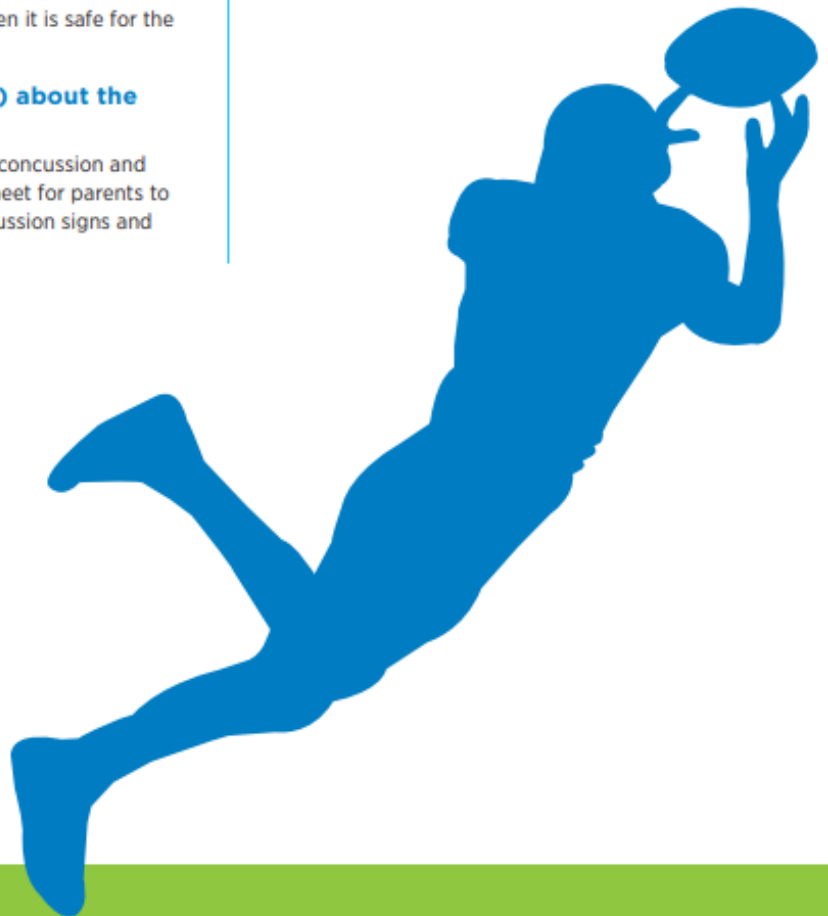
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

### Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

### Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



## What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

**Step 1:** Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

**Step 2:** Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

**Step 3:** Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

**Step 4:** Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

**Step 5:** Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

**Step 6:** Return to regular sports activity

**Remember:** It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



1. Chrisman SPD, Lowry S, Herring SA, et al. Concussion incidence, duration, and return to school and sport in 5- to 14-year-old American football athletes. *J Pediatr*. 2019;207:176-184. doi:10.1016/j.jpeds.2018.11.003.

2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

*The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.*

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)





# COACHES AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

### Coaches Agreement:

I \_\_\_\_\_ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

Coach  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_

School/District \_\_\_\_\_

Team/League \_\_\_\_\_

Age Level \_\_\_\_\_



125 South Webster Street,  
PO Box 7841,  
Madison, WI 53707-7841

PHONE 608-266-3390  
TOLL FREE 800-441-4563  
WEB SITE <http://www.dpi.wi.gov>



## Coaches Questions

Related to Concussion Law 2011 – Wisconsin Act 172

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Current  
Team \_\_\_\_\_

School  
District \_\_\_\_\_

Select League/Youth League  
Name \_\_\_\_\_

1. Have you had any concussion training? \_\_\_\_\_,

When/Where? \_\_\_\_\_

2. Are there athletic trainers present at practices and games? \_\_\_\_\_

# Appendix

## CLL Boundaries

Starting at the intersection of Keup Road and STH 60: then...  
 South along Keup Road to the intersection of Keup Road and Thornapple Lane...then  
 East along Thornapple Lane to the intersection of Thornapple Lane and Bobolink Avenue...then  
 South on Bobolink Avenue and continuing on a line to Columbia Road...then  
 East along Columbia Road to the intersection of Chateau Drive and Columbia Road...then  
 South on a line to CTH C (also known as Pioneer Road)...then  
 East along CTH C (also known as Pioneer Road) to Lake Michigan...then  
 South following the Lake Michigan shoreline to the extent of Mequon Road ...then  
 West along Mequon Road to the intersection of Mequon Road and Wausaukee Road...then  
 North along Wausaukee Road to the intersection of Wausaukee Road and CTH C (also known as Pioneer Road)...then  
 West along CTH C (also known as Pioneer Road) to the intersection of CTH C and Church Road...then  
 North along Church Road to the intersection of Church Road and Sherman Road... then  
 East along Sherman Road to the western municipal boundary of the Town of Cedarburg...then  
 North along the western municipal boundary of the Town of Cedarburg to the intersection of the northern and western municipal boundaries of the Town of Cedarburg...then  
 East along the north municipal boundary of the Town of Cedarburg (which follows Cedar Sauk Road) to the intersection of Cedar Sauk Road and Maple Road...then  
 South on a line to a point even with North Street in the Village of Grafton...then  
 West on a line to the intersection of Keup Road and STH 60.

Total League Population: ~30,000

**SUBMITTED BY:**

Paul Jungbauer, CLL President	Date
Eric Ryer, CLL Vice President	Date
President District One	Date

# **CLL FIELD LOCATION**

## **Orthopaedic Hospital of Wisconsin Fields**

Orthopaedic Hospital of Wisconsin Fields

1220 Five Corners Drive

Enter from STH 60



# CLL FIELD LOCATION

## Korb Sports Complex

Korb Sports Complex  
8555 STH 60  
Cedarburg



# Map to Medical Treatment Facilities

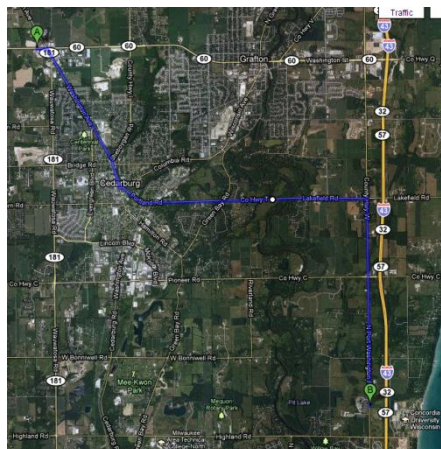
**OHOW Fields**  
**1220 Five Corners Drive**  
**Cedarburg, WI**

**Columbia St. Mary's Ozaukee**  
**13111 N Port Washington Rd**  
**Mequon, WI**

**Total Distance: 8.0 miles Total Estimated Time: 16 minutes**

- |                                                                                                                  |                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p><b>60</b> 1. Head east on WI-60 Trunk E toward Covered Bridge Rd</p>                                          | <p>go 0.1 mi<br/>total 0.1 mi</p> |
| <p>2. Take the 1st right onto WI-181 S/Washington Ave<br/>Continue to follow Washington Ave<br/>About 5 mins</p> | <p>go 2.0 mi<br/>total 2.2 mi</p> |
| <p>3. Turn left at Columbia Rd</p>                                                                               | <p>go 207 ft<br/>total 2.2 mi</p> |
| <p>4. Take the 1st right onto Portland Rd<br/>About 2 mins</p>                                                   | <p>go 0.8 mi<br/>total 3.0 mi</p> |
| <p>5. Continue onto Lakefield Rd<br/>About 5 mins</p>                                                            | <p>go 2.4 mi<br/>total 5.4 mi</p> |
| <p>6. Turn right at N Port Washington Rd<br/>Destination will be on the right<br/>About 5 mins</p>               | <p>go 2.7 mi<br/>total 8.0 mi</p> |

**B** Columbia St Mary's Hospital Ozaukee  
 13111 N Port Washington Rd, Mequon, WI 53097-2416 - (262) 243-7300





# Map to Medical Treatment Facilities

**OHOW Fields**  
1220 Five Corners Drive  
Cedarburg, WI

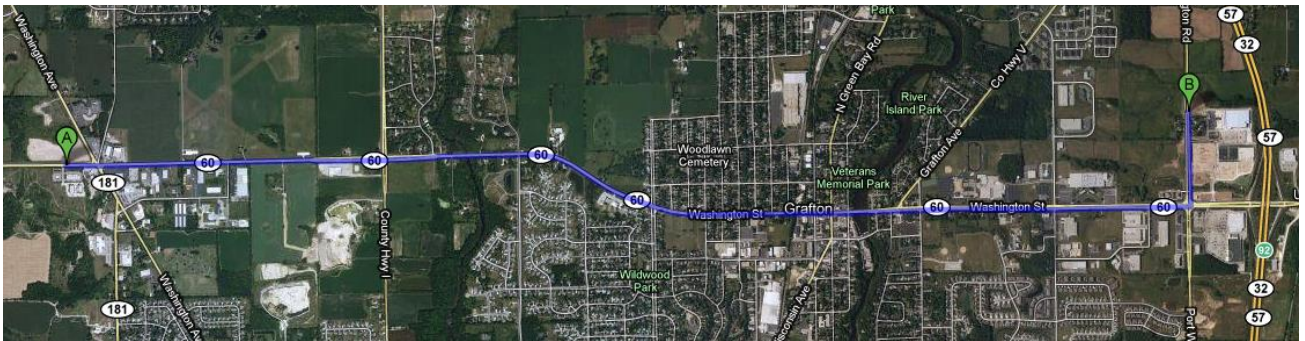
**Aurora Advanced Hospital**  
975 Port Washington Rd  
Grafton, WI

**Total Distance: 4.6 miles Total Estimated Time: 9 minutes**

**A** WI-60 Trunk E

- 60** 1. Head east on WI-60 Trunk E toward Covered Bridge Rd go 4.2 mi  
About 8 mins total 4.2 mi
- ↶** 2. Turn left at Port Washington Rd go 0.4 mi  
About 2 mins total 4.6 mi

**B** Port Washington Rd



# Map to Medical Treatment Facilities

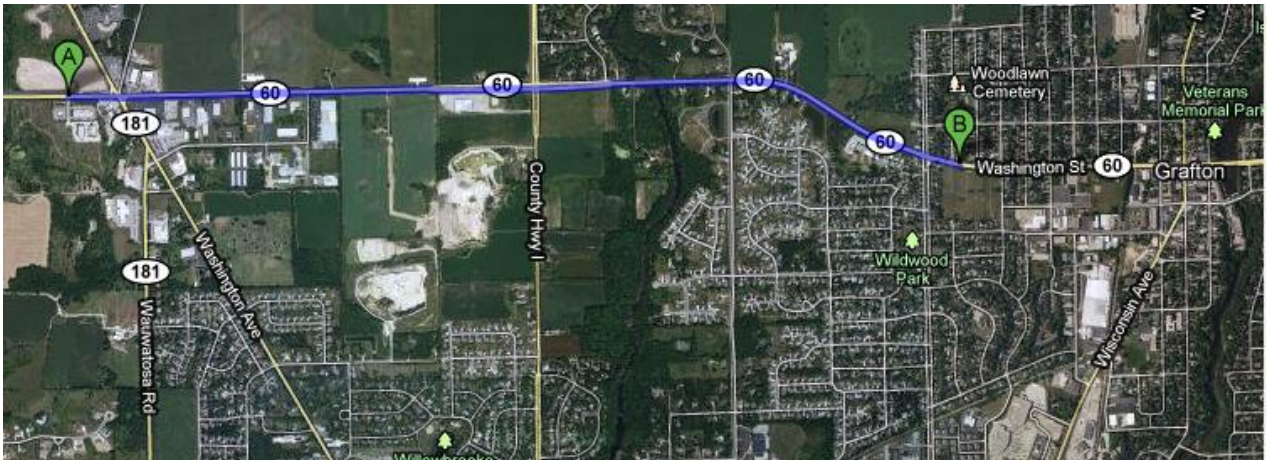
**OHOW Fields**  
1220 Five Corners Drive  
Cedarburg, WI

**Advanced Health Care**  
215 Washington St  
Grafton, WI

**Total Distance: 2.3 miles    Total Estimated Time: 4 minutes**

- 60** 1. Head east on WI-60 Trunk E toward Covered Bridge Rd  
Destination will be on the right  
About 5 mins go 2.3 mi  
total 2.3 mi

- B** Milwaukee Medical Clinic Advanced Healthcare Sc  
215 Washington Street, Grafton, Wisconsin 53024 - (262) 375-3700



# Map to Medical Treatment Facilities

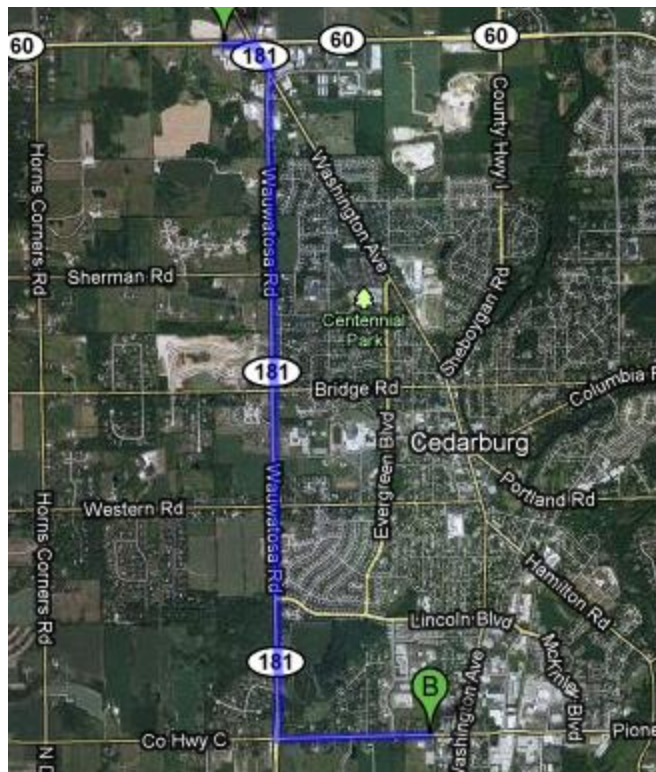
**OHOW Fields**  
 1220 Five Corners Drive  
 Cedarburg, WI

**Cedar Mills Clinic**  
 N143 W6515 Pioneer Rd  
 Cedarburg, WI

**Total Distance: 3.8 miles Total Estimated Time: 7 minutes**

- |                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p><b>60</b> 1. Head east on WI-60 Trunk E toward Covered Bridge Rd</p>                                               | <p>go 0.1 mi<br/>total 0.1 mi</p> |
| <p><b>181</b> 2. Take the 1st right onto WI-181 S/Washington Ave<br/>Continue to follow WI-181 S<br/>About 5 mins</p> | <p>go 3.0 mi<br/>total 3.2 mi</p> |
| <p><b>↶</b> 3. Turn left at Pioneer Rd<br/>Destination will be on the right<br/>About 2 mins</p>                      | <p>go 0.7 mi<br/>total 3.8 mi</p> |

**B** Cedar Mills Medical Group  
 N143 W6515 Pioneer Rd., Cedarburg, WI 53012 - (262) 377-6933



# Map to Medical Treatment Facilities

**OHOW Fields**  
**1220 Five Corners Drive**  
**Cedarburg, WI**

**Mequon Clinic-Children's Hospital of Wisconsin**  
**1655 W Mequon Rd**  
**Mequon, WI**

**Orthopedic Hospital Of Wisconsin Fields**  
 1220 Five Corners Dr, Cedarburg, WI 53012

Get on I-43 S/WI-57 S in Grafton

- 11 min (4.8 mi)
- ↑ 1. Head north on Five Corners Dr toward WI-60 Trunk W
- 295 ft
- 2. Turn right onto WI-60 Trunk E
- 4.4 mi
- ⤴ 3. Use the right lane to take the Interstate 43 S/WI-23/WI-57 ramp
- 0.3 mi

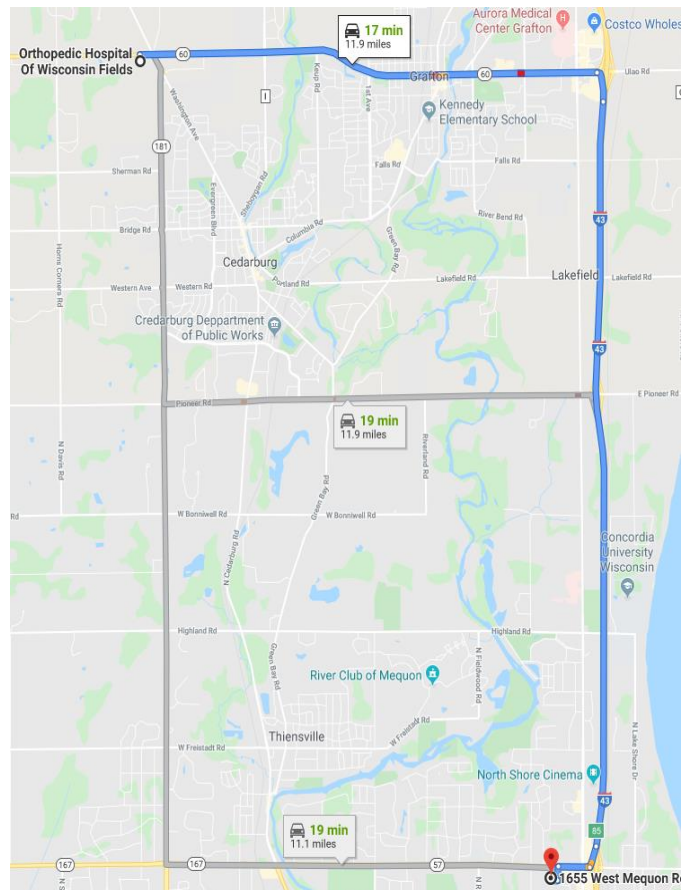
Follow I-43 S to WI-167 W/WI-57 S/W Mequon Rd in Mequon. Take exit 85 from I-43 S/WI-57 S

- 6 min (6.6 mi)
- ⤴ 4. Merge onto I-43 S/WI-57 S
- 6.4 mi
- 5. Take exit 85 for WI-57 S/WI-167 W/Mequon Rd
- 0.2 mi

Continue on WI-167 W/WI-57 S/W Mequon Rd. Drive to N Market St

- 2 min (0.5 mi)
- 6. Turn right onto WI-167 W/WI-57 S/W Mequon Rd  
 ⓘ Pass by PNC Bank (on the right)
- 0.3 mi
- ⤵ 7. Turn left onto W Market St
- 0.1 mi
- 8. Turn right onto N Market St  
 ⓘ Destination will be on the right
- 174 ft

**1655 W Mequon Rd** (414) 607-5280  
 Mequon, WI 53092



# Map to Medical Treatment Facilities

**Korb Sports Complex**  
**8555 STH 60**  
**Cedarburg, WI**

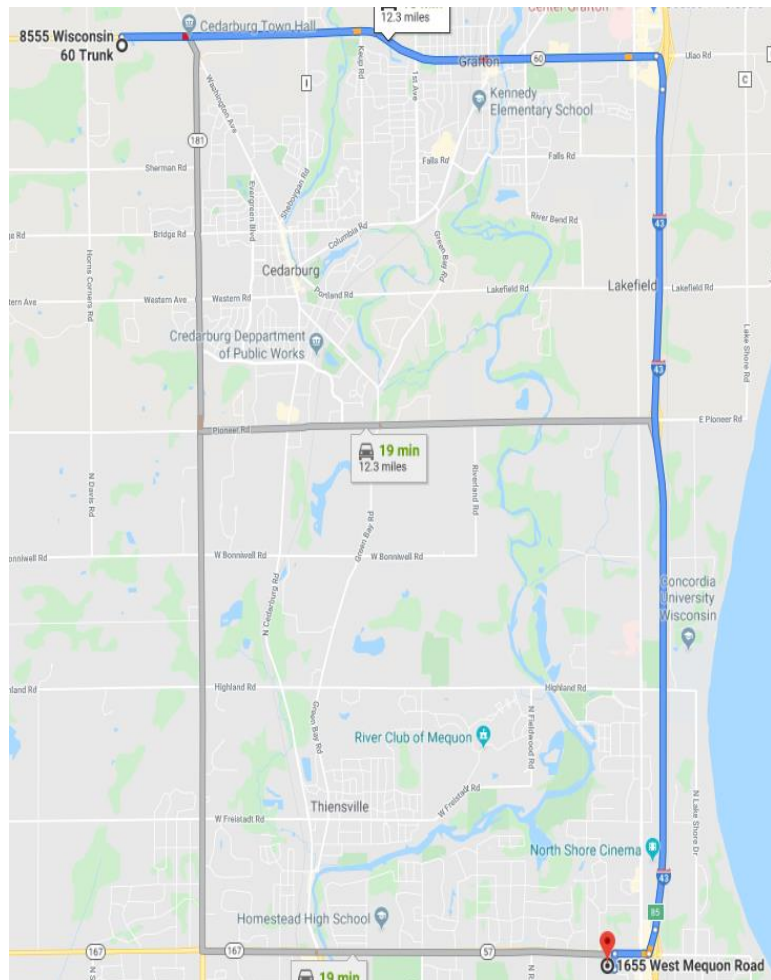
**Columbia St. Mary's Ozaukee**  
**13111 N. Port Washington Road**  
**Mequon, WI**

8555 WI-60 Trunk  
 Cedarburg, WI 53012

Follow WI-181 S, Pioneer Rd and County Hwy W/N Port Washington Rd to Mequon

- 15 min (9.3 mi)
- ↑ 1. Head east on WI-60 Trunk E toward Five Corners Dr
- 0.6 mi
- 2. Turn right onto WI-181 S
- 0.1 mi
- 3. Slight right onto WI-181 S/N Wauwatosa Rd
- 1.4 mi
- 📍 4. At the traffic circle, continue straight to stay on WI-181 S/N Wauwatosa Rd
- 0.5 mi
- 📍 5. At the traffic circle, continue straight to stay on WI-181 S/N Wauwatosa Rd
- 1.0 mi
- 6. Turn left onto Pioneer Rd
- 4.0 mi
- 7. Turn right onto County Hwy W/N Port Washington Rd
- 1.7 mi
- Drive to your destination
- 1 min (0.1 mi)
- 8. Turn right
- 312 ft
- 9. Turn left
- 436 ft

13111 N Port Washington Rd  
 Thiensville, WI 53097



# Map to Medical Treatment Facilities

**Korb Sports Complex**  
8555 STH 60  
Cedarburg, WI

**Aurora Advanced Hospital**  
975 Port Washington Rd  
Grafton, WI

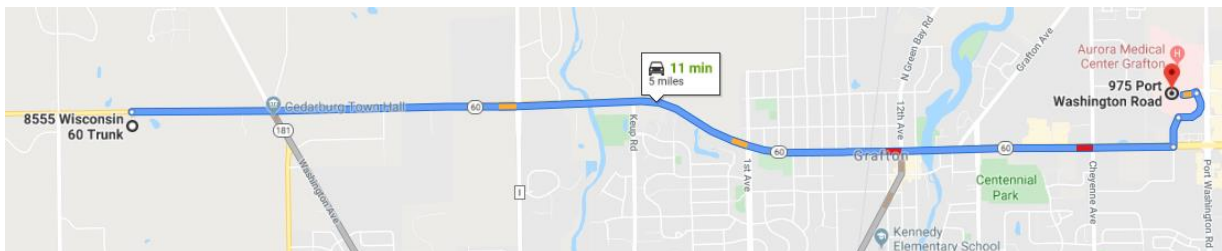
8555 WI-60 Trunk

Cedarburg, WI 53012

- ↑ 1. Head east on WI-60 Trunk E toward Five Corners Dr  
4.6 mi
- ↶ 2. Turn left onto Dakota Dr  
0.1 mi
- ↷ 3. Turn right  
0.2 mi
- ↶ 4. Turn left  
i Destination will be on the right  
351 ft

975 Port Washington Rd

Grafton, WI 53024



# Map to Medical Treatment Facilities

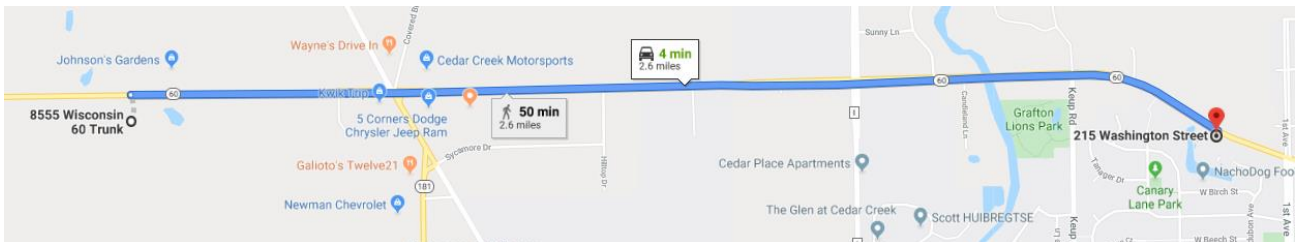
**Korb Sports Complex**  
8555 STH 60  
Cedarburg, WI

**Advanced Healthcare**  
215 Washington Street  
Grafton, WI

8555 WI-60 Trunk  
Cedarburg, WI 53012

- ↑ 1. Head east on WI-60 Trunk E toward Five Corners Dr  
2.6 mi
- ➔ 2. Turn right  
66 ft

215 Washington St  
Grafton, WI 53024



# Map to Medical Treatment Facilities

**Korb Sports Complex**  
**8555 STH 60**  
**Cedarburg, WI**

**Cedar Mills Medical Clinic**  
**N143 W6515 Pioneer Road**  
**Cedarburg, WI**

8555 WI-60 Trunk  
 Cedarburg, WI 53012

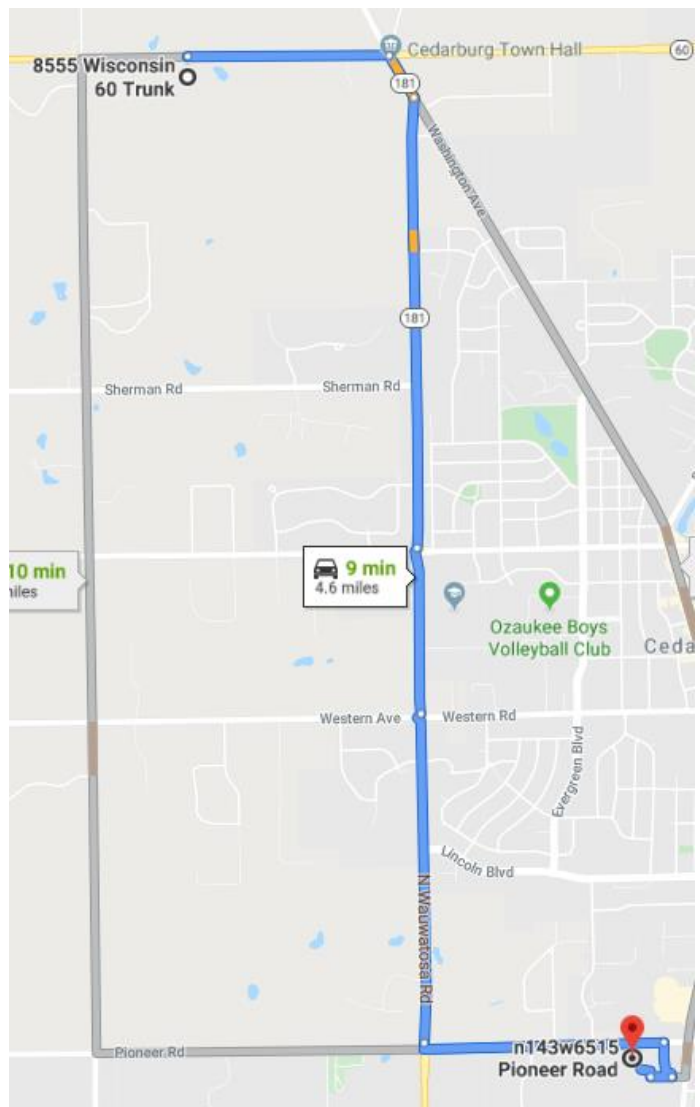
Take WI-181 S to Pioneer Rd

- ↑ 1. Head east on WI-60 Trunk E toward Five Corners Dr 6 min (3.6 mi)
- ↘ 2. Turn right onto WI-181 S 0.6 mi
- ↘ 3. Slight right onto WI-181 S/N Wauwatosa Rd 0.1 mi
- ⤵ 4. At the traffic circle, continue straight to stay on WI-181 S/N Wauwatosa Rd 1.4 mi
- ⤵ 5. At the traffic circle, continue straight to stay on WI-181 S/N Wauwatosa Rd 0.5 mi

Continue on Pioneer Rd to your destination

- ↶ 6. Turn left onto Pioneer Rd 3 min (1.0 mi)
- ↘ 7. Turn right toward Layton St 0.7 mi
- ↘ 8. Turn right onto Layton St 0.1 mi
- ↘ 9. Turn right 348 ft  
i Destination will be on the right

n143w6515 Pioneer Rd  
 Mequon, WI 53097





# Map to Medical Treatment Facilities

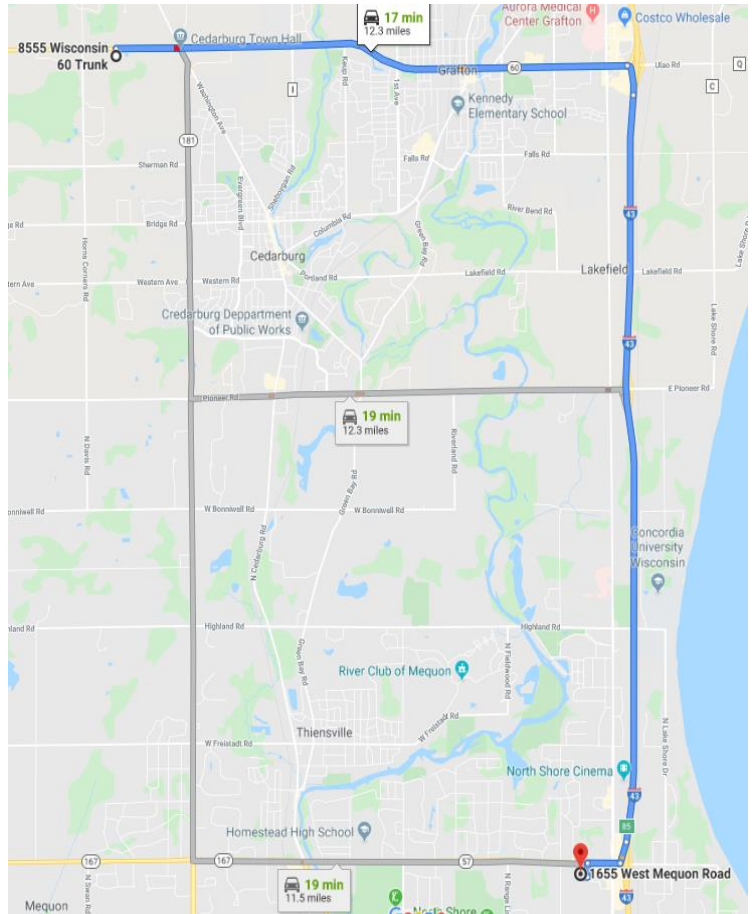
**Korb Sports Complex**  
**8555 STH 60**  
**Cedarburg, WI**

**Mequon Clinic-Children's Hospital of Wisconsin**  
**1655 W Mequon Rd**  
**Mequon, WI**

8555 WI-60 Trunk  
 Cedarburg, WI 53012

- ↑ 1. Head east on WI-60 Trunk E toward Five Corners Dr  
 \_\_\_\_\_ 4.9 mi
- ↘ 2. Use the right lane to take the Interstate 43 S/WI-23/WI-57 ramp  
 \_\_\_\_\_ 0.3 mi
- ↘ 3. Merge onto I-43 S/WI-57 S  
 \_\_\_\_\_ 6.4 mi
- ↘ 4. Take exit 85 for WI-57 S/WI-167 W/Mequon Rd  
 \_\_\_\_\_ 0.2 mi
- ↘ 5. Turn right onto WI-167 W/WI-57 S/W Mequon Rd  
 ⓘ Pass by PNC Bank (on the right)  
 \_\_\_\_\_ 0.3 mi
- ↙ 6. Turn left onto W Market St  
 \_\_\_\_\_ 0.1 mi
- ↘ 7. Turn right onto N Market St  
 ⓘ Destination will be on the right  
 \_\_\_\_\_ 174 ft

1655 W Mequon Rd  
 Mequon, WI 53092



# CEDARBURG LITTLE LEAGUE MEDICAL RELEASE FORM



## 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)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal 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

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

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/Legal 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.



# Little League® Volunteer Application – 2025

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. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICK APP.

Visit [littleleague.org/Local@Globe](http://littleleague.org/Local@Globe) for more information.

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

All red fields are required.

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # (mandatory) \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special professional training, skills, hobbies \_\_\_\_\_  
 Community Affiliations (Club, Service Organizations, etc.) \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year) \_\_\_\_\_

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

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

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

4. Have you ever been charged with, convicted of, pleaded no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_ Yes  No   
 (If volunteer answered yes to Question 4, the local league must contact Little League International.)  
 If yes, describe each in full: \_\_\_\_\_ Yes  No   
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

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

7. Have you ever been refused participation in any other youth program(s) and/or listed on any youth organization's 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 all that apply.)

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

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A STATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: <http://littleleague.org/Background>

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks on me now and as long as I continue to be active with the organization, which may include a review of two other registrations (some of which contain name-only searches with no results in a report being generated that may or may not be true), all of which are on my list of references and I understand that, if reported, my past or current criminal background information on my background, three bylaws and agreed to and I understand that the Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information, I do not intend that, regardless of my participation in Little League, I do not intend to be appointed 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 and/or Little League policies or principles.

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

NOTE: The background check is required for all Little League volunteers. Incorporation of will not discriminate against any person on the basis of race, sex, color, national origin, marital status, gender, sexual orientation or disability.

**LOCAL LEAGUE USE ONLY:**

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

Review the Little League Regulation 11.0(3) for all background check requirements

IDP Background Check Completed (includes review of the U.S. Center of Sales/Sports Control's Disciplinary Database and Little League International Ineligible/Suspended List)\*

\*Please be advised that if you use IDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from IDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be Little League volunteers.

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

Proof of completion of Little League Abuse Awareness Training for Adults provided to league.  
 Mandatory Training Courses available at [littleleague.org/AbuseAwareness](http://littleleague.org/AbuseAwareness)

# CLL Injury Report

## When to file:

- ⇒ Anytime a player needs to be removed from a game or practice due to an injury;
- ⇒ Anytime a player seeks medical attention due to baseball/softball related injury;
- ⇒ Anytime a coach, volunteer, or fan requires first aid.

## How to file:

- ⇒ Complete the following information and give to the Safety Officer within two (2) days; and/or
- ⇒ Call the CLL Safety Officer, Paul Jungbauer @ (414)429-1500.

Name of Injured Player: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address of Injured: \_\_\_\_\_

Phone Number \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach/Volunteer \_\_\_\_\_

Place/Field of Injury: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Position when Injured: \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Could this Injury have been prevented? \_\_\_\_\_

# Accident Claim Form (pg 1)



## 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.		
PART 1					
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

# Accident Claim Form (pg2)

**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 \_\_\_\_\_

# FIRST AID & FUNDAMENTAL TRAINING

DIVISION	DATE	TIME
ALL SOFTBALL	Thursday April 3rd	5:30-6:30 PM
PLAYER PITCH, INTERMEDIATE, & JUNIORS BASEBALL	Thursday April 3rd	6:30-7:30 PM
TBALL	Thursday April 10th	5:30-6:30 PM
MACHINE PITCH BASEBALL	Thursday April 10th	6:30-7:30 PM

ALL meetings will be held at Cedarburg Town Hall  
1293 Washington Ave.

\*\*\*\*\*

This is **MANDATORY** for  
all Coaches, Managers, &  
Volunteers

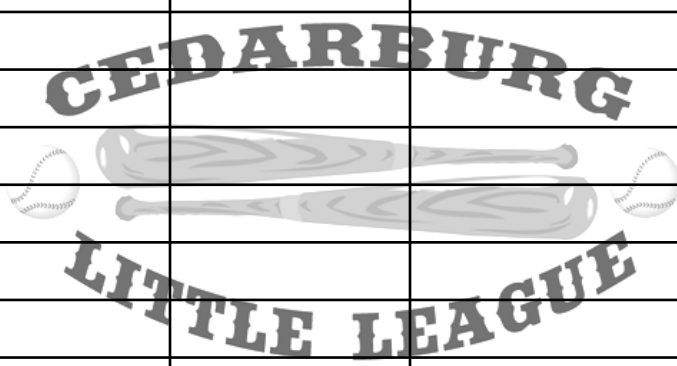
We will begin with an overview of CLL and the Little League Association. All coaches, a minimum of one participant per team, will then review the fundamentals of hitting, sliding, fielding, pitching, etc. We will also be giving a demonstration on how to properly administer first aid.

Feel free to call me if you have any questions.

Paul Jungbauer  
377-4509

# FIRST AID..TRAINING

Name	League Level	Phone #	Address	Signature





... Attention...

## Little League Night/Day at American Family Field

**DATE: Tuesday, June 24<sup>th</sup> 6:40 PM vs. the Pittsburgh Pirates**

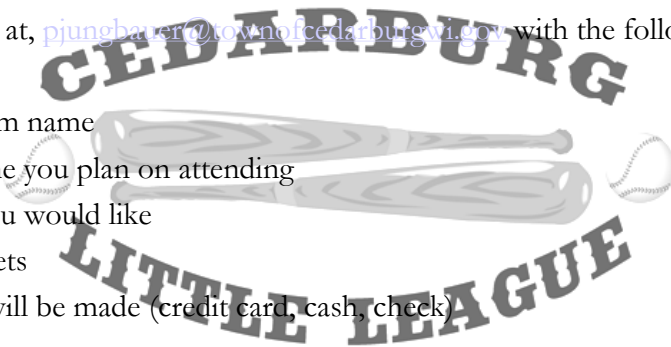
Little League Night is a fundraiser that you do not have to participate in, however it is a fun and exciting experience for the kids.

All players that go **MUST** wear their Little League hat and shirt to walk on the field.

### HOW TO ORDER TICKETS

Email Paul Jungbauer at, [pjungbauer@townofcedarburgwi.gov](mailto:pjungbauer@townofcedarburgwi.gov) with the following information:

- 1) Your Name
- 2) Your child's team name
- 3) Date of the game you plan on attending
- 4) What section you would like
- 5) Number of tickets
- 6) How payment will be made (credit card, cash, check)



**The ticket order will be placed after payment is received in full.**

### PAYMENT OF TICKETS

- 1) Check made payable to "Town of Cedarburg"
- 2) Cash
- 3) Credit Card
  - a. If purchasing by credit card, we accept Visa or Mastercard. Credit card payments must be made over the phone or in person. Please Contact Paul Jungbauer at 262-377-4509 ext. 2 to make the payment via credit card.
  - b. \*Additional fees apply when paying by credit card. The total amount of the fees will be communicated to the buyer prior to running the payment. An example, a payment of \$200 has a processing fee of \$7.25.\*

Any questions, call Paul @ 377-4509  
Or email at [pjungbauer@townofcedarburgwi.gov](mailto:pjungbauer@townofcedarburgwi.gov)