



## Important Info

- Upcoming Dates
  - 4/10: First practice
  - 4/29: Opening day (rec)
  - 5/20: Picture day (rec)
  - Varsity youth day-TBD
  - 6/8-6/11: ABL Travel Tournament
    - volunteers needed-please watch for sign-ups
- RainOut hotline
  - Be sure to sign up! [www.rainout.com](http://www.rainout.com) (search for Aurora Parks & Rec)
  - We can not be on any part of the field if the city has closed them.
- City wide Field Schedule is posted on the Aurora Parks and Rec website. [www.auroraoh.com](http://www.auroraoh.com)
- AED locations: Sunny Lake boat house, fire station, all schools.
- SportsEngine - Be sure to use it to its FULL capabilities: messaging your teams, communicating with parents, sharing practice and game days/times, recording pitch counts, end of game scores, etc.
- Positive coaching alliance-Be sure to visit the website and watch the free training videos, modules and much more! <https://positivecoach.org/coaches/>
- Coaching requirements and expectations (See ABL website for documents.)
  - Lindsay's Law (refer to emailed handout)
  - Sudden Cardiac Arrest
  - Training is required by state of Ohio
  - Damar Hanlin
  - CPR (Required by ABL)
    - Tuesday April 11th @ 6:00pm
    - Saturday April 22nd @ 10:00am
- Player/parent code of conduct
- Umpires-Please notify Carrie or Ryan Hanus if you cancel or reschedule your games so we can ensure your umpires have been notified, etc.

### Contact info:

<b>Travel &amp; Aces</b> Mitch Popson 330-351-2375	<b>President</b> Dana McNally 440-537-4022	<b>Player Development</b> Jay McNally 440-552-1467	<b>ABL Umpires</b> Carrie & Ryan Hanus C-216-410-2285 R-216-410-2285	<b>Vice President</b> Kristen Lipson 216-650-2521
<b>Equipment</b> Mick Niro 330-289-8404	<b>TBall &amp; Rookie</b> Jay Perez 216-287-2202	<b>Coach Pitch</b> Matt Furnish 317-341-2924	<b>Juniors</b> Joe Twarogoski 216-990-3557	<b>Minors &amp; Majors</b> Mike Levick 440-708-6058

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can’t recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

### Resources

ODH Violence and Injury Prevention Program  
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

## Sudden Cardiac Arrest and Lindsay's Law Information for the Coach



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Coaches have specific responsibilities under Lindsay's Law:
  - 1) Annual completion of the required SCA training course approved by the Ohio Department of Health
  - 2) Preventing the following students from participating in athletic activities until the coach receives written clearance by a licensed health professional. This written clearance must be shared with any school or sports official:
    - a) A youth whose biological parent, sibling or child has previously experienced SCA
    - b) Any youth athlete that experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- **Warning signs** in a youth athlete's family that indicate the youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, the youth athlete should be seen by a health care professional:
  - o Chest pain/discomfort
  - o Unexplained fainting/near fainting or dizziness
  - o Unexplained tiredness, shortness of breath or difficulty breathing
  - o Unusually fast or racing heart beats

- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
  - If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete **MUST** be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
  - Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.
- Other reasons to be seen by a health care professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
  - Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another healthcare provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
  - Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AED may be near the athletic facilities, or the AED may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
  - If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
    - ❖ Link 1: Early recognition
      - Assess child for responsiveness. Does the child answer if you call his/her name?
      - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
    - ❖ Link 2: Early CPR
      - Begin CPR immediately
    - ❖ Link 3: Early defibrillation (which is the use of an AED)
      - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
      - If an AED is not available, continue CPR until EMS arrives
    - ❖ Link 4: Early advanced life support and cardiovascular care
      - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.



**AURORA BASEBALL LEAGUE  
COACH AND/OR ASSISTANT COACHES CODE OF CONDUCT  
COACHING CONTRACT**

I understand that my responsibilities as a youth coach or assistant coach are of great importance and that my actions have the potential to significantly influence the young athletes whom I coach. Therefore, I promise to uphold the following rights of young athletes to the best of my ability.

- I. Right To Participate In Sports.
- II. Right To Participate At A Level Commensurate With Each Child's Maturity And Ability.
- III. Right To Have Qualified Adult Leadership.
- IV. Right To Play As A Child And Not As An Adult.
- V. Right Of Children To Share In The Leadership And Decision-Making Of Their Sport Participation.
- VI. Right To Participate In Safe And Healthy Environments.
- VII. Right To Proper Preparation For Participation In Sports.
- VIII. Right To An Equal Opportunity To Strive For Success.
- IX. Right To Be Treated With Dignity.
- X. Right To Have Fun In Sports.

I also promise to conduct myself in accordance with the code of ethics for coaches or assistant coaches as follows:

- 1. I will treat each player, opposing coach or assistants, official, parent, and administrator with respect and dignity and at all times show good sportsmanship.
- 2. I will do my best to learn the fundamental skills, teaching, and evaluation techniques, and strategies of my sport.
- 3. I will become thoroughly familiar with the rules of my league, including the rules of player rotation.
- 4. I will become familiar with the objectives of the ABL, with which I am affiliated. I will strive to achieve these objectives and communicate them to my players and their parents.
- 5. I will uphold the authority of officials/umpires who are assigned to the games in which I coach or assistant coach and I will assist them in every way to conduct fair and impartial competitive contests. I will report any issues with the umpires regarding rule knowledge and /or behavior to the Director of Umpires.
- 6. I will learn the strengths and weaknesses of my players so that I might place them into situations where they have maximum opportunity to achieve success.
- 7. I will conduct my practices and games so that players have an opportunity to improve their skill level through active participation.
- 8. I will communicate to my players and their parents the rights and responsibilities of individuals on our team. I will continue to provide communication to all parents regarding practice times, game schedules and rain-outs.
- 9. I will cooperate with the league director in the enforcement of rules and regulations, and will report any irregularities that violate sound competitive practices to the league director.
- 10. I will protect the health and safety of my players by insisting that all of the activities under my control are conducted for the psychological and physiological welfare, rather than for the vicarious interests of adults.
- 11. I will carry a medical first aid kit to all practices and games.
- 12. I will report any and all accidents requiring medical attention to the league director immediately.
- 13. I will promptly return all equipment, wiped clean to the equipment manager at the end of the season.

**With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understood, and will do my best to fulfill the promise made herein.**

\_\_\_\_\_  
Signature of Coach or Assistant Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# **BASEBALL PRACTICE**

## **Warm-ups & Throwing (hat & glove) 24 minutes total**

- **Stretch & Warm-up** (arm across, arm over, forearm, windmills, down to legs left right center, butterflies) followed by (jog, high knees, butt kicks, shuffle, karaoke, sprints)
- **Short rolls** (15 feet apart rolling grounders)
- **Short toss.** (10 to 15 feet underhand flip)
- **Kneeled throwing.** (15 feet throwing knee on ground)
- **Stationary T's.** (Feet straight ahead, rotate torso, follow through)
- **Progressive throwing.** (Start at 15 feet, one step back after pair of throws, drop hat if ball touches ground)
- **3 lives.** (Throws between 2nd & 3rd, 20 consecutive, drop equals one life)
- **Around the horn.** (follow your throw)

*4 minute water break* (set up fielding stations)

## **Fielding Stations (hat & glove) 4 minutes each**

*Pull aside pitcher and catcher to mound and plate.*

- **Infield.** (coach on 3rd base line hitting grounders to SS, throw to 1st, 2 buckets)
- **One-hoppers.** (Left field foul, player to player, 10-15 feet apart, one bounce)
- **Fly balls.** (coach in front of 3rd, pop ups to left/center, 4 cones - in out left right, pitch machine, soft toss net, tennis balls)
- **Line drives & grounders.** (coach on right field line hits to players in center)

*4 minute water break* (set up hitting stations)

## **Hitting Stations (hemet & bat) 4 minutes each** (group lefties together, start at tee, extras to soft toss)

- **Live hitting & hit by pitch.** (Mound and plate, baseballs, foam baseballs)
- **Drop toss.** (3rd base fence, wiffle balls, plate/base, hit into fence not over fence)
- **Soft toss.** (3rd base side behind home, soft toss net, regular balls, plate/base)
- **Tee to the wall.** (1st base side behind home, tennis balls, screen, plywood, bat length belly button to screen, ball on tee)
- **Golf balls.** (1st base fence, foam golf balls, plate/base)

*4 minute water break*

## **Misc. Team Skills**

*Fill in till end of practice. Whatever needs most attention.*

- Scrimmage, Base running, Relay/cut-off man, Pitching, Base stealing offense and defense, Bunt defense, First and third defense, Pick off plays, Situational

Greenmen Family



# Outline

- Fundamentals
  - Throwing
  - Pitching
  - Hitting/Bunting
  - Fielding
  - Baserunning
- Leadoffs
  - 1st, 2nd, 3rd
- Bad habits
- Drills (See Coach Dalton)
- AHS Baseball Expectations (See Papers)

-

# Throwing

- Grip
- Arm angle
- Step/point to target
- Glove tuck
- Follow Through



# Pitching

- Mental
  - Pound Zone
  - Trust Defense, LET THEM HELP!
- Physical
  - Activate Lower Half
  - Finish! Full Extension
  - Upper Body = Least resistance
- Strength
  - Arm Care (Long Toss)
- Pitches
  - Changeup
  - Cutter
  - Curveball
    - **Last** pitch to learn!!!
    - When taught, elbow above shoulder
- Control Run Game
  - Inside move



# Hitting

- Grip
- Step towards pitcher
- Follow through
- Approach\*\*\*\*
- Intent (Swing hard/often)
- Hit out front



# Bunting

- Front of box
- Bottom Hand (loose)
- Top hand (firm)
- Preset Angles
- Bend Knees up and down, not bat
- Out front of plate



# Fielding

## 3 things

- Wide Base
- Butt Down
- Out Front

## Points of Emphasis

- Palm out
- Fingers down
- Out front
- Alligator Hand



# Baserunning

- Home to first
- Rounding bases

# Leadoffs

## 1st Base

- Left, right, Shuffle

## 2nd base

- Less than 2 outs
  - Straight line to 3rd base
  - Start back, work in
- 2 outs
  - Get Deep

## 3rd base

- Walking lead
- Down in foul, back in fair



# Bad Habits

We as coaches have to make sure we are not teaching these kids bad habits. Swinging at balls out of the strike zone, not running through first base, over running bases, etc. It is important when we see these things happen to immediately correct them of their mistake. The longer we let them go without correcting them the more we fail them.

Winning is NOT EVERYTHING especially at their age.