



**COHOES LITTLE LEAGUE
Safety Manual
2022**

**Little League Charter #2321405
New York District #14**

UPDATED 2/2022 GP



COHOES LITTLE LEAGUE

SAFETY PLAN 2022



1. League Safety Officer: George Primeau is on file with Little League Headquarters.
2. Cohoes Little League will distribute a paper copy of this Safety Manual to all Managers/Coaches, League volunteers and District Administrators. Will be posted on League website upon approval.

3. EMERGENCY CONTACT LIST:

Cohoes Police/Fire/EMT	911
Poison Control Center	(800) 222-1222

Non-Emergency Contact Numbers:

Cohoes Police - Non-Emergency:	518-237-5333
Cohoes Fire Dept. - Non-Emergency:	518-237-7779

UTILITIES – EMERGENCY:

National Grid Electric Co	(800) 867-5222
- Gas Emergency	(800) 892-2345

LITTLE LEAGUE SUPPORT NUMBERS:

League President: Matthew Wood	(518) 892-9204
League Vice President: George Primeau	(518) 857-1031
League Director of Operations: Matthew Wood	(518) 892-9204
League Player Agent: Cheryl Seeley	(518) 937-7894
League Equipment Manager: Matthew Wood	(518) 892-9204
League Treasurer: Jenna Rogers	(518) 423-8682
League Vice President: Chris Davis	(518) 229-1269
League Safety Officer: George Primeau	(518) 857-1031

→ This list will be posted in the concession stand and dugout areas

2022 DISTRICT 14 PERSONNEL

DISTRICT ADMINISTRATOR

Gary Krill 745 Sixth Avenue Troy 12182 (H) 518-237-9688
E-mail: gmkrill@hotmail.com (C) 518-331-9207

ASSISTANT DISTRICT ADMINISTRATOR (ADA) & DISTRICT TREASURER

Donald Maloney 203 Harmony Mills Lofts Cohoes 12047 (H) 518-880-6646
E-mail: pippymaloney@hotmail.com

ADA for LITTLE LEAGUE BASEBALL

Michael Sheehan 20 Zack Lane Averill Park 12018 (H) 518-674-5279
E-mail: sbl20@nycap.rr.com (C) 518-281-9652

Dave Durkin 4 Garfield Place Rensselaer 12144 (H) 518-477-6266
E-mail: dpdurkin67@yahoo.com (C) 518-727-1116

Tim Mahar 406 Sixth Ave. Troy 12182 (C) 518-248-7137
E-mail: tmahar77@gmail.com

Nick Tambolleo 319 Ninth Street Watervliet 12189 (C) 518-466-6941
E-mail: wllnickt@aol.com

DISTRICT SECRETARY

Peggy Krill 745 Sixth Avenue Troy 12182 (H) 518-237-9688
E-mail: mryan745@hotmail.com (C) 518-221-8903

DISTRICT SAFETY OFFICER

Peggy Krill 745 Sixth Avenue Troy 12182 (H) 518-237-9688
E-mail: mryan745@hotmail.com (C) 518-221-8903

ADA & DISTRICT INFORMATION OFFICER

William Bryant E-mail: webmaster.ny14@gmail.com (C) 518-366-2742
Tournament Game Results: E-mail: gamestats.ny14@gmail.com



4. The Cohoes Little League will use the Official Little League Volunteer Application form to screen all of our Volunteers.

→ Enclosed is a copy of the Cohoes Little League 2022 Volunteer Application form.

5. Fundamentals Training will be conducted between: March 1st, 2022 and April 20th 2022 at the United Church of Cohoes. Official dates to be determined by Coaching Coordinator.

6. First Aid Training will be conducted during Coaches Clinics that will be held at the United Church of Cohoes. Course being instructed by members of the Cohoes Fire Department. CPR/ AED & Stop The Bleed training will be offered to all Board & General Members.

At least ONE Manager/Coach from each team must attend one of the training sessions. Every Manager/Coach will attend this training at least once every 3 years. All new Managers and Coaches must attend training before season begins.

- Manager/Coaches will be trained on the CLL Concussion protocol.

- A copy of concussion protocol attached.

7. Coaches will be required to walk/inspect the fields prior to practices and games. Umpires will also be required to walk the fields for Hazards (IE. Rocks, glass, and holes) prior to each game.

8. Cohoes Little League has completed and updated our 2022 Facility Survey on-line.

9. Concession Stand Safety:

- Menu shall be posted and approved by Safety Officer and League President.

- Our concession Stand Safety Procedures will be posted in several locations within the concession stand.

Enclosed is a copy of the Cohoes Little League Concession Stand Safety Procedures.

10. The league Safety Officer will inspect all Equipment prior to it being used to team managers at the beginning of the baseball season. Managers/Coaches will inspect all equipment prior to each practice or game. Umpires will inspect all equipment prior to each game. Broken or damaged equipment will not be used and will be replaced.

11. Cohoes Little League will use the provided Incident Tracker form from the Little League website and will provide completed Accident forms to the Safety Officer within 24-48 hours of incident.



League Safety Officer will retain a haz-log to capture and track near-misses. Will share information on trends with District Staff.

→ Enclosed is a copy of the Cohoes Little League Accident Report Form.

12. Each team will be issued a well-equipped first aid kit to keep in their team's equipment bag and will be available at all practices and games.
 - Manager/Coaches will notify Safety Officer when additional supplies are needed or need to be replenished.
13. Cohoes Little League WILL require all teams to enforce ALL League rules including but not limited to:
 - Proper equipment for catchers always
 - Batting helmet whenever batting or running bases
 - Coaches will NOT warm up pitchers
 - Bases will disengage on all fields
 - Will use double First base for T-Ball
 - Will use Softer Balls for Tee-Ball
14. Cohoes League player registration roster data and coaches and manager data HAS been electronically submitted via the Little League Data Center at www.Littleleague.org
15. George Primeau has been appointed as the League Safety Officer.
16. USA Baseball Bat Standard: Cohoes Little league implemented the USA Baseball Bat Standard as of 1/1/2018. All Bats must be 2 5/8" barrel maximum. All Bats should bear the USA Baseball logo signifying that the Bat meets the USABAT-USA Bat performance Standard. All coaches are required to check players bats at the start of each game.
17. *All Coaches and Players will sign a Code of Conduct at the beginning of the 2022 season. See attached Code of Conduct.*



Highly Recommended



- » Cohoes Little League uses reduced impact balls, break-away bases, double first base and ditching machines for TEE-BALL.
- » Cohoes Little League has warning track in the outfield to protect outfielders.
- » Cohoes Little League has screens, fencing or netting to protect players and spectators from foul balls.
- » Cohoes Little League has signs posted and parking lot is monitored by field manager on game days to control speed and flow of traffic in and around our facility.
- » Cohoes Little League has bases that disengage from their anchors.
- « Cohoes Little League will utilize “Safety Suggestion Box” which will be located outside the window of the concession stand.

Cohoes Little League will provide continuous safety messages through use of bulletin board located inside club house. CLL will post ASAP Letters.

- Cohoes Little League’s Managers/Coaches encourage the use of protective cups, mouth guards and face guards on batting helmets for *all* players.



Little League® Volunteer Application – 2022.

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

Name _____ 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 (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No

If yes, list full name and what level? _____

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

3. Do you have a valid driver's license? Yes No

Driver's License #: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No

If yes, describe each in full: _____

(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

- League Official
- Umpire
- Manager
- Concession Stand
- Coach
- Field Maintenance
- Scorekeeper
- Other _____

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

Name/Phone _____

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

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

Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal

Records check, as mandated in the current season's official regulations

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

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

Last Updated: 10/10/2019

Little League® "Basic" Volunteer Application - 2022

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

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

All fields are required.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License #: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No

If yes, describe each in full: _____

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

- League Official
- Field Maintenance
- Concession Stand
- Coach
- Manager
- Other _____
- Umpire
- Scorekeeper _____

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked): Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal

Records check, as mandated in the current season's official regulations

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

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

Last Updated: 10/10/2019

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and years (s)): _____

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

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

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

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

Last Updated: 10/10/2019

COHOES LITTLE LEAGUE 2022 CONCUSSION PROTOCOL

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs, symptoms, and behaviors of a concussion if your athlete has experienced a bump or blow to the head.
2. Ensure that the athlete is evaluated by a trained health care provider. Do not try to judge the severity of the injury yourself. Health care providers have several methods that they can use to assess if the athlete has sustained a concussion. As a coach, recording the following information can help health care providers in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/ knocked out) and if so, for how long
 - Any memory loss surrounding the injury
 - What other symptoms the athlete experienced after the injury
 - Number of previous concussions (if any)
3. Inform the athlete's parents or guardians about the possible concussion. Make sure the injured athlete's parent or guardian knows that the athlete is required to be seen by a health care provider with experience in pediatric concussion management. Provide recommendations of potential health care providers in the area to the athlete, parents, or guardian. Do not allow the athlete to be unsupervised at any time (return to the locker room or bus) if you suspect a concussion. Do not allow the athlete to drive home if you suspect a concussion.
4. An athlete who has been removed from any youth athletic activity because of a determined or suspected concussion may not participate again until he/she is evaluated by a health care provider, is symptom free and provides written clearance from a health care provider to return to activity.
5. Advise Safety Manager or League President of the possible concussion. They will stay in contact with parents and/or guardian on child's outcome.



COHOES LITTLE LEAGUE

2022 COACHES CONCUSSION AGREEMENT

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.

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 _____

Team/League _____

Age Level _____



Concession Stand Safety

In complying with Little League ASAP program requirement #9, the following concession stand safety rules are applicable to all *Cohoes Little League Concession stand operations*:

- No person under the age of 13 will be allowed behind the counter during regular operating hours.
- All concession volunteers are required to complete a Little League Volunteer Application and can only work after an acceptable LexisNexis background check has been performed.

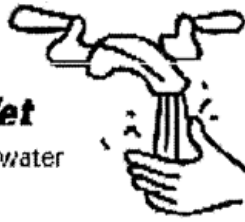
Persons working in the concession stand will be trained by the Concession Stand Manager(s) on the following:

- Safe use of equipment.
- Food handling & temperature regulations (see attachments).
- Proper hand washing techniques (see attachments).
- Proper cleaning of machinery, including but not limited to, hot dog rollers, coffee pots, popcorn machine, pizza oven, and barbeque grill.
- Equipment will be inspected periodically and repaired or replaced as needed.
- Hot dog roller machine, coffee pot burners, popcorn machine, pizza oven and barbeque grill will be turned off at the end of each night.
- Cleaning materials and chemicals will be stored properly away from food products.
- Ice packs and first aid kits will be maintained within the concession stand for use in the case of medical emergencies.
- Concession stand main door entrance will not be locked or blocked while people are inside.
- A certified Fire Extinguisher must be always placed in plain sight. All concession stand workers are to be instructed on the use of fire extinguishers.
- Menu – the menu shall be posted and approved by the safety officer and concession director.



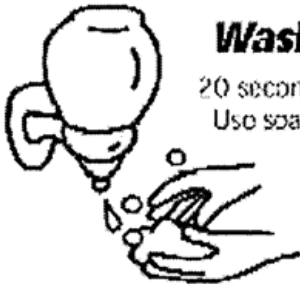
HOW

Wet
warm water



Wash

20 seconds
Use soap



Rinse



Dry

Use single service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Family Enterprise Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperative UMass Extension provides equal opportunity in programs and employment.



Little League

LITTLE LEAGUES 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 medicals 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="radio"/> Female <input type="radio"/> 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 Me appropriate boxes below. If YES, follow instruction 3 above.

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

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

Date of Accident	Time of Accident	Type of Injury OAM OPM
------------------	------------------	---------------------------

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

Check all applicable responses in each column:

<input type="radio"/> BASEBALL	<input type="radio"/> CHALLENGER (z\g) 0	<input type="radio"/> PLAYER	<input type="radio"/> TRYOUTS	<input type="radio"/> SPECIAL EVENT
<input type="radio"/> SOFTBALL	<input type="radio"/> T-BALL (47) 0	<input type="radio"/> MANAGER, COACH	<input type="radio"/> PRACTICE	(NOT GAMES)
<input type="radio"/> CHALLENGER	<input type="radio"/> MINOR (&12) 0	<input type="radio"/> VOLUNTEER UMPIRE	<input type="radio"/> SCHEDULED GAME	SPECIAL GAME(S)
<input type="radio"/> TAD (2ND SEASON) 0	<input type="radio"/> LITTLE LEAGUE {9-12} 0	<input type="radio"/> PLAYER AGENT	<input type="radio"/> TRAVEL TO	(Submit a copy of
	<input type="radio"/> @ INTERMEDIATE (50/70) (ii-13) 0	<input type="radio"/> OFFICIAL SCOREKEEPER	<input type="radio"/> TRAVEL FROM	your approval from
	<input type="radio"/> JUNIOR (12-14) 0	<input type="radio"/> SAFETY OFFICER	<input type="radio"/> TOURNAMENT	Little League
	<input type="radio"/> SENIOR (13-16) 0	<input type="radio"/> VOLUNTEER WORKER	<input type="radio"/> OTHER (Describe)	Incorporated)
	<input type="radio"/> BIG (14-18)			

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 this original.

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of AM 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	PARTY 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 _____

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: _____ - _____ - _____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
- Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

Position 1 Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
- Third Short Stop Left Field Center Field Right Field Dugout
- Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field
- Base Path: Running or Sliding Seating Area Travel:
- FJ Hit by Ball: Pitched or Thrown or G Batted Parking Area Car or Bike or
- Collision with: Player or Structure C.) Concession Area Walking
- Grounds Defect Volunteer Worker League Activity
- Other: _____ Customer/Bystander Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____

Facility and Field Inspection Checklist

Facility Name _____

Inspectors _____

Date _____ Time _____

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Areas around Bleachers free of debris
- General Garbage clean-up
- Who's in charge of emptying garbage cans
- Conditions of restrooms and restroom supplies
- Concession Stand inspection



NOTES/ HAZARDS

Signature _____

LIGHTNING KILLS Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- **Avoid open areas. Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.**
- **Stay away from metal bleachers, backstops and fences. Lightning can travel long distances through metal.**
- **Do not resume activities until 30 minutes after the last thunder was heard.**
- **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

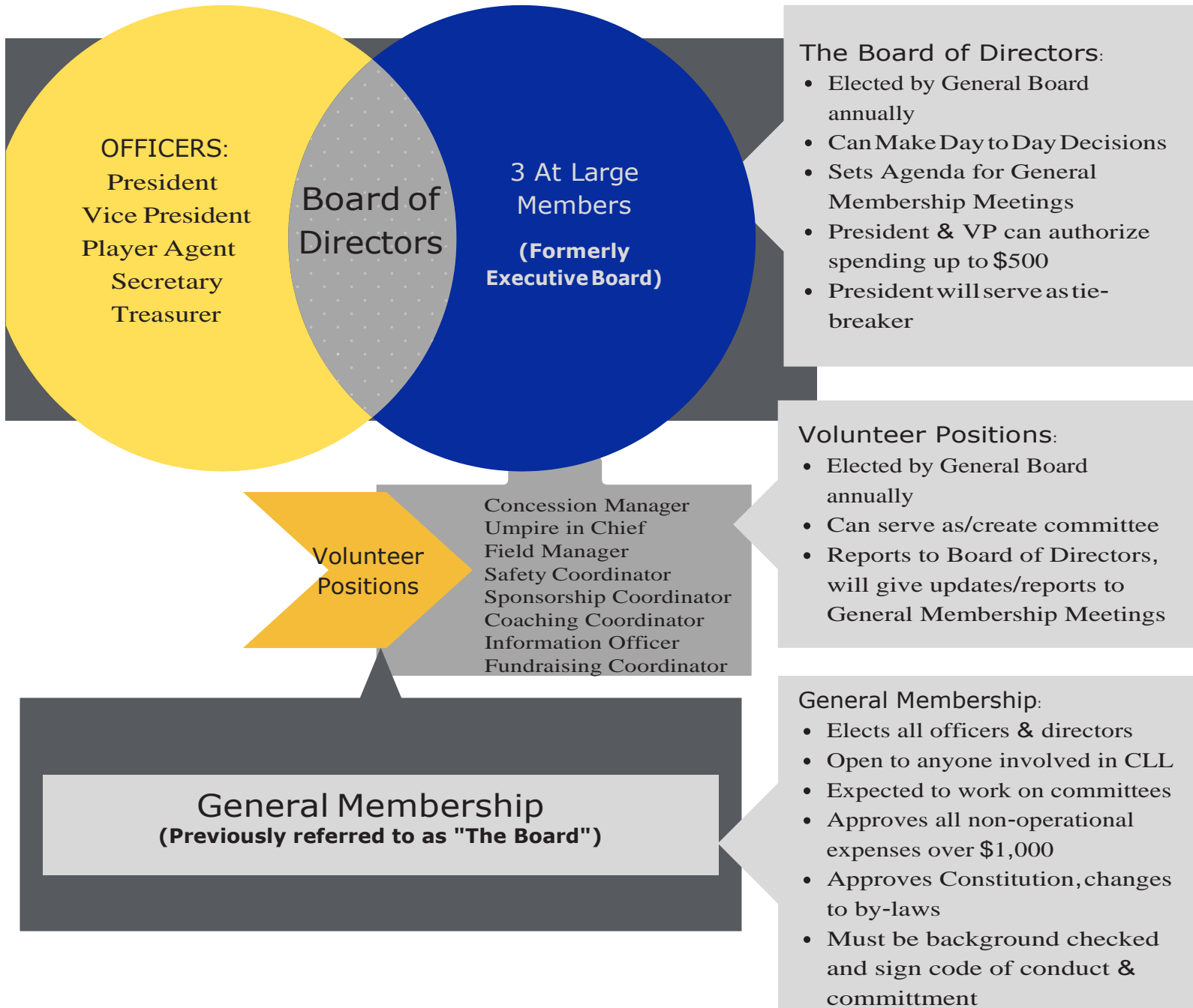
If you feel your hair stand on end (indicating lightning is about to strike)

- **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.
- **Do not lie flat on the ground.**



NOAA

Governing Structures in the 2022 CLL Constitution



The constitution & by-law committee worked with both our previous constitution and the recommendations of Little League, Int. to streamline our organizational structure, making it easier to navigate and more effective overall. What we have drafted here is in line with some of the larger little leagues across the country. We hope that this structure will allow us to grow the program in Cohoes and benefit the next generation of little leaguers!



COHOES LITTLE LEAGUE

ID Badge Implementation

All Board/General Members, Coaches and Volunteers will need to have a ID Badge while on CLL Grounds. ID's will only be issued to those who passed a background check and attended all the required classes and meetings.

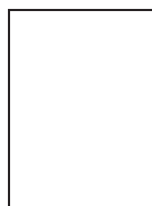
The Four Colored ID Badges Classifications:

Red: Board of Directors

Blue: General Membership

Green: Coaches

Yellow: Volunteers



Cohoes Little League

Player Code of Conduct

1. I understand that being allowed to play baseball in Cohoes Little League is a privilege, and that I am expected to always follow this Code of Conduct.
2. I will treat my fellow teammates, opposing players, Managers, Coaches, officials, and all team parents with RESPECT AND DIGNITY.
3. I will offer positive encouragement and assistance to my teammates.
4. I will refrain from using profane language, obscene gestures, taunting or yelling at teammates, opposing players, Managers, Coaches, officials, or parents AT ALL TIMES.
5. I will strive to be the best baseball player that I can be, both in games and practices. This means I will be attentive to my Manager's and Coaches' instructions and respect the time spent by the Managers and Coaches to help me improve as a baseball player.
6. I understand that TEAM SPIRIT does not just happen. It comes with hard work and commitment from me and to my team. I will work hard and commit myself to my team and its success by attending all practices and games, giving my best effort whenever I involve myself with the team. If I cannot attend a game or practice, I will notify my Manager or Coach of my absence.
7. I understand that failure to abide by this Code of Conduct could result in my suspension or expulsion from the team or Cohoes Little League. "Zero" tolerance is the policy of Cohoes Little League for any abusive behavior towards any official, Manager, Coach, opponent, parent, or teammate. Respect your team; respect yourself.

By my signing of this Code of Conduct, I hereby pledge to provide a positive attitude and be responsible for my behavior while participating in Cohoes Little League, by following the Cohoes Little League Player Code of Conduct.

Player Signature: _____

Player Name (printed): _____

Date: _____

Coach Signature: _____

COHOES LITTLE LEAGUE 2022 SPRING SEASON COVID-19 GUIDLINES AND PROCEDURES

FOR ALL

- All are to remain 6 feet apart if not in the same household.
- All are to always wear face masks while on premises, unless under 2 years of age.
- There is no admittance onto the field except for players, coaches, and board member(s).
- If you are sick or not feeling well or covid positive, please stay home.
- You should bring your own seating to maintain social distancing.
- The restrooms are limited to one in one out.
- PLAYERS may remove masks when on the field to play. Masks are to be worn when in the dugout area when not out on the field.
- Players need to stay in their assigned spots while waiting to bat or go on the field.
- No food of any kind allowed on field including gum and sunflower seeds. There is no spitting allowed.
- No leaving the field until approved by your Coach.
- All players should have their own drink and labeled, as no sharing is allowed. Must be removed at the end of the game.
- Must bring your own chair and all belongings (baseball glove, bat, helmet, drink) need to stay with the child in their designated area.
- Players need to make sure they wash their hands often or use hand sanitizer if unable to get to restrooms to wash them. (Especially if you sneeze, cough, blow nose, or rub your face.)

TEAMS

- No high fives, fist bumps, chest bumps, and elbow bumps are allowed.
- Teams should move to 1st and 3rd base lines and tip hats to the opposing team as a sign of good sportsmanship.
- Once the game is over teams are to leave the field so the next team can get ready.
- Player must use hand sanitizer when entering the dugout between innings.

COACHES

- Need to always wear face masks unless unable to physically do so.
- Need to provide a batting order slip with all team members in attendance to the concession stand. This needs to be dated and time of game. Also coaches and if you have a parent helper for the dugout area they need to be listed as well.
- If any equipment is being shared you need to disinfect it between uses.
- Baseballs should be rotated on a regular basis, like every 2 innings, to limit individual contact.
- Balls used for warm up should be isolated from a shared/game ball container.

UMPIRES

- Need to always wear face masks unless unable to physically do so.
- Need to maintain safe distancing.
- May stand behind pitcher's mound to call balls/strikes.

CONCESSION STAFF

- Must always wear a face mask.
- Must sign in at the start of shift and temp will be taken to ensure everyone's safety inside.
- Must wash hands at the beginning of each shift.
-
- Must always wear gloves.
-
- Must follow the safe distance spacing with anyone not in your household. Any bill received that is \$20.00 or greater should be given to the board member on duty. (Do not put in the register.)
- Wipe down the customer counter, and refrigerator handles at the beginning and end of your shift.
- Help maintain the one in one out for the restrooms.
- Foul balls landing outside the field should be retrieved by a board member, player, coach, or umpire of that game. If brought back by a spectator, must be placed in the designated area and change gloves. (If brought back by a spectator, name and number for covid tracking.)

BOARD OF DIRECTORS

- Fields are to be mowed and maintained prior to spectators and teams arriving.
- Must ensure everyone's safety and collect the batting order slips at every game as this is what is being used for covid tracing.
-
- Must always wear a mask when on premises.
- When handling food you must wear gloves.
-
- Make sure all disinfecting supplies are available. (For wiping down team equipment.)
- Need to disinfect and wipe down all counters, handles, bathrooms, before each game and at the end of each game.
- Make sure that all in the concession are signed in for covid tracing as well as temps takes. (One 1 board member cooking and 1 at each window. 1 person to work the scoreboard/announcing.)