



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.

Washington District 11 Covid 19 Return to Play Protocols

- All games must be played following federal, state, county, and local mandates.
- No players may participate if showing Covid symptoms.
- Each team will have a non coaching safety representative in their dugout. The safety representative will be solely responsible for monitoring players, and sanitizing balls and equipment as noted below. 4 adults will be allowed in the dugout.
- Each team will supply 3 new game balls at the beginning of each game.
- Each team will be responsible for playing defense only with the balls they supply.
- Every ball will be lightly sprayed or wiped with a sanitizer between innings by the team safety representative.
- Every baseball that leaves the field of play must be sanitized before being returned to play.
- Umpires will not handle baseballs or softballs at any time.
- Visual safety inspection of playing equipment will be conducted by the umpires before each game, but umpires will not handle players equipment.
- Players are encouraged to only handle their own equipment.
- All league issued or personal equipment must be sanitized after each use if shared and at the end of the game.
- No spitting of anything allowed. First offense: Individual and team warning will be issued. 2nd offense, player will be removed. Player removal does not constitute an ejection. It is a removal for safety reasons and will not carry a one game suspension.
- Pitchers may not bring their hand to the mouth at anytime for any reason. 1st offense: warning. 2nd offense: removal from pitching position.
- Each league and coaching staff should emphasize social distancing by fans.
- Additional requirements may be added at any time by the District Administrator.
- All Little League playing rules including District 11 special rules remain in effect outside of these regulations.

WASHINGTON STATE LITTLE LEAGUE DISTRICT 11

COVID-19 WAIVER

COVID-19 has been declared a worldwide pandemic by the World Health Organization. District 11 Little League (“D11LL”) has established preventative measures and policies to reduce the risk of spread of COVID-19. D11LL cannot, however, guarantee that you, your child(ren), will not become exposed to and infected with COVID-19.

This Waiver and Release of Liability Relating to Coronavirus/COVID-19 (“Waiver and Release”) is effective for the entire 2020 D11LL baseball season, and encompasses any and all D11LL events and activities (“D11LL activities”). .

I acknowledge that I have read each paragraph of the Waiver and Release.

I acknowledge that I had the opportunity, before signing the Waiver and Release, to ask questions about, discuss, and negotiate any of the terms set forth in the Waiver and Release.

I acknowledge and understand the contagious nature of COVID-19, and I voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in D11LL activities, and that such exposure or infection may result in personal injury, illness, disability, or death.

I acknowledge and understand that I am agreeing to the terms set forth in the Waiver and Release, as consideration for my child(ren) being permitted to participate in D11LL activities.

I acknowledge and understand that the risk of becoming exposed to or infected by COVID-19 while participating in D11LL activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, D11LL employees, volunteers, and all of D11LL’s program participants and their families. I acknowledge and understand that it is impossible to eliminate the risk that my child(ren), and my family, become exposed to and infected by COVID-19 when participating in D11LL activities.

I, for myself, my child(ren), my heirs, personal representatives or assigns, voluntarily agree to assume the risk that my child(ren), and my family, may be exposed to, and become infected by, COVID-19, when participating in D11LL activities, and I agree to accept responsibility for any injury that my child(ren), or my family, may experience in connection with D11LL activities, including, but not limited to, personal injury, disability, illness, and death. I voluntarily agree to release D11LL and its officers, directors, agents, volunteers, coaches, and insurers (the “Released Parties”) from and against any and all liability, claims, demands, actions, damages, or causes of action of any kind arising from or related to my child(ren) or I being exposed to or infected by COVID-19 when participating in D11LL activities.

The Waiver and Release is limited to claims premised on the negligence of the Released Parties; the Waiver and Release does not apply to claims which are based on the intentional conduct, or reckless disregard, of the Released Parties.

In the event of any dispute arising under or related to the Waiver and Release, the laws of the State of Washington shall apply.

I UNDERSTAND THAT BY ACKNOWLEDGING THIS WAIVER AND RELEASE, I AM RELEASING CLAIMS WHICH I MAY OTHERWISE HAVE BEEN ABLE TO PURSUE, AND AM GIVING UP SUBSTANTIAL RIGHTS.

X

PRINTED NAME

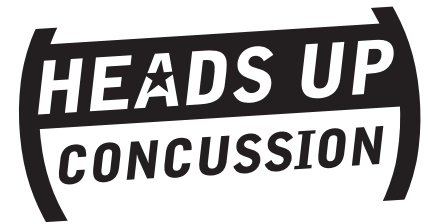
X

SIGNATURE

X

DATE

CONCUSSION Information Sheet



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 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.



Plan ahead. What do you want your child or teen to know about concussion?

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."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



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.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

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.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

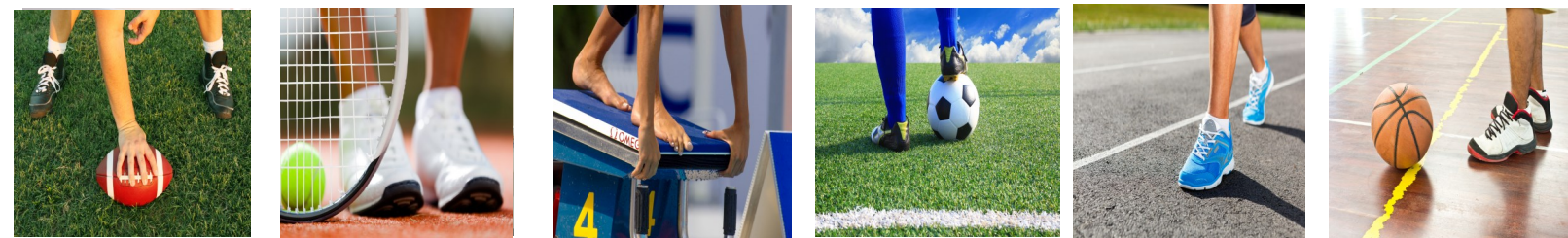


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called “commotio cordis”).

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

Washington State Little League District 11

Parent/Player Concussion and Sudden Cardiac Arrest

Awareness Form

Washington State District 11 Little League believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student/athlete you play a vital role in helping keep student/ athletes stay safe while playing baseball or softball. Player and parental education regarding Concussions and Sudden Cardiac Arrest Awareness are crucial.

Your league will be providing you online information to help keep you informed about these two areas of concern. If you do not have access to these online links, informational pamphlets will be provided to you at your request. Please make sure your read this information carefully and understand it. If you have questions regarding any of the information provided online or in the informational pamphlet, please contact your league Safety Officer or District 11 Little League.

To assure you understand this information, Leagues will be requiring that you sign this form each year prior to participation in any of the Washington State District 11 Little Leagues.

I HAVE RECEIVED ONLINE INFORMATIONAL LINKS OR HARD COPY PAMPHLETS REGARDING THE CONCUSSION LAWS AND THE SUDDEN CARDIAC AREST AWARENESS PROGRAM. I HAVE READ AND UNDERSTOOD THE INFORMATION PRESENTED.

STUDENT ATHLETE NAME (Printed)

STUDENT ATHLETE SIGNATURE

Date

PARENT/GUARDIAN NAME (Printed)

PARENT/GUARDIAN SIGNATURE

Date

If your child cannot yet read, write or understand the information presented, you may sign on your child's behalf.



Little League® Volunteer Application - 2020

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

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that 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 _____ First _____ Middle Name or Initial _____ Last _____

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/BGStateLaws

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.