

(League I.D. # 405-25-01)

BEVERLY HILLS LITTLE LEAGUE 2025 SAFETY MANUAL





“Through awareness, prevention, training and education we will provide a safe, fun and memorable experience for all of our players, volunteers and families”

-- BHLL Board of Directors



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Welcome Managers, Coaches, Umpires, and other Beverly Hills Little League volunteers!

We look forward to another exciting season with continued changes and improvements all of which contribute to our providing a safe and fun environment in which to conduct our Baseball and Challenger programs. This BHLL Safety Manual is provided via email to all BHLL coaches, online on the bhll.net website, and copies are held on file in our score booths and at both the Little League District 25 office and National Little Headquarters in Williamsport, PA.

This Safety Manual is updated annually and is intended to be used as both a safety guide as well as an educational resource that can be reviewed periodically throughout the season to reinforce and improve one's knowledge of important safety rules, emergency protocols and general league policies and procedures.

Below is a quick reference guide highlighting some of the most important requirements for this season.

1) Concussion protocols and training

- a. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:
 - i. Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication is found on pages 30-33 of the BHLL 2025 Safety Manual.
 - ii. **Complete the online CDC training course at:** This training course is required **ONLY ONCE**.
 1. <https://www.train.org/cdctrain/course/1089818/> (20 minutes to complete TOPS)
 2. A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer at safety@beverlyhillslittleleague.com.
- b. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:
 - i. Be immediately removed from the game or event; and
 - ii. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
- c. For reference, the District 25 Little League Concussion Prevention, Treatment and Management Policy and Parent Acknowledgement Form at located on page 36 of this manual. Families will complete the Acknowledgement Form virtually as part of athlete registration. These will be maintained by the league.

2) First Aid Training

- a. **One representative from each team must complete first aid training this year, and each coach/manager must receive training at least once every two years to be eligible.** Licensed health care professionals are exempt from the first aid training.
- b. Online First Aid Training through the American Red Cross is available at <https://rdcrss.org/2ONNx5C>.
- c. Certification is good for two years and tracked on a spreadsheet maintained by the League Safety Officer

- d. The safety officer will provide a voucher for the course upon request.
 - e. Please make sure to forward your completion certificate to the League Safety Officer at safety@beverlyhillslittleleague.com.
- 3) Abuse Awareness Training:
- a. Every coach must complete abuse awareness training **annually** before engaging in team activities.
 - b. The course is available through Little League at:
 - i. https://www.littleleague.org/university/articles/abuse-awareness-training-course/?utm_source=2025+chartering+announcement&utm_medium=email&utm_campaign=ll+abuse+awareness+link
 - c. Email certificate to safety@beverlyhillslittleleague.com.
- 4) Sudden Cardiac Arrest Prevention Protocol: **(Required every other year)**
- a. AB379 requires the same protocols used for concussions in youth and high school sports to be used to help protect young athletes participating in school and community youth sports organizations from sudden cardiac arrest—the #1 killer of young athletes.
 - b. The online Sudden Cardiac Arrest Prevention Training is at: <https://epsavealife.org/sca-prevention-training/>
 - c. Certificate should be sent to safety director at safety@beverlyhillslittleleague.com.
- 5) Medical Release and Assumption of Risk/Waiver of Liability Forms
- a. It is the responsibility of all team coaches to **obtain an executed, original Medical Release Forms** (page 21 of safety manual) for all players, to be always present with the team. This requirement will be strictly enforced by the BHLL Board of Directors. The head coach should either keep all forms in the team bag or scan, maintain, and share with the assistant coaches so that they will have access if the head coach is not present for a team activity.
 - i. This form can also be downloaded and printed from: <https://www.beverlyhillslittleleague.com/wp-content/uploads/2023/08/bhll-medical-release.pdf>
 - b. Coaches are also required to **carry one copy of the “Assumption of Risk/Waiver of Liability and Indemnification Agreement for Communicable/Infectious Diseases”** (page 38 of safety manual) form for every player.
- 6) Forms for Injury: In the event a child gets injured during a league activity, please notify the league safety officer at safety@beverlyhillslittleleague.com and ensure that appropriate forms are completed (pages 22-24 of safety manual)
- 7) Coronavirus Mitigation Plan: At BHLL, we prioritize the safety and well-being of our players by adhering to all applicable LA County Department of Public Health guidelines for youth sports.

Thank you all for your ongoing commitment to Beverly Hills Little League and for providing a safe, fun, and memorable experience to all our BHLL participants.

Avner Gereboff, MD
 Safety Officer
 Vice President

Gregory Morales
 President



Emergency and Important Contact Information

Beverly Hills Fire Department - Direct: (310) 550-4800 / (310) 550-4900

Beverly Hills Police Department - Direct: (310) 550-4951

General Emergency: **911** (Notify Dispatcher of Location)

President:	Gregory Morales	president@beverlyhillslittleleague.com	(323) 823-8473
VP Baseball:	Raul Perez	baseballvp@bhll.net	Phone: (310) 871-7774
Safety Officer/VP:	Avner Gereboff	safety@beverlyhillslittleleague.com	Phone: (310) 270-8239



Board of Directors

Name	Position	Email
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Troy Amidon	Equipment	
Conor Hanney	Director, Challengers Division	

EMERGENCY SAFETY PROCEDURES



In Case of Medical Emergency:

1. Provide First Aid and call the BHF Paramedics at **(310) 550-4800 or 550-4900**. **If it's an emergency, call 911.**
2. Notify parents immediately if they are not present. Managers, Coaches & Team Administrators are required to carry a hard or virtual signed Little League Medical Release Forms at all practices and games for each player to ensure medical treatment can be provided when a parent or legal guardian is not present.
3. Make certain that a coach or Team Administrator not caring for the injured player separates all other teammates from the scene reassuring them of the care being taken for their teammate.
4. Notify the BHLL Safety Officer within 24 hours (preferably sooner) of the incident. If you do not have access to email, then you can notify by telephone.
5. You will be asked to *completely* fill out an internal Incident/Injury tracking report within 48 hours, to be forwarded to the BHLL President and Safety Officer. Please take filling out this form seriously; it is the only record the League will have of the event, and you will need to stand behind it (see sample page 22).
6. If necessary for insurance coverage purposes, you may also be asked to fill-out the Little League Accident Notification Form, in consultation with League officials, and your player's guardians. (Form on page 23-24). (NOTE: If required, this form is required to be completed and forwarded to National Little League Headquarters in Williamsport, PA within 20 days of the incident).



Communicable Disease Procedures and Precautions:

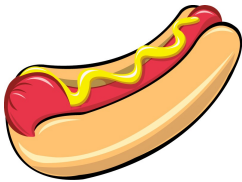
1. Any bleeding must be controlled, the open wound covered, and the uniform changed if blood is present before the player may continue to play.
2. Use vinyl or latex gloves to prevent exposure when the possibility of contact with blood or other body fluids is present. They are available in the first-aid kits.
3. Immediately wash hands and other affected skin surfaces if contaminated with blood. Alcohol-based hand sanitizer will suffice in the absence of soap and water.
4. Clean all blood-contaminated surfaces and equipment with a disinfectant or bleach solution.
5. Managers, coaches, and other volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when hauling bloody dressings, mouth guards and other articles containing body fluids.



First Aid Supplies

First aid boxes are in the score booths at Roxbury Park and in the three score booths at La Cienega Park. Coaches for Rookie and T-Ball divisions will be provided with their own first aid kits. If supplies are running low, please notify the League Safety Officer at safety@beverlyhillslittleleague.com.

Managers and coaches are reminded of the AED (Automated External Defibrillator) devices that are centrally located at each City of BH Park Office and available for use at each of the four fields. Supplemental First Aid supplies can also be found at Park Offices and with the City of BH Park Rangers. Managers and coaches have been informed to report all accidents and incidents promptly.



Concession Stand Safety Procedures

The BHLL contractual agreement with the City of Beverly Hills does not include the League having the ability to operate its own Concessions Stand. From time to time a city-contracted concessions operation is at La Cienega Park operated under an agreement with the city and a third-party operator not affiliated with BHLL. All local and state regulations pertaining to food safety and handling are enforced through the City of BH Planning & Safety Department and related governing agencies.

Required Minimum Standards of Operation

- Check all products for spoilage and odor
- Store all items immediately after delivery
- Ensure refrigerators have regulated thermometer
- Maintain clean/sanitized freezer compartment
- Maintain clean sanitized refrigerator compartment
- Maintain refrigerator shelving in good repair
- Confirm grill clean & in good working order
- Maintain clean floors – spills cleaned immediately
- Keep current/approved fire extinguisher in view
- Kids under 15 barred from grill/food prep areas
- Check all packaging for integrity
- Note delivery date for each item
- Ensure canned containers are clean
- Confirm freezer temp. at least 20° F
- Confirm refrigerator temp. max. 40° F
- Check all food items correctly stored
- Maintain clean/safe food prep areas
- Dump trash in Park receptacles nightly
- Brief all volunteers on these procedures
- Maintain proper food safety practices



Baseball Fundamentals

Manager and Coach Training

BHLL requires that all coaches attend an annual, mandatory Fundamentals Training Session to include hitting, throwing, fielding, pitching and overall team management including how to interact with parents. For the 2025 Season, BHLL has offered to all its baseball and softball managers/coaches the opportunity to attend a league-sponsored fundamentals course on to be held at La Cienega Park on **January 26, 2025**. Approximately 2 hours will be spent displaying drills that all our coaches are encouraged to add into their practice plans. Coaches will receive additional information about this when scheduled.

Player Fundamental Clinics for both Baseball and Softball Divisions were conducted will be held on a regular basis throughout the season.

In addition, Beverly Hills Little League requires that all its coaches and managers obtain annual certification from Positive Coaching Alliance's ("PCA") "Double Goal" program. Details and registration will follow in an email to coaches. Coaches and managers will also be offered the opportunity to take the PCA Double Goal coaching course on-line at the PCA website, www.positivecoach.org.

Individual mandatory Baseball and Softball Division Rules meetings are held preseason as well as meetings with all Team Administrators.



First Aid Training and Concussion Training

Beverly Hills Little League requires that all coaches receive first aid training at least once every three years. Licensed health care professionals are exempt from the first aid training. Online First Aid Training through the American Red Cross is available at <https://rdcrss.org/2ONNx5C>. Please make sure to forward your completion certificate to the League Safety Officer at bhllcovidsafety@gmail.com. Certification is good for two years and tracked on a spreadsheet maintained by the League Safety Officer.

EVERY manager, coach and any volunteer who will be with the team during practices and games will be required to go online and complete a FREE course on concussion protocol and recognition. This course is found at <https://www.train.org/cdctrain/course/1089818/>. Everyone is required to submit a copy of the Certificate of Completion to the BHLL safety officer at safety@beverlyhillslittleleague.com.

Field and Equipment Inspections



Beverly Hills Little League, in coordination with the City of Beverly Hills Parks & Recreation Department completes annual inspections of all its fields prior to the commencement of the baseball season. Maintenance and care of the fields is provided throughout the baseball season as a part of the contractual agreement between the City of Beverly Hills and the Beverly Hills Little League. It is the responsibility of all coaches and umpires to immediately report any hazardous conditions to both the BHLL Safety Officer and Park & Recreation personnel (if present at the field). Minimum requirements of the coaches and umpires include walking the fields prior to all games and practices taking note of any new hazards created by irrigation, weather, general use or vandalism. This shall include inspections of the dugout and bullpen areas.

Our Equipment Director & Safety Officer perform a preseason assessment of all league gear and routinely spot check equipment throughout the season to ensure it is in good repair. Managers, coaches, and umpires are required to check league as well as personal player gear prior to each game. An annual inventory of all Beverly Hills Little League gear has been ongoing to properly identify gear that is unsafe & deemed unfit for play. A detailed inventory system has been instituted (with identification on all gear) to facilitate the timely replacement of damaged, unsafe equipment.

NOTE: As required by Little League International starting in 2008, all fields have bases that disengage from their anchors. The bases are routinely inspected during games to ensure proper anchoring. Further, “double first bases” are used with an added orange safety base, to avoid collisions at first base.

New since 2018 – USA Baseball Bat Standard Implemented



As of January 1, 2018, the new USA Baseball Bat Standard was implemented. Little League-approved baseball bats that were approved for use for the 2017 season (or earlier) are not acceptable for use in any Little League game or activity as of January 1, 2018. All BPF – 1.15 bats have been prohibited since the 2018 season. What this means for local Little Leagues, and Little League baseball players in the Tee Ball through Junior League Divisions, as well as Little League Challenger Division®, is that all Little League-approved bats used during the 2017 or earlier Little League regular season and throughout tournament play, can no longer be used since 2018. The new standard will be strictly enforced.

Both the USA Baseball and NCAA bat performance tests are based on the coefficient of restitution from a bat-ball impact. The scale of results is different, however, since they use different test balls and test speeds. The testing difference is necessary to address the various levels of play in the respective age groups. USA Baseball's national member organizations believe that a wood-like performance standard best provides for the long-term integrity of the game. However, wood is a scarce resource. The new bats are designed to perform much like wood, where its performance is limited to the highest performing wood. The bats approved using the USABat Standard for Little League are made in 2 1/4-, 2 1/2-, and 2 5/8- inch dimensions.

All bats that bear the USABat licensing mark are permissible for play in the leagues and tournaments of the participating youth baseball organizations. In Little League, the new bats are used in the Tee Ball, Minor, Major, Intermediate (50/70), and Junior League Baseball Divisions. For more information on the USABat standard and a complete list of bats approved through the USABat Standard, visit usabat.com.

Annual Facility Survey



As required, Beverly Hills Little League submits an updated Facility Survey on an annual basis of its four (4) baseball fields operated under the guidance of the City of BH Park & Recreation Dept. A qualified safety plan registration form is also submitted in concert with the Facility Survey and ASAP Safety Plan.

Common Sense Guidelines for a Safe Coaching Experience



A. As a Manager or Coach your role includes:

1. Responsibilities as the first person to see an injury.
2. Parental expectations that your judgment will be reliable when they are not present.
3. Administering First Aid if no health professional is present.
4. Decisions when an injured athlete returns to play or seeks medical attention.
5. Meticulous observance of all BHLL safety mandates, including the Coronavirus Mitigation Plan.

B. Other Safety Expectations Include:

1. Properly planning games and practices under safe conditions.
2. Providing proper instruction.
3. Providing adequate and appropriate equipment.
4. Match player's role and position in terms of age and abilities.
5. Evaluate player for injuries and incapacities:
 - a. Discuss potential health problems (diabetes, allergies, asthma) with parents.
 - b. Remove player from game or practice if they are in pain or any discomfort.
6. Closely supervise and control practice and game.
7. Provide appropriate emergency assistance:
 - a. Know sports first aid.
 - b. Only use skills you are qualified to administer.
 - c. Have plan for contacting paramedics @ (310) 550-4900/4800 (or 911), know directions to field.
8. Know Good Samaritan Law.
9. **HAVE BHLL MEDICAL RELEASE FORMS AT ALL TIMES.**

C. Game Plan

1. Inspect field for hazards.
2. Inventory first aid supplies in announcer's booth – contact BHLL Safety Officer at safety@bhll.net if items are missing or depleted.
3. Begin with warm-ups and stretching.
4. Inspect for safe equipment - catcher's protection, helmets.
5. Pregame – no bat swinging, no horseplay, "line-of-fire" control.
6. Emergency plan ready (have cell phone, emergency numbers, delegation of responsibilities).
7. Never leave an injured player.

Safety Code



BHLL uses the 2019 National Little League recognized Volunteer Application Form for all Managers, Coaches, and League Officials. All volunteers are initially screened by individuals from the BHLL Board of Directors and are then investigated through a background check through the JDP for any known record of sexual abuse, criminal behavior, etc. League player registration data along with the coach and manager data is submitted via the Little League Data Center at www.LittleLeague.org.

NOTE: It is the responsibility of all team coaches to obtain Medical Release Forms for all players, to be always present in hard copy or electronically with the team. Division Directors as well as the Safety Officer are responsible to check for compliance at the beginning as well as periodically throughout the season. This requirement will be strictly enforced by the BHLL Board of Directors.

- Responsibility for safety resides with all BHLL Board members, managers, coaches, and parents.
- Arrangements should be made in advance of all games and practices for emergency medical services. Make sure someone has a cell phone readily available at all games and practices.
- Managers, coaches & umpires should have training in first aid; Supplies with equipment.
- No games or practices when weather conditions make them unsafe.
- No games or practices unless there is adequate lighting.
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Establish a safe procedure for retrieving foul balls out of playing area.
- All players should be alert and watching the batter on each pitch during practice and games.
- Inspect equipment regularly and make sure it is properly sized to the player.
- Catcher must wear catcher's helmet, mask throat protector, shin guards, long model chest protector and protective cup always.
- Head first sliding is prohibited except when a runner is returning to base.
- "Horseplay" is not permitted on the playing field at any time.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Catchers must wear helmet and mask with throat protector when warming up pitchers. This applies between innings, in the bullpen and during practices.
- Players cannot wear jewelry or metallic objects (Medical ID bracelet/ necklace excepted).



Important Little League *Safety* Rules & Regulations

Rule 1.08 **The On-Deck Position is Not Permitted**

Players are not allowed to hold a bat in the hands until the umpire calls them to bat. At that point, they are permitted to pick up their bat from a controlled area, bat rack, and proceed to home plate to take their position in the batter's box. Players are not allowed to take practice swings in between innings and/or while the pitcher is warming up.

Rule 1.16 **Batting Helmet Requirements and Restrictions**

Helmets must remain on until the player has returned to the dugout.

Rule 1.17 **Catchers must wear helmets during warm-ups and infield/outfield practice**

All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield & outfield practice, pitcher warm-ups and games.

Rule 1.10 **Bat Restrictions & Guidelines**

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



Since the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats have been prohibited since the 2018 season. Additionally, starting in 2018, the bat diameter shall not exceed 2 $\frac{3}{8}$ inches for these divisions of play. Additional information is available at LittleLeague.org/batinfo.

Regulation VI – Pitching Restrictions

Pitching activity should be monitored on a regular basis by the Player Agent and Safety Officer.



For more than a decade, the Little League program has been at the forefront of promoting arm safety for youth pitchers. As we continue to work to make baseball a safe, fun sport for all children, Little League is proudly supporting the efforts of Major League Baseball and USA Baseball through the **Pitch Smart campaign**. After several years of research, Little League launched its pitch count program in 2006. With limits set for different numbers of pitches for different age groups, Little League has been diligent in protecting young arms since establishing strict pitching rules. With many baseball players participating in Little League and other youth baseball programs, it is important for parents and coaches to use the Pitch Smart campaign and the Little League pitch count program to ensure young pitching arms stay safe. Little League strongly encourages all Little League volunteers, parents, and officials to review PitchSmart.org and share it with others.

10 Health Tips a Youth Baseball Coach Should Know



If you're a Little League coach, there are 10 tips you should know to help keep your players healthy.

1. "The number one tip coaches should remember is that children are not miniature adults and shouldn't be treated as such," says Jim Rogers, a certified athletic trainer in Temple University Hospital's Sports Medicine Center. "This may seem obvious, but many adults don't realize children's bodies can't take the same amount of physical stress adult bodies can take. That's because children are still growing and therefore are more susceptible to injury."
2. Stretching the muscles related to the activity is very important. For example, if a child is pitching, he should concentrate on stretching his or her arm and back muscles. If a child is catching, the focus should be on the legs and back.
3. A good warm-up is just as important as stretching. A warm-up can involve light calisthenics or a short jog. This helps raise the core body temperature and prepares all the body's muscles for physical activity.
4. Children should not be encouraged to "play through the pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.
5. Swelling with pain & limitation of motion are two signs that are especially present in children. Don't ignore them. This can mean the child has a more serious injury than first suspected.
6. Rest is by far the most powerful therapy in youth sports injury. Nothing helps an injury to heal faster than rest.
7. Children who play on more than one team are especially at risk for overuse injuries. Overuse injuries are caused by repetitive stress put on the same part of the body repeatedly.
8. Injuries that look like sprains in adults can be fractures in children. Children are more susceptible to fractures because their bones are still growing.
9. Children's growth spurts can make for increased risk of injury. A particularly sensitive area in a child's body during a growth spurt is the Growth Plate – the area of growth in the bone. Growth Plates are weak spots in a child's body and can be the source of injury if the child is pushed beyond his limit athletically.
10. Ice is a universal first-aid treatment for minor sports injuries. Regular ice packs as well as high-quality chemical packs – should be available at all games and practices. Ice controls the pain and swelling caused by common injuries such as sprains, strains and contusions.

Code(s) of Conduct

The purposes of Little League are “to assist youth in developing qualities of citizenship, discipline, teamwork and physical well-being, with proper guidance and exemplary leadership.” The Beverly Hills Little League (“BHLL”) has instituted this Code of Conduct to ensure that the behavior and conduct of all participants in BHLL activities are consistent with and further these purposes.

Players, managers, coaches, parents, league officials, umpires, scorekeepers, announcers, and spectators all share in the responsibility to display proper behavior at all times. Unsportsmanlike conduct or disrespect for the game, league officials, opposing coaches and teams, the umpires and game officials, the scorekeepers and the spectators will not be tolerated in BHLL during any of its activities.

The President of the BHLL or the Board of Directors may take disciplinary action against any participant in the league, including players, coaches, parents, umpires, league officials, and spectators, whose conduct is detrimental to the operation and purpose of the BHLL. While this Code of Conduct enumerates certain conduct that would result in automatic disciplinary action, it is not exhaustive and other conduct not specifically identified in this Code could also result in disciplinary action.

Disciplinary action includes reprimands, game ejections, suspensions, or expulsion from the league.

PLAYER CODE OF CONDUCT:

The following is the Code of Conduct players are obligated to follow in BHLL, or at any BHLL activities (such as tournaments or games played at other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion from the BHLL.

The use of tobacco, alcohol, marijuana, or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or BHLL activity, a mandatory one game suspension from the player’s next regularly scheduled game, and such other action as the BHLL deems appropriate:

- arguing with umpires or other game officials.
- engaging in offensive behavior.
- trash-talking to opponents.
- unsportsmanlike conduct.
- abusive, harmful, or unwarranted disruptions to the game.
- throwing bats, helmets, gloves, or other equipment in anger.
- using profane, obscene, or vulgar language.
- verbal disrespect directed towards an umpire, game official, league official, another player, manager, coach, or spectator.

There shall be no fighting whatsoever at any BHLL activity. Any player who either suggests or threatens to fight, or initiates and/or participates in a fight before or during a game or touches or threatens to touch anyone else in a violent or offensive manner, shall be immediately ejected from the game and suspended from the next three games. If the incident occurs after

the completion of a game or at any other BHLL activity, that player(s) shall be suspended from the next four games.

It shall be mandatory for all players at the completion of their game to participate in a post-game cheer and handshake ceremony on the field of play. In addition, all players must thank the umpiring crew and any other game officials present. Any player not participating (except for injury) shall be suspended from the following game and will be subject to further suspension at the discretion of the President of the BHLL or the BHLL Board of Directors.

Players who are ejected from a game twice in any season shall be subject to a mandatory suspension for the remainder of the season. The player will automatically lose their eligibility to participate in any post-season tournaments. In addition, the player shall be subject to a permanent ban from the BHLL at the discretion of the BHLL.

A player ejected from a game may be allowed to remain in the dugout or asked to leave the proximity of the playing field at the discretion of the umpire.

The suspensions will begin immediately upon notification to the offending party by the President of the BHLL and take effect before the next scheduled game of the offending player.

MANAGER AND COACH CODE OF CONDUCT

The following is the Code of Conduct all managers, coaches and other adult volunteers are obligated to follow in the BHLL, or at any BHLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in ejection, reprimand, suspension and/or expulsion.

The use of tobacco, alcohol, marijuana, or illegal drugs anywhere on or in the vicinity of the playing fields is strictly prohibited. Violation of this rule will result in immediate expulsion from the league.

The following behavior will result in immediate ejection from the game or BHLL-approved activity, a mandatory two game suspension from the next regularly scheduled game and such other action as the BHLL deems appropriate:

- arguing with umpires or other game officials.
- engaging in offensive behavior.
- trash-talking to opponents.
- unsportsmanlike conduct.
- abusive, harmful, or unwarranted disruptions to the game.
- throwing bats, helmets, gloves, or other equipment in anger.
- using profane, obscene, or vulgar language.
- verbal disrespect directed towards an umpire, game official, league official, player, manager, coach, or spectator.

Managers and coaches shall never threaten to or physically harm or abuse any player, umpire, game official, league official or spectator at any time for any reason. This type of behavior will result in immediate dismissal from the BHLL for the remainder of the season and subject that individual to a permanent ban from the BHLL.

It shall be mandatory for all managers and coaches at the completion of their game to participate in a post-game cheer and handshake ceremony with the opposing team on the field of play. In addition, all managers and coaches must thank the umpiring crew and any other game officials present. Any manager or coach not participating shall be suspended for the following two regularly scheduled games and be subject to further suspension at the discretion of the President or Board of Directors of the BHLL.

Any manager or coach who deliberately circumvents any of the BHLL rules or regulations, especially the mandatory playing rules, is subject to suspension or expulsion from the BHLL. The President or Board of Directors of the BHLL has the right and discretion to suspend any manager, coach, or player for any part of or for the entire season for any conduct violation which results in an ejection or is deemed by the Board of Directors to be detrimental to the operation and purpose of the Beverly Hills Little League.

Managers and coaches who are ejected from a game twice in any season are subject to a mandatory suspension for the remainder of the season. This individual will automatically lose their eligibility to participate in any post-season tournaments. In addition, the manager and/or coach shall be subject to a permanent expulsion from the BHLL at the discretion of the Board of Directors.

A manager or coach ejected from a game will not be allowed to remain in the dugout or the spectator area and must immediately vacate the proximity of the baseball field. Failure to do so in a timely manner without further argument or delay may result in forfeiture of the game.

The President of the BHLL shall promptly report the suspension of any player to the Board of Directors, although there is no right to appeal of any discipline instituted under this provision. The suspensions will begin immediately upon notification to the offending party by the President of the BHLL and take effect before the next scheduled game of the offending player.

SPECTATOR CODE OF CONDUCT

The following is the Code of Conduct all spectators are obligated to follow in the BHLL, or at any BHLL activity (such as tournaments or games played in other Little Leagues). Violation of any rule may result in disciplinary action.

Spectators shall not incite or participate in any form of unsportsmanlike conduct in BHLL or at any BHLL activity. Spectators shall not use abusive or profane language or gestures at any time at any game or other BHLL activity. Spectators shall not criticize, belittle, antagonize, berate, or otherwise incite any players, managers, coaches, adult volunteers, umpires, league officials or other spectators by word of mouth or by gesture. Spectators shall accept all decisions of the umpires and game officials as being fair and judged to the best of their ability.

Any spectator exhibiting unsportsmanlike conduct, disruptive, profane, rude and/or abusive behavior towards any player, manager, coach, umpire, game official, league official or other spectator shall be subject to removal from the spectator area and the immediate vicinity of the game by an umpire or league official. Any spectator who fails to comply with this request in a timely manner, without further argument or delay, may subject the team to which they are affiliated to forfeiture of the game and must be reported to the Board of Directors.

The President or Board of Directors of the BHLL shall be empowered to suspend any spectator from attending any BHLL games or other BHLL approved events for engaging in conduct detrimental to the operation and purpose of the BHLL.

UMPIRE GUIDELINES



Before the Game – Meet at Home Plate

- Introduce plate and base umpires, managers, coaches
- Receive official lineup card 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 inning 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
- Obtain two (2) game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts tucked-in, caps on)
- Inspect equipment for damage and to meet regulations
- Ensure the 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 (2) outs
- Make sure catchers are wearing the proper safety equipment
- Continually to 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, signaling each properly
- Umpires should be in the 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!”

Medical Release Form (Sample)



Little League Baseball and Softball M E D I C A L R E L E A S E



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

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

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

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/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.

Incident/Injury Tracking Report (sample)

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/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:

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

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: _____

Accident Claim Form (sample)



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
 Little League® International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674 Fax: 570-326-9280

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

League Name			League I.D.			
Name of Injured Person/Claimant		SSN	PART 1	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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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)	
	<input type="checkbox"/> 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 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 Cont'd.)

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 Basics – Common Injuries

A. Maintain Life Support – know CPR “ABC’s” of Life.

Airway Breathing Circulation

B. Bleeding

1. First Aid:
 - a. Cover wound with sterile gauze.
 - b. Apply direct pressure.
 - c. Elevate injured body part if possible.
 - d. Send for medical assistance if bleeding is deemed uncontrollable.

C. Unconscious Athlete

1. Do Not Move / Always assume head or neck injury is present.
2. First Aid:
 - a. Send for emergency assistance (BHF 310---550---4800 / 550---4900) or 911.
 - b. Stabilize head and neck.
 - c. Monitor airway, breathing, circulation and provide CPR if necessary.

D. Head Injuries (Concussion – see sections on pages 27-33)

1. Caused by direct impact to head or jaw.
2. Symptoms –
 - a. Dizziness, ringing in ears, headache, nausea, blurred vision and slurred speech, loss of balance, confusion, memory loss, disorientation.
 - b. Pupils of unequal in size and not constricted when subjected to light.
3. First Aid:
 - a. If any of the symptoms persist, call for medical assistance.
 - b. Remove athlete from game or practice.
 - c. Return to sport requires physician’s release.

E. Heat Stroke

1. Cause – lack of consuming adequate fluids before, during and after activities.
2. Symptoms – Fatigue, flushed skin, light--headedness.
3. First Aid – Have player stop exercising, get out of the sun, drink.
4. Severe Symptoms – Muscle spasms, clumsiness, delirium – follow above first Aid and call for medical assistance.

NOTE: SUGGESTED DRINKING GUIDELINES FOR HOT DAY ACTIVITIES

- ✓ Before: Drink 8 oz. immediately before exercise
- ✓ During: Drink at least 4 oz. every 20 minutes
- ✓ After: Drink 16 oz. for every pound of weight loss

F. Knocked-Out Permanent Tooth

1. Rule out possible head injury or concussion.
2. Treat head injury or concussion first.
3. Please wet gauze over the tooth socket and have the athlete bit down and put pressure on the affecting area to control bleeding.
4. Find the tooth - Do not touch or handle the root --- handle crown portion only and place in best transport option available -Cold milk / Saline Solution / Athlete's mouth, saliva.
5. See dentist without delay (< 30 minutes).
6. Consider custom made mouth guard worn during athletic participation.

Preexisting Health Conditions – Know Your Players!

G. Asthma

1. Causes – allergy, cold temperatures, strenuous exercise
2. Symptoms – Tightness in chest, wheezing, trouble exhaling, inability to breath
3. First Aid – Reassure and comfort player. Ask, “Do you have your asthma medication? assist with medication, monitor for improvement, and send for assistance if not improving.
4. Begin administering CPR if necessary.
5. Be aware of athletes who have asthma:
 - a. Remind them to always bring medication with them.
 - b. Provide frequent rest breaks

H. Diabetes

1. Definition – Low blood sugar (hypoglycemia)
2. Know which athletes are diabetic
3. Symptoms – Dizziness, headache, hunger, weakness, perspiration, pale cold skin, rapid pulse, confusion, disorientation which all may lead to unconsciousness
4. First Aid – Give complex carbohydrates, crackers, fruits, sugar, candy, soda, or fruit juice
5. Send for emergency medical help if athlete does not recover within minutes

I. Food and other Allergies

1. Coaches should make a point to be aware of any players who have potentially life-threatening allergies before the first day of practice.
2. All players who have a prescribed “Epi Pen” should notify their coach and make certain it is always carried with the player.
3. Team Administrator should know of any player with food allergies (i.e. Peanuts) prior to the start of the season to alert parents to provide “safe” snacks.

NOTE: In summary to the above-mentioned pre-existing health conditions, coaches should be made aware of any potential health issues that could put a child at risk and should be prepared to notice the warning signs / signs of distress as well as be knowledgeable of the protocols for addressing the event.

Concussion Awareness Guidelines for Coaches

Courtesy of the Centers for Disease Control

BH LITTLE LEAGUE

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

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



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Concussion Awareness Guidelines for Parents & Athletes

Courtesy of the Centers for Disease Control

BH LITTLE LEAGUE

CONCUSSION INFORMATION SHEET



**HEADS UP
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move 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 the brain cells.



HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or 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.

SIGNS OBSERVED BY PARENTS OR COACHES

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

SYMPTOMS REPORTED BY CHILDREN AND TEENS

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

Concussion Awareness Guidelines for Parents & Athletes (cont.)

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - » Work with their coach to teach ways to lower the chances of getting a concussion.
 - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - » Ensure that they follow their coach's rules for safety and the rules of the sport.
 - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> cdc.gov/HEADSUP

JOIN THE CONVERSATION AT

↳ www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

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.³ 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.^{1,2}

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.

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.
- 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.⁴



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.⁵⁻⁷

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.

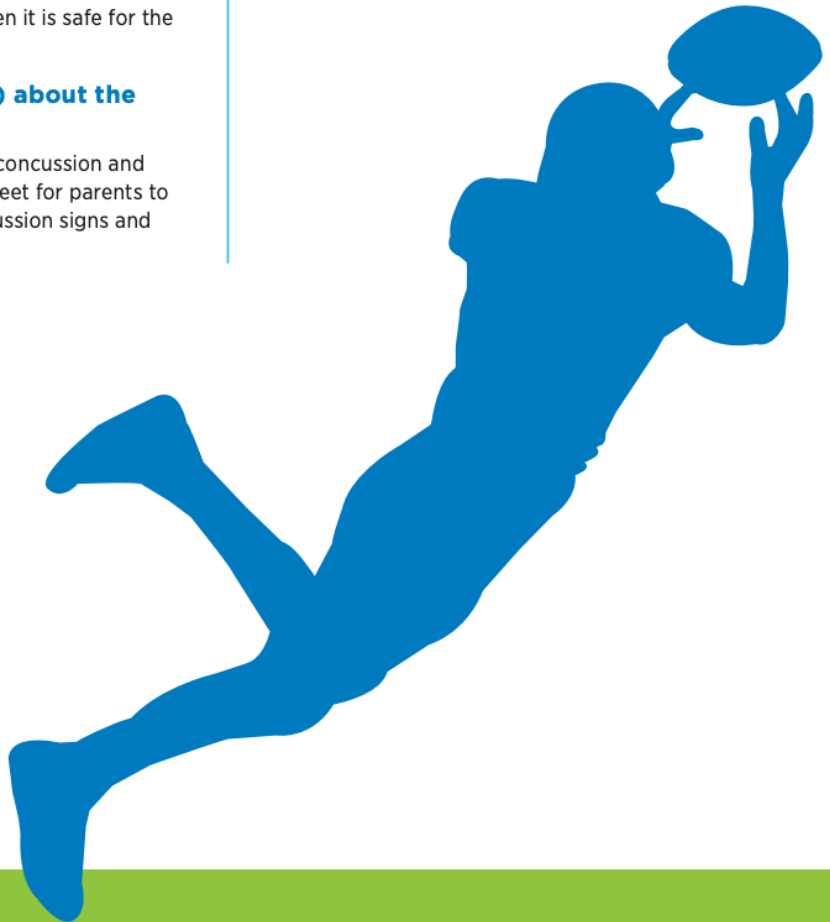
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

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.



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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



District 25 Little League Concussion Prevention, Treatment and Management Policy

Recently, Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **District 25 Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:

a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer; and,

b) Complete the CDC on-line training course at:

<https://www.train.org/cdctrain/course/1089818/> (20 minutes to complete TOPS)

A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.

2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:

a. Be immediately removed from the game or event; and

b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.

3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

District 25 Little League Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement

We, the undersigned, acknowledge that we have been provided with a copy of the District 25 Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: _____
Player

Dated: _____
Parent/Legal Guardian Parent/Legal Guardian

LEAGUE USE: Division: _____ Team: _____

ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT FOR COMMUNICABLE/INFECTIOUS DISEASES

In consideration of being allowed to participate in Beverly Hills Little League (“BHLL”) on behalf of baseball/softball programs and related events and activities (including Spring Ball practice pods) (“Activities”), the undersigned acknowledges, and agrees to the following terms:

1. Voluntary Participation: I acknowledge and understand that my participation in BHLL Activities is strictly voluntary and neither required nor mandatory.
2. Acknowledgment of Risk: Participation in BHLL Activities may be dangerous and include risks that are inherent and cannot be reasonably avoided without changing the nature of the activity including, but not limited to, the dangers of exposure to, and illness from, communicable and/or infectious diseases (such as the COVID-19 virus). BHLL cannot foresee every possible contingency or eliminate all risk of contracting, or exposure to and illness from, infectious and/or communicable diseases. While personal discipline may reduce this risk, the risk of serious illness and/or death does exist.
3. Assumption of Risk: I understand and acknowledge that certain risks are inherent in BHLL Activities and knowingly and expressly assume any such risks and dangers associated with participation in the same, whether described above, known or unknown, and inherent or otherwise. I understand that these risks and dangers may arise from other’s inaction or negligence, conditions related to BHLL Activities, or the conditions related to event and activity location(s). Nonetheless, I assume full responsibility for my voluntary participation, including responsibility for any injury or loss, including death.
4. Voluntary Release of All Claims: I, on behalf of myself, heirs, assigns, personal representatives and next of kin, HEREBY VOLUNTARILY RELEASE, DISCHARGE, WAIVE AND HOLD HARMLESS BHLL their officers, officials, agents, employees, volunteers, insurers, other participants, sponsoring agencies or entities including City of Beverly Hills, sponsors, advertisers, and if applicable, owners and lessors of premises (including City of Beverly Hills) used to conduct BHLL Activities (collectively “RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF ASSUMPTION OS RISK/WAIVER OF LIABILITY AND INDEMNIDICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature:_____

Date signed: _____

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

As parent/guardian, with legal responsibility for this participant, am satisfied with the nature and quality of this voluntary activity for my child/ward. I have read this Assumption of Risk/Waiver of Liability and Indemnification Agreement and fully understand its terms. I understand that signing this Agreement is voluntary and that I have been given the opportunity to seek legal counsel before signing this binding document. I understand that my signature below authorizes my child/ward to participate in BHLL Activities, subject to the terms and conditions stated in this Agreement.

Name of Minor under Age 18:_____

Name of parent/guardian: _____

Parent guardian/signature:_____

Date signed: _____