



**CYBSL**

**Colchester Youth Baseball & Softball League**

**League ID 245-01-49**

**2022 Safety Awareness Program**

**Requirements**

**March 21, 2022**



# Qualified Safety Plan Requirements

1. Safety Officer
2. Printed Safety Manual
3. Emergency Contact Information
4. Background Checks
5. Coaches Fundamentals Training
6. First Aid Training for Coaches/Managers
7. Field/Facility Pre-Use Check
8. Annual Little League Facility Survey
9. Concessions & Food
10. Equipment
11. Accident Notification & Tracking
12. First Aid Kits
13. Rules & Enforcement
14. Town Lightning Policy, (A direct result of CYBSL consultation)
15. Additional Actions of CYBSL
16. Player Roster, Coach and Manager Data



# CYBSL ASAP Plan Actions

## CYBSL Status & Compliance Actions Required

1. Requirement #1: *Active Safety Officer* – OWNER: M. Cushing
  - Little League updated by submission of plan.
  - COMPLETED
2. Requirement #2: *Provide paper copies of Safety Plan to all key volunteers.*
  - Send out at coaches meeting. – OWNER: M. Cushing
  - April 10, 2022
3. Requirement #3: *Post and distribute emergency and key officials' phone numbers.*
  - COMPLETED. OWNER:
4. Requirement #4: Use LL's form for all Background checks. – OWNER: M. Cushing
  - COMPLETED.
5. Requirement #5: *Provide and require fundamentals training*
  - Will be completed at coaches meeting, (April 10, 2022).
  - Owner:
6. Requirement #6: *Require first-aid training for coaches and managers.*
  - Completed at special first aid coaches meeting, (April 10, 2022 ).
  - Owner: M. Cushing
7. Requirement #7: *Require coaches/umpires to walk fields for hazards before use.*
  - Communicated requirement at coaches meeting. Owner: M. Cushing
  - Postponed until further notice.



# CYBSL ASAP Plan Actions

## CYBSL Status & Compliance Actions Required

8. Requirement #8: *Complete the annual Little League Facility Survey*
  - Completed online and will be submitted with ASAP Plan. OWNER: M. Cushing
  - COMPLETED
9. Requirement #9: *Have written safety procedures for concession stand & train operators*
  - COMPLETED.
  - Procedures are posted, and training postponed until further notice.
10. Requirement #10: *Require regular inspection and replacement of equipment.*
  - OWNER: Jan Eidsheim
  - COMPLETED.
11. Requirement #11: *Implement prompt accident reporting and tracking procedures.*
  - Communicated requirement at safety meeting. Owner: M. Cushing
12. Requirement #12: *Require a first-aid kit at each game and practice.*
  - OWNER: M. Cushing: All teams have a kit & each site has a kit.
  - COMPLETED.
13. Requirement #13: *Enforce ALL Little League rules including proper equipment.*
  - Communicated requirement at coaches meeting. Owner: M. Cushing
  - COMPLETED.



# Qualified Safety Plan Requirements

1. League Safety Officer: **Michelle Cushing** on file with Little League Headquarters.  
(Accomplished with submission of ASAP plan.)  
– Safety Officer is a CYBSL Board of Directors Position
2. CYBSL will distribute a paper copy of this Safety Manual to all managers/coaches, and the District Administrator. The Safety Manual will also be posted on the league website available for downloading by any interested party, (volunteers, parents, players, other).

<b>3. <u>Emergency Phone Number:</u></b>	<b>911</b>	
• Local Police Emergency:	<b>911</b>	
• Local Fire Emergency:	<b>911</b>	
• League President:	<b>Mathew Robinson</b>	<b>802.488.0726</b>
• League VP:	<b>Jason Carey</b>	<b>802.233.9837</b>
• League Secretary:	<b>Megan Nolan</b>	<b>802.238.0638</b>
• League Coordinator:	<b>Pat McCarthy</b>	<b>802.503.9418</b>
• Softball Coordinator:	<b>Angela Boyer</b>	<b>802.318.5880</b>
• T-Ball Coordinator:	<b>Nicholas Longo</b>	<b>802.391.4070</b>
• League Equipment:	<b>Jan Eidsheim</b>	<b>802.880.7433</b>
• League Safety Officer:	<b>Michelle Cushing</b>	<b>802.343.0218</b>

✓ ***This list will be posted in the concession area each press box, and each dugout***



# CYBSL ASAP Plan Requirements

4. CYBSL will use the Official Little League **Volunteer Application** form to screen all of our volunteers.
  
5. **Fundamentals training** will be held on **April 10, 2022**  
At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years. Training will be at Mallets Bay School Gymnasium and conducted by **Jason Carey**.
  
6. **First Aid Training: April 10, 2022**  
CYBSL will require at least one manager/coach from each team to attend every 3 years. **Michelle Cushing** will conduct the training at Colchester Senior Center.



# CYBSL ASAP Plan Requirements

7. Coaches will be required to **walk/ inspect** the fields prior to practices and Games. Umpires will also be required to walk the fields for hazards before each game.
  - Check plastic protective covering on top of all fencing
  
8. CYBSL Little League has completed and updated our **2022 Facility Survey on-line.**



# CYBSL ASAP Plan Requirements

## 9. Concession Stand Safety

- **Menu shall be posted & approved by the safety officer and the League President**
- **Our Concession Safety Procedures will be posted where applicable in the stand.**
- **Check functionality of electronic weather detector each game day**

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





# CYBSL ASAP Plan Requirements

## **10. The League Equipment Officer will inspect all equipment in the pre-season**

- Managers/ Coaches will inspect equipment prior to each game.
- Umpires will be required to inspect equipment prior to each game.
- Disengageable bases and double first base

## **11. Implement Prompt Accident Reporting**

- The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of the incident. Please see copy of accident Reporting form.



# CYBSL ASAP Plan Requirements

12. Each team will be issued an updated **First Aid Kit** and it is a requirement to have it at every practice and game.
  
13. CYBSL will require ALL TEAMS to enforce **ALL Little League Rules**. Including:
  - Proper Equipment for catchers.
  - No On-deck batters
  - Coaches will not warm up pitchers
  - Bases will disengage on all fields

*Most Little League rules have some basis in safety — follow them.*



# Little League® Volunteer Application – 2022

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



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

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

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_

First Middle Name or Initial Last

Address \_\_\_\_\_

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

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

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.)? If yes, list: \_\_\_\_\_  Yes  No

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

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

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

If yes, describe each in full: \_\_\_\_\_  Yes  No

(If volunteer answered yes to Question 4, the local league must contact the Little League 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 and/or listed on any youth organization ineligible list?  Yes  No

If yes, explain: \_\_\_\_\_

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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/ByStateLaws](http://LittleLeague.org/ByStateLaws)**

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):

**Review the Little League Regulation 1(c)(9) for all background check requirements**

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

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

National Sex Offender Registry

*\*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.**



10/10

**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 to being allowed in a game or practice.)

**Type of incident and location:**

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

Please give a short description of incident: \_\_\_\_\_  
 \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_public/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_public/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\\_public/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_public/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

From used by CYBSL  
for tracking accidents,  
incidents and injuries



## Facility and Field Inspection Checklist

Facility Name \_\_\_\_\_

Inspector \_\_\_\_\_

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

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

NOTES/ HAZARDS

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Signature \_\_\_\_\_



# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

#### 6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

#### 9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

*Safety plans must be postmarked no later than May 1st.*

# Volunteers Must Wash Hands

## HOW



## WHEN

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

### Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.  
Remove all jewelry, nail polish or false nails unless you wear gloves.

### Wear gloves.

when you have a cut or sore on your hand  
when you can't remove your jewelry

### If you wear gloves:

- ▶ wash your hands before you put on new gloves

### Change them:

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

# CYBSL Facilities



## Airport Park

Colchester, VT

- Field #1: Little League
- Field #2: Full size
- Field #3: LL Softball
- Field #4: Little League





# CYBSL Facilities



Colchester Middle School  
Colchester, VT

- Field #1: “Front Field”
- Field #2: “Back Field”

Fields used for “A-Minor” play

- Age group 8 years old
- Coach/player pitch
- Instructional League



## TOWN OF COLCHESTER PARKS & RECREATION

### ATHLETIC FACILITIES CONDITION OF USE

#### WEATHER SAFETY: LIGHTNING

The Town of Colchester Parks & Recreation Department Weather Safety - Lightning action plan is based on the National Weather Service (NWS) weather safety recommendations and guidelines. This proactive approach is that storms move fast, and lightning can strike from as much as 10 miles away from any rainfall, with many lightning deaths occurring ahead of storms or after storms have seemingly passed.

The following is a Condition of Use for all user groups which is to be implemented immediately to insure the safety of participants, volunteers, staff, officials and the public during times of lightning. It applies to all outdoor Town of Colchester Athletic Facilities where activities are held including but not limited to athletics, practices, games and tournaments.

#### ADVANCE PLANNING

All Athletic Facility Users are required to have this documented plan as part of their daily operations, including designated people who are responsible for informing coaches, players, officials and spectators of this Weather Safety-Lightning Plan.

#### MONITORING WEATHER

Before arrival check the forecast for thunderstorms. Consider postponing activities to avoid dangerous weather conditions. While at the athletic facility Coaches and Officials should be aware of any potential thunderstorms that may form during play.

#### WEATHER - LIGHTNING AWARENESS

Once thunder is heard or lightning is seen, (no matter how faint) immediately suspend play and move to a safe place. The NWS slogan is: "When Thunder Roars, Go Indoors."

#### EVACUATION PLAN

The responsibility for removing participants from the practice/game area in a timely manner lies with the Coaches and Officials. If a Coach or Official is not present, a adult team captain will assume responsibility.

All participants and spectators should be clearly informed of available safe shelters in the event a thunderstorm approaches. When a safe shelter is unavailable, everyone must go to any vehicle with a hard metal roof and close all windows.

\*Coaches, volunteers, team captain and officials should be aware of this evacuation plan prior to field use.

**Avoid:** Trees, sheds, dugouts, pavilions, snack bars, tents and bathrooms for these do not protect you from lightning. Also, avoid using land-line telephones, a cellular phone is a safe alternative.

#### RESUMING ACTIVITY

Once thunder is heard and shelter sought, wait a full 30 minutes from the last thunder clap before resuming play. The clock restarts each time thunder is heard.

CYBSL worked with the Town of Colchester to get a lightning safety policy in place for all of their athletic fields for all sports that was based on the NWS recommendations. We were successful, and the town made it a condition of use!

#### For More Information

NWS: [www.lightningsafety.noaa.gov](http://www.lightningsafety.noaa.gov)

NOAA: [www.weather.gov/nwr](http://www.weather.gov/nwr)

FEMA: [www.fema.gov](http://www.fema.gov)



# CYBSL ASAP Additional Items/Notes

- All male players are required to wear a protective cup regardless of position.
  - No cup results in no play
- Pitchers and infielders are encouraged to wear a mouth guard.
  - Estimate about 20% compliance
- All helmets are required to have face guards.
- T-Ball uses reduced impact balls.



# COVID – 19 Precautions

- **Drinks and Snacks:**

Players, managers/coaches, and umpires need their own personal water bottles for all games and practices. Drinks should be labeled with the persons' name and brought home at the end of practices/games (Pack it in/Pack it out).

There should be no use of shared or team beverages nor sharing of team snacks/food. Each player should bring pre-packaged food if necessary.

- **Communication to Players and Families:**

Communication will happen through league wide emails as well as from coaches to their respective teams.

This communication will include a review of safety precautions related to COVID for players and spectators, encouragement of social distancing and mask wearing for spectators, and any other pertinent information.