



# Little League Baseball Accident Notification Form

**SEND COMPLETED FORM TO:**  
Little League Baseball, Incorporated  
PO Box 3485, Williamsport, PA 17701

**ACCIDENT CLAIM CONTACT NUMBERS:**  
Phone: 570-327-1674 Fax: 570-322-2376

- Instructions:
1. Claimant (or parent/guardian if claimant is under 19 years of age) must complete Part 1 of this form in full including signature(s) of authorization.
  2. When PART 1 is complete, the form must be forwarded to a League Official, for completion of PART 2.
  3. All itemized medical bills (including description of service, date of service, diagnosis, procedure code and individualized charge) must be submitted with the completed notification form (original or copy). If dental treatment has been provided, send a statement from the treating dentist that explains the extent of damage to each tooth involved in the accident.
  4. When other insurance is present, copies of the Explanation of Benefits forms or Notice/Letter of Denial for each charge must be included, even if the charges do not exceed the deductible of the other insurance program.

League Name		League I.D.	
<b>PART 1</b>			
Name of Injured Person / Claimant		Date of Birth (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent / Guardian, if Claimant is a Minor		Home Phone (Incl. Area Code) ( )	Business Phone (Incl. Area Code) ( )
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 4 above.

Does the insured Person / Parent / Guardian have any insurance thru: Employer Plan  YES  NO School Plan  YES  NO  
Individual Plan  YES  NO Dental Plan  YES  NO

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
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Describe exactly how accident happened, including playing position at the time of accident:

Check applicable response in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	(NOT GAMES)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> (SPECIAL GAME(S))
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	(Submit a copy of
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	your approval from
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	Little League Incorporated)
	<input type="checkbox"/> BIG LEAGUE (16-18)	<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 Baseball and/or CNA or its representative, any and all such information. 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

**REMARKS:** Florida, Kentucky, New York, Ohio, Oklahoma and Pennsylvania residents take note.

**FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NY & PA** - 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, (NY) 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, (PA) and subjects such person to criminal and civil penalties.

**OH & OK** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 (Incl. 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**

- 01 1ST
- 02 2ND
- 03 3RD
- 04 BATTER
- 05 BENCH
- 06 BULL PEN
- 07 CATCHER
- 08 COACH
- 09 COACHING BOX
- 10 DUGOUT
- 11 MANAGER
- 12 ON DECK
- 13 OUTFIELD
- 14 PITCHER
- 15 RUNNER
- 16 SCOREKEEPER
- 17 SHORTSTOP
- 18 TO/FROM GAME
- 19 UMPIRE
- 20 OTHER
- 21 UNKNOWN
- 22 WARMING UP

**INJURY**

- 01 ABRASION
- 02 BITES
- 03 CONCUSSION
- 04 CONTUSION
- 05 DENTAL
- 06 DISLOCATION
- 07 DISMEMBERMENT
- 08 EPIPHYSES
- 09 FATALITY
- 10 FRACTURE
- 11 HEMATOMA
- 12 HEMORRHAGE
- 13 LACERATION
- 14 PUNCTURE
- 15 REPTURE
- 16 SPRAIN
- 17 SUNSTROKE
- 18 OTHER
- 19 UNKNOWN
- 20 PARALYSIS / PARAPLEGIC

**PART OF BODY**

- 01 ABDOMEN
- 02 ANKLE
- 03 ARM
- 04 BACK
- 05 CHEST
- 06 EAR
- 07 ELBOW
- 08 EYE
- 09 FACE
- 10 FATALITY
- 11 FOOT
- 12 HAND
- 13 HEAD
- 14 HIP
- 15 KNEE
- 16 LEG
- 17 LIPS
- 18 MOUTH
- 19 NECK
- 20 NOSE
- 21 SHOULDER
- 22 SIDE
- 23 TEETH
- 24 TESTICLE
- 25 WRIST
- 26 UNKNOWN
- 27 FINGER

**CAUSE OF INJURY**

- 01 BATTED BALL
- 02 BATTING
- 03 CATCHING
- 04 COLLIDING
- 05 COLLIDING WITH FENCE
- 06 FALLING
- 07 HIT BY BAT
- 08 HORSEPLAY
- 09 PITCHED BALL
- 10 RUNNING
- 11 SHARP OBJECT
- 12 SLIDING
- 13 TAGGING
- 14 THROWING
- 15 THROWN BALL
- 16 OTHER
- 17 UNKNOWN

Does your league use breakaway bases on:  ALL  SOME  NONE of your fields?

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 under 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 \_\_\_\_\_