



## Tobyhanna Athletic Association

PO Box 276

Tobyhanna, PA 18466

Telephone: 570-972-1276

Website – <http://www.tobyhannalittleleague.org>



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

### **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 parent's 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, after a \$50.00 deductible per claim, 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 within 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 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 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:
  - 1. A maximum of \$1,500 or
  - 2. 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 a better understanding of an important aspect of the operation of the Little League endorsed insurance program.



# Little League® Baseball and Softball

## Medical Release

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



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

**Parent or 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: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**In case of emergency contact:**

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

**Medical Comments (Allergies, Special Conditions, etc.)**

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature
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.

# Sport Parent Code of Conduct

We, the \_\_\_\_\_ 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 well-being 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.

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Parent/Guardian Signature

**Tobyhanna Athletic Association (TAA)**

**Photo Release Form**

**TAA** may include photos of players, coaches, umpires, board members, fans and any other persons who may be participating in a TAA event or activity on its website. Though the names of adults may be used along with the picture, it is our policy that the names of players will not be posted in association with any picture.

\_\_\_\_\_ We/I hereby give permission for TAA to use photos only *without* name on TAA website and other electronic forms of communication.

\_\_\_\_\_ We/I hereby *do not* give permission for TAA to use photos on TAA websites and other electronic forms of communication.

We/I understand that we/I may revoke this consent at any time by providing written notification to the Tobyhanna Athletic Association League Information Officer.

Player's Name: \_\_\_\_\_

Parent or Guardian Signature:

\_\_\_\_\_

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



# Little League® Volunteer Application - 2010

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

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

Email Address \_\_\_\_\_

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

Occupation \_\_\_\_\_

Social Security # (optional; mandatory upon request) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

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

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

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       Coach       Umpire       Field Maintenance
- Manager       Scorekeeper       Concession Stand       Other

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 \_\_\_\_\_

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):

Sex Offender Registry  Criminal History Records  \*Choicepoint

\*Please be advised that if you use Choicepoint 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 directly from Choicepoint 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 applicant.