

# **A Safety Awareness Plan**

**2025**

***League Version***

**Vero Beach Little League**

**City:** Vero Beach **State:** Florida

**LEAGUE ID #: 03091702**

## 2025 Qualified Safety Plan Requirements

1. League Safety Officer on file with Little League Headquarters:  
Kyle Eskew            772-633-2549
2. Vero Beach Little League will distribute a paper copy of this Safety Plan to all Managers/Coaches, League volunteers, and the **District Administrator**.
3. **Emergency Phone Number: 911**

Local Police Emergency:            911  
Local Fire Emergency:                911

## 2025 VBLL Board of Directors

### **League President:**

George Williams  
772-473-1571

### **League Vice President:**

Ali Gholson  
714-336-9975

### **League Secretary:**

Taylor O'Brian  
772-678-1089

### **League Treasurer:**

Thomas Welch  
615-305-0774

### **League Safety Officer:**

Kyle Eskew  
772-633-2549

### **League Player Agent:**

Chris Barcus  
772-321-2786

### **League Coaching Coordinator:**

Nick Novak  
772-321-0416

### **League Umpire-in-Chief:**

Jon Collins  
321-749-1419

### **League Information Officer:**

Jackie Sartain  
772-766-1867

### **League Sponsorship/Fundraising Manager:**

Chris McIntosh  
772-485-4000

### **League Community Outreach:**

Jason Short

### **League Officer:**

Hans Stancil  
772-696-2303

**This list will be posted in the dugout areas.**

4. Vero Beach Little League will use the Official Little League 2025 **JDP Quick APP** form to screen all of our volunteers.

Vero Beach Little League will require at least one Manager/Coach from each team to attend **Fundamentals Training** each year. Every Manager/Coach will attend this training at least once every 3 years.

5. **Next Fundamentals Training Date:** January 13<sup>th</sup>, 2025

**Fundamentals Training Site:** Michael Sports Complex

**Training will be conducted by:** VBLL Board Staff and Approved Coaches

Vero Beach Little League will require at least one Manager/Coach from each team to attend **First Aid Training** each year.

6. **Next First Aid Training Date:** February 2, 2025

**First Aid Training Site:** Michael Sports Complex

7. Coaches will be required to **walk/inspect** their fields prior to each practice and game.

Umpires will also be required to walk the fields for potential hazards before each game.

8. Vero Beach Little League has completed and updated our **2025 Facility Survey on-line**.

9. Concession Stand Safety

**Vero Beach Little League will offer concessions.**

# CONCESSION STAND SAFETY MANUAL SPRING 2025

The Vero Beach Little League Baseball will operate the concession stand at Thompson Little League Field and Michael Field Sports Complex. The home team shall always have a volunteer(s) that will be responsible for the operation of the concession stand during their respective game. A concession stand representative/Board member will assist the volunteer or volunteers with the general operation of the concession, however it will be the responsibility of those respective volunteers to set-up, run, and close the stand. Vero Beach Little League Baseball and its volunteers shall make every effort to protect the health of our customers, volunteers, and players through common sense practices while operating a food distribution facility. Continuing education for all who volunteer in the concession stand can be made available through the concession stand representative on an as needed basis.

**All volunteers are responsible for personal hygiene, safe operation of the equipment, safe food preparation and storage, and the maintenance of a clean concession area.**

## CONCESSION RULES FOR ALL VOLUNTEERS

1. Jewelry must be to a minimum (jewelry can catch dirt, bacteria, & food particles)
2. Wash hands before handling or serving food, after using the restroom, after coughing or sneezing, etc.
3. Keep hands and/or fingers away from your mouth, hair, skin, or other body parts.
4. Use utensils to handle food--NO BARE HANDS---use disposable gloves when available.
5. No smoking or tobacco use in concession area.
6. Do not prepare, handle, or serve food if suffering from open sores, flu, cuts, or a cold.
7. Inspect all food containers before using for any foreign substances, i.e. mold, insects
8. Keep all areas clean and free of dampness, rodents, & insects. 9. Use airtight containers and shelves for storage.
10. Keep cleaning products away from food storage.
11. Wash produce before serving and/or cooking.
12. Thaw frozen foods in refrigerator and do not refreeze thawed food.
13. Keep cooked food warm.
14. Do not allow small children to serve or handle food.  
“Vero Beach Little League Baseball By-Laws does not allow minors under the age of 13 in the concession stand.”
15. Keep food covered in refrigerator.

16. Clean condiments' containers before storing in refrigerator.
17. Maintain clean counters and floors.
18. Wash all equipment & utensils in hot soapy water before closing.
19. Empty garbage as needed and before closing.

10. **The League Safety Officer will inspect all equipment during the pre-season.**

Managers/Coaches will inspect equipment prior to each game.  
Umpires will be required to inspect equipment prior to each game.

11. **Maintain one (1) board member on site during all VBLL Operations.**

This League will use the Incident Tracking Form from the LL website, and will provide completed Accident Forms to the Safety Officer within evening close, of the incident.

Please see attached copy of Accident Reporting Form.

12. Each Team will be issued an updated **First Aid Kit** and be required to have it available at every practice and game.

13. Vero Beach Little League will require ALL TEAMS to enforce **ALL Little League Rules**, including providing Proper Equipment for catchers.

- a. No on-deck batters.
- b. Coaches will not warm up pitchers.
- c. Bases will disengage on all fields.

14. League Registration Data for all Coaches/Managers and Players is attached. **\*\*OR\*\*** All Vero Beach Little League Manager/Coach and Player rosters have been uploaded *via the Little League Data Center*.

15. Sports Connect will be utilized for roster approval, along with Criminal Background Checks per JD Palatine recommendations.

# Facility and Field Inspection Checklist

Facility Name: **Dyer Field**

Inspector: Kyle Eskew

Date: 01/09/25 Time: 5:45 PM

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning track condition
- Dugouts condition before and after games
- Ensure telephones are available
- Areas around bleachers free of debris
- General garbage clean-up
- Who is in charge of emptying garbage cans?
- Condition of restrooms and restroom supplies
- Concession stand inspection

## NOTES/HAZARDS:

No hazards noted, trash cans emptied by off-going board staff. Concession operated under board supervision at Michael's Complex

Signature: Kyle Eskew

Date: 1/09/2025

# Facility and Field Inspection Checklist

Facility Name: Michael Field

Inspector: Kyle Eskew

Date: 01/09/25 Time: 6:00 PM

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning track condition
- Dugouts condition before and after games
- Ensure telephones are available
- Areas around bleachers free of debris
- General garbage clean-up
- Who is in charge of emptying garbage cans?
- Condition of restrooms and restroom supplies
- Concession stand inspection

## NOTES/HAZARDS:

No hazards noted, trash cans emptied by off-going board staff. Concession operated under board supervision at Michael's Complex

Signature: Kyle Eskew

Date: 1/09/2025

# Facility and Field Inspection Checklist

Facility Name: Jake Owen Field

Inspector: Kyle Eskew

Date: 01/09/25 Time: 6:15 PM

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning track condition
- Dugouts condition before and after games
- Ensure telephones are available
- Areas around bleachers free of debris
- General garbage clean-up
- Who is in charge of emptying garbage cans?
- Condition of restrooms and restroom supplies
- Concession stand inspection

## NOTES/HAZARDS:

No hazards noted, trash cans emptied by off-going board staff. Concession operated under board supervision at Michael's Complex

Signature: Kyle Eskew

Date: 1/09/2025



# Facility and Field Inspection Checklist

Facility Name: Thompson Field

Inspector: Kyle Eskew

Date: 01/10/25 Time: 12:00 PM

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning track condition
- Dugouts condition before and after games
- Ensure telephones are available
- Areas around bleachers free of debris
- General garbage clean-up
- Who is in charge of emptying garbage cans?
- Condition of restrooms and restroom supplies
- Concession stand inspection

## NOTES/HAZARDS:

No hazards noted, trash cans emptied by off-going board staff. Concession operated under board supervision at Thompson Field.

Signature: Kyle Eskew

Date: 1/10/2025

# Facility and Field Inspection Checklist

Facility Name: Bob Summers/MC Fence Field

Inspector: Kyle Eskew

Date: 01/10/25 Time: 10:30 AM

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitcher's mound
- Warning track condition
- Dugouts condition before and after games
- Ensure telephones are available
- Areas around bleachers free of debris
- General garbage clean-up
- Who is in charge of emptying garbage cans?
- Condition of restrooms and restroom supplies
- Concession stand inspection

## NOTES/HAZARDS:

No hazards noted, trash cans emptied by CoVB Parks Employees. No concessions operated on this site.

Signature: Kyle Eskew

Date: 1/10/2025

## **Forms/Documentation of Injuries**

- Activities/Reporting Form
- Little League Baseball/Softball Accident Notification Form
- Safety Code for Little League

**For Local League Use Only**

**Activities/Reporting**

**A Safety Awareness Program's  
Incident/Injury Tracking Report**

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

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

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

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

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

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

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

**Incident occurred while participating in:**

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

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

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

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

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

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

- A.) On Primary Playing Field      B.) Adjacent to Playing Field      D.) Off Ball Field
- 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: (\_\_\_\_) \_\_\_\_\_



# 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

Accident & Health (U.S.)

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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

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.) \_\_\_\_\_

**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.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?     YES     NO  
If YES, are they Mandatory    or    Optional    At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------

## **Safety Code for Little League**

- Batters must wear protective NOCSAE helmets during practice, as well as during games. The helmet must include a jaw guard.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball.
- During sliding practice bases should not be strapped down.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.