

Little League Alberta 2025 Safety Manual & Child Protection Policy



ASAP-C

A Safety Awareness Program - Canada

Approved by Board of Directors
November 23, 2024
Last Amended: November 23, 2024

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Emergency Safety Procedures

In Case of Medical Emergency

DO:

1. Provide first aid and call 911
2. Notify parents immediately if they are not present. Managers, Coaches, and Team Administrators are required to carry completed, executed sets of 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 friend.
4. Notify Safety Officer within 24 hours (preferably sooner) of the incident. If you do not have access to email, then you can notify them by telephone.
5. Completely fill out the Little League Accident Notification Form and forward it to the Safety Officer within 48 hours of the accident/ injury. (*Form 1 & Form 2*)

DO NOT:

- Administer ANY medication
- Allow the player to move if a neck or back injury is suspected (wait for professional help to arrive)
- Provide food or beverages other than water
- Hesitate to give aid when it is needed
- Be afraid to ask for help if you are not sure of the proper procedures
- Transport injured individuals except in extreme emergency situations.
- Leave an unattended child at a practice or game
- Hesitate to report any present or potential safety hazard to the League Safety Officer

Communicable Disease Procedures and Precautions:

1. Any bleeding must be stopped, 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 bodily fluids is present
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 bodily fluids.

Emergency Calling Procedure:

1. **First dial 9-1-1**
2. **Give dispatcher the necessary information.** Answer any information that he or she might ask. Most dispatchers will ask:
 - a. **The exact location or address of the emergency.** Include the name of the city, nearby intersections, landmarks, as well as the field name and location of the facility if applicable
Address: _____
Cross Streets: _____
 - b. **The telephone number from which the call is being made.**
 - c. **The caller's name.**
 - d. **Description of the incident**
 - e. **Number of people involved**
 - f. **The condition of the injured person(s)**
 - g. **What help is being provided**
3. **Do NOT hang up until the dispatcher tells you it is okay to do so.** The dispatcher may be able to provide information on how to best care for the victim.
4. **Continue to care for the victim until help arrives.**
5. **Appoint someone to go to the street and look for the ambulance** and flag them down if necessary.

Manager and Coach Training

Baseball Fundamentals Little League requires that all coaches attend an annual, mandatory Fundamentals Training Session to include hitting, throwing, fielding, pitching, and overall team management including how to manage parents.

2025 Course Dates: TBA by your District/League

First Aid Training

Little League will provide an annual first aid procedures training session. One representative from each team (coach or manager) is required to attend training each year (and all coaches/managers are required to attend training at least once every three years).

2025 Course Dates: TBA by your District/League

First Aid Basics

Maintain Life Support

Know CPR ABC's (Airway, Breathing, Circulation)

Bleeding

1. Cover wound with sterile gauze
2. Apply direct pressure
3. Elevate injured body part if possible
4. Send for medical assistance if bleeding is deemed uncontrollable

External Bleeding

External bleeding from a player can be caused by many sources in baseball. A player being hit by a pitched ball, taking a bad hop in the infield or sliding into a base, may cause bleeding. Communicable diseases are a major concern. Refer to the Infectious Disease Policy in this Safety Manual for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding. Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied by the league to each team.

Treatment for External Bleeding

- Act quickly. Have the player lie down, if needed. Elevate the injured area higher than the heart, if possible.
- Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
- Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.
- If pressure is ineffective in stopping the bleeding – CALL 9-1-1. The bleeding can usually be controlled by applying strong finger pressure to one of the following pressure points:
 - o Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides)
 - o Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
 - o Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the airway where the injury is located. Locate the pulsating artery, and then squeeze it toward the thumb. Do not compress both sides of the neck.
 - o Arm: Place the flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
 - o Hand: Place your thumb on the inner side of the wrist, press toward bone.
 - o Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand
- Apply a tourniquet as a last resort.
- Call 9-1-1 if it is an emergency.

Unconscious Athlete

1. Do NOT move- Always assume head or neck injury is present
2. Send for emergency assistance
3. Stabilize head and neck
4. Monitor airway, breathing, circulation, and provide CPR if necessary

Sprained Ankle

Cause: Direct blow or a twisting/ torsion injury to the ankle

Symptoms: Swelling, discoloration, pain

- Apply ice
- Apply compression
- Elevate

Head Injuries (Concussion)

A concussion is a brain injury that can have both short- and long-term effects. A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion. A person doesn't need to lose consciousness to have had a concussion.

Concussion symptoms:

The signs and symptoms of a concussion can be subtle and may not show up immediately. Symptoms can last for days, weeks or even longer.

Common symptoms after a concussive traumatic brain injury are headache, loss of memory (amnesia) and confusion. The amnesia usually involves forgetting the event that caused the concussion.

Physical signs and symptoms of a concussion may include:

- Headache
- Ringing in the ears
- Nausea
- Vomiting
- Fatigue or drowsiness
- Blurry vision

Other signs and symptoms of a concussion include:

- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"

A witness may observe these signs and symptoms in the concussed person:

- Temporary loss of consciousness (though this doesn't always occur)
- Slurred speech
- Delayed response to questions
- Dazed appearance
- Forgetfulness, such as repeatedly asking the same question

You may have some symptoms of concussions immediately, and some can occur for days after the injury, such as:

- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise
- Sleep disturbances
- Psychological adjustment problems and depression
- Disorders of taste and smell

Concussion Action Plan

If you suspect an athlete has a concussion:

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.

Concussion Treatment

See a doctor within 1 to 2 days if:

- The person experiences a head injury, even if emergency care isn't required
- If a player doesn't have signs of a serious head injury, remains alert, moves normally and responds to you, the injury is probably mild and usually doesn't need further testing.

Seek emergency care for anyone who experiences a head injury and signs and symptoms such as:

- Repeated vomiting or nausea
- A loss of consciousness lasting longer than 30 seconds
- A headache that gets worse over time
- Fluid or blood draining from the nose or ears
- Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Ringing in the ears that doesn't go away
- Weakness in the arms or legs
- Appearing very pale for longer than an hour
- Changes in behavior
- Confusion or disorientation, such as difficulty recognizing people or places
- Slurred speech or other changes in speech
- Obvious difficulty with mental function or physical coordination
- Changes in physical coordination, such as stumbling or clumsiness

- Seizures or convulsions
- Lasting or recurrent dizziness
- Symptoms that worsen over time
- Large head bumps or bruises

Concussion Protocol

Any members mandated for concussion training protocol shall complete the online training found at www.Littleleague.ca under the Safety tab, or <https://www.cdc.gov/HeadsUp/> Once the course is completed you shall send a copy of your certificate of completion to one or all of the following:

- Safety Officer (for your League &/or District)
- Coach in charge
- League President

Online Concussion Resources

- CDC Heads Up Online Program <https://www.cdc.gov/headsup/index.html>
- Resources for concussion management are located in the appendices of this document. Or visit <https://www.cdc.gov/HeadsUp/>
- You may also choose to complete the free NCCP course which can be found at <https://www.coach.ca/making-head-way-concussion-elearning-series-p153487>

Shock

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. **Shock is a life-threatening medical emergency** and can result in serious damage or even death. If a person develops signs of shock, **CALL 911** or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin.
- Weak, rapid pulse.
- Shallow, rapid breathing.
- Low blood pressure.
- Thirst, nausea, or vomiting.
- Confusion, anxiety, restlessness, irritability.
- Faintness, weakness, dizziness, or loss of consciousness.

Treatment for Shock:

Prompt treatment can save the life of a person who is in shock. Try the following:

- Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, neck, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth. Use care if there could be a spinal injury.
- Control any bleeding and splint any fractures.
- Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
- Take and record the person's pulse every 5 minutes.
- Comfort and reassure the person to relieve anxiety.
- Give victim no food or drink, even though he/she is likely to be thirsty.

Fractures

Fractures (broken bones) are not a frequent injury in Little League Baseball and Softball. Many circumstances can cause a player to fracture a bone. A batter being hit by a pitched ball, an improper slide, a collision with another player or a fall while attempting a play are just a few of the situations that could cause a fracture. A fracture must be treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go into shock.

Treatment for Fractures

- Act quickly; treat for shock, if necessary.
- Have someone notify parents.
- Call 9-1-1 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.
- If the bone is suspected to be broken, but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.
- If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.
- If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes, or anything soft and clean. Tie the splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

Knocked-Out Permanent Tooth

- Assess for possible head injury or concussion
- If present, treat head injury/ concussion first
- Place wet gauze over the tooth socket and have the athlete bite down and put pressure on the affecting area to control bleeding
- Find the tooth- Do not touch or handle the root, handle by crown portion only and place in best transport options available (cold milk, saline solution, athlete's mouth, saliva)
- See dentist without delay (<30 mins)
- Consider custom made mouth guard worn during athletic participation

Pre-existing Conditions

Asthma

Causes: Allergy, cold temperatures, strenuous exercise

Symptoms: Tightness in chest, wheezing, trouble exhaling, inability to breath

- Reassure and comfort player
- Ask if the player has their asthma medication with them and assist with administering
- Monitor for improvement and seek medical attention if no improvement
- If necessary, administer CPR

Note: Be aware of athletes that have asthma and remind them to bring their medication with them at all times and take rest breaks as needed

Diabetes

Definition: Low blood sugar (hypoglycemia)

Symptoms: Dizziness, headache, hunger, weakness, perspiration, pale cold skin, rapid pulse, confusion, disorientation- all may lead to unconsciousness

- Give complex carbohydrates, crackers, fruits, sugar, candy, soda, or fruit juice
- Send for emergency medical help if athlete does not recover within minutes

Food and/or Other Allergies

- Coaches should be aware of any players who have potentially life threatening allergies before the first day of practice
- All players who have a prescribed “Epi Pen” should notify their coach and make certain it is carried with the player at all times
- Team Administrator should know of any player with food allergies prior to the start of the season so as to alert parents to providing “safe” snacks

Bites and Stings

Bites or stings can be received from a number of different circumstances. Stings are usually caused by bees and other bugs. Bites can come from cats, dogs, spiders, ants, or mosquitoes. All of these should be evaluated and treated when a player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated as soon as possible. It is important that coaches and managers are aware of any members of their team that have reactions to stings and that the proper emergency equipment is available at all times.

Stings

If a player complains of a sting, the manager or coach should look for:

- Swelling in the area
- Signs of allergic reactions (if any condition exists, call 9-1-1)
 - o Nausea
 - o Severe swelling
 - o Breathing difficulties, including coughing and wheezing
 - o Bluish face, lips, fingernails

- o Signs of shock
 - o Unconsciousness
- The stinger or venom sac still in the skin

Treatment

Bee Stings

- Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife. Do not squeeze the stinger or venom sac.
- Wash the area and apply a Band-Aid to cover the area.
- For multiple stings, soak area in cool water.
- Check for allergic reactions (if any condition exists, call 9-1-1).

Ant Bites

- Wash area thoroughly with clean water.
- Apply sting lotion or a paste made of baking soda and water.
- Cover the bite with very cold water to avoid swelling.
- Watch for any signs of an allergic reaction.

Animal Bites

- Control any bleeding that may occur.
- Flush the area with cool clean water.
- Cover the area with a sterile pad or clean cloth.
- Contact parents and notify police.

Best Safety Practices – Managers, Coaches, Umpires & Volunteers

The following checklists can serve as reminders to managers, coaches, umpires, and volunteers before practices or games to help prevent an accident/ injury.

A Safe Playing Area

Regular safety inspection of the field, practice fields, structures and dugouts is the best way to eliminate conditions that cause accidents. Managers, coaches and umpires should routinely check playing areas for:

- Holes, damage, rough or uneven spots, slippery areas and long grass
- Glass, rocks and other debris and foreign objects
- Damage to screens or fences, including holes, sharp edges or loose edges
- Unsafe conditions around the backstop, pitcher's mound or warning track
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice.

Safe Equipment

All equipment should be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches and umpires should:

- Be sure that all equipment is Little League approved
- Inspect bats and other equipment on a regular basis. Cracked or broken bats should never be used
- Check to see that all personal protective equipment fits players properly. This includes helmets, masks, catcher's pads and shoes. A plastic cup supporter is required for all catchers and is recommended for all male players in addition to a regular athletic supporter
- Keep loose equipment such as bats, gloves, masks, balls, helmets, etc. properly stored
- Have players remove personal jewelry, watches, pins, rings or other metallic items
- Parents of players who wear glasses should be encouraged to provide "safety glasses"
- Repair or replace all defective equipment
- No chemicals or potentially dangerous materials will be stored in or by equipment room

Safe Procedures

Managers and coaches must:

- Have the players' medical release forms at all practices and games (*Form 6*)
- Have a first aid kit at all practices. First aid kits are provided by the league
- Have access to a telephone at all games and practices in case of an emergency (cell phone, neighbor, etc.)
- No fewer than two coaches should be present at a game or practice in case of an emergency
- Know where an appropriate shelter is in case of severe weather
- Stress the importance of being alert and attentive during all activities

- Ensure that appropriate warm-up for players has been completed before each game and practice
- Stress "no horseplay" with players
- Check to see that all jewelry, watches, rings, etc. have been removed prior to a game or practice
- Instruct players on the proper fundamentals of the game to ensure safe participation.

Maintain a complete team roster that includes:

- Player name
- Parents names, home, cell and work phone number
- Emergency contact person & phone number (Preferably 2 emergency contacts)
- Doctors name & phone telephone number
- Any religious restrictions, if known
- Any disabilities, medications, conditions, etc.
- CPR certified coaches or parents on each team
- Any special conditions

Attitude

An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for good coaching should be carried down to all players to spark them in the development of better skills.

- Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
- Your most effective tool to inspire an attitude of self- confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so it is not cheapened by too much repetition. After all, a good try rewarded by a word of encouragement may be a good play on the next attempt.
- Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Good training is the most effective weapon against accidents caused by unsafe acts.

Warm-Up Drills

Use of the term "warm up drills," in connection with safety, refers to ball handling practice rather than calisthenics. Misdirected balls can result in serious accident exposure. The following practices will help reduce the danger of being struck by a misdirected ball:

- All unauthorized people should remain off the field during drills.
- After the number of targets has been reduced to a minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled so continuously that it becomes a reflex action.
- Throwing and catching drills should be set up with players in two lines facing one another.

Safe Ball Handling

Misjudging the flight of a batted ball may be corrected by drilling with fly balls which begin easy and are made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.

- In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move, if needed.
- An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. In addition, by moving forward, the player is in a better position to make a throw.
- It is safer for a player to knock a ball down and re-handle it than to let the ball determine the play.

Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors in judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these moves and patterns become familiar to the players. The responsible player should call out his/her intentions in a loud voice to warn others away. Here are some general rules to follow:

- The fielder at third base should catch all balls that are reachable and are hit between third and the catcher.
- The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
- The shortstop should call all balls reachable that are hit behind third base.
- The fielder at second base should call all balls reachable that are hit behind first base.
- The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base.
- The center fielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen to be unreachable by the center fielder.
- Outfielders should have priority over infielders for fly balls hit between them.
- Priorities are not so easy to establish on ground balls, but most managers expect their third base player to field all ground balls they can reach, including cutting in front of the shortstop on slow hit grounders.
- The catcher is expected to field all topped and bunted balls that can be reached except when there is a force play or a squeeze play at home plate.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as the player "hits the dirt".

- Long grass has been shown to be better than sand or a sawdust pit for teaching sliding.
- The bases must not be anchored down.
- Sliding pads are recommended, given our all dirt/gravel infields.
- The player should keep in mind that on approach hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
- Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
- If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills. Base runners should have on long pants.
- Keep in mind that head first sliding has been eliminated for ages 12 and under, except when returning to a base.

Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. The best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Major rather than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever countermeasures are necessary.

- A well-fitted NOCSAE approved helmet is the first requirement.
- The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.
- The unsportsmanlike practice of crowding the plate or jumping around to rally the pitcher should not occur. This could endanger the batter if it causes the pitcher to lose control.
- Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat.
- When the batter becomes a base runner, the player should be taught to run outside the foul lines when going from home plate to first base and from third base to home plate to reduce the risk of being hit by a thrown ball.

Safe Handling of Bats

The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:

- Having the player drop the bat in a marked-off circle near where running starts
- Counting the player "out" in practice whenever the player fails to drop the bat correctly
- Providing bats with grips that are not slippery.
- Ensuring bats are Little League approved.

Managers, coaches and umpires should be on the alert to correct batters who tend to step into the catcher as they swing.

A more serious injury that might occur is when a player inadvertently walks into the swing of a coach's bat when the coach is hitting fly balls or when the player inadvertently walks into the swing of another player swinging a bat. These situations demonstrate the need for everyone to become safety-minded, for their own good and the safety of others. The following precautions are suggested:

- The player, usually a catcher, assigned to catch balls for the coach hitting fly balls, should also be given the specific assignment of warning away anyone who comes too close.
- All players and adults should be trained to walk around batters swinging a bat. The ingrained safety habit of keeping clear may save someone a painful injury.

Catcher Safety

The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League play than in Minor League play. This bears out the fact that the more proficient the player the less chance of injury.

- Assuming the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
 - Relax
 - Always have the back of the throwing hand toward the pitcher when in position to catch
 - Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it when runners are on base.
- The catcher should be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly. The catcher should hold the mask and flip it away at the last moment.
- As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this distance as one foot farther from the batter than the ends of the outstretched fingers.
- The best protection is keeping the eye on the ball.

Contusions

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood

vessels in the area rupturing and bleeding into the tissue around the injury. The bleeding may cause swelling, which is the second sign of a contusion.

The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player, or running into a hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

- Look for swelling in the area and/or discoloration of the body tissue in the area.
- Feel the area for tenderness.
- Have the player try to move the injured area. Try to determine how much pain is associated with the movement. Extreme pain could indicate a severe injury.
- Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

Treatment

- Apply ice or a cold pack to the area.
- Notify parents.
- Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

General Inattention

Going back to the "why" of most ball handling accidents, it appears that inattention due to horseplay, inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice the basics of skillful and safe play, such as:

- Encourage otherwise idle fielders to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
- Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the-ball technique.
- Practice should include plenty of variety in the drill work.
- Put a time limit on each drill and do not hold the total practice for more than two hours, or less, if interest begins to lag.
- Idle players along the sideline can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting, defense and sliding.
- Open dugouts create a safety issue. Parents should be discouraged from hanging around the dugouts. Players should be encouraged to sit down on the bench to remove their upper bodies and heads from the direct flight of foul balls.

Control of Horseplay

Horseplay includes any type of youthful, distracting behavior that could even remotely be the cause of an accident. Team play requires 100% cooperation among players. If show-offs and smart alecks cannot find sufficient outlet for their high spirits in a game, then quick and impartial disciplinary action must be taken.

Weather Safety

In Alberta, weather changes quickly and can create unsafe playing conditions. Follow the below guidelines to help maintain a safe playing environment for athletes.

Rain/Mud

Playing on wet or muddy fields creates an obvious safety hazard for players. The balls become wet and muddy; the pitchers and players cannot control them. Footing is slippery on infields, particularly on the pitching mound and around the bases. Pools of water develop in outfield areas, creating muddy, unstable footing. Further use in this condition causes ruts and holes that are hazardous and place players at much higher risk for injuries. If in doubt re: whether the fields are in playable condition, verify with whomever manages the fields, that they are suitable for play, and if necessary, reschedule the game or practice.

If it begins to rain:

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

Lightning

Stop any game or practice at the first sound of thunder and permanently discontinue any game or practice at the first sign of any lightning. Stay away from metal fencing (including dugouts). Also, avoid trees, poles and other high objects. Do not hold a metal bat. Walk, don't run, to the nearest safe shelter or your car and wait for a decision on whether or not to continue the game or practice.

- Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.
- When halting activities due to lightning, seek shelter immediately and stay away from windows, doors, and anything that conducts electricity such as corded phones, wiring, and plumbing. Safe shelter is:
 - Ideally a substantial building with wiring and plumbing
 - Failing that, a hard metal topped vehicle with windows rolled up
- Small buildings, including dugouts, rain shelters, sheds, etc. are NOT SAFE

Heat

Anytime the temperature is above 32 degrees C, provide plenty of water, shade and rest periods during games and practices. Encourage players to drink small amounts frequently. If you observe any player exhibiting signs of heat related illness (cramps, fatigue, lightheadedness, nausea, vomiting or headache), you must remove the player from the field

immediately, place in shade and hydrate. If symptoms do not improve immediately, seek prompt medical aid.

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 lost
- Dehydration signs: Fatigue, flushed skin, light-headed
- What to do: Stop exercising, get out of sun, drink
- Severe signs: Muscle spasms, clumsiness, delirium

Heat Illness

The following measures should be taken to reduce the risk of heat illness during competition or practice:

- Before the activity begins, drink 8 ounces of fluids.
- During the activity, drink at least 4 ounces of fluids every 20 minutes.
- After the activity, drink 16 ounces for every pound of weight lost. **EARLY SIGNS OF**

DEHYDRATION:

- Fatigue
- Loss of appetite
- Flushed skin
- Light-headedness
- Dark urine with strong odor

SEVERE SIGNS OF DEHYDRATION:

- Muscle spasms
- Clumsiness
- Sunken eyes/dim vision
- Delirium

Report any cases of heat illness to the League President or the Safety Officer.

PREVENTION

As temperature and humidity go up, managers and coaches must encourage their players to drink adequate amounts of fluids. Plain water is best, but one of the salt-containing sports drinks is acceptable. Recommend to players that they get plenty of salt in their diet. Managers and coaches must pay attention to weather conditions. The danger zone is present whenever the temperature is above 32.2°C or the humidity is above 95%. Give the players plenty of rest time in a cool area. Under these extreme conditions, no player should be allowed to catch more than three innings.

Most severe heat illness can be divided into three categories depending on its severity: *heat cramps, heat exhaustion and heat stroke*. A summarization of these conditions appears below.

TYPE	SYMPTOMS	FINDINGS
Heat Cramps	Muscle tightening and spasm with intense pain, usually in lower leg, but may be abdominal or rib cage.	Muscle spasms, either seen or felt, that usually do not respond to kneading or massage.
Heat Exhaustion	Severe fatigue, weakness, light headedness; may also include flu like symptoms: headache, muscle aches, nausea, vomiting, diarrhea	Elevated temperature (98.6F to 103F) Elevated pulse rate Loss of consciousness is rare
Heat Stroke	Confusion, disorientation, some agitation in milder cases; there may be delirious behavior or coma, if severe.	Temperature of at least 105F Hot, flushed, dry

Look and listen for any of the complaints noted on the chart above. Determine if there is a history of recent illness, especially if the player is taking medication.

Feel for:

- Cool and damp skin, which might indicate heat exhaustion
- Warm and dry skin, which might indicate heat stroke
- Pulse

Treatment:

Move the player immediately out of the sun and into a shady area. If for some reason this is not possible, adults should stand close to the player to provide shade with their bodies

For heat cramps:

- Rest, cooling
- Gentle stretching
- Diluted salt solution (1 teaspoon salt to one-quart water) by mouth

For heat exhaustion:

- Have the player lie down in a cool, shaded area, elevate feet and massage legs toward heart
- Diluted salt solution (1 teaspoon salt to one-quart water) by mouth if the player is awake
- Call 9-1-1 for emergency medical assistance
- Notify parents
- Be alert for progression to heat stroke

For heat stroke: **HEAT STROKE IS A LIFE-THREATENING EMERGENCY**

- Call 9-1-1 for emergency medical assistance
- Cool the body; remove clothing, pack in ice; wet and fan the victim
- Do not give beverages such as coffee, tea or soda
- Notify parents and league President or Safety Officer

- Do not try to force a player to drink fluids unless you are sure he/she is conscious.
- Allow the player to drink only if their eyes are open and he/she can hold the cup.

Children are more susceptible to heat illness than adults are, so managers and coaches need to be especially alert in the younger age groups. Heat exhaustion may lead to heat stroke, so it is important to treat heat exhaustion as quickly as possible. Heat stroke can be fatal. The outcome for the player is related to how quickly the body temperature can be brought down to a safe level.

Protection from the Sun

The best way to know you are completely protected from UVA rays is to check the back of the label. Look for one of these three active ingredients: titanium dioxide, zinc oxide or parasol 1789 -- also known as avobenzone.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply sunscreen liberally before going outside and reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply 30 minutes before going outside and to reapply at least every two hours thereafter.

Remember that the sun's rays are the strongest from **10:00 a.m. to 4:00 p.m.**, especially during the late spring and summer. It is equally important to protect your eyes from the sun. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.

Cold

- Games are NOT played if the temperature is **5 degrees Celsius or less.**
- If in doubt whether the fields are in playable condition, verify with whoever manages the fields.
- At the start of the season weather can be cold. Please make sure players have jackets or sweaters to wear to keep their arms warm when in the dugout and properly warm up prior to taking to the field.

Smoke/Air-quality

At a rating of 7 or above, all games and practices must be cancelled. These cancellations will be made by the coaches in the same way any weather-related decision is made.

Concession Stand Safety Procedures

Required Minimum Standards of Operation (if Concessions are operated)

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

Safety Code

Little League uses the 2025 National Little League recognized Volunteer Application Form for all Managers, Coaches, and League Officials. All volunteers are initially screened by individuals from the LL Board of Directors and are then investigated through a background check for any known record of sexual abuse, criminal behavior, etc.

Note: It is the responsibility of all teams to obtain three (3) Executed Original sets of Medical Release Forms for all players, to be present with the team at all times. Division directors as well as the Safety Officer are responsible for checking for compliance at the beginning as well as periodically throughout the season. This requirement will be strictly enforced by the Little League Board of Directors.

- Responsibility for safety resides with all Little League 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, and umpires should have training in first aid; first aid kit should be present at all times and stock replenished if used.
- No game 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 the 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 at all times
- Headfirst sliding is prohibited except when 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 helmets and mask with throat protector when warming up pitchers. This applies between innings, in the bullpen, and during practice
- Managers and coaches may not warm up pitchers before or during games.
- Players cannot wear jewelry or metallic objects (Medical ID bracelets/ necklaces are excepted)

Player Code of Conduct *(Form 7)*

Little League in Canada has developed a Code of Conduct to assist the players to become well-rounded, valuable and productive people, not only in sports, but also in life.

- Play for Fun. If it isn't fun, it isn't Little League.
- Respect your coaches and the umpires. Treat them the same way you want to be treated.
- Be a good sport. Be Fair. Play by the rules.
- Improve your skills. Help your teammates to get better.
- Never give up.
- Be willing to try every position. You never know which one will be the most fun.
- Don't be selfish. Your teammates deserve the same chances as you.
- Be on time.
- Remember the Little League Pledge.

Manager & Coach Code of Conduct *(Form 8)*

The relationship between a coach and the League's athlete is a special one. Coaches play a very critical role in the development of players, both athletically and personally. Coaches must recognize and respect the authority they hold, and must be very careful not to abuse it. The values and goals of the Little League program are channeled through the coaches. Therefore, how an athlete regards his or her time in Little League is dependent on the behavior of the coach. Each coach is asked to read and sign this Code, as a commitment to excellence in coaching in the Little League program in Canada.

Parent Code of Conduct *(Form 9)*

Little League has implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign the code of conduct form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble:

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Umpire Guidelines

Before the Game

- Meet at home plate
- Introduce plate and base umpires, managers, and coaches
- Receive official lineup card from each team
- Discuss any local playing rules (time limit, boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect the field for unsafe conditions
- Discuss legal pitching motions for balks (if necessary)
- Discuss no head-first sliding rule and no on-deck circle rules
- Get two (2) game balls from the home team
- Ensure players are not wearing jewelry
- Be sure players are in uniform
- Inspect equipment for damage and to meet regulations
- Ensure games start promptly

During the Game

- 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 proper equipment
- Continually monitor field for safety and playability
- Ensure pitchers warming up in foul territory have a “spotter” and catcher with full equipment
- Keep the game pace moving- One minute or 8 pitchers to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signaling each appropriately
- Umpires should be in correct positions to make the call
- Encourage everyone to think “Safety First”



Little League Alberta Zero Tolerance Policy

Little League believes all participants in Little League baseball deserve to be treated with respect. Players and game officials are learning the game. Coaches and managers are volunteers. To create an environment that allows all participants to learn and grow, Little League Alberta will advocate and enforce a Zero Tolerance Policy with respect to abuse of any participant, Coach, manager, official, player or parent/fan.

Abuse will be defined as any form of physical, emotional and/or sexual mistreatment or lack of care which causes physical injury or emotional damage to a child. A common characteristic of all forms of abuse against children and youth is an abuse of power or authority and/or breach of trust. In Alberta a person is considered a child up to the age of 18 years.

Emotional abuse is a chronic attack on a child's self-esteem; it is psychologically destructive behavior by a person in a position of power, authority or trust. It can take the form of name-calling, threatening, ridiculing, berating, intimidating, isolating, hazing or ignoring the child's needs.

Physical abuse is when a person in a position of power or trust purposefully injures or threatens to injure a child or youth. This may take the form of slapping, hitting, shaking, kicking, pulling hair or ears, throwing, shoving, grabbing, hazing or excessive exercise as a form of punishment.

The Little League Alberta Zero Tolerance policy will include any abuse against adults including that which may cause emotional distress for our players, officials and fans.

Any ejection for abuse will automatically result in a 3-game suspension, with the game in question counted as the first game. In the event the abuse comes from outside the playing field, a written complaint must be formally lodged with Little League Alberta. The complaint may be lodged by any player, coach, game official, or observer and must be signed by a Tournament Official plus another witness. Tournament Official will mean, District Administrator, League President or a Board Member of the League/District designated Diamond Director. The offending party will be immediately banned from the next two games, with the game in question counting as the first game.

Any confrontation that escalates to physical violence defined as “intentional physical contact with force” will result in a suspension, the minimum being one-year suspension from all little league parks within the boundaries of Little League Alberta to a maximum lifetime suspension. Physical violence shall include but not be limited to pushing, punching, tripping, kicking or hitting with any object including a person’s hand or any part of their body.

For all Little League Alberta sanctioned events, the President/CEO of Little League Alberta and/or a designate, will deal with immediate disciplinary matters in accordance with this policy. Should the accused desire to appeal, it is required they do so within 48 hours of receiving a discipline notice. The Discipline Committee will convene and deal with the allegation accordingly to the Disciplinary Action Policy.

Any person that is subjected to a suspension is entitled to an appeal hearing before a committee convened to rule on the validity of the complaint. At such a committee meeting the ejected party shall have the right to hear all charges, read any written complaints and defend his / her position to the committee. If any individual cannot attend the hearing, that individual may designate someone to speak on their behalf or provide a written statement to the committee. Should any individual pass on attending or participating in the opportunity to defend him / herself the committee reserves the right to rule based on the material before them. The committee retains the right to impose sanctions for the good of Little League Alberta, including its' players, coaches, managers, game officials and fans.

NOTE: Any matter that is consistent with the likelihood of being a criminal offense will be referred to the local policy in the jurisdiction the alleged offence took place.

SANCTIONS:

Emotional Abuse Complaints:

- 1st Offence – Minimum Two (2) Game suspension and permitted to return after completing the Provincial Child Abuse Course
- 2nd Offence - Minimum Five (5) Game suspension
- 3rd Offence - Season Suspension and meeting with Disciplinary Committee prior to being permitted to return
- 4th Offence - Lifetime Suspension

Little League Alberta Disciplinary Action Policy Procedure Guidelines

The Little League Alberta Disciplinary Action Policy and Guidelines apply to players, coaches, parents, spectators and Little League officials and should be read in conjunction with the Little League Alberta Zero Tolerance Policy.

The Little League Alberta Appeal Hearing Committee shall be convened on receipt of an appeal by any party that has been suspended. The appeal must be received in writing to the Chairman of Little League Alberta or the Summer Travel Ball Coordinator.

The Little League Alberta Hearing Committee shall consist of the following members, or in their absence, a designated representative. All disciplinary action shall be decided by a majority vote of this Committee:

- Little League Alberta Chairman
- Provincial Umpire in Chief / or a District UIC appointed by the LLA Chairman (not dealing with the original decision) if an on-field matter or a LLA Executive Member if not an on-field matter
- A District Administrator not involved in the process

The Little League Alberta Hearing must be held within five (5) days of the appeal. The meeting will be held virtually by ZOOM if the committee desires.

- A more immediate time frame will be used to address incidents that occur during Tournaments.

The following parties shall be entitled to attend the Disciplinary Hearing to answer questions from the Hearing Committee and provide additional information for the Committee's consideration when deciding action to be taken.

- All parties involved in the incident under review
- In the event a player is under review, one parent must attend with the player.
- Witnesses, if any, on behalf of each party including game or league officials who witnessed the incident.

The Disciplinary Hearing shall be conducted in the following manner. Each party shall be notified of their scheduled Hearing time. Each party shall meet with the Hearing Committee separately. Each party is required to remain outside of the Hearing room until all parties have been interviewed. This will enable the Committee to verify any additional/conflicting information received during the interviews.

The hearing will proceed as follows:

Discipline decision will be made by the Discipline Committee of Little League Alberta. It will consist of the President/CEO, Divisional Director, & Provincial or Designate.

- The committee members will convene and select a chair from among the members present

- The accused or his/her representative will be asked to be present
- The official complaint and penalty applied shall be read into the record or heard from the President of Little League Alberta.
- The accused party shall have an opportunity to respond for up to (5) five minutes.
- LLA/Accuser will be allowed to call witnesses one at a time who the hearing committee chair shall ask for his / her evidence.
- The accused will be allowed to call witnesses one at a time who the hearing committee chair shall ask for his / her evidence.
- Once the hearing committee is satisfied it has the information it requires the hearing will be adjourned
- The 4-person committee will reconvene without any witnesses to render a decision in the matter within three days, the decision will be delivered in writing to the accused and copied to the President of the league involved, the District Administrator of the League involved, and the Little League Alberta Executive.
- All non-party witnesses must remain outside.

The decision will be final and binding. Should new information come to light the committee reserves the right to recall the issue based on a majority vote of the original members of the hearing committee.

The Little League Alberta Appeals Hearing Committee decision shall be final. Further Appeals will not be accepted. Each party has the opportunity to present their views and pertinent information at the Hearing. In the event that any party is unable to attend the scheduled Hearing, they have the right to be represented by a designated speaker on their behalf or to submit their views in writing for the Committee's consideration.

The Little League Alberta Committee decision may not be waived, or disciplinary action reduced by any party. In the event that additional information becomes available after the Committee has met, the Hearing Committee may reopen with a majority vote of the Committee members present at the original Hearing.

Behaviour	Defined As	Penalty	Return
ASSAULT	Intentional physical contact with force.	Minimum (1) one calendar year suspension Maximum lifetime suspension	Meeting with Disciplinary Committee with letter of reinstatement
ABUSE/SAFETY	Bumping, shoving, poking, spitting, throwing equipment, name calling, discriminatory slurs, obscene gestures, flagrant violation of safety rules	Minimum (4) consecutive game suspension Maximum (1) calendar year suspension If ejected from a game, this will count as the first game of the suspension	
EJECTION	Based on the umpire's discretion, not covered in above	Suspended (2) games [Game ejected plus (1) one additional game]	
EMOTIONAL ABUSE ZERO TOLERANCE 1 ST OFFENCE	Emotional Abuse, Berating, Excessive Screaming, Profanity	Minimum (2) game suspension	PCA Course Completion
EMOTIONAL ABUSE ZERO TOLERANCE 2 ND OFFENCE	Emotional Abuse, Berating, Excessive Screaming, Profanity	Minimum (5) game suspension	PCA Course Completion
EMOTIONAL ABUSE ZERO TOLERANCE 3 RD OFFENCE	Emotional Abuse, Berating, Excessive Screaming, Profanity	Full year suspension	Reinstated only after meeting with Disciplinary Committee
EMOTIONAL ABUSE ZERO TOLERANCE 4 TH OFFENCE	Emotional Abuse, Berating, Excessive Screaming, Profanity	Lifetime suspension	
<ul style="list-style-type: none"> Repeat offenders may receive suspensions that exceed the penalties listed above. The purpose of this policy is to address the conduct of every Little League participant fairly and consistently. The decision of the Little League Alberta Hearing Committee shall be final. Appeals of decisions will be considered by the Little League Alberta Appeals Hearing Committee as outlined in the Little League Alberta Action Policy Procedures Guidelines. 			

CHILD PROTECTION PROGRAM & ABUSE PREVENTION POLICY

**As Approved by the
Little League Alberta
In Conjunction with Member Organizations**

**LAST AMENDED
October 2024
VERSION 2.1**

Little League Alberta - Child Protection Program & Abuse Prevention Policy

This Child Protection Program & Abuse Prevention Policy applies to Members Organizations Coaches, Technical Directors, Board Members (“Volunteers”) of the Little League Alberta.

OVERVIEW

The safety and well-being of all participants in the Little League Alberta program is paramount. Little League Alberta member organizations promote a player-centric program where young people grow up happy, healthy and above all safe. They do not tolerate any type of abuse against a minor, including, but not limited to sexual, physical, mental, and emotional (as well as any type of bullying, hazing or harassment). The severity of these types of incidents is life-altering for the child and all who are involved.

The goal of the Little League Alberta’s Child Protection Program & Abuse Prevention Policy is to prevent child abuse from occurring through an application screening process for all required volunteers and/or hired workers, ongoing training for its staff and volunteers, increased awareness, and mandatory reporting of any abuse. Little League Albertas committed to enforcing its policy as highlighted below under “Enforcement.”

Local member organization’s programs should establish a zero-tolerance culture that does not allow any type of activity that promotes or allows any form of misconduct or abuse (mental, physical, emotional or sexual) between players, coaches, parents/guardians/caretakers, spectators, volunteers and/or any other individual. League officials must remove anyone exhibiting any mental, physical, emotional, or sexual misconduct and report them to the authorities immediately.

The Child Protection Program and Abuse Prevention Policy provides the resources necessary for a local league Board of Directors to successfully fulfill its requirements.

Child, Youth and Family Enhancement Act (updated July 2024)

The Child, Youth and Family Enhancement Act provides authority for Child and Youth Services to provide services supporting children who are abused, neglected or otherwise need intervention. As a last resort, the Act allows for children to be apprehended if they are not safe in their own homes.

[Child, Youth and Family Enhancement Act - Open Government \(alberta.ca\)](https://open.alberta.ca/child-youth-and-family-enhancement-act)

1. Child protection program definitions

Defining child abuse is the first step in battling it. Child abuse can take several different forms, and it is important to understand what child abuse is considered and other terms that are mentioned throughout the Child Protection Program & Abuse Prevention Policy.

Definition of Child Abuse in this policy – Any act or threat involving molestation, harassment, bullying, hazing, corporal punishment or any form of physical, sexual or mental harm to a child.

Definition of a Child/Minor for the purpose of this policy: Any individual who is younger than age 18 or who is not an emancipated minor.

Programs & Activities: Any games, practices, tournaments, approved activities, and approved special games are considered programs and activities for the purpose of this policy.

There are 6 types of child abuse:

1) Neglect, 2) emotional abuse, 3) physical abuse, 4) sexual abuse, 5) Bullying, 6) Grooming

Know who it affects

Child abuse and neglect can happen to any child or youth: up to 18 years of age, living full-time or part-time, with or apart, from their parents or guardians, of all abilities, gender identities and cultural and spiritual backgrounds

Know the behaviors

Neglect - is when a parent or guardian does not provide their child or youth with basic age- appropriate care such as: food, clothing, shelter, love and affection, protection from harm

Emotional abuse - can happen along with neglect or other types of abuse. This may include:

- humiliating the child by blaming or belittling them,
- refusing to comfort the child when the child is upset or frightened
- criticizing the child by calling them names like stupid, bad, useless or a troublemaker
- setting unrealistic expectations, threatening or accusing the child
- exposing the child to violence or chronic drug or alcohol use
- cruel or unusual treatment or punishment

Physical abuse - Physical abuse is when a parent or guardian causes an injury or trauma to any part of their child's body. It might leave bruises and marks that can be seen but can also include internal injuries that are hard to spot. Physical abuse can happen once or many times. It may include:

- hitting, choking and kicking
- biting, scratching and pulling hair

- throwing or hitting the child with objects

Sexual abuse - Sexual abuse happens when a child or youth is exposed to inappropriate sexual contact, activity or behavior. This may include:

- non-touching activities such as:
 - having inappropriately sexual phone calls or conversations
 - making the child watch someone expose themselves
 - showing them pornographic material
- sexual touching activities such as:
 - fondling
 - making them touch an adult's or other child's genital area
 - sexual intercourse with the child or youth
- sexual exploitation activities such as:
 - engaging a child or youth for prostitution
 - using them in pornography
 - luring them via the Internet for sexual purposes

Bullying – is the intentional, repetitive harmful act, words, and behavior that makes the victim feel hurt, scared, and/or ashamed. Bullying can also be an imbalance of real or perceived power between the bully and the victim. Different types of bullying include, but are not limited to physical bullying, verbal bullying, emotional bullying, harassment, and hazing.

Grooming – is the process where an individual creates a relationship with a minor or the minor's family to gain trust so he or she can take advantage of a minor for a sexual purpose.

2. Recognize Child Abuse

24-hour help - Call 911 if you or the person you are reporting is in **immediate danger**.

Child Intervention: 1-800-638-0715 to get help if you, or children you know, are being neglected, abused or sexually exploited. If you believe a child is at risk, you **MUST** report it. Help is available in multiple languages 24/7.

Child abuse is defined by the [Child, Youth and Family Enhancement Act](#). Anyone can contact Child Intervention when they are worried about the safety or well-being of a child or youth.

Know the warning signs

Child abuse, neglect and sexual exploitation have many different warning signs.

This policy deals with sexual abuse only

Sexual abuse - A sexually abused child or youth may:

- know more about sex than others their age
 - behave in an improper or aggressively sexual way with peers, teachers or other adults
 - use sexual language or make drawings with sexual images
 - start wetting or soiling their pants, wetting the bed or thumb-sucking
 - be afraid to go to sleep, have nightmares or sleep long hours
 - become withdrawn, anxious, fearful or depressed
 - have physical trauma or irritations in the anal and genital areas
- Recognize child sexual exploitation

Child sexual exploitation is defined in the [*Protection of Sexually Exploited Children Act*](#). Children or youth involved in sexual exploitation are victims of sexual abuse who need help and protection

Sexual exploitation includes:

- luring a young person via the Internet and/or social media for sexual purposes
- involving a child in sexual activity in exchange for money, food, shelter, clothes, electronics or other items of value to the child or youth
- making, selling or distributing child pornography

Know who it affects

Sexual exploitation can occur anywhere and to any young person under the age of 18 regardless of their gender, family situation or social, cultural or economic background. It can happen:

- through social media, apps and chat sites
- on the internet
- at parties
- at the mall or other public spaces
- within a family

Know the warning signs - A sexually exploited child may:

- withdraw from regular friends and family
- be secretive about who they see and where they have been
- be unusually protective about a new relationship or friendship and unwilling to talk

about it

- hang around with older people
- wear clothing or jewelry or have a phone or device they could not afford to buy
- carry a lot of condoms or sexual aids
- be very secretive or reactive about their browser history, websites they visit or contacts on theirphone

Recognize a sexual exploiter - Anyone who seeks out a child or youth and uses them for sexual purposes is a sexual exploiter. They can:

- be male or female, young or old, rich or poor, married or single, known or a stranger
- pose as a boyfriend or girlfriend or friend
- be manipulative, charming, helpful, threatening or violent
- offer the child drugs, alcohol, money, items of value or emotional support for participating in sexual activities
- act like a manager by placing ads, arranging hotels and driving a child to meet-ups for sex

Help is available. If you suspect that your child or someone you know may be sexually exploited, get help immediately.

Contact - Connect with the Child Abuse Hotline: Hours: 24/7 all year,
Toll free: [1-800-638-0715](tel:1-800-638-0715) To get assistance in your area during business hours:
[Children's Services offices](#)

3. Report Child Abuse

Call 911 if you or the person you are reporting is in **immediate danger**.

Child Abuse Hotline: 1-800-638-0715 to get help if you, or children you know, are being neglected, abused or sexually exploited. If you believe a child is at risk, you must report it. Help is available in multiple languages 24/7.

Child abuse, neglect and exploitation have many different warning signs. Learn to recognize them.

Protect a child

We all have a role to play in keeping children and youth safe and supported. While parents are primarily responsible for their children's well-being, the [Child, Youth and Family Enhancement Act](#) requires you to report a concern if you believe any child is at risk.

Know how to recognize [child sexual exploitation, abuse and neglect](#).

[Report your concerns](#) if you think a child or youth is at risk.

When a child or youth tells - What you say and do will help the child or youth feel safe and supported. If they tell you they are being neglected, abused or sexually exploited, make sure you:

- stay calm and react without shock, disbelief, anger, judgement or fear
- let the child or youth tell you what happened in their own words without interruption
- listen carefully without asking questions
- reassure them that it is right to tell, and it is not their fault
- acknowledge how they are feeling (scared, angry, embarrassed, hurt, sad)
- help them feel comforted and supported by saying things like:
 - I believe you and I will support you
 - it is okay to feel scared, angry and hurt
 - I will try to help you figure out what happens next
 - you are brave for talking about this and it is right to tell someone

Soon after the child or youth tells you what is happening, find a private place. Write down what you heard and saw. Be sure to:

- use the same words the child used
- describe the way the child looked, how they behaved and other things you noticed
- keep your notes private and secure

Report a concern

Call the Child Abuse Hotline at [1-800-638-0715](tel:1-800-638-0715) to report a concern to a Child Intervention caseworker. We are available in multiple languages, 24 hours a day.

You can report anonymously or give your name and telephone number. If you provide this information, we will never reveal your identity to others.

During the call, you will be asked questions about the child or youth and their life. It is okay to call us even if you do not have all this information. Some questions you may be asked include:

Information about Yourself -Talk about:

- how you know the child and their family
- how long you have known them
- what you saw, heard or believe may be happening, or what someone else told you
- whether the child or family knows you are calling
- anyone else you know who could provide information about the child or family
- if you are willing to assist the child and family going forward

Information about the child or youth -Talk about:

- their name, age, gender, address and phone number
- any concerns for the child's immediate safety
- whether the child or youth is with you or somewhere else right now
- what other support people the child has in their life?
- whether they go to childcare or school, and the name and location if they do
- the child's cultural identity (for example, Indigenous, African, European, etc.)
- any medical conditions, behavioral or development concerns that you are aware of
- what the child may have told you about the abuse, including when and where they said it happened and how long it has been going on

Information about the parents or guardians Talk about:

- the parents' or guardians' names, approximate ages and address
- where they live, work or go to school
- any information about their family relationships and supports
- any information about their cultural connections or supports
- any strengths that they may have
- whether there are any professionals or agencies supporting the family
- their ability to understand English or any other communication issues
- whether they know about the concern or are involved in it
- anything about the situation or the parents or guardians that would cause a threat for an investigator

Information about the sexual exploiter Talk about:

- the sexual exploiter's name, approximate age and address
- what they look like
- the vehicle they drive and the license plate number
- where they live, work or go to school
- anything about the situation that would cause a threat for the child, youth or an investigator

After you call

After you contact us, we may contact you to clarify something you said or ask follow-up questions. Your identity will not be shared with anyone.

We are here to help children and work with families. Find out what happens after a report is made about [child abuse or neglect](#) or [sexual exploitation](#).

Contact

Connect with the Child Abuse Hotline:

Hours: 24/7 all year Toll free: [1-800-638-0715](tel:1-800-638-0715)

To get assistance in your area during business hours:

[Children's Services offices](#)

4. **Abuse Prevention Committee**

This Abuse Prevention Committee is responsible for managing this Child Abuse Policy including an annual review to ensure that it is regularly updated and current with the laws of the Province of Alberta. Any questions or concerns should be directed to one or all the committee members below. The committee will also ensure that all reported child abuse incidents are fully investigated and mitigated with respect to the laws of Alberta. The committee is appointed annually and is comprised of 3-5 individuals. See Form 10 for the current committee or email customer.service@underthelights.ca to receive same by email.

5. **Police Check & Vulnerable Sector Search – (Form 4 & Form 5)**

All Member Organization's Coaches, Technical Directors, Board Members ("Volunteers"), Management & Staff of the Little League Alberta will be required to have valid and clear police check that includes a vulnerable sector search within the last 3 calendar years. Clear police check confirmation is a pre-requisite for writing the *Abuse Prevention Test* which will be uploaded as part of the process.

6. **Properly Handling Sensitive Documents**

It is necessary to require volunteers and/or hired workers to complete a volunteer application and consent to a background check, but the local member organization's program also has due diligence to protect the information provided. To protect the privacy of volunteers and others, the following best practices have been established:

- The local League President shall only share, on a need-to-know basis, any personal, non-public record or information contained in the volunteer application or attached documents, with other League Officers to make personnel decisions.
- The local League President must maintain the record of a volunteer in a locked, secured location for at least two (2) years after the volunteer is no longer in the league. When it comes to the time to dispose of these records, they must be **shredded or confidentially destroyed**, as they contain sensitive personal information. All actions concerning these records must comply with any applicable laws.
- If a local Board of Directors has records utilized for reviewing a potential

volunteer's background check, they must maintain these records for the same length of time that the league maintains the volunteer's application. The records must be maintained in a locked in a secured area, such as the League President's home, and not in a clubhouse or similar public facility. The records must also be properly shredded or confidentially destroyed when it is time to dispose of the records.

7. Training & Orientation

All Coaches, Technical Directors, Board Members ("Volunteers") of any member organization of the Little League Alberta are required to complete an Abuse Prevention training, by way of an on-line course choices outlined below.

All training must be completed and submitted by the beginning of the season. (Form 11)

Available courses:

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://safesport.coach.ca/> (Choose SafeSport)

Once members have completed the course and you have their certificate, please send it to your safety officers.

8. Volunteers – (Forms 4 & 5)

Volunteer or Hired Worker: Refers to any person in the organization who provides regular service to the league and has contact with minors: coaches, managers, the Board of Directors, program workers, coaches, bus and carpool drivers, maintenance workers, or anyone that has repetitive access to or contact with players or teams.

All criminal record checks (CRC) must comply with the Little League International Child Protection Program safety program. Link:

<https://www.littleleague.org/player-safety/child-protection-program/>

This includes the completion of the Little League Volunteer Form. This completed form and the Criminal Record Check (including vulnerable sector check) are being submitted to the League Safety Officer for review and verification. These shall stay with the Safety Officer ONLY for the period of 1 year.

Local Little League programs are now **required** to annually conduct a background check of Managers, Coaches, Board Members, Volunteers, or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Any person whose background check reveals a conviction for any crime involving or against a minor and anyone refusing to fill out a volunteer application is ineligible to participate in the league in any way.

9. Coach's Code of Conduct – (Form 8)

All coaches and volunteers of the member organizations of Little League Alberta shall uphold the by-laws and goals of Little League Albert.

Coaches are required to pledge compliance with the statements in the coach's "Code of Conduct" document (see appendices); sign and date acknowledgement that they have read and understand the statements and comply with the Little League Alberta Child Abuse Policy, Procedures and Guidelines.

10. Guidelines

a. One-on-one contact

No activity should take place involving one-on-one contact between a single, non-related Member Organization volunteer and a player member if such activities can be practically avoided. Instead, a buddy system is encouraged where two adults should always be present during practices, games and special events. One such adult can be a parent spectator and need not necessarily be a Member Organization volunteer.

b. Transportation

Drop off and pick up of player members by non-related Member Organization volunteers is strongly discouraged. Parents should provide transportation for their own children to and from scheduled events and parents should be instructed to make back up plans with another parent in the event they are unable to provide transportation. If parents cannot provide transportation, it is recommended that they provide their team's coach/manager with the name of the person authorized to pick up their child.

c. Communication of start and end times to parents

The Member Organization should clearly outline the expected start and end time for all events and communicate this with all parents.

d. Travel

Individual travel teams who travel without parents must ensure all Member Organization chaperones, coaches, managers, have abuse training and testing and have completed a VSS police check. Also, they have signed a Code of Conduct prior to every event the Member Organization attends.

Drop off and pick up of player members by non-related league volunteers is strongly discouraged. Parents should provide transportation for their own children to and from scheduled events and parents should be instructed to make back up plans with another parent in the event they are unable to provide transportation. If parents

cannot provide transportation, it is recommended that they provide their team's coach/manager with the name of the person authorized to pick up their child.

e. Housing

The Member Organization recommends that a player under the age of 16 be accompanied by, and stay with, a parent or legal guardian when hotel housing is required. In some cases, not every parent or legal guardian will be able to attend. In these cases, parents should arrange with another parent, not a non-related league volunteer. Players must room with players of the same gender when travelling overnight.

f. Itinerary

The Member Organization should provide a detailed itinerary containing the travel plans, hotel information and listing the dates and times for all practices, games and other activities. This itinerary should also include contact information for travel team chaperones/managers.

g. Supervision

When a team is not practicing, competing or taking part in a tournament-related activity, the Member Organization should have plans in place to monitor the activities of the player members and non-related adult Member Organization volunteers.

At no time should a non-related Little League Alberta volunteer and minor player be involved in an activity not attended by other adults or participants.

h. Physical Contact / touching

Physical contact between volunteers and/or hired workers with minors should be very limited. Some examples of appropriate physical touch should be limited to high fives or administering appropriate first aid.

i. Electronic Communication

If it is necessary for a non-related Little League Alberta volunteer to send a direct text message or email to a player, the following guidelines should be followed:

1. A parent or guardian must be copied.
2. It should be signed so that it is clear as to who is sending the message.
3. Just using the number or email address for identification is not sufficient.
4. An email or text message should never include or contain

- offensive, sexual or inappropriate language or photos.
- 5. The time of day and the number of messages sent should be considered.
- 6. Records should be kept of every Little League Alberta volunteer's current cell number and email address.

j. Emotional Abuse

Emotional abuse is a pattern of deliberate, non-contact behavior that can cause emotional or psychological harm to a player member. Examples include making the following statements:

- You're stupid.
- You're an idiot.
- You're an embarrassment
- You're not worth the uniform to play in.

k. Physical Abuse

Besides the obvious examples of a Member Organization volunteer hitting, kicking, throwing equipment or shaking a player, watch out for the following:

- Behaviors seem violent versus disciplinary.
- Training practices have become abusive.
- Fighting is encouraged or ignored.
- Illegal moves, often associated with injuries, are encouraged.
- Coaches teach improper techniques or encourage conduct which violates safety rules.
- Coaches allow a player member to become physically or verbally abusive.
- Behaviors that result in injuries to athlete(s).

l. Bullying

Bullying is the use of coercion to obtain control over another person or to be habitually cruel to another person.

Bullying involves an intentional, persistent and repeated pattern of committing or willfully tolerating physical and non-physical behaviors that are intended to cause fear, humiliation or physical harm, to socially exclude, diminish or isolate another person.

Bullying can occur through written, verbal or electronically transmitted expression or by physical act or gesture.

Bullying does not include group or team behaviors designed to establish normative

team behaviors and promote team cohesion. Bullying also does not include rough play or conduct between opponents that occur during or in connection with a game.

m. [Hazing](#)

Hazing includes any conduct which is intimidating, offensive or physically harmful. Hazing conduct is typically an activity that serves as a condition for joining a group or team or being socially accepted by a group or team's members.

Some examples of hazing include:

- Consumption of alcohol or drugs.
- Tying, taping or physically restraining an individual.
- Beating, paddling or other forms of physical assault.
- Verbal abuse or implied threats.

n. [Harassment](#)

Harassment is a repeated pattern of physical and/or non-physical behaviors that;

- are intended to cause fear, humiliation or annoyance,
- offend or degrade,
- create a hostile environment,
- Reflect discriminatory bias to establish dominance, superiority or power over an individual or group based on gender, race, ethnicity, culture, religion, sexual orientation, gender expression or mental or physical disability.

o. [Sexual Abuse](#)

Child sexual abuse involves any sexual activity between an adult and a minor.

Minors cannot consent to sexual activity with an adult, and all sexual interaction between an adult and a minor is strictly forbidden.

This also includes sexual contact with a minor that is accomplished by deception, manipulation, force or threat of force regardless of whether there is deception, or if the minor understands the sexual nature of the activity.

An adult may not improperly sexualize touch by fondling instead of hugging (with permission), kissing or seductive stroking of various body parts.

On the other hand, appropriate touching may be used when a child needs comfort, reassurance and support. Appropriate touch is respectful of a person's personal boundaries and comfort level, public and nurturing (not sexualized).

Warning Signs of Abuse

With some forms of abuse, there may be physical indicators (i.e., with physical abuse – bruises, welts, broken bones or with sexual abuse – venereal diseases, genital swelling/soreness/ difficulty sitting or walking, pain or itching while urinating or defecating, stomach aches, pain/itching in the genital area and frequent and unexplained sore throats).

But most often the effects of sexual abuse are less obvious. For example, sudden shifts in behavior or attitudes when an outgoing child suddenly builds a protected or closed emotional wall, or a generally happy child becomes aggressive and angry, or a trusting child becomes fearful, may be an indication of abuse.

In sports, this can show up as losing interest or wanting to drop out of sports or a sudden decline in ability.

Please note that no indicators or symptoms are absolute. Many of these could be indicators of problems other than child abuse. However, if some of these things are going on, consider them to be a red flag. One difficulty is that some signs are ambiguous. Children may respond in different ways, and some may show no sign at all.

Some indicators include:

- Disclosure by child. Most children won't just come out and say they have been abused, but instead, may hint at it.
- Observations, complaints, concerns or allegations about Little League Alberta volunteers.
- Unexplained/unlikely explanations of injuries.
- Difficulty walking or sitting.
- Sudden loss of appetite or compulsive eating.
- Inability to concentrate.
- Fear of medical treatment or examination.
- Shrinks back from touch.
- Being overly affectionate or acting out sexually.
- Wearing excessive clothing.
- Emotions abuse others.
- Overreaction to mistakes.
- Continual self-deprecation.
- Extreme fear of a Little League Alberta volunteer.
- Extreme low self-esteem or self-worth.
- A child's attachment to a Little League Alberta volunteer to the point of isolation from others.
- A child's desire to drop out without a clear explanation or without one that makes sense.
- A child that misses a lot of games or practices with suspicious explanations or excuses.

11. Common Myths

Myth: Child abuse is rare.

Fact: All types of child abuse and neglect are common. Child abuse and neglect are often not identified as they occur in private or secret. Children also find it hard to disclose and be believed. Often there is little evidence to substantiate the crime.

Myth: It doesn't happen in our sport.

Fact: Abuse happens in all sports. Unfortunately, sports are just one part of our social system, suffering all the good, bad and ugly features of other sectors, including child abuse.

Myth: You can always spot a child molester.

Fact: You cannot assume someone is a child abuser just by looking at him or her. In fact, he is probably not the creepy guy down the street. More likely, abuse will be inflicted by a parent, a relative or a child's coach, teacher or caregiver.

Myth: It's only abuse if it's physical or violent.

Fact: Child abuse does not necessarily involve violence or anger. Abuse often involves adults wielding their power over children and using children as objects rather than respecting their rights.

Myth: Ours is a team sport, so we don't need to worry.

Fact: Abuses of all types take place in all sports. No sport is immune. There are many situations where team athletes might train alone. The competitive structure of a sport tells us nothing about the type or frequency of safeguarding problems that may be encountered.

Myth: Children are usually abused by strangers.

Fact: Children are more likely to be abused by someone they know and trust rather than by a stranger. Many children are unable to tell they are being abused when someone is familiar is the perpetrator. Disclosing what has happened (or is happening) to them also has a greater personal impact when it involves someone the child knows.

Myth: Children usually tell someone about their abuse.

Fact: Most children do not tell anyone. They are often silenced through threats or fear of not being believed. Some children don't have the words to say about what is happening to them or do not speak up because they have feelings of shame.

Myth: People lie about child abuse for attention or sympathy.

Fact: Research, including police and court statistics, shows that it is very rare for a person of any age to say they were abused if they weren't. However, false negative reports of abuse are common. For example, many adults state that they were not abused as children when they were.

Myth: Children get over bad experiences in childhood.

Fact: Adults are often deeply affected by childhood trauma and abuse. You can't just "get over" it. Survivors need the right care and support to overcome the impacts of abuse, recover and live full and healthy lives.

Myth: Only men sexually abuse children.

Fact: While statistically more men do sexually abuse children than women, women can also be perpetrators.

Myth: People who sexually abuse children are mentally ill.

Fact: Most people who sexually abuse children are not mentally ill. They are often married and/or have sexual relationships with adults. In anonymous surveys, a significant minority of men in the community indicate a sexual interest in children.

Myth: People do not "forget" child abuse.

Fact: For over one hundred years, traumatic amnesia has been documented amongst war veterans, survivors of natural and man-made disasters and adult survivors of child abuse. These memories can later resurface through flashbacks, nightmares and intrusive thoughts. These memories have sometimes been called, "recovered memories".

Myth: Children are very suggestible, and they can easily make up stories of abuse.

Fact: Children are no more suggestible than adults and can clearly distinguish between reality and fantasy. Research has shown that children resist making false reports during leading and suggestive interviewing techniques.

12. Recognizing Grooming

Grooming is the process by which sexual predators pave the way for sexual abuse by gradually gaining the trust of and conditioning of minors, parents and administrators. Aspects of sexual grooming may include:

- Targeting the victim.
- Securing access to and isolating the victim.
- Gaining the victim's trust.
- Controlling and concealing the relationship.

The purpose of grooming is:

- To manipulate the perceptions of other adults around the child.
- Manipulates the child into becoming a co-operating participant which reduces the likelihood of a disclosure and increases the likelihood that the child will repeatedly return to the offender.
- To reduce the likelihood of the child being believed if they do disclose.
- To reduce the likelihood of abuse being detected.

Understanding sexual grooming and common sexual grooming behaviors can help individuals prevent sexual abuse before it occurs. Common sexual grooming behaviors are often subtle and may not appear inappropriate.

These behaviors include when an adult:

- seems overly interested in a child.
- frequently initiates or creates opportunities to be alone with a child.
- becomes fixated on a child
- gives special privileges to a child.
- befriends a family and show more interest in building a relationship with the child than with the adults.
- displays favoritism towards one child within a family.
- find opportunities to buy a child gifts.
- caters to the interests of the child so a child or the parent may initiate contact with the offender.
- who displays age and gender preferences.

13. Creating a Player-Centric Environment

Both children and adults may experience frustration at times. It is important to recognize when a person needs to take a break from activities to calm down. Adult volunteers and hired workers should never escalate a situation when someone is upset. Instead, they should attempt to de-escalate any stressful situation.

It is recommended that member organizations create and issue a “Code of Conduct” that is upheld by players, managers, coaches, board members, umpires, other volunteers and parents. This should be reviewed each season to establish a safe environment for everyone involved with the local baseball season.

If an individual (player, volunteer, or parent) feels they are stressed out and cannot handle the situation, they should remove themselves from the area until the issue is de-escalated. These situations might include:

- A coach screaming at an umpire – the game should be paused until the coach and umpire can remove themselves until the issue is de-escalated.
- A player gets emotional about a bad play and starts to break down on his teammates – The coach should remove the player from the dugout until he can resolve the issue.
- A parent in the crowd that does not agree with the placement of their child in the lineup/field - A volunteer should remind the parent about respecting the game and ask them to step away or to respect the coach’s decision.

14. Investigation Procedures

All incidents, allegations or suspicions regarding inappropriate behavior **MUST** be reported as soon as possible to the **Abuse Prevention Committee**. (Form 10)

The committee will, at their discretion, consult with the implicated person(s), apply contextualized analysis and decide on any mitigation required. Involved persons may be suspended from Little League Alberta presence whilst investigations are pending.

The committee may seek guidance from its legal team, 3rd party consultant or relevant Alberta Government agencies e.g., Children's Services.

Any person that learns of a "child in need of protection" **MUST** report to Children's Services under the authority of the Child Youth & Family Enhancement Act. This legal obligation includes a situation where a person becomes aware of sexual abuse or exploitation of a child at the hands of a person having charge of the child.

To report or ask questions or report concerns,
contact the **Child Abuse Hotline at 1-800-6380715**

*I have read and understood all the above information relating to the **Little League Alberta Child Protection Program and Abuse Prevention Policy***

Employee/Coach/Volunteer (Name) _____

Employee/Coach/Volunteer Signature: _____

Date: _____

FORMS ATTACHED

Form 1 - Little League Accident Notification Form

Form 2 - Annual Facility Survey

Form 3 – Pre-Game Field Safety Check

Form 4 – Volunteer Application Form

Form 5 – Volunteer Application Procedure in Alberta

Form 6 - Medical Release Form

Form 7 - Player Code of Conduct

Form 8 - Coach/Manager Code of Conduct – Signature Required – original sent to LLA

Form 9 - Parent Code of Conduct

Form 10 – Abuse Prevention Committee

Form 11 – Online Abuse Prevention Training Instructions



400, 200 Wellington Street West
Toronto, ON M5V 3C7
Fax 416-601-1150
Email: claims@markelintl.ca

ALLSPORT ATHLETIC ACCIDENT CLAIM FORM

SECTION I (please print)		
Last Name of Claimant	First Name	Birth Date
Mailing Address		
City	Province	Postal Code
If a Minor, Name of Parent		
Home Phone ()	Business Phone ()	

SECTION II	
Date of Accident	Hour a.m. / p.m. (circle one)
Location of Accident	
What is the injury?	
Date of First Treatment	
Name of Hospital taken to	
Date of Admittance	Hour a.m. / p.m. (circle one)
Date of Discharge	Name of Attending Physician or Dentist

SECTION III Describe fully how the accident happened.

SECTION IV (your sport accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses) What medical coverage do you have through your/spouse/parent employment?				
Name of Employer		Name of Insurer		
Address of Employer		Address of Insurer		
City	Prov.	Postal Code	Policy No.	Certificate Number

SECTION V	
I hereby certify that all the information provided above is correct.	
Claimant's / Guardian's Signature	Date

Send completed form along with any invoices for expenses you incurred to -

By mail:

Markel Canada Limited

400, 200 Wellington St W, Toronto, ON M5V 3C7

By fax:

416-601-1150

By email:

claims@markelintl.ca

Please call your Insurance Broker if you have any questions regarding this form. Instructions are on the reverse side. If you do not have invoices at this time, please forward the form only to confirm that you intend to make a claim.

CERTIFICATION OF ASSOCIATION OR CLUB EXECUTIVE	
Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.	
Name of Team	League or Association
Accident Policy No.	Type of Sport
Was the above player registered at the time of the injury? Yes/No (circle one)	
Was the player injured while taking part in an authorized activity? Yes/No (circle one)	
Name	Position with Club
Telephone No.	Signature

INSTRUCTIONS

You must provide all information requested; incomplete forms cannot be processed.

IMPORTANT POINTS TO REMEMBER WHEN COMPLETING YOUR CLAIM:

1. Your insurer must receive notice of your accident within 30 days of the accident date and receive claim documentation within 90 days.
2. ALL claims must be submitted with itemized statements and paid receipts (originals are required if there is no other coverage available), which indicate
 - Patient's name
 - Type of purchase or service
 - Date of each purchase or service
 - Amount charged for each purchase or service
3. A physician statement confirming diagnosis and recommended treatment is required if you are claiming other than dental or ambulance expense.
4. Only claims in excess of the deductible specified in your plan will be considered for payment up to your maximum benefits.
5. Expenses eligible under any other health care plan(s) must be submitted to that plan(s). Your sport accident policy will pay only the amount of expenses that are not eligible with any other insurer.
- IF YOU ARE CLAIMING ANY OF THE BENEFITS LISTED BELOW, YOU MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR CLAIM:
(Please check your plan details for the conditions under which these benefits are eligible. You must have required and received medical/dental treatment commencing within 30 days of the accident date.)
- FOR BENEFITS NOT LISTED BELOW, PLEASE CONTACT THE INSURER FOR CLAIMS PROCEDURE

A. PRESCRIBED DRUGS

- Name of medication or drug
- Date of purchase
- Amount charged

B. SERVICES OF PHYSIOTHERAPIST, CHIROPRACTOR, OSTEOPATH

- Physician referral
- Type of service
- Date of each treatment
- Amount charged for each treatment
- Date of treatment paid by Provincial Medical Plan; if private fees apply, confirming coverage has been exhausted

C. HOSPITAL ROOM ACCOMMODATION

- Not an eligible expense

D. AMBULANCE (Emergency to Hospital only)

- Date of service
- Places ambulance taken from and to
- Amount charged

E. VISION CARE

- If your injury received medical treatment and resulted in the loss or damage of eyewear, or the requirement of eyewear due to accident
- An explanation must be submitted with your receipt to claim the limited benefit

F. SCHEDULED FRACTURE INDEMNITY

- If your injury results in any of the fractures or dislocations listed on the policy schedule, there may be an amount payable to you; not more than one amount (the largest) is payable
- A statement completed by the licensed physician or surgeon confirming the fracture/dislocation

G. MEDICAL BRACES

- A letter from the licensed physician or surgeon indicating the diagnosis, the specific medical necessity for prescribing the brace and the type of brace prescribed must be submitted with your receipt
- Medical braces required primarily for sporting type activities are not covered

H. DENTAL ACCIDENTS

- Exact date of accident
- Breakdown of services performed
- Circumstances surrounding the accident
- Is there other dental coverage? Enclose details.
- Confirmation that treatments only relate to the accident
- Provide other insurer's explanation
- Are further treatments estimated?

I. SERVICES AVAILABLE WITHIN THE PROVINCIAL PLAN

- Your Sport Accident Policy does not make payment for any services or treatment that is available within the provincial plan, whether there is enrollment in the provincial plan or not

YOUR SPORT ACCIDENT POLICY MAY INCLUDE A DEDUCTIBLE AND/OR PERCENTAGE OF REIMBURSEMENT.

(Example: \$100 deductible or \$30 per treatment up to \$300 per accident.) IF IN DOUBT, CHECK YOUR PLAN DETAILS.



Dentist's Name	Patient's Last Name	Given Names
Address	Address	Apt.
City, Province	City, Province	
Postal Code	Postal Code	
Telephone		

FOR PLAN ADMINISTRATOR USE ONLY:
NOTICE TO DENTIST: Please Note – Under the terms of the Policy, this report must be forwarded to the Company within 90 days of the date of the accident. Your co-operation will be appreciated.
CLAIM APPROVED:
Day Month Year Assessor

1. Description of Damage _____

2. Is further treatment indicated? NO ☐ YES ☐ If "Yes" please indicate:

Int. Tooth Code	Treatment Indicated – use procedure code if possible	Est. Date – Treatment		
		Day	Mo.	Yr.

3. Describe further potential problems and indicate time frame. _____

Date:	Day	Month	Year	Dentist's Signature _____
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ATTENDING PHYSICIAN'S STATEMENT

Please complete this claim form and return it to your patient.

Patient's Name: _____ Age: _____

Address: _____

Diagnosis: Please indicate the name(s) of the bone(s) fractured or dislocated:

If Hospitalized, give name of hospital: _____

Date Admitted: _____ Discharged: _____

If referred to you, give name of referring physician: _____

Operations (or other procedures performed): _____

	Date: _____
	Date: _____
	Date: _____

Date of first consultation for above: _____

Date of first symptoms: _____ Date of Accident: _____

Has the patient ever had same or similar condition? _____

If yes, please state when and describe: _____

Is there any other disease or infirmity affecting the present condition?

Date: _____ Signature _____ (M.D.)

Address: _____

Certified Specialist _____

Phone: _____



LITTLE LEAGUE ALBERTA BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

FORM 1

Send Completed Form To:
LITTLE LEAGUE ALBERTA OFFICE
2425 Parkside Drive S
LETHBRIDGE, AB T1J 4C3
Accident Claim Contact Numbers:
Phone: 403-320-2025
Email: info@littleleague.com

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 Office within 20 days after the accident, and the Athletic Accident Report to the insurer within 30 days of the accident date.. 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 with the form.
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 Alberta Office, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 30 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Accident Claim Form must be fully completed for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		AHC #	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 Alberta Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

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

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

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s).

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 Alberta and/or Markel Canada Limited. 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

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 _____

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

LITTLE LEAGUE BASEBALL® & SOFTBALL

NATIONAL FACILITY SURVEY

2011



League Name: _____

District #: _____

ID #: _____

(if needed) ID #: _____

(if needed) ID #: _____

City: _____ State: _____

President: _____ Safety Officer: _____

Address: _____ Address: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ ZIP: _____ State: _____ ZIP: _____

Phone (work): _____ Phone (work): _____

Phone (home): _____ Phone (home): _____

Phone (cell): _____ Phone (cell): _____

Email: _____ Email: _____

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

• Please list all fields by name. For more than 20 fields, copy this form or request additional forms from ASAP (800/811-7443 or asap@musco.com).

[illegible]

[illegible]

[illegible]

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by May 1, 2011 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.

2011 LL Season



Pre-Game Field Safety Check

Facility Name: _____

Person completing Inspection:

Date: _____ Time: _____

Weather Condition

(Current): _____

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery Areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitcher's mound
- ☐ Warning Track condition
- ☐ Dugouts condition before and after games
- ☐ Make sure telephones are available
- ☐ 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 (Not Applicable for 2012 Season)
- ☐ NOTES/ HAZARDS n) • NOTES/ HAZARDS

◆◆◆ **LITTLE LEAGUE® BASEBALL CANADA VOLUNTEER APPLICATION** ◆◆◆
Do not use forms from past years. Use extra paper to complete if additional space is required.

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

Name _____ Date _____

Address _____

City _____ Prov. _____ Postal code _____

Phone: Home _____ Cell _____ Business _____

E-mail address _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (clubs, service organisations, 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 (i.e. CPR, Medical etc.): Yes ☐ No ☐

3. Do you have a valid driver's license: Yes ☐ No ☐
 Driver's license #: _____ Prov. _____

4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?: Yes ☐ No ☐
 If yes, describe each in full: _____

5. Have you ever been convicted of or plead 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: _____

7. Have you ever been refused participation in any other youth sports program? Yes ☐ No ☐ If yes, explain: _____

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐ Manager ☐

Scorekeeper ☐ Concession Stand ☐ Other ☐

Please list three references, at least one of which must be a volunteer in a youth program. Do not use yourself as a reference. Indicate if the reference is aware that you are using this form.

Name/Phone

Local League Use Only:

Background check completed by league officer _____

On _____

Attach copy of background check reports that reveal information about applicant.

"Help Keep Our Little League Safe"

LITTLE LEAGUE ALBERTA

Procedure for Policy and Vulnerable Sector Checks

All applicants need to attend their local police detachment whether in an urban or rural setting. Urban centers will go to police detachments (i.e., Calgary Police Service or Edmonton Police Services). Rural centers will go to the nearest RCMP detachment.

Applicants must attend a detachment closest to their residence. ACTA has not registered, and there is no need for ACTA to register, with any organization other than Calgary police, here the checks can be requested online.

NOTE: VSS Criminal Records checks must be dated within the last 3 calendar years unless your organization requires them annually.

Process of applying except for Calgary:

1. Step 1: Attend your nearest Police/RCMP detachment.
2. Step 2: Bring two pieces of government ID with you (one must be photo ID).
3. Step 3: Request a Police check and a Vulnerable Sector check. Please indicate that it is for a regulatory college and that the closest option would be employment.
4. Step 4: Have the police detachment mail the check back to you (the applicant).
5. Step 5: Pay the fee for having the check done.
6. Step 6: Once the form arrives you need to upload the document onto the Alinity system.

Things to remember:

1. You will need to pay for the check to be done. The price will vary from region to region but can range between \$40 and \$80.
2. Bring two pieces of identification; one must be a photo ID.
3. You do not need a form from the Association as we are not based in a specific jurisdiction. You are completing the check on your own and will be providing the document to us once it is mailed or e-mailed back to you.

Process for applying in Calgary:

1. Step 1: Go to <https://policeinformationcheck.calgarypolice.ca/>
2. Step 2: Fill out the online application.
3. Step 3: Check the box that indicates that you are applying for employment reasons (as the other box won't work).
4. Step 4: Be aware that even though the outcome of the check can be seen by the association you need to download it so that you can manually upload to the Alinity System.

Process for Edmonton:

- PIC/VSC services are primarily through EPS's online system
- In-person appointments can be booked if you cannot access the online system.
- Click the following link to access their system

<https://www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck>

Process for Lethbridge:

- PIC/VSC are done in person at LPS's office.
- Click the following link for more information

<https://www.lethbridgepolice.ca/Information-check>

Process for Medicine Hat:

- PIC/VSC are done in person at MHP's office
- Click the following link for more information

<https://www.mhps.ca/posts/post/142>



Little League® Baseball and Softball Medical Release

Form 6



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

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

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

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

Player's Address: _____ City: _____ Province: _____ Postal Code: _____

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

Parent & Guardian Authorization:

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: _____ Province: _____ Postal Code: _____

Hospital Preference: _____

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

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

If parent(s)/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® Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Player Code of Conduct

Little League in Canada has developed a Code of Conduct to assist the players to become well-rounded, valuable and productive people, not only in sports, but also in life.

- Play for Fun. If it isn't fun, it isn't Little League.
- Respect your coaches and the umpires. Treat them the same way you want to be treated.
- Be a good sport. Be Fair. Play by the rules.
- Improve your skills. Help your teammates to get better.
- Never give up.
- Be willing to try every position. You never know which one will be the most fun.
- Don't be selfish. Your teammates deserve the same chances as you.
- Be on time.
- Remember the Little League Pledge.

LITTLE LEAGUE ALBERTA COACH'S CODE OF CONDUCT

As a coach in the Little League Alberta shall uphold the by-laws and goals of our Association, and those of the Little League Albertas.

To achieve this end, I pledge compliance with the following policies and principles:

1. My paramount responsibility is to my Players and the **Little League Alberta**.
2. Honesty and integrity will guide my actions.
3. High standards of health, sportsmanship and education shall be considered in all activities associated with the operation of my respective teams.
4. I shall deal fairly with my players and parents, as well as the opposition's players, parents, coaches and organization.
5. As a coach, I agree that every person in the **Little League Alberta** should get the greatest possible value from their experience.
6. I pledge my support to our associates including local, provincial, and national associations concerned with the teaching of qualities to our youth.
7. I agree that I will not abuse (either verbally or physically) any player, parent or official in conducting my coaching duties.
8. I will treat officials with respect and courtesy. I will follow proper channels of communication with the officials.
9. Any constructive criticism of players or officials is to be done privately and appropriately.
10. Any coach dismissal from a game by an official will be reviewed by the Member Organization and may be subject to supplementary discipline. Patterns of coach ejections are tracked and may be used for such supplementary discipline.
11. I acknowledge that upon being approved as a coach or manager in the association, I will also become a member of the Little League Alberta. My attendance and participation in Coaches events and meetings is important and I will make every effort to attend these events.
12. I understand that I am required by law to report to the police or another authority if I suspect any child is or has been subject to abuse, and I agree to report any such suspicion immediately.
13. The **Little League Alberta** will not allow inappropriate use of Internet or Social Media sites to disclose negative comments that question the integrity, ability and credibility of any Manager/Coach, Player, the **Little League Alberta**, the **Little League Alberta** partners, including officials or corporate sponsors. The individual will immediately be disciplined based on the severity which may result in suspension or dismissal from the Association.

Dated this _____ day of _____, 20____. Signature: _____

Name (printed): _____

Sport Parent Code of Conduct

We, _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Abuse Prevention Current Committee

Last updated: July 2024

WCABF Chair - Kevin Kvame – kkvame@littleleague.ca Phone- 403-315-4064

At Large Member (AABC) - Glen Lindsay – glindsay@littleleague.ca Phone- 403-399-1479

At Large Member (LLA) - Rob Perry - coach_rob@outlook.com Phone - 403-560-3928

Online Abuse Prevention Training Instructions

You can take one of two courses:

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

Once you create an account or login if you already have one you can take the course and it will provide you with a certificate. You will be able to access the certificate under your online account.

<https://safesport.coach.ca/> (Choose SafeSport)

Once you create an account or login if you already have one you can take the course. When you complete the course it saves it to the coaching passport, just take a screenshot and send that to your Safety Officer.