



Welcome 2015 Spring Managers & Coaches

Please sign in and pick up your team binders



Manager Workshop

Welcome: Daven Phelan

- Thank you for donating your time
- The purpose of this workshop is to give you the tools you need to have a successful season
- The Board of Directors are here to support you!
- Once we are done here you will break out with your appropriate division and Player Agent



Agenda

- 6:00 – Welcome – Daven Phelan
- 6:05 – President’s Message – Diana Watkins
- 6:15 – Team Parent Program – Katherine Felkin
- 6:25 – Sponsorship – Jev Rothe
- 6:35 – Binder Review – Daven Phelan
- 6:45 – Safety – Amy Nygren
- 7:10 – League & Team Websites – Chris Watkins
- 7:15 – Umpire Program – Chris Watkins
- 7:25 – Facilities & Fields – Chuck Hoag
- 7:30 – Equipment Update – Rich Dawson
- 7:40 – Rules – Ron Rogowski
- 7:45 – Q&A
- 8:00 – Division Breakout Sessions



President's Message

President: Diana Watkins

- Managers and coaches have the unique opportunity to teach many attributes and qualities that go beyond baseball.
- Managers set the tone and are responsible for the behavior of the parents, as well as the players.
- You can help set the expectation of volunteerism - parents need to help out, whether its prepping the field, scorekeeping, helping with practices, etc.
- For AA & AAA, in particular, stress that it is a non-competitive regular season. The goal of the regular season is on player development, NOT winning games.



President's Message: Sportsmanship



It is the responsibility of players, coaches, parent and all spectators!

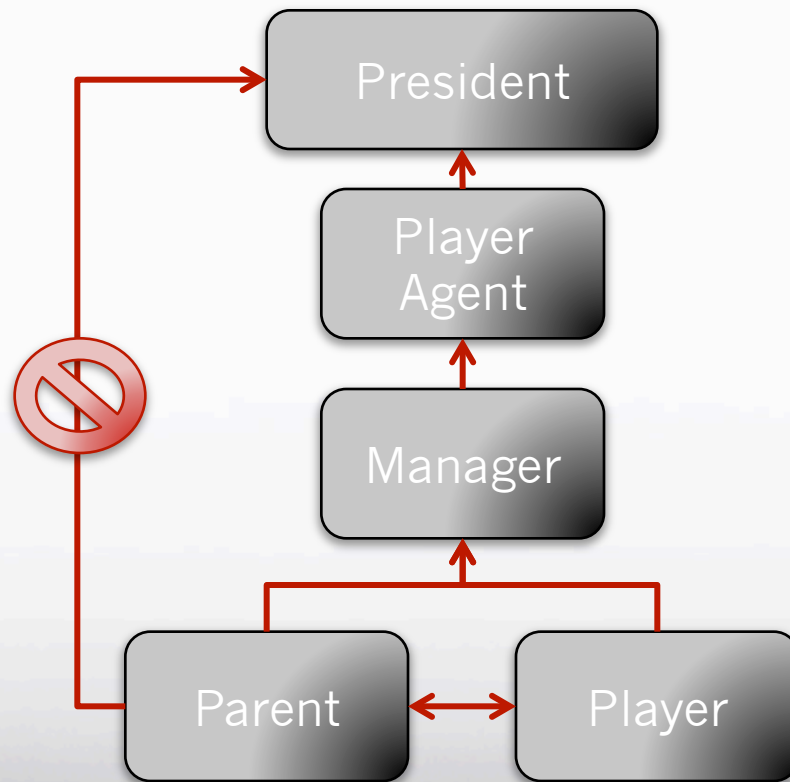
- Spectators code of conduct/Parent responsibility
- Manager/Coach commitment statement
- Winning should never be at the cost of a child's self-esteem
- Use a **feedback** sandwich
- The board has a zero tolerance policy
- Umpires are instructed to remove any player, coach or manager who is displaying poor sportsmanship
- **Managers – it is your responsibility to ensure proper behavior of your parents and spectators**
- Resources on Little League Website: www.littleleague.org



President's Message: Conflict Resolution



Use the Chain of Command





Team Parent Program



Team Parent Coordinator: Katherine Felkin

- Team parent meetings: (3rd St. Building)
 - February 4th – 7PM
 - For returning team parents
 - February 5th – 7PM
 - For new team parents
- Team parent meeting info is located on p. 10 of your binders.



Sponsorship Program



Sponsorship Coordinator: Jev Rothe

- Sponsorship form is located online
 - www.tricitylittleleague.com
- Sponsorship levels are also shown on p. 11 of your binder.
- All teams are required to provide a sponsor



Your Binder Tools for the Season



Coaching Coordinator: Daven Phelan

Make sure you have it with you at all times!

- Roster & Medical Release Forms
- League info (BoD Contacts, Schedule, etc.)
- Manager commitment statement & Spectators Code of Conduct
- Team Parent, Sponsorship, Scorekeeper, & Umpire Clinic Info
- Field Codes
- Coaching Resources
- Safety Manual, Injury Tracking Report, & Volunteer Application
- Ground Rules & TCLL Local Rules



Safety

Safety Coordinator: Amy Nygren

- It is everyone's responsibility to ensure the safety of the kids on or around the field. Please help us to keep the kids safe!
- Safety not only involves the safety of the equipment or fields we use, but also includes the people we put in place to guide our children.



Volunteer Application Form



- Any volunteer that provides a regular service to our league and has regular contact with players.
- Please get volunteer forms to all regular volunteers
- Available on website



Volunteer Application Form



Little League Volunteer Application -2015

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 _____

Social Security # (mandatory with First Advantage or upon request) _____

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): _____

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

Special Certification (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) involving or against a minor?: Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? 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 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):

Sex Offender Registry Criminal History Records *First Advantage

*Please be advised that if you use First Advantage 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 LexisNexis 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.



Background Checks

- All Managers and Coaches must provide their Social Security Number (and driver's license if necessary) on the Volunteer Application
- You must be cleared before you can work with the players
- Assume clearance unless otherwise contacted by the President or Safety Officer
- The First Advantage National Criminal File Database



Safety at Practices

- Important (practice like it's a game):
 - Catchers **MUST** wear catcher's helmet, face mask, and throat guard while warming up the pitcher
 - Inspect all practice grounds for hazards prior to practice
 - Younger siblings are **NOT** allowed in dugouts or practice fields at any time. No exceptions!
 - TCLL will provide Porta-Potty facilities for the school practice fields. Make sure kids and parents are aware that they exist, and use them (not the bushes)!
 - First Aid Kits must be with you at all times.



First Aid Kits



- First Aid Kits are located in each snack bar and equipment shed at the TCLL Fields



Emergency Procedures



- In the event of an incident
 - Initial Evaluation
 - Trust your instinct – if it looks bad, call 911
 - Better to be safe than sorry: Safety First!
 - Player Consideration
 - Remain calm. Keep other players away.
 - If parent is available and calm, bring them over. (A parent's attitude will predict the child's behavior)
 - Evaluate the Situation
 - If child is able to walk & talk, let the parents help with the decisions on further treatment
 - If Conscious
 - Ask questions they should know answers to: what day is it, where are you, who am I?
 - If Unconscious
 - Call 911
 - If not breathing: Get someone with formal CPR training
 - Wait for paramedics and don't move the child unless absolutely necessary



Emergency Procedures



- If 911 is Called
 - Remain calm and give all information necessary
 - Do not disconnect until instructed to do so
 - Continue care – do not leave child
 - Send one person to meet emergency personnel
 - Notify parents as soon as possible
 - Notify the Safety Officer and fill out appropriate forms



Basic First Aid

- Bites
 - Human Bites
 - Control bleeding, wash, call physician
 - Snake Bites
 - Call 911 (no ice)
 - Animal Bites
 - Control bleeding, wash, call physician, call animal control
- Insect Stings
 - Remove stinger
 - Wash
 - Apply Ice
 - Call 911 for allergic reactions:
 - Massive swelling
 - Hives/rash
 - Difficulty breathing
 - Dizziness
 - Fainting
 - Nausea/vomiting



Basic First Aid

- Minor Cuts
 - Stop bleeding
 - Wash
 - Cover with dressing or bandage
- Deep Cuts
 - Apply pressure
 - Call 911
- Broken Bones
 - Call 911
 - Do not move body part
 - Never move anyone with a head or neck injury
- Sprains
 - Apply ice
 - Elevate



Basic First Aid

- Bruises & Scrapes
 - Bruises
 - Apply ice
 - Scrapes
 - Rinse, wash, apply antibacterial ointment
- Burns
 - Minor
 - Apply running water
 - Cover with cold cloth until pain subsides
 - Major
 - Call 911
 - Cover with cold cloth
 - Do not break blisters
- Choking
 - Use Heimlich maneuver
 - Call 911
- Tooth Knocked Out
 - Find tooth
 - Call dentist
- Black Eye
 - Apply ice – gently
- Eyeball Cut
 - Call 911
 - Cover both eyes loosely



Basic First Aid

- Severe Head Injury
 - Call 911 if:
 - Unconscious
 - Seizure
 - Unable to move arms or legs
 - Has blood or fluid coming from nose or ears
- Head Injury
 - Seek medical attention if:
 - Child is 12 or younger
 - Persistent headache
 - Drowsiness
 - Vomiting (3X or more)
 - Slurred speech
 - Difficulty walking
 - Vision problems



Basic First Aid

- Fainting
 - Lay child down and elevate legs
 - Nothing to eat or drink
 - Call 911 if child does not wake up
- Overheating & Heat Exhaustion
 - Place person in cool area
 - Elevate legs slightly
 - 4-6 oz. of water every 15 minutes if not vomiting
 - If temp. is 101 or higher, call 911



Incident/Injury Tracking Report



- What to Report:
 - An incident that causes any player, manager, coach, umpire (yes, we treat the too), or volunteer to receive medical treatment and/or first aid must be reported to the TCLL Safety Officer within 48 hours.
 - Includes basic first aid and self-evaluation.
- Accident Report must be filled out and given to safety officer.
 - Available online or in first aid kits



Incident/Injury Tracking Report



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

Prepared By/Position: _____ Phone Number: (____) _____
Signature: _____ Date: _____



League & Team Websites



Information Officer: Chris Watkins

- www.tricitylittleleague.com
- Each team is responsible for managing their respective site
- Use these sites, or other tools, to help manage team communications



Umpires

Umpire in Chief: Chris Watkins

- Umpire Incentive Program
- Umpire Clinic for **2015**
 - Sunday, February 9th – 1pm to 4pm
- Junior Umpire Program



Facilities & Fields

Head Field Coordinator: Chuck Hoag

- Field Maintenance and Setup
- Scoreboards
- Codes – located on p.14 of your binders
 - Please do NOT give codes to players!
- Practice Schedules



Practice Fields

- TCLL City Fields
 - TCLL Fields 1-6
 - Johnson-Springview Park
- School Fields
 - Antelope Creek – Springview Drive
 - Parker Whitney – Topaz Avenue
 - Sierra Elementary – Camborne Way



Practice Fields

- Sports Field Information Line: 625-5290
- Field Status Reports do not include the school practice fields
- Use best judgment when determining if field use is acceptable. Remember: Safety First!
- All practices must be conducted at insured sites
- Parents must be made aware that practices held at other sites are not sanctioned (and not insured) by the league. Safety of the child is then the responsibility of the parent.



Equipment

Equipment Manager: Rich Dawson

Cell Phone: 916-716-3168

E-mail: dawtay989@yahoo.com

- Equipment Distribution – Saturday, January 31st
9-11am @ Equipment Shed
- Uniforms – By Wed, Feb 25th



Coaching

Coaching Coordinator: Daven Phelan

- Attendance of at least one LLB-approved Coaching Clinic every 3 years is required.
- In 2015, the Positive Coaching Alliance (PCA) online Quick Course will be required. Details will be sent out next week.
- Coaching Clinics – all listed below are LLB approved:
 - AI Clinics (Jan 27 or 28)
 - Elite Athletics (Jan 30)
 - D11 Clinics (Feb 3, Feb 5, Feb 8) – Feb 8 is local at Elite
- See p. 15 in your binder for more online resources & apps



2015 Rules

Vice President: Ron Rogowski

Make sure you know the rules for your division

- You will go over the ground rules in your breakout sessions
- Local Rules – Included in the binder.
- Approved Bat List – on the Little League Website (updated frequently)
- Minimum play time – these are minimums and must be followed.
- Replacement player process – must inform Player Agent immediately. Failure to notify PA will result in a 3 game suspension.
- Pitch counts – travel ball counts do not count, HOWEVER, managers are responsible for communicating with parents and ensuring player's health is a top priority.



Breakout Sessions

Please find your division Player Agent
for the breakout sessions

Thank you again for being a volunteer, and a very important part of our children's lives. Enjoy it, and remember that one day these kids will be adults and what they learn from you this season may help shape them for a long time!