

# 2020 ASAP PLAN

## Poland Community Baseball Association, Inc. Poland, Ohio

Little League I.D. 01350206



1. PCBA Safety Officer. The Poland Community Baseball Association (“PCBA”) League Safety Officer is David Wolfe, which is on file with Little League Headquarters.
2. Distribution of Safety Manual. PCBA will distribute an electronic copy of this Safety Manual to all managers, league volunteers, the District Administrator, and Little League International. In addition, a paper copy of the Safety Manual will be available in each of the concession stands, utility sheds, and press boxes. Lastly, the Safety Manual will be available to any and all interested persons on the PCBA website.
3. Emergency Contacts. The following list of emergency contacts will be distributed to all managers and coaches and posted at all PCBA game and practice sites, concession stands, press boxes, and utility sheds. Please report all injuries and other such incidents to the Safety Officer, David Wolfe.

Emergency Phone Number:	911
Poland Township Police Emergency:	(330) 757-1549
Poland Village Police Emergency:	(330) 757-2717
Poland Joint Fire District Emergency:	(330) 757-1133
League President: Dan Frum	(330) 265-0598
League Vice President: Greg Yaskulka	(330) 719-6074
Vice President of Boys Baseball: Lou DeLuca	(330) 727-3234
Vice President of Girls Softball: Dan Schiavone	(330) 518-6745
League Treasurer: Cory Jones	(412) 913-8769
League Secretary: Pat Carney	(330) 540-2923
League Safety Officer: David Wolfe	(330) 518-3698
Head of Umpires: Pat Carney	(330) 540-2923
Director Building and Grounds: Lou Denney (Fireman’s Field)	(330) 502-8400
Director Building and Grounds: Dan Frum (Dobbins)	(330) 727-3234
Director Building and Grounds: Dan Schiavone (North)	(330) 518-6745

4. Emergency Procedures. The most important help you can provide to a victim who is seriously

injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- a. First dial 911.
- b. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
  - i. What is the exact location or address of the emergency? Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.
    1. **North** – The address of this complex is 310 Sheridan Road, Poland, OH 44514. It is located at the northeast corner of Sheridan Road and Johnston Place.
    2. **Dobbins** – The address of the Dobbins Little League complex is 7687 Youngstown Pittsburgh Road a.k.a. State Route 170, Poland, OH 44514. It is located between Red Maple Lane and Dobbins Road.
    3. **Fireman's Field** – The location of this field is Riverside Drive, north of State Route 224, adjacent to Riverside Cemetery.
  - ii. What is the telephone number from the call is being made?
  - iii. What is the caller's name?
  - iv. What happened? Baseball / softball related incident? Bicycle accident? Fire? Fall?
  - v. How many people are involved?
  - vi. What is the condition of the injured person? Unconscious? Chest pains? Bleeding?
  - vii. What help is being given? First aid? CPR?
- c. Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how best to care for the victim.
- d. Continue to care for the victim until professional help arrives.
- e. Appoint someone to go to the main street and look for the ambulance / paramedic and flag them down if necessary. This saves valuable time.
- f. Once the victim has been transferred to professional care, appoint the most senior PCBA representative onsite to report the incident to the Safety Officer.

5. **Little League Volunteer Application Form**. PCBA will use the current year official Little League Volunteer Application Form to screen all managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or team. A sample copy is attached. Managers, coaches, board members, and all other league volunteers must complete this form and submit it to the league President, who will conduct a search of the Department of Justice's nationwide sex offender registry and a supplemental criminal background check using resources such as JDP or First Advantage. All applicants shall submit a government-issued photo identification card, which the league president will use to cross-check name spellings and numbers for accuracy. The league president shall retain these confidential forms for the year of service. Anyone who refuses to submit a form (including Social Security numbers) shall not be permitted to volunteer or otherwise serve in PCBA.

6. **Fundamentals / Skills Training**. PCBA will sponsor a skills clinic for all managers and coaches on March 7, 2020. The baseball portion of the clinic will be conducted by members of the coaching staff of the Poland Seminary High School varsity baseball team in the gymnasium at Poland Seminary High School, 3199 Dobbins Road, Poland, Ohio 44514. The softball portion of the clinic will be conducted by

Jim Serich, head coach of the Poland Seminary High School varsity softball team, in the Poland Seminary High School, 3199 Dobbins Road, Poland, Ohio 44514. This is a mandatory meeting for all managers and those who would seek to manage a team this year. Managers who do not attend the clinic without an approved excuse will be dismissed from that position. If the manager is absent, at least one other member of that team's coach staff must be in attendance. All other persons interested in assisting with a team, especially coaches and including parents, are encouraged to attend this meeting. All participants will be required to sign an attendance sheet, which shall be retained by the Safety Officer for the year of service.

7. First Aid Training. PCBA will sponsor a Safety Clinic on March 7, 2020. It will take place in the cafeteria at Poland Seminary High School, after the separate baseball and softball fundamentals training sessions. An experience PCBA officer will lead the meeting. A local physician will review the prevention of overuse injuries, prevention of heat-related illnesses, and recognition of a concussion and what to do if it happens. A local optician will discuss common eye injuries and their treatment. A local dentist will address recognition and treatment of mouth / dental injuries. A local attorney will address potential legal liabilities and how best to avoid them. A representative of the PCBA umpire committee will review the role of umpires in insuring safe play. Written handouts including basic first aid reminders will be given to all who attend. Attendance is part of PCBA's mandate to all managers and coaches. All participants will be required to sign an attendance sheet, which shall be retained by the Safety Officer for the year of service.

8. Inspection of Field. Managers and coaches of both the visiting and home teams and umpires (if applicable) shall walk the field before games and practices to check for rocks, glass, and other unsafe conditions. The "Hey Coach" checklist will be distributed to them as a reminder. A sample copy is attached. All unsafe conditions shall be corrected before play begins. The placement of field tarps will be done by adults. Players may help if under the direct supervision of adults. Any minor field deficiencies will be corrected prior to the commencement of play by the coaching staffs onsite. Any major deficiencies will be directed to and addressed by the Building and Grounds Committee.

9. Facility Survey. The 2020 Facility Survey will be updated online through the Little League Data Center. PCBA shall retain a written copy for future use.

10. Concession Safety. PCBA sponsors an annual instruction and safety meeting for all those who work in the league's concession stands. This meeting will be conducted by the Concessions Committee chairs prior to the start of the season. Topics addressed at this meeting include instructions on the safe use of all concession equipment, food handling, hand washing, opening and closing procedures, and appropriate procedures in case of an emergency. In addition to the meeting, written instructions on concession safety and hand washing are posted inside all concession areas. PCBA has chosen to use Little League's "Concession Stand Tips Safety First" for this purpose. A sample copy is attached. PCBA concession areas include one permanent structure at the North complex and one permanent structure at the Dobbins complex. There is no grilling, frying, or use of open flame at PCBA's concession areas.

11. Equipment Inspection. PCBA equipment is inspected at the end of each season as it is turned in and again prior to issuance the next playing year. This responsibility is borne by PCBA's Playing Equipment committee, which is chaired by Lou Denney. It is the responsibility of managers and coaches to inspect playing equipment (both PCBA property and the players' personal equipment) before each

game. Specifically, managers and coaches are instructed to (a) be sure all equipment is Little League approved; (b) inspect all bats, helmets, and other equipment and to dispose of unsafe equipment properly; (c) keep loose equipment stored properly; (d) have all players remove all personal jewelry; (e) encourage parents to provide safety glasses or fielding masks for players who wear glasses; and (f) repair or replace defective equipment. In addition, PCBA will instruct umpires to inspect all equipment for safety and legality before each game. Equipment that is no longer used, but is still safe, is donated to local charities.

12. Accident Notification and Tracking. If there is a dangerous condition, accident, injury, or even a “near miss” arising from or related to a PCBA activity (an “Incident”), then the senior league volunteer present shall complete an *Incident Tracking Report* and submit it to the Safety Officer within forty-eight (48) hours of the Incident. The Safety Officer shall track all such reported Incidents and evaluate possible actions to lessen the likelihood of such Incidents occurring in the future. In addition, if the Incident results in the actual (or even possible) need for medical care, then the injured party (or the injured party’s parents) and a league official shall within ten (10) days of the Incident complete the *Little League Accident Notification Form* and submit it to the Safety Officer. The Safety Officer shall submit the completed form to Little League International Headquarters within twenty (20) days of the Incident and place a copy of that report in the league’s records. **Failure to submit said reports in a timely manner may result in denial of any insurance coverage for the Incident.** In addition, the Safety Officer shall provide the parents of an injured player with a PCBA-customized version of *What Parents Should Know About Little League® Insurance*. Sample copies of all referenced forms are attached and available on the league’s website. THE IMPORTANCE AND NECESSITY OF REPORTING ALL INCIDENTS TO THE SAFETY OFFICER IS STRESSED TO ALL PCBA MANAGERS AND COACHES.

13. First Aid Kits. PCBA will make first aid kits available for all practices and games by placing kits in the concession stands at both the North and Dobbins complexes and in the equipment sheds at North, Dobbins, Fireman’s Field, and Union Field. PCBA will make first aid kits available to all PCBA teams that travel to off-site games or tournaments. It is the team manager’s responsibility to obtain and return such first aid kits to the Safety Officer or his designee. Managers shall notify the Safety Officer of any first aid kit that needs to be replenished. First aid kits shall contain at least the supplies recommended by Little League, as specified in the document, *First Aid Kits: What Goes in Them?* A sample copy is attached.

14. Little League Rules. PCBA requires all managers, coaches, and umpires of Little League sanctioned teams to follow all Little League rules. All managers will be supplied with an official Little League rule book. Managers and coaches are responsible for reading and understanding the rules set forth therein. Managers must enforce Little League rules and playing equipment safety during games and practices. Some of the more frequently applied rules are set forth hereafter. There will be no on-deck batters. Only the batter will be allowed to have a bat in his/her hands at any time. Appropriate playing equipment shall be used by all players. Only legal bats shall be used. Catchers shall wear helmets during field warm-ups and while warming up pitchers before and during games. Only players shall warm-up pitchers; coaches are NOT permitted to do so pursuant to Little League rules, this includes standing at the backstop during practice as an informal catcher for batting practice. All games and practices shall be conducted only on fields with break-away bases. All helmets provided by the league will have protective masks.

15. Concussion / Sudden Cardiac Arrest Awareness. All PCBA managers, coaches, umpires, and trustees are required to become certified in a concussion awareness course in accordance with Ohio law (HB 143) and to watch the video mandated by the state of Ohio regarding sudden cardiac arrest (Revised Code 3707.58, "Lindsay's Law"). PCBA shall supply all managers and coaches with a copy of the *Ohio's Return to Play Law: What Coaches Need to Know – Youth Sports and Sudden Cardiac Arrest and Lindsay's Law Information for the Coach*. Sample copies are attached. Each coach, manager, umpire, and trustee must submit to the Safety Officer a current concussion training certificate of completion prior to the start of team practices. Each manager shall obtain and keep in their records the Parent/Athlete Signature form required by Lindsay's Law. As a league, PCBA will take all actions necessary to comply with applicable safety laws, including distribution of the *Youth Sports Concussion Information Sheet; Ohio's Return to Play Law: What Parents and Guardians Need to Know – Youth Sports Organizations; Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent / Guardian; and Sudden Cardiac Arrest and Lindsay's Law Parent / Athlete Signature Form* to the parents and/or guardians of all players. Sample copies are attached.
16. PCBA Equipment and Machinery. Only authorized personnel may operate PCBA machinery, i.e., tractors, lawn mowers, etc. No player may operate any PCBA machinery at any time. No player may ride upon any PCBA machinery unless the player is seated in an actual seat and the machinery is being operated responsibly by a parent of the player. Any unsafe condition shall be reported immediately to the Safety Officer and to the applicable Director Building and Grounds.
17. Tornado / Severe Thunderstorm Policy. Once a game begins, if lightning is observed or thunder is heard, then the contest must be suspended by an umpire and/or attending league representative. The occurrence of lightning or thunder is not subject to interpretation or discussion — lightning is lightning; thunder is thunder. If it is reasonable, the umpires will call time and confer with the umpires on the adjoining fields prior to suspending play. When play is suspended, all players should seek appropriate shelter. Play is to remain suspended until 20 minutes after the last occurrence of thunder or lightning. Do not risk the safety of the players or spectators in order to "squeeze" in a game. It's just not worth it.
18. Submit League Player Data. The President shall be responsible for timely submitting league player registration data and coach and manager data via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).
19. Promotion and Improvement of Safety Plan. We have implemented a new program to send managers bi-weekly emails to promote safety and to inform them of any new safety issues. In addition, the league's website shall link to ASAP newsletters posted on Little League International's website.
20. Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017 (34 U.S.C. 20341). The aforementioned federal law (the "Act") became effective as of February 14, 2018. It amends the Victims of Child Abuse Act of 1990 to extend the duty to report suspected child abuse, including sexual abuse, within twenty-four (24) hours to all adults who are authorized to interact with minor or amateur athletes by a national governing body, a member of a national governing body, or an amateur sports organization that participates in interstate or international amateur athletic competition. These individuals are called "covered individuals" in the new legislation. Child abuse is defined as "the physical or mental injury, sexual abuse or exploitation, or negligent treatment of a

child.” 34 U.S.C 20341(c)(1). Reports of child abuse should be made to a local law enforcement agency or a local child protective services agency that has jurisdiction to investigate reports of child abuse or to protect child abuse victims, or to the FBI. *An individual who is required, but fails, to report suspected child sexual abuse is subject to criminal penalties including fines and up to one (1) year in jail. In addition, violators may be subject to civil damages of not less than \$150,000 plus attorney fees.* These obligations are in addition to any State law requirements that an individual may have in a particular jurisdiction.

Therefore, it shall be the policy of PCBA (1) to comply with the reporting requirements of Section 226 of the Victims of Child Abuse Act of 1990 (34 U.S.C. 20341); (2) to minimize any one-on-one interactions between a minor PCBA player, worker, or volunteer (a “Participant”) and an adult (who is not the minor’s parent or legal guardian) at a facility under the jurisdiction of PCBA without being in an observable and interruptible distance from another adult, except under emergency circumstances; (3) to offer and provide consistent training at the annual Safety Meeting to all adult members who are in regular contact with Participants and, subject to parental consent, to members who are minors, regarding prevention and reporting of child abuse to allow a complainant to report easily an incident of child abuse to appropriate persons; and (4) to prohibit retaliation against any individual making a report under the Act.

21. PCBA Non-Discrimination Policy. PCBA prohibits discrimination against any member of the league (player, parent, coach, official, or other volunteer) on the basis of race, color, national origin, religion, sex (including pregnancy, childbirth, and related medical conditions), disability, age (40 and older), citizenship status, genetic information, or other legally protected status.

***Safety is everyone’s responsibility!***





# Little League® Volunteer Application - 2020

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

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

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

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

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

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

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

1. Do you have children in the program? Yes  No   
If yes, list full name and what level? \_\_\_\_\_

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

3. Do you have a valid driver's license? Yes  No   
Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes  No   
If yes, describe each in full: \_\_\_\_\_ Yes  No   
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain: \_\_\_\_\_

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

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

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

Name/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_  
on \_\_\_\_\_

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

\* JDP  Sex Offender Registry Data and National Criminal   
Records check, as mandated in the current season's  
official regulations

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

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



## **HAVE YOU:**

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- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**



# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

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

#### 1. Menu.

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

#### 2. Cooking.

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

#### 3. Reheating.

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

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

#### 4. Cooling and Cold Storage.

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

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

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

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

#### 8. Dishwashing.

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

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

#### 9. Ice.

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

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

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

#### 12. Food Storage and Cleanliness.

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

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

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

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

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**

20 seconds  
Use soap

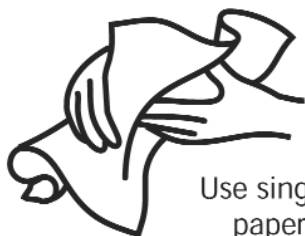


**Rinse**



**Dry**

Use single-service  
paper towels



**Gloves**



## WHEN

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

**Wash after you:**

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

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

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

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

**Wear gloves.**

when you have a cut or sore on your hand

when you can't remove your jewelry

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

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



**UMASS  
EXTENSION**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

**Position/Role of person(s) involved in incident:**

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

Type of injury: \_\_\_\_\_

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

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

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

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

League Name				League I.D.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address of Claimant		Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

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

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

Date of Accident	Time of Accident	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). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

Were you a witness to the accident?    Yes    No

Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

<b>POSITION WHEN INJURED</b>	<b>INJURY</b>	<b>PART OF BODY</b>	<b>CAUSE OF INJURY</b>
<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
------	---------------------------



Poland Community Baseball Association, Inc.

### WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters by the parents of the injured player **within TWENTY (20) days after the accident.** A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
  - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of (i) a maximum of \$1,500 or (ii) Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program. This is, however, just a summary of the relevant plans and the terms and conditions of those plans are controlling.

*Dan Frum*  
President

*David Wolfe*  
Safety Director

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

# First Aid Kits: What goes in them?

## Requirement 12

*"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."*

**Thanks,  
Marc Paladino  
(via email)**

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

**NOTE:** Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

**ALSO:** Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

**Here are three good examples of a well-stocked first aid kit:**

### LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
  - Plastic bags of crushed ice
- Elastic bandages
  - 3, 4 and 6 inch widths
- Sterile dressings
  - 3 by 3 inch individual gauze
  - 2 to 3, 5 by 9 inch pads
  - Telfa or non-stick dressings
  - Eye patches
- Adhesive bandages
  - 3/4, 1 and 2 inch widths
- Bandages
  - Triangular shape and in rolls
- Adhesive tape
  - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
  - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

### Fyrst USA Sport First Aid Kits

New this year! 4 First Aid Kit options geared to sport injuries. The Sport First Aid Kit (contents below), Mini Sport First Aid Kit, Personal Sport First Aid Kit and the Grab & Go Wound Care Pack. A Unique feature: In 5-7 Days in stock kits, refill packs and cold packs can be ordered by phone 1-760 720 2842 or online - [www.fyrstusa.com](http://www.fyrstusa.com).

- 26 Antimicrobial Skin wipes (Kill MRSA)
- 2 Athletic Tape 1.5" x 15yd. rolls
- 20 Bandages 1" x 3"
- 6 Bandages, Large 2" x 4.5"
- 1 Blister Pad Kit
- 1 Blot Blood-Off-Cloth 4.oz bottle w/blot cloth
- 1 Cold Pack Holder w/ hook and loop 6" x 30"
- 4 Cold Packs-Instant 6" x 8.75"
- 1 Elastic Wrap 3" x 5yd. roll
- 1 Eye/ Wound Wash 4.oz bottle
- 10 Gloves- Latex Free
- 1 Ice Bag Re-useable 9"
- 1 Pre-Wrap 2.75" x 30yd roll
- 1 Scissors - Lister Bandage/Blunt tip 4.5"
- 3 Grab & Go Wound Care Packs

### Little League First Aid Kit

Recommended First Aid kit supplies are as follows:

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves

**\*\*Ohio's return-to-play law goes into effect on April 26th, 2013\*\***

**Ohio's Return-to-Play Law: What Coaches & Referees  
Need to Know – Youth Sports Organizations  
(Non-school sports)**



**Training In Recognizing the Signs and Symptoms of a Concussion**

Starting April 26<sup>th</sup>, 2013, individuals are not allowed to serve as a coach or referee for a youth sports organization, whether volunteer or paid, without:

- 1) successfully completing, every three years, an online training program in recognizing the signs and symptoms of concussions and head injuries provided by the Ohio Department of Health

**-OR-**

- 2) holding a Pupil Activity Permit (PAP) from the [Ohio Department of Education](#).

**For those who current hold a Pupil Activity Permit:** Starting April 26<sup>th</sup>, 2013, in order to renew their permit (every three years), coaches with a current PAP will be required to present evidence that they have successfully completed:

- 1) a training program in recognizing the symptoms of concussions and head injuries that is linked on the Department of Health's web site ([www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion))

**-OR-**

- 2) a training program authorized and required by an organization that regulates interscholastic conferences or events.

**Online Training**

The Ohio Department of Health has approved the following free online trainings for coaches and referees:

**[National Federation of State High School Associations Concussion in Sports - What you Need to Know:](#)**

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000> (This free on-line course is available through the NFHS. You will need to click the "order here" button and complete a brief registration form to take the course. However, you do not need to be a member of NFHS to access this course.) Follow these steps to complete the course:

- 1) Click on the button that says, please login to order. In the window that appears, click Register Now.
- 2) When your registration is complete you may "order" the free concussion course offered along the left hand side of the page. Continue following prompts. Although it may look like you'll be charged for the course, there is no cost.
- 3) Once you've completed "checkout," you'll be able to take the free online course.



## **\*\*Ohio's return-to-play law goes into effect on April 26th, 2013\*\***

4) When you've completed and passed the course, you have the option of printing a certificate of completion.

[Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program:](#)

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

**PLEASE NOTE: Both courses offer a “certificate of completion” upon successful passage.**

### **Removal From and Return to Play**

1) Starting April 26<sup>th</sup>, 2013, coaches, referees, or officials must remove an athlete exhibiting the signs and symptoms of a concussion during practice or a game. These include:

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
- Can't recall events before or after hit or fall.
- Any headache or “pressure” in head. (How badly it hurts does not matter.)
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion
- Does not “feel right.”
- Trouble falling asleep.
- Sleeping more or less than usual.

2) The athlete ***cannot*** return to play on the same day that he or she is removed.

3) The athlete ***is not permitted*** to return to play until they have been assessed and receive written clearance by a physician or by any other licensed health care provider approved by the youth sports organization. It is important to review your organization's policy regarding which health care providers are authorized to clear an athlete to return-to-play.

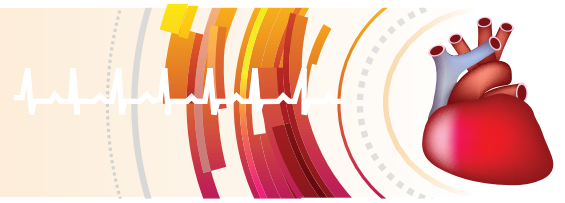
### **For More Information**

Ohio Department of Health - Ohio's Return to Play Law: [www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

Centers for Disease Control and Prevention - Head's Up in Youth Sports:  
[www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html)

Ohio Department of Education – Pupil Activity Permit:  
<http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1328&ContentID=84483&Content=126368>

## Sudden Cardiac Arrest and Lindsay's Law Information for the Coach



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Coaches have specific responsibilities under Lindsay's Law:
  - 1) Annual completion of the required SCA training course approved by the Ohio Department of Health
  - 2) Preventing the following students from participating in athletic activities until the coach receives written clearance by a licensed health professional. This written clearance must be shared with any school or sports official:
    - a) A youth whose biological parent, sibling or child has previously experienced SCA
    - b) Any youth athlete that experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either hit in the chest or develop a heart infection
- **Warning signs** in a youth athlete's family that indicate the youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, the youth athlete should be seen by a health care professional:
  - o Chest pain/discomfort
  - o Unexplained fainting/near fainting or dizziness
  - o Unexplained tiredness, shortness of breath or difficulty breathing
  - o Unusually fast or racing heart beats

- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
  - If the youth athlete’s biological parent, sibling or child has had a SCA, then the youth athlete **MUST** be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
  - Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.
- Other reasons to be seen by a health care professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
  - Lindsay’s Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician’s assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another healthcare provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone’s best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term “Chain of Survival.” The Chain of Survival helps anyone survive SCA.
  - Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AED may be near the athletic facilities, or the AED may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
  - If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
    - ❖ Link 1: Early recognition
      - Assess child for responsiveness. Does the child answer if you call his/her name?
      - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help “someone dial 911”
    - ❖ Link 2: Early CPR
      - Begin CPR immediately
    - ❖ Link 3: Early defibrillation (which is the use of an AED)
      - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
      - If an AED is not available, continue CPR until EMS arrives
    - ❖ Link 4: Early advanced life support and cardiovascular care
      - Continue CPR until EMS arrives
- Lindsay’s Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

# Ohio Department of Health Concussion Information Sheet

## For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohiprogram.org/concussion](http://www.healthyohiprogram.org/concussion)

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** *Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).*

**Step 2:** *Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).*

**Step 3:** *Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).*

**Step 4:** *Full contact in controlled practice or scrimmage.*

**Step 5:** *Full contact in game play.*

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)



Ohio Department of Health  
Violence and Injury Prevention Program  
246 North High Street, 8th Floor  
Columbus, OH 43215  
(614) 466-2144

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

**\*\*Ohio's return-to-play law goes into effect on April 26th, 2013\*\***



## Ohio's Return-to-Play Law: What a Parent/Guardian Needs to Know – Youth Sports Organizations

### For athletes participating in youth sports organizations (non-school sports):

1. Starting April 26<sup>th</sup>, 2013, parents and athletes are required to receive a concussion information sheet annually for each sport.
2. Coaches, referees, or officials must **remove an athlete from play** if the athlete is exhibiting the signs and symptoms of a concussion during practice or a game. These include:
  - Appears dazed or stunned.
  - Is confused about assignment or position.
  - Forgets plays.
  - Is unsure of game, score or opponent.
  - Moves clumsily.
  - Answers questions slowly.
  - Loses consciousness (even briefly).
  - Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
  - Can't recall events before or after hit or fall.
  - Any headache or "pressure" in head. (How badly it hurts does not matter.)
  - Nausea or vomiting.
  - Balance problems or dizziness.
  - Double or blurry vision.
  - Sensitivity to light and/or noise
  - Feeling sluggish, hazy, foggy or groggy.
  - Concentration or memory problems.
  - Confusion
  - Does not "feel right."
  - Trouble falling asleep.
  - Sleeping more or less than usual.
3. The athlete **cannot** return to play on the same day that the player is removed.
4. The athlete **is not permitted** to return to play until they have been assessed and receive written clearance by a physician or by any other licensed health care provider approved by the youth sports organization.

**PLEASE NOTE:** It is important to review your organization's policy regarding which health care providers are authorized to clear an athlete to return to play.

### For More Information

Ohio Department of Health - Ohio's Return to Play Law: [www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

Centers for Disease Control and Prevention - Heads Up in Youth Sports:  
[www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html)

Centers for Disease Control and Prevention – Returning to School after a Concussion:  
[www.cdc.gov/concussion/HeadsUp/schools.html](http://www.cdc.gov/concussion/HeadsUp/schools.html)

# Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian

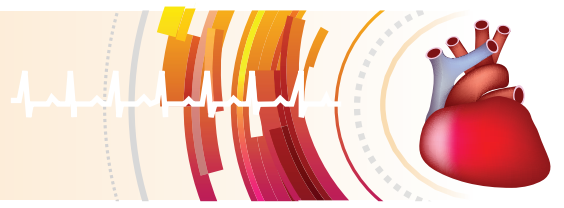


- **Lindsay's Law** is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- **Warning signs** in your family that you or your youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, see your health care professional:
  - Chest pain/discomfort
  - Unexplained fainting/near fainting or dizziness
  - Unexplained tiredness, shortness of breath or difficulty breathing
  - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
  - Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
  - Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
  - If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
    - ❖ Link 1: Early recognition
      - Assess child for responsiveness. Does the child answer if you call his/her name?
      - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
    - ❖ Link 2: Early CPR
      - Begin CPR immediately
    - ❖ Link 3: Early defibrillation (which is the use of an AED)
      - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
      - If an AED is not available, continue CPR until EMS arrives
    - ❖ Link 4: Early advanced life support and cardiovascular care
      - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.



# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

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Parent/Guardian Signature

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

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Date

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Date