



Hits and Runs...
Bumps and Bruises

**Health, Safety and Injury Prevention
Are the Keystone of Little League®**



Produced by Little League International Communications Division

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Hits and Runs ... Bumps and Bruises: **Health, Safety and Injury Prevention** **Are the Keystone of Little League**

Executive Summary

An advocate for opportunity and proprietor of the largest youth sports organization in the world, Little League Baseball and Softball has chronicled its program's development and innovation in the areas of participant health and safety.

- As Little League's popularity grew, it became apparent to Little League Baseball, Incorporated, that Little League could be made safer by imposing certain rules and regulations and making specific adjustments to better the game without sacrificing the integrity of the game.
- Lessons about safety were learned as the program developed. Decisions such as the suggested size of the field, the distance between the bases, and how far a pitcher must throw from the mound and home plate, were made in an attempt to miniaturize Major League Baseball.
- From the invention of the batting helmet by Dr. Creighton J. Hale, who later became the second President and Chief Executive Officer of Little League Baseball and Softball, to the recent landmark alteration of Little League rules – the pitch count – Little League has strived to be a safety-oriented community-based program, in which any parent would feel comfortable enrolling their child.
- Little League's position on implementing new rules for improved safety has remained constant for decades. Rules are revised when practical to reduce injuries, while not effecting or changing the competitive nature of the game.
- Notable examples of playing equipment and rules aimed directly at lessening injuries include the helmet being worn by batters, base runners and players serving as base coaches, rubber spikes in place of metal cleats, athletic supporters to protect the groin area, and more recently, decisions to eliminate the headfirst slide, and the on-deck circle.
- To date, face guards on batting helmets, shin and forearm protection for batters, helmets on infielders, and the use of softer balls in younger age divisions are not mandated.
- In recent years, some local leagues have inserted a requirement that calls for pitchers to wear an apparatus to protect their rib cage from sudden blunt force trauma that could cause the heart to suffer arrhythmia or stop beating. Little League's A Safety Awareness Plan (ASAP) recommends, but does not mandate, that local leagues have an Automatic External Defibrillator (AED) available at their game facilities in the event such an injury occurs.
- Leagues are annually required to submit a safety plan to Little League International for its league and facility.
- Little League has embraced advancements in online media to improve its education resources. Through the Little League Coach Resource Center, coaches and managers register free of charge and can review the latest training techniques which lends itself to a safer overall program.
- Little League is the first and only youth-based sports organization to require national criminal background checks for all of its volunteers with repetitive access to children.
- Other campaigns also have contributed to Little League's safety record. The Little League Anti Spit Tobacco Program (NSTEP); The Little League Drug and Alcohol Awareness program; and the Little League Traffic Safety Initiative are all positive examples.

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Health and Safety Development Chronology

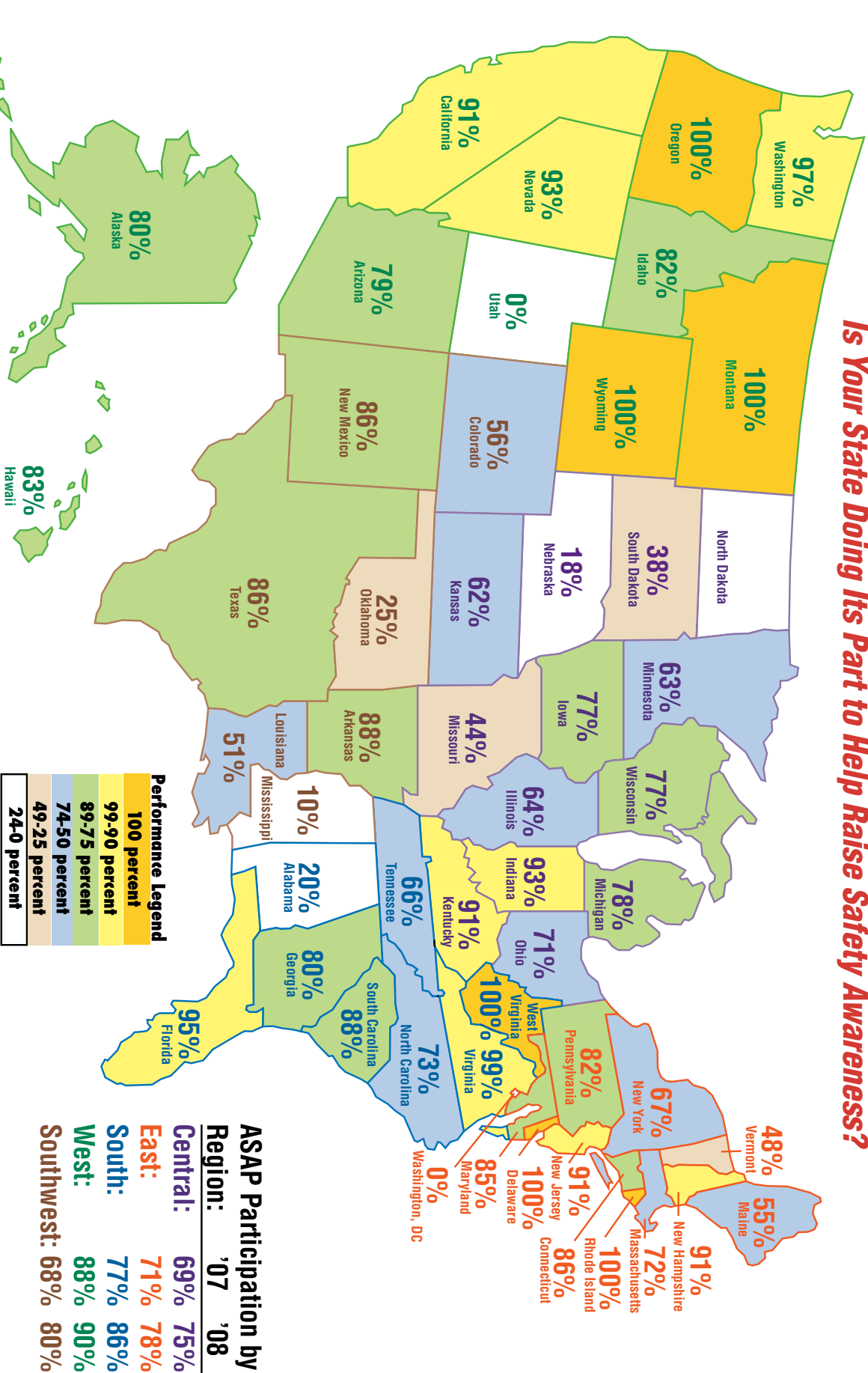
- Little League has tracked Injury statistics since the early 1960s.
- In 1961, Dr. Creighton Hale's newly-patented batting helmet became mandatory in Little League.
- Annually, less than three-tenths of one percent of Little League players injured need medical attention.
- There have been eight fatalities in Little League Baseball from batted balls. Six of those resulted from balls hit by wood bats and two from balls hit by non-wood bats. Those two fatalities occurred in 1971 and 1973, prior to the 1993 implementation of today's Bat Performance Factor (BPF) youth bat standards.
- In the past 18 years (1990-2008), there has not been a single play-related death in a Little League practice or game, even though more than 18 million games and nearly 40 million practices have been held.
- The Little League International insurance department, in conjunction with Little League's A Safety Awareness Plan (ASAP), has kept insurance premiums at reasonable levels as injuries continue to decline overall. Little League accident insurance costs remain unchanged since 1994.
- On-field safety improvements in the last 20 years are evident with the innovation and evolution of the playing equipment. Along with batting helmets and rubber spikes, aluminum and composite bats have nearly replaced wood bats, bases that disengage their anchors are required, softball players use yellow optic balls that are easier to see and catchers of today wear a full helmet with a dangling guard off of their mask to protect the back of the head and throat, respectively.
- More than 15 years ago, Little League International reached an agreement with the major non-wood bat companies that set a standard for the performance of non-wood bats - Bat Performance Factor (BPF). The BPF essentially measures how fast a baseball exits the bat when hit. To quantify the BPF, a standard wood bat has a BPF of 1.00. A very good wooden bat's BPF is 1.15.
- In the early 1990s, the number of reported injuries to pitchers hit by batted balls had increased to nearly 150 per year. Since establishing the BPF, those types of injuries have decreased to the current level of 25-35 per year.
- In 2002, the U.S. Consumer Product Safety Commission reviewed this issue of bat safety and resolved that there was inconclusive data to support banning non-wood bats from use in high school and youth baseball.
- In 2004 and 2005, Little League researched the feasibility of replacing its innings-pitched regulation to determine the eligibility of a pitcher.
- In Aug. 2006, Little League International's Board of Directors voted in favor of a pitch count.
- 2007 was the first season for the pitch count in Little League Baseball.
- In 2007, Little League required that all persons wishing to volunteer in Little League submit to a national criminal background check and a check of the national sex offender registry. Little League has worked to ease the process by making the first 80 background checks for each of its 6,500 U.S. leagues free of charge. Subsequent checks cost only \$1 through an agreement with Choice Point.
- The "*I Won't Cheat!*" program, unveiled in 2008, is an initiative to educate young players on the dangers of performance-enhancing drugs, as well as the importance being a responsible student. It was created by former National League Most Valuable Player Dale Murphy, who is a member of the Peter J. McGovern Hall of Excellence.
- Non-wood bats approved for use in Little League have the same 1.15 BPF, and as of 2009, that designation is required to be shown on the barrels of all Little League-approved non-wood bats.

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2008 US National ASAP Participation: 80%

2007 US National ASAP Participation: 75%

Is Your State Doing Its Part to Help Raise Safety Awareness?



Hits and Runs ...Bumps and Bruises: **Health, Safety and Injury Prevention Are the Keystone of Little League**

If perception is reality, then Little League is a childhood institution that brings families, communities and countries together using bats, balls and gloves. The true reality is that Little League, for all its achievements and accomplishments, is still about children playing a game, which means fun is the goal and unfortunately, injuries do happen from time to time.

From the idea envisioned by Little League founder Carl Stotz, to today's Little League, with its 7,500 leagues, nearly 2.7 million players and more than one million volunteers, the focus remains the opportunity for children to safely learn about life through sport.

No Pain, No Gain: Youthful Exuberance, Risk and Reward

Whether on a playground, in the backyard, or on a Little League diamond, kids have found ways to feed their imaginations through sport. Nearly 70 years ago, Mr. Stotz recognized the intuitiveness that drives children to imitate and explore new things, with no immediate regard for the consequences.

To the point, any number of catastrophic injuries can occur on any given play, yet parents and players alike applaud the hit, the catch, the throw.

As we grow and mature into adulthood, often we look back on the foolish feats that were part of our younger days. For many reasons, the millions of children who have grown up playing Little League, and the parents who supported their participation, may look back on those days fondly, but how many considered the risks?

To the point, any number of injuries can occur on any given play, yet parents and players alike applaud the hit, the catch, the throw.

Rarely, if ever, do you hear mom or dad say, "You're not going to play baseball ... you might get hurt." At its inception, Little League meant playing like a Big Leaguer. In the 1930's, children playing Little League wanted to be Babe Ruth or Ty Cobb. In the 1940's young players emulated Ted Williams or Joe DiMaggio. In the 50s, it was Jackie Robinson, Stan Musial, and Mickey Mantle, and on it goes. Getting hurt was not a care, let alone a concern.

As Little League's popularity grew, and more neighborhoods and communities started their own Little Leagues, it became apparent to Little League Baseball, Incorporated, that Little League could be made safer by imposing certain rules and regulations and making specific adjustments to better the game without sacrificing the integrity of the game.

Even though Little League was founded with Major League Baseball circa 1938 as its model, the game played by grown men of the day did not resemble the game that children were playing in their neighborhoods.

Lessons about safety were learned as the program developed. Decisions such as the suggested size of the field, the distance between the bases, and how far a pitcher must throw from the mound and home plate, were made in an attempt to miniaturize the Major League game.

Ranging from subtle adjustments to substantial innovations, the additions, deletions and alterations to the Little League rulebook are an annual reminder that Little League is constantly reviewing, refining and reinventing its game to make it fair and relevant for all who chose to affiliate and participate.

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Over the decades, Little League has cut a divergent path away from Major League Baseball. The Little League game is distinctive and proudly touted as a leader in youth sports safety because it has not been afraid to self-evaluate and encourage outside opinions and critiques in its never-ending attempts to make the Little League experience positive on and off the playing field.

Little League International understands that injuries are part of the game, but let it be known that the governing body for the largest youth sports organization in the world sees even one injury as too many to dismiss as acceptable.

From the invention of the batting helmet by Dr. Creighton J. Hale, who later became the second President and Chief Executive Officer of Little League Baseball and Softball, to the recent landmark alteration of Little League rules – the pitch count – Little League has strived to be a safety-oriented community-based program, in which any parent would feel comfortable enrolling their child.

As Little League Grew the Game Got Safer

In 1939, Mr. Stotz and fellow Williamsporters, George and Bert Bebble, gathered 30 boys from their neighborhood and put together three teams. The first Little League season was played and a movement was born.

Did those boys have sore arms, aching feet and some bumps and bruises? The likely answer is yes. Did Mr. Stotz and others try to improve the safety of the game for the next season? Again, the answer is definitely, yes.

In fact, injuries did occur, yet Little League continued to put down roots in communities throughout North America.

By 1961, use of Dr. Hale's newly-patented batting helmet became mandatory in Little League. Other safety innovations also were integrated into Little League, but with less fanfare.

There exists a delicate balance between the competitive nature of baseball and softball, safety, and achieving a healthy playing environment. Annually, less than three-tenths of one percent of the Little League players injured need medical attention. Through the 1990s and so far this decade there has not been a single play-related death in a Little League practice or game, even though more than 18 million games and nearly 40 million practices have been held.

The perpetual question is: How much safety is practical and adequate, while not being intrusive to the integrity of the game?

Little League's position on implementing new rules for improved safety has remained constant for decades. Rules are revised when practical to reduce injuries, while not effecting or changing the competitive nature of the game.

Notable examples of playing equipment and rules aimed directly at lessening injuries include the helmet being worn by batters, base runners and players serving as base coaches, rubber spikes in place of metal cleats, athletic supporters to protect the groin area, and more recently, decisions to eliminate the headfirst slide, the on-deck circle, and require leagues to install bases that disengage their anchors.

The use of some playing equipment is optional. To date, face guards on batting helmets, shin and forearm protection for batters, helmets on infielders, and the use of softer balls in younger age divisions are not mandated.

In recent years, some local leagues have inserted a requirement that calls for pitchers to wear an apparatus to protect their rib cage from sudden blunt force trauma that could cause the heart to suffer arrhythmia or stop beating. Little League's A Safety Awareness Plan (ASAP) recommends, but does not mandate, that local leagues have an Automatic External Defibrillator (AED) available at their game facilities in the event such an injury occurs.

Annually, less than three-tenths of one percent of the Little League players injured require medical attention. Through the 1990s and so far this decade there has not been a single play-related death in a Little League practice or game, even though more than 18 million games and nearly 40 million practices have been held.

Ahead of the Game: Research Trumps Emotions

There are a variety of instances in Little League's safety evaluation process where injuries have been suffered which could have prompted a knee-jerk reaction. Succinctly aware of the human element, the organization's rules committee has been quite careful not to over-react to an emotional situation.

Rules are revised when practical to reduce injuries, while not effecting or changing the competitive nature of the game.

Little League has consciously chosen to inform and educate rather than panic and be placed in a reactionary posture. To that end, Little League's

ASAP Initiative was developed with the impetus to reduce injuries as its prime objective.

Originated in 1995, ASAP pools the best safety ideas from local affiliated leagues and districts from throughout the world. A monthly electronic newsletter is produced in conjunction with Musco Sports Lighting, one of Little League's corporate sponsors.

Along with the newsletter, leagues are annually required to submit a safety plan to Little League International for its league and facility. The best plans also are shared with chartered Little Leagues and those leagues with stellar safety records are honored in Williamsport, Pa., during the Little League Baseball World Series.

Extending the ASAP plan concept to the local level, most leagues today have a safety officer, who is responsible for supplying medical kits to each team manager in all divisions chartered, along with providing advice and instruction on the best methods for dealing with an assortment of common safety and health-related issues. This individual is a member of the local league's board of directors and must sign off on the league's safety plan along with the league president as a prerequisite to receiving Little League's insurance coverage.

The scope of information provided through the ASAP program is not limited to on-the-field activities. Throughout the year, articles and materials are distributed that highlight the risks of lightning strikes, poor facility conditions, child and adult dehydration, overexposure to the sun and skin protection, among others.

Little League International's insurance department, has worked diligently to keep insurance premiums at reasonable levels, which is why the persistent message to local leagues has been no injury is unimportant. ASAP has been so successful that injuries continue to decline overall and accident insurance costs have not increased since 1994.

On the field, safety improvements in the last 20 years are evident with the innovation and evolution of the playing equipment. Along with batting helmets and rubber spikes, aluminum and composite bats have nearly replaced wood bats, bases that disengage their anchors are required, softball players use yellow optic balls that are easier to see and catchers of today wear a full helmet with a dangling guard off of their mask to protect the back of the head and throat, respectively.

Little League also has embraced advancements in online media to improve its education resources. Through the Little League Coach Resource Center, coaches and managers register free of charge and can review the latest training techniques which lends itself to a safer overall program.

Little League has consciously chosen to inform and educate rather than panic and be placed in a reactionary posture. To that end, Little League's ASAP (A Safety Awareness Plan) Initiative was developed with the impetus to reduce injuries as its prime objective.

Adapt and Overcome: Rules, Regulations Are Sign of the Times

So much has changed about the Little League game, including the players and volunteers. Little League has been accused from time to time of over-regulating the game to curtail trends, but to the contrary, the organization has had to adjust and adapt to stay current.

In Little League's early years, a player 11 or 12 years old was typically less than 5-feet, 10 inches tall and weighed approximately 100 pounds.

Over the last several years, some players that have come to the Little League World Series have broken that mold, but in general Little League, like baseball, remains universally popular because players of any size can find a niche and be successful.

More than 15 years ago, Little League International reached an agreement with the major non-wood bat companies that set a standard for the performance of their bats. Establishing the Bat Performance Factor (BPF) was a major step forward in providing for a safer playing environment.

One section of the population that has driven the need for more safety and accountability is the adult volunteers joining Little League. With the reach and exposure that Little League has through television, coupled with the integration of technology into mainstream society (i.e. - e-mail and the internet), the pervasiveness of pedophiles and child predators is a genuine concern.

Little League is the first and only youth-based sports organization to require national criminal background checks for all of its volunteers with repetitive access to children. Consistent with its will to lead and innovate, Little League took the

initiative to act when local leagues individually did not have the will, or means to step up to such a level. The decision to make background checks mandatory was initially seen by some as an invasion of privacy, and at the very least an additional burden on local volunteers, but since the requirement has been in place, it has proven effective as a deterrent and appreciated policing tool.

In 2007, Little League continued to challenge U.S. state governments to utilize the technology available by requiring that all persons wishing to volunteer in Little League submit to a national criminal background check and a check of the national sex offender registry. To date, several states have made this information available and Little League has worked to ease the process by making the first 80 background checks for each of its 6,500 U.S. leagues free of charge. Subsequent checks cost only \$1 through an agreement with Choice Point.

The "*I Won't Cheat!*" program, unveiled this year, is an initiative to educate young players on the dangers of performance-enhancing drugs. It was created by former National League Most Valuable Player Dale Murphy, who is a member of the Peter J. McGovern Hall of Excellence.

Other campaigns also have contributed to Little League's safety record. The Little League Anti Spit Tobacco Program (NSTEP); The Little League Drug and Alcohol Awareness program; and the Little League Traffic Safety Initiative are all positive examples, and each have paid dividends in educating children on how to exercise better judgment and follow safer practices in their lives.

Since the end of the 20th Century, the issue of performance enhancement has been front and center in the sports world. The four major professional sports have instituted varying degrees of accountability and enforcement regarding the use and distribution of these drugs. Again, noting its position in the minds of parents and young athletes, Little League too has taken steps to educate Little Leaguers and their parents about the dangers of using such harmful substances.

The “*I Won’t Cheat!*” program, unveiled this year, is an initiative to educate young players on the dangers of performance-enhancing drugs. It was created by former National League Most Valuable Player Dale Murphy, who is a member of the Peter J. McGovern Hall of Excellence.

Mr. Murphy unveiled the program at the 2008 Little League Baseball World Series.

By the Numbers: Health, Safety Prompt Proactive Response

The two topics that currently have the highest profile and generate the greatest debate in Little League circles remain on the field – bats and pitch counts.

Aluminum bats were introduced into Little League in the early 1970s and immediately “purists” railed against the bats, but quickly local leagues gained an appreciation for the cost effectiveness (several seasons of use) versus wood (an average of one season) and the generosity these bats provided to younger children looking for success at the plate.

Since injury statistics have been tracked (beginning in the 1960s), there have been eight fatalities in Little League Baseball from batted balls. Six of those resulted from balls hit by wood bats and two from balls hit by non-wood bats. Those two fatalities occurred in 1971 and 1973, prior to the 1993 implementation of today’s youth bat standards.

As sporting goods manufacturers latched on to the marketability of metal bats, companies sprang up that made these bats their exclusive product.

Better performance was the motivation, but competition among the major non-wood bat manufacturers was the byproduct. What was considered a bat was evolving and Little League recognized that the wide assortment and availability was creating a need for oversight and standardization.

More than 15 years ago, Little League International reached an agreement with the major non-wood bat companies that set a standard for the performance of non-wood bats. Establishing the Bat Performance Factor (BPF) was a major step forward in providing for a safer playing environment.

The BPF essentially measures how fast a baseball exits the bat when hit. To quantify the BPF, a standard wood bat has a BPF of 1.00. A very good wooden bat’s BPF is 1.15.

Non-wood bats approved for use in Little League have the same 1.15 BFP, and as of 2009, that designation is required to be shown on the barrels of all Little League-approved non-wood bats.

Of all the “hot button” topics the swirl around children’s safety, the use of non-wood bats is the most perplexing. Before Little League and the bat makers settled on the BPF in the early 1990s, the number of reported injuries to pitchers hit by batted balls had increased to nearly 150 per year. Since that time, those types of injuries have steadily decreased to the current level of 25-35 per year.

Considering the number of swings taken, and balls hit, in more than a million Little League games played per year, to have so few injuries is remarkable.

A common misconception is that lighter bats always translate into a baseball being hit harder. This is not the case, because there is a point at which a lighter bat (even though it is swung at a higher speed) does not exert the same force on the pitched ball as a heavier bat does. A simpler way to understand this is to consider a small hammer used to pound a nail: Although the small hammer may be swung with much greater speed, a heavier hammer (swung at a lower speed) will drive the nail with fewer blows because it has more inertia at the point of impact. This is why the non-wood bat manufacturers have agreed to the current standard – so that the non-wood bats perform at a level close to wooden bats, even though Little Leaguers may be able to swing them faster.

In 2002, the U.S. Consumer Product Safety Commission reviewed this issue thoroughly and resolved that there was inconclusive data to support such a ban of non-wood bats from use in high school and youth baseball.

Since injury statistics have been tracked (beginning in the 1960s), there have been eight fatalities in Little League Baseball from batted balls. Six of those resulted from balls hit by wood bats and two from balls hit by non-wood bats. Those two fatalities occurred in 1971 and 1973, prior to the 1993 implementation of today’s youth bat standards.

Little League has always permitted the use of wooden bats in all divisions of play.

Mantle of Leadership: Experts Help Make Little League Safer

Before a batter becomes a hitter, the pitcher must throw the ball. The pitcher is the most vulnerable player on the field, so he has an infinitely higher risk of injury.

Still, dodging batted balls is one of the lesser safety concerns faced by pitchers. More so, it’s the adult managers and coaches that pose a greater risk factor.

Pitchers, who often pitched past the point of fatigue, were 36 more times likely to end up on the surgery table.

Years ago, if a pitcher complained about a sore arm, the common thinking was he had to pitch more to build up arm strength. What has become evident over the last five years is the alarming number of arm injuries suffered by children as young as eight or nine could have been prevented by them simply not throwing so much.

In a letter co-written by Dr. James Andrews, Medical Director for the American Sports Medicine Institute (ASMI), and Dr. Glenn Fleisig, ASMI Research Director, the discussion of pitcher safety and long-term health was brought to the forefront.

Dr. Andrews and Dr. Fleisig, two of the foremost experts on pitching-related arm injuries, stated ...

During the last five years of the 1990s, 21 of the 190 “Tommy John” surgeries performed at ASMI were on high school-age pitchers or younger. However, during the first five years of this decade, 124 of our 627 “Tommy John” surgeries were high school-age pitchers or younger.

To research the reasons for the drastic increase, ASMI entered into a series of independent studies, involving hundreds of pitchers, high school-age and younger. The results were tragic and undeniable.

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According to Dr. Andrews and Dr. Fleisig ...

Pitchers, who often pitched past the point of fatigue, were 36 more times likely to end up on the surgery table.

Little League Baseball has been a leader in recognizing the rise in injuries and has taken dramatic steps to make baseball safe for young players. Some issues – showcases and participation on independent travel teams – are beyond Little League’s control, but Little League has embraced the pitch count research and has boldly altered its rules. We applaud Little League for their continued effort to ensure that their game is safe.

To the point, Little League can only regulate what goes on in its program. It has no jurisdiction over other youth baseball programs, but its hope continues to be that other leagues will follow Little League and institute rules that will protect children from unknowingly doing serious damage to their bodies.

In 2004 and 2005, Little League reached out to its leagues and researched the feasibility of replacing its innings-pitched regulation to determine the eligibility of a pitcher. The idea of replacing a rule which had been part of the program since it was founded was not done hastily or without great scrutiny.

When all the opinions were heard, and the pros and cons considered, Little League International’s Board of Directors voted in Aug. 2006, in favor of the pitch count.

After two full seasons of games played with the pitch count, the results have been positive. Among the many byproducts of this rule change are more children now have the opportunity to pitch, and managers and coaches are gaining a broader education and understanding of the risk factors associated with overuse. The underlying outcome has been, on average, Little League pitchers are safer, healthier and properly rested for when they take the mound again.

Play It Safe: Little League Is What You Make It

Little League Baseball and Softball is international and hometown all at the same time.

What Little League means to the individual player or volunteer is dependant on what is put into it, so regardless if a person has Little League in their blood, or hardly breaks a sweat in their support, remembering that we are always teaching and learning is what has made the program thrive and survive.

In fact, over the past seven decades, innovations in the name of safety have become commonplace in Little League. The modern batting helmet, the catcher's helmet, the modern chest protector and many other safety-related aspects of baseball and softball began with Little League's active participation in their development.

There is no higher responsibility or priority than the safety of children. Little League is unwavering in this belief. Rules and regulations define that position, but it is the human element, the people, who have to assume the accountability to make this never-ending mission successful.

Stephen D. Keener, President and Chief Executive Officer of Little League Baseball and Softball, is the first Little League graduate to lead the Little League program.

Everyday he is touting the benefits of Little League, because he has lived them.

In an excerpt from written testimony provided to the Pennsylvania House of Representatives Children and Youth Committee on Sept. 27, 2007, Mr. Keener said:

... Our volunteers know that safety has been, and always will be, the hallmark of Little League Baseball and Softball. They know that if there is an issue of safety, Little League would again take the lead in finding a way to reduce injuries.

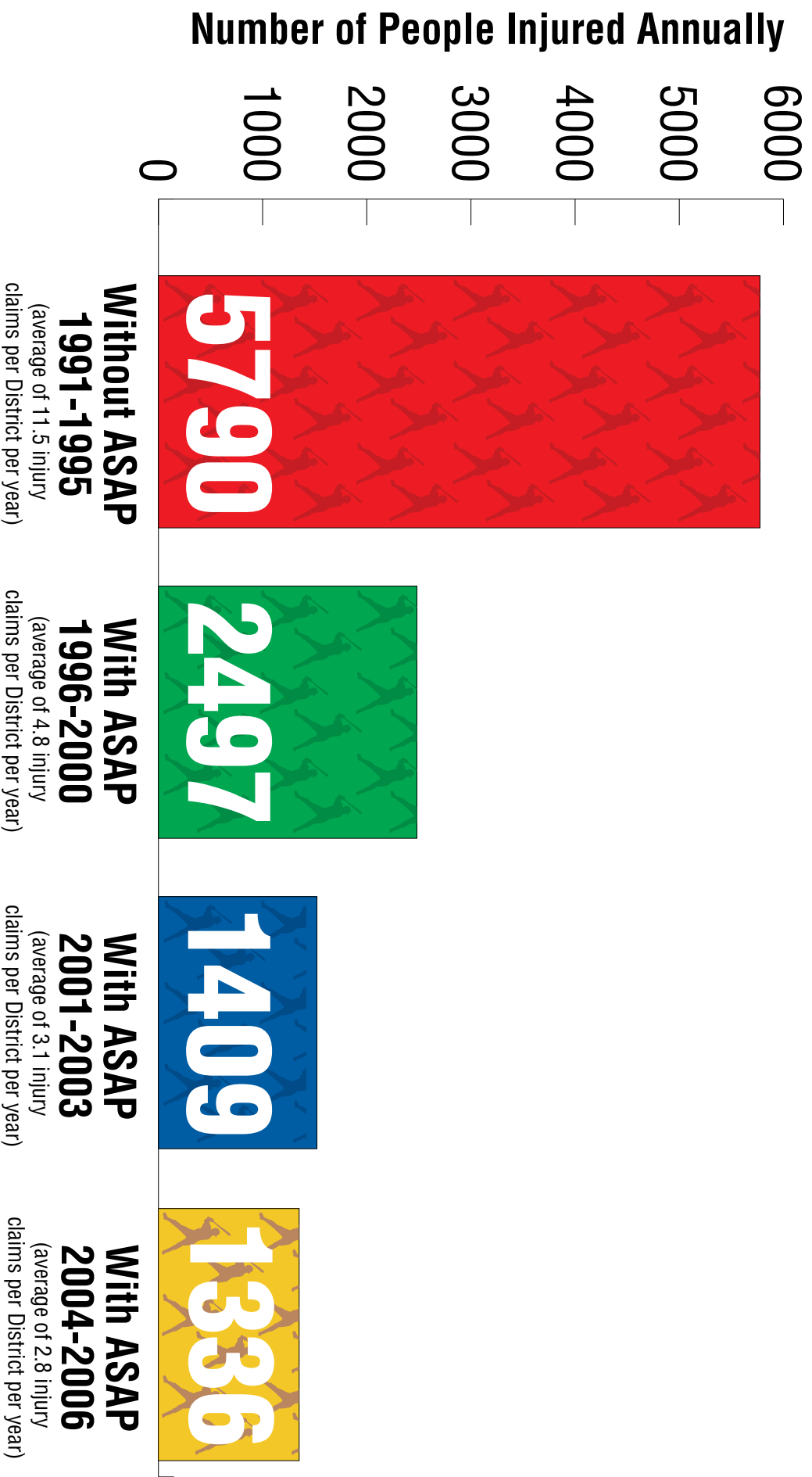
In fact, over the past seven decades, innovations in the name of safety have become commonplace in Little League. The modern batting helmet, the catcher's helmet, the modern chest protector and many other safety-related aspects of baseball and softball began with Little League's active participation in their development.

Our injury statistics prove that Little League's attention to safety is second to none. Less than one percent of Little Leaguers are injured in any given year, yet we remain relentless in our efforts to make the game safer, while keeping it relevant and appealing to today's children.

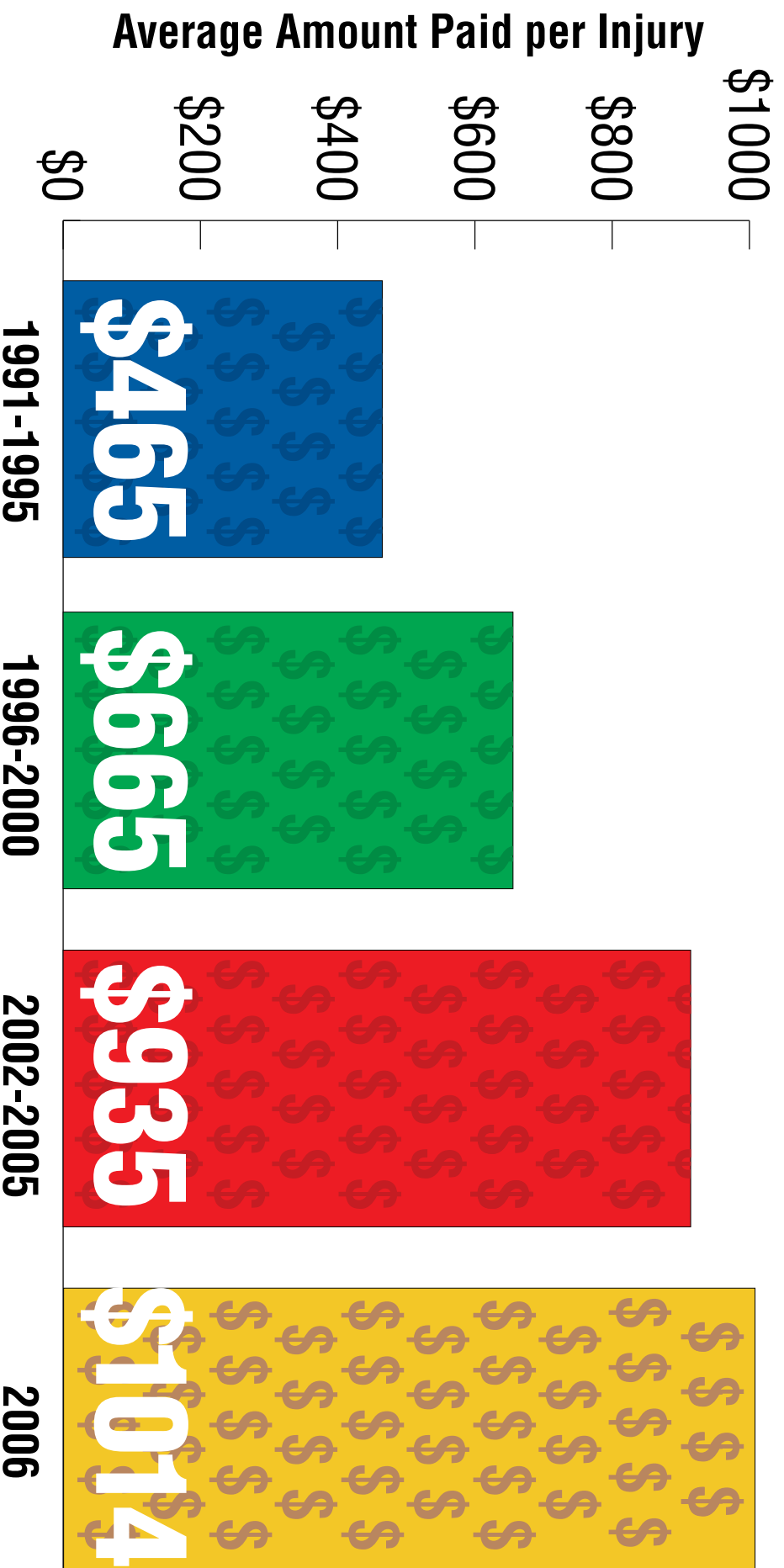
Safety can be viewed in many ways. From Little League's perspective, we would like to be able to prevent ALL injuries in our program.

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Safety Awareness Aids Reduction of Injuries



Rising Health Care Costs Demand Safety



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