

# ASAP news



Continuing the Little League tradition of making it "safer for the kids."

# Safety Plans Due!

## DEADLINE JUNE 15

If you didn't make the May 1 deadline, but have a safety plan you have started this year or repeated from last year, you must send in your safety plan by June 15 to qualify for a 10 percent credit on your player accident insurance with CNA/Little League Insurance.

More than 2400 safety plans have been received already, or about 37 percent of all local Little Leagues. That's great! That means thousands and thousands of children are in a safer environment due to your efforts. We appreciate the hard work of getting these plans up and going, and keeping them going each year.

However, over 500 leagues submitted safety plans last year who didn't submit one this year. Remember, you must resubmit your safety plan each year to qualify for the CNA/Little League Insurance player accident insurance credit. Even if you have changed nothing from your previous year's plan, you must still send it in to qualify.

Little League sent out letters to the leagues who did not resubmit their safety plans, asking them to file their plan. These letters could also

include leagues who are managed by a multi-league board. Check to make sure all your charters are listed on the web site as being approved before you assume the letter doesn't apply to you. If your safety plan identified only one charter under your board's control, you need to advise Williamsport that the plan covered all charters your board governs, or you won't receive full credit.

"Should leagues still send in their plans? Absolutely," affirmed Dan Kirby, risk management director at LLB. "The deadline for a reduced credit of 10 percent will be extended to June 15 for all leagues who didn't make the May 1 postmark deadline. However, those

submitting after the deadline will not be eligible for the ASAP Awards program," he said.

Kirby pointed out to those following up on a safety plan which didn't initially qualify, need not resubmit the entire plan along with their additional information. Just the information which was missing is needed, he said.

Over 1,000 plans were received right around the May

1 deadline, and LLB staff are busy reviewing these plans to make sure they meet the 13 requirements of a qualified plan. That's about 40

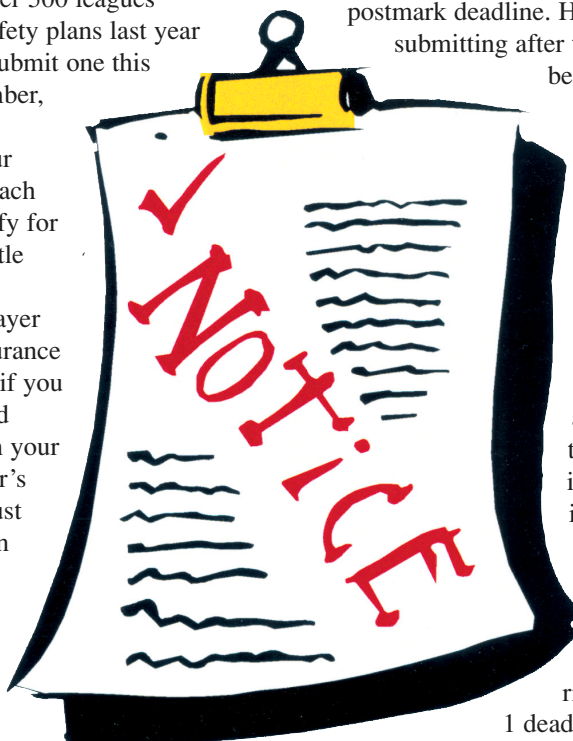
percent of all the plans received, so check the LLB web site to see if your plan has been approved. The URL is:

<http://www.littleleague.org/plans.asp>

The awards program recognizes the best safety plans in each region, and with the expansion to five regions in Little League this year, even more leagues will be eligible for and receiving awards. The leagues with the first and second place safety plans in each region each receive \$500 to be used for safety equipment for their league.

The leagues with the best safety plans from each region will earn a trip to the Little League World Series in Williamsport this August, where the developers of the top safety plan in the country will be named on field at Howard Lamade Stadium during the Series. The league with the best safety plan in the nation will also be awarded a Musco lighting system for a 200-foot Little League field.

After you submit your safety plan, you can check its status to see if LLB has received it, if it is approved, or what item(s) might be keeping it from being approved. There's also a link on the bottom left column of LLB's home page on their web site. The site now has a reference which tells you when it was last updated, so you'll know if the information is the most up-to-date, or if you need to give LLB staff a little more time to record your information. Remember, over 2,500 plans came in last year, so please be patient in checking. And do keep a complete copy of your submission, just in case.



# The Silent Ep



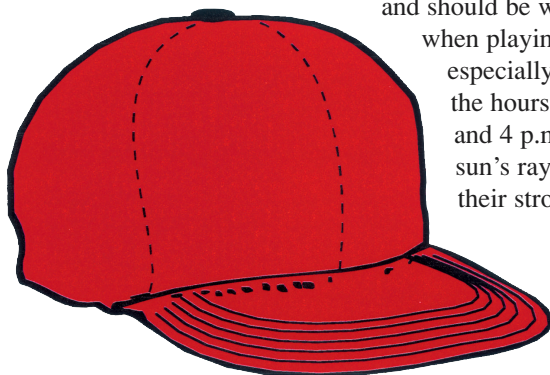
*After a long winter, no one can wait to get back outdoors and in the sunshine. But did you know sun exposure isn't all good? And not just sunburn, that seasonal damper to outdoor activities' fun, but skin cancer; and increasingly for young people.*

The incidence of malignant melanoma skin cancer is increasing faster than any other form of cancer. And it's not just causing minor skin surgeries; people are dying of skin cancer. The families who have lost sons and daughters are working to increase awareness of early life over-exposure, and your help can reduce the chances that someone in your league will be diagnosed with skin cancer.

The Coyne family started the Colette Coyne Melanoma Awareness Campaign ([www.ccmac.org](http://www.ccmac.org)) when their 30-year-old daughter Colette was killed by malignant melanoma skin cancer in 1998. They have championed this cause to try to spare other families the pain they have endured at the needless death of their daughter. Their foundation has provided the following on melanoma skin cancer.

The facts are simple: The majority of people receive 80 percent of their entire life's exposure to the sun by the time they turn 18. Sun over-exposure, which can trigger skin cancer, is therefore mostly experienced as a child and young adult, the years when kids are involved in Little League. Educate players about the risk of sun over-exposure, and teach them to look for signs of abnormal moles or other skin blemishes that might be precursors of skin cancer. Victims have died as early as their early 20's.

Remind players that sunscreen is a vital part of their pre-game warm-ups, and should be worn anytime when playing, especially between the hours of 10 a.m. and 4 p.m., when the sun's rays are at their strongest.



Provide covers for all dugouts so when the players aren't on the field, they aren't still in the sun.

## **Melanoma Statistics:**

- Malignant Melanoma is increasing faster than any other cancer.
- The four leading states in order for melanoma cancer cases are: California, Florida, Texas and New York.
- Past prevalence rates of individuals diagnosed with Melanoma were 1 in 1500 people. Current rates are now 1 in 75 people.

## **Signs:**

### **ABCD's of Melanoma Moles**

- A** – Asymmetry, one half of mole unlike the other.
- B** – Border is irregular in outline.
- C** – Color changes or varies from light to dark brown.
- D** – Diameter of mole is larger than a pencil eraser.

## **Increased Risk Factors:**

- If you have any of the following, you should see a dermatologist for a Melanoma Screening:
- Light colored eyes, fair skin, blond/red hair or light brown hair.
- Freckles or many moles on body.
- Childhood sunburn before age of 18.
- Anyone with considerable sun exposure or use of tanning parlors/booths.
- Family history of skin cancer.
- Prevention
- Wear protective clothing, large brim hats, long sleeves, pants and sunglasses.
- Keep children under six months out of the sun completely.

# idemic: Skin Cancer

- Use sunscreen SPF-15 or higher, apply half an hour before sun exposure and reapply every two hours when outdoors.
- Winter sun is dangerous, especially at higher altitudes when skiing or hiking.
- Schedule a yearly body check.
- Schedule follow-up visits once a mole is removed.

## “Slip, slop, slap” on protection

The American Cancer Society offers the “slip, slop, slap” rules to sun protection:

- Slip on a shirt with sleeves (no tank-tops).
- Slop on sunscreen with a minimum of 15 SPF (sun protection factor).
- Slap on a hat that covers the ears and back of the neck, or make sure you use sunscreen there if wearing a baseball cap.

## It Has Been Three Years...

“Dear Editor,

“We have just been given a copy of ASAP. Your efforts to ‘make it safer for the kids’ by alerting readers to practice sensible precautionary measures is commendable.

“It is three years since our daughter Colette died from the dreaded disease Melanoma Skin Cancer. It was at this time we realized how little is known of the ‘Silent Epidemic’ as it is described by the medical community. While our loss was great, we were inspired by our daughter’s courage. She refused to be a victim and instead prepared her family

and friends for what had to be. She was diagnosed in May, told she was terminal in August and died in our arms in October, two weeks after her 30th birthday. Her concern was always for others and therefore we could do no less than honor her memory by creating a foundation that would hopefully prevent others from experiencing the pain that was and is part of our lives.

“The goal of the Colette Coyne Melanoma Awareness Campaign is to create awareness of this killer cancer by education, enabling recognition of the early signs of this disease, in addition to necessary measures for adequate sun protection. ...

“We have in the past spoken to Little League parents in our community, reminding them that sunscreen is as important as protective equipment while playing. We request your support in sharing this important message to all your teams throughout the country. The Centers for Disease Control acknowledges this is an ever-increasing cancer with sunburns before the age of 18 contributing to the risk for Melanoma Skin Cancer. While one thought this was a disease of the elderly, it is in fact taking the lives of young people. Please stress this necessary precaution in upcoming newsletters.

“As a mom who sat through three games on a Saturday watching each of her sons play, I know how hot it can be in areas without shade. Please help us in sharing this important message. ...”

*Sincerely,  
Colette and Patrick Coyne  
CCMAC*

**Editor’s Note:** We felt the Coyne’s words speak more strongly about the need to provide sunscreen and shaded seating than anything we could add. Please keep the future health of your players as much in mind as their present health and safety.

## STUDY: SKIN CANCER AFFECTS CHILDREN

Researchers warn that basal cell carcinoma (BCC), a common form of skin cancer in older adults, can and does strike children, and not just those with a genetic tendency toward the cancer or those exposed to high-dose radiation treatments. The report, issued in Archives of Dermatology, warns that children who have been over-exposed to the sun can develop the cancer.

Three cases, of an 8-, 11-, and 16-year-old, all contained small skin cancers which might have been mistaken for cysts, fungal infections or warts, if not positively identified. Once BCC was identified, the cancers were carefully and fully removed surgically. The authors report none of the cancers had recurred after a follow-up of two to four years.

The eight-year-old had a history of several severe sunburns, but none of the children in the study had other family members with skin cancer.

Because skin cancer has been associated with childhood or recreational sun exposure, the report suggests that children in areas where ultraviolet radiation from the sun is most intense – are as of higher altitude or southern location – are at a higher risk of developing BCC.

The researchers recommend that physicians be more suspicious of BCC when evaluating skin abnormalities in children.

“Early recognition (of BCC) can prevent extensive tissue destruction and scarring after surgical removal and aid in prompt diagnosis of a possible genetic syndrome,” the authors concluded.



# Bicycle Safety First!

## Bicycle Safety for Ball Players

Every year over 800 people die from bicycle accidents in the US. Please share the following information with the parents in your league for the protection of your players.

If your child will be riding their bicycle to the field for practices or games, here are some important safety tips:

- *Know the route*
- *Wear a properly fitting helmet*
- *Complete the ABC Bike Safety Check*

Plan the safest route from your home to the field with your child, and practice riding the route together. Promote good riding skills including obeying all traffic laws, riding to the right side of the road, and wearing helmets properly.

Your child's helmet should fit snugly and be worn level on their head, covering the forehead. The straps should be comfortably snug under the chin, so that the helmet stays in place. If the helmet is properly adjusted, it should not move more than one inch in any direction and they should not be able to pull it off their head.

Medical research shows that 85% of cyclist's head injuries can be prevented by the correct use of a helmet. Look for the US Consumer Product Safety Commission (CPSC) sticker showing that the helmet has been tested for safety, and always replace a helmet after a crash.

Your child should complete an ABC Bike Safety Check before each ride:

**A = Air** Make sure the tires have the proper amount of air. Improperly inflated tires cause wear and place the rider in danger. The required amount of pressure can be found on the side of the tire.

**B = Brakes** Make sure the brakes are in good working order. Brakes should bring the bike to a halt within a safe distance. Lever brakes should not pull closer than one-half the distance to the handlebar.

**C = Crank** The crank is the part of bicycle where the sprocket, chain and pedals are connected. There should be no wobble or play when you move the crank arms side to side.

Have your child take a test ride on the sidewalk or in the driveway prior to leaving for the field. If the bicycle is not functioning properly, have it repaired by a qualified technician before letting your child ride.

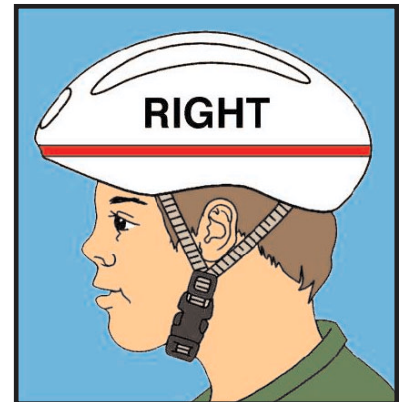
## Wear Bike Helmets On Bicycles — Not on Playgrounds

The U.S. Consumer Product Safety Commission (CPSC) warns that children should not wear bike helmets when playing, especially on playground equipment. CPSC has reports of two strangulation deaths to children when their bike helmets became stuck in openings on playground equipment, resulting in hanging. CPSC also has reports of four cases where no injury occurred. In two of these cases the children were climbing trees, and in the other two cases the children were on playground equipment.

Children should always wear helmets while riding their bikes. But when a child gets off the bike, take off the helmet. There is a "hidden hazard" of strangulation if a child wears a helmet while playing on playground equipment.

## Which sport is most likely to crash-land you in a hospital emergency room?

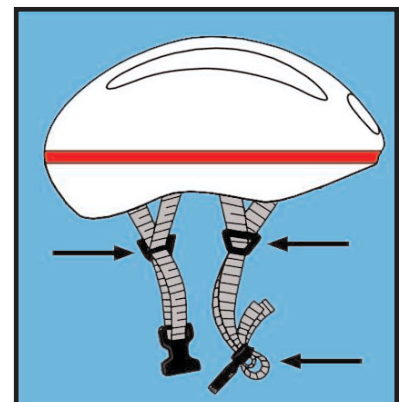
Bike accidents crash-land more kids in hospital emergency rooms than any other sport. In fact, kids ages 5 to 14 get hurt more often than bikers of any other age! Every day, about 1,000 kids end up in hospital emergency rooms with injuries from bikes — like broken bones or brain concussions. About one kid every day dies of these injuries. Others suffer lifetime problems, like limping or brain damage.



Wear the helmet flat atop your head, not tilted back at an angle!



Make sure the helmet fits snugly and doesn't obstruct you field of vision.



Make sure the chin strap fits securely and that the buckle stays fastened.

# use your head

BEFORE YOU BUY A BICYCLE HELMET,

MAKE SURE  
IT FITS!



**CORRECT** WAY TO WEAR  
YOUR HELMET

Wear it low on your forehead — 2 finger widths above your eyebrows. Sit it evenly between your ears and flat on your head. Tighten the chin strap and adjust the pads inside so it feels snug and secure and doesn't move up and down or from side to side.

After March 1999, all bicycle helmets made in or imported to the United States must meet a uniform safety standard issued by the U.S. Consumer Product Safety Commission (CPSC). Among other things, this means that bike helmets for children ages 1 to 5 will cover more of their heads, giving them more protection. After March 1999, look for a label or sticker that says the helmet meets the new CPSC standard.\*

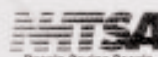


[NEW HELMET FOR  
AGES 1 TO 5]

\* Some manufacturers may offer helmets meeting this standard before March 1999.



U.S. Department  
of Transportation



People Saving People  
<http://www.dotsa.gov>



U.S. Consumer Product  
Safety Commission (CPSC)

CPSC Web site: <http://www.cpsc.gov>

CPSC hotline: (800) 638-2772 & (800) 638-8270 (TTY)



**HEY KIDS — REMIND GROWNUPS TO WEAR THEIR  
HELMETS TOO!**

DOT HS 808 757 AUGUST 1998

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# Being a Good Sport

*Donald Jensen was struck on the head by a thrown bat while umpiring a baseball game in Terre Haute, Indiana. He shook off the blow, and finished working the game, but that night he went to a hospital with head pains. While being kept overnight for observation, the umpire wrote the following letter to parents of ball players everywhere.*

"I am an umpire. I don't do it for a living, but only on weekends for fun. I've played baseball, coached it, and watched it; but somehow nothing takes the place of umpiring. Maybe I feel deep down that I am providing a fair chance for all kids to play the game without disagreements and arguments. But there is one thing that bothers me about my job. Some of you folks don't understand why I'm there.

"Some of you feel I'm there to exert authority over your son. For that reason, you often yell at me or encourage your son to yell when I make a mistake. How many of you really understand that I try to be perfect? I try not to make a mistake. I don't want your son to feel he got a bad deal from an umpire. Yet, no matter how hard I try. I can't be perfect. I counted the number of calls I made in a six inning game today. The total number of decisions on balls and strikes or safes and outs, was 146.

"I tried my best to get them all right; but I'm sure I missed some. I could have missed eight calls today and I still got 95% right. In most occupations that percentage would be considered excellent.

"Today, one close call ended the game. A runner for the home team was trying to steal the plate on a passed ball. The catcher chased the ball down and threw to the pitcher covering the plate. The pitcher made the tag and I called the runner out. As I was leaving, I heard a parent say: 'It's too bad the kids have to lose games because of rotten umpires.' Later I heard some kids say the umpires were really lousy. I felt horrible. Those kids had made a lot of mistakes that had cost them runs.

"A parent or adult leader who lets a child blame his failures on an umpire is doing the worst kind of injustice to that youngster. That irresponsibility is bound to carry over to future years.

"As I sit here writing this letter I am no longer as upset as I was this afternoon. At one point I wanted to quit umpiring behind the plate for a pitcher pantomimed his displeasure at any close call. One could sense that he wanted the crowd to realize that he was a victim, and I was the villain. He did this for two innings, at the same time yelling at his own players' mistakes. The coach then called him aside and said 'Son, make a decision: be an umpire, an actor, or a pitcher. But you can only be one. Right now pitch, or you won't be pitching here.' He chose to pitch, and went on to win the game. After the game, he came and apologized, saying he'd learned his lesson.

"I can't help but wonder how many more young men are missing their chance to develop into outstanding ball players because their parents encourage them to spend time umpiring, rather than working harder to play the game."

The following morning, Donald Jensen, part-time umpire, died of a brain concussion from the blow by the thrown bat.

The preceding was part of the safety plan by East Jefferson Little League, Port Hadlock, Wash. It has been attributed to the Washington Journal of Health, Physical Education, and Recreation, spring 1975 and the April, 1982 Minnesota State High School League Bulletin.



# Eligibility Guidelines

## Tournament Rules for Ballplayers

**To all District and local Little League personnel** -- The 2002 International Tournament is fast approaching, so it is vital that every district and league be aware of the enhanced guidelines for player eligibility. These guidelines were introduced early this year, and sent via e-mail and regular mail to every district and league several times. This is another reminder of the new guidelines. Please take time to read each of these items carefully, and ensure that everyone in your district or league understands them clearly.

### 1. THE DEADLINE FOR WAIVER REQUESTS IS JUNE 1 —

Regulation IV(j) establishes a deadline for waiver requests regarding player eligibility:

**Regulation IV(j) — Any request for a waiver pertaining to the eligibility of a player must be submitted in writing, by the president of the local Little League through the district administrator, to their respective Regional Director not later than June 1 of the current year. Requests submitted after that date will not be considered.**

- All tournament participants are required to provide a government-issued birth document certifying the participant's date of birth. The filing, recording, registration, or issue date of the original birth registration document must be within one year of the date of birth. If a participant cannot meet these criteria, the participant will be required to provide additional information to become eligible.
- Regulation II(a) is amended to ensure that all players must meet Little League Baseball's "Residence Eligibility Requirements." This

clarification will strengthen a policy that was previously only implied.

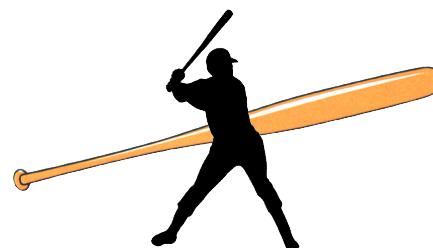
**Regulation II(a) — Each league shall determine actual boundaries of the area from WITHIN which it shall select players. Only those participants whose residence is within the boundaries of the league shall be eligible to participate. Residence, for the purposes of this regulation, is defined in "Residence Eligibility Requirements" in the first section of this book. These boundaries MUST be described in detail AND shown on a map when making application for charter. The local Little League...**

- To be eligible for tournament play, non-citizens of a country are required to meet one of the three criteria below. This new requirement for non-citizens is incorporated into Little League Baseball's "Residence Eligibility Requirements" and the "Tournament Rules" governing player eligibility.

**Tournament Requirement for Non-Citizens: A participant who is not a citizen of the country in which he/she wishes to play, but meets residency requirements as defined by Little League, may participate in that country if:**

- his/her visa allows that participant to remain in that country for a period of at least one year, or;**
- the prevailing laws allow that participant to remain in that country for at least one year, or;**
- the participant has an established bona fide residence in that country for at least two years prior to the start of the regular season. Exceptions can only be made by action of Charter Committee in Williamsport.**

- The tournament affidavit now provides a detailed explanation of each of the eligibility criteria.
- The tournament eligibility verification process now requires the following additional information for players, managers, and coaches:
  - A league boundary map must accompany the affidavit.
  - Waivers for players outside the league boundaries must accompany the affidavit.
  - The total number of games the player's team played and the total number of games in which the player participated is required on the affidavit.
- The player agent and league president are both required to sign, attesting to the accuracy of the information on the affidavit. The manager must also sign the affidavit, signifying that he/she understands the rules with regard to eligibility of pitchers and players, as well as his/her right to refer protests to the Tournament Committee.
- All of the tournament eligibility information will be verified at the Regional and World Series levels in addition to the original screening by the District Administrator. The eligibility information will be required to accompany each team at all levels in case of a discrepancy.



# What's Inside **Hotline Ideas from Readers**

## **1 Safety Plans Due!**

DEADLINE: June 15 to qualify for a 10 percent credit.

## **2 The Silent Epidemic.**

The incidence of skin cancer is increasing fast.

## **4 Bicycle Safety.**

Every year over 800 people die from bicycle accidents.

## **6 Being a Good Sport.**

Encourage children to spend time playing ball, not umpiring.

“Little League Baseball participants are at an increased risk from mosquito-borne diseases every time they take the field, particularly so in the early evening when most games are played. West Nile Virus is becoming a concern for everyone, and outdoor enthusiasts are searching for ways to keep themselves and their friends and families safe and disease free.

Skeeterbites.com is an innovative new website that allows visitors to get a local mosquito forecast for their area, helping them better judge their risk of exposure and plan a defense against the dangers of flying insects. In addition to a mosquito forecast, the site contains many useful tips to help individuals and families stay safe and bug free.”

**Steve Baker**  
Safety Editor  
[Skeeterbites.com](http://Skeeterbites.com)

“In the Spring of 2000 our league began fingerprinting all of our volunteers. The print cards are then sent to the California Department of Justice for comparison of known sexual offenders. This year I am distributing the descriptions and photographs of ‘Megan’s Law’ offenders at our Spring safety meeting. There are 3000 Megan’s law offenders living in our league’s zip code area. This list also does not even include minor offenders. Protecting our children from these pedophiles had become a number one priority of our league. It is our hope that the fingerprinting and publishing of known offenders will deter any of them from becoming involved in our league.”

**Glen Schnoor**  
Safety Officer, Menifee Valley Little League  
Menifee, California

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