



Glacier Twins Baseball
P.O. Box 2007
Whitefish, MT 59937
GlacierTwins406@gmail.com
www.glaciertwinsbaseball.org

Twins Parents/Guardians:

Glacier Twins is one of the premier Class A American Legion Baseball organizations in the State of Montana.

- ❖ 2014 - Won the Montana State Championship and finished 3rd at the Northwest Regionals in Anchorage, AK
- ❖ 2015 - 17-3 record in Conference play and #1 seed in the postseason District Tournament
- ❖ 2016 - Finished #1 in District Conference 2nd in both District and State Tournament play
- ❖ 2017 - Went 22-2 in Conference play
- ❖ 2018 - Won Conference, District, State Tourneys and Northwest Regional Tournament in Lewiston, Idaho!
- ❖ 2019 - Finished 2nd in Conference and runner-up to Mariners in Conference Tourney
- ❖ 2020 - Finished 1st in Conference and 1st at Districts
- ❖ 2021 - Finished 1st in Conference, 1st at Districts and 2nd at State
- ❖ 2022 - Finished 1st in Conference, 2nd at Districts
- ❖ 2023 - Finished 1st in conference, 1st at Districts, 3rd at State

The 2024 baseball season will be upon us before we know it! The Board and Coaches have been busy putting together plans for the upcoming season.

All players participating in Twins Baseball will need to have a physical prior to participation. A high school sports physical will be accepted.. Players must have a passport or passport card since we will have games scheduled in Canada.

A non-refundable payment of \$300 (Player Registration Fee) is due by spring parents meeting February TBD. Players are expected to earn an additional \$900 in credits or cash by June 10. Refer to the page entitled Fundraising Goals for examples of how easily this can be accomplished. Assistance Scholarships are available to those players who may find the fee structure a challenge. Please contact your coach or any Board member if you have any questions about these scholarships.

With an annual budget of close to \$135,000, there is a required commitment of both time and money on the part of everyone involved with the Glacier Twins. Player fees and fundraisers help to pay for the costs associated with playing baseball, maintaining our field and being able to travel to games and tournaments that require overnight stays. Parents and family members are responsible for helping and/or participating at home games by selling tickets at the gate, announcing, operating the scoreboard, field prep at double-headers, and assisting at our tournaments.. Fundraising obligations include obtaining **new** fence sign advertisers and major sponsors (which go toward player credits). We use SignUpGenius to allow parents to plan their volunteering. Links will be made via email as schedules are completed.

Our sign-ups begin now, so if you know someone who would like to play for the Glacier Twins, please have them contact a Coach or Board Member.

We look forward to an exciting and rewarding 2024 Glacier Twins season!

The Glacier Twins Board of Directors and Coaching Staff

GLACIER TWINS FUNDRAISING GOALS

Player Fee Deadline is June 10st

The Glacier Twins American Legion Baseball program turns no player away because of financial difficulties. The Glacier Twins raise most of their operating funds through various year-round activities and fundraisers. The Twins organization sets a \$300 **non-refundable** Registration Fee plus a \$900 Fundraising Goal for each player or around half of what some programs charge. The Twins' operating expense budget each year exceeds \$135,000. Player fees account for only a little more than 25% in helping to reach our budget goal. The responsibility for raising the balance rests with the Twins Board and our many supporters of Glacier Twins Baseball.

A non-refundable \$300 Player Registration Fee Payment will be required prior to a player participating in any game or practice. The remaining \$900 Fundraising Credit/Goal can be easily fulfilled in several ways as noted below. If these fees/goals are not met, parents/guardians/players will be held responsible for paying the outstanding amount before a player is allowed to participate.

Various Fundraising opportunities to earn the \$900 Fundraising Credit/Goal are:

- ✓ **Garland Hanging:** Players, coaches, board members and parents hang Christmas garland on local area businesses and homes during November and December. Players are credited \$100 per day. For example, work four (4) days and earn \$400 towards your goal. Other credits include providing ladders, wire cutters...and a parent!
- ✓ **Garland Take-Down:** Take down of Christmas garland during January and February. Players are credited \$80 per day. Work two (2) days and earn \$160 more towards your goal.
- ✓ **Twins Season Passes:** Sell at least 4 Family passes or more for a total of \$400. A Season Pass will entitle the holder admission to all home games including any invitational tournaments. This is approximately 40-50 games. Rates for season passes are: Season Pass \$50. Players receive credit for the full price of each pass sold.
- ✓ **Manual Labor for jobs around the community or at Memorial Field:** Credit is face value of payments made to the Twins organization on behalf of a player, or \$10/hr for special assignments at the field outside of regular field care and maintenance. Jobs are generally assigned to player(s) on a rotating basis starting with players with the largest deficit in the fundraising goal, and to players with some level of experience in the area of labor needed.

Example of easily earning the \$900 Fundraising Credit/Goal:

Garland installation and take-down	\$460	(Credits)
Season Pass sales (family or single – face value)	\$200	(Cash Sales)
Field Sign Sponsorship (\$100 for each new sponsor)	\$200	(Cash Sales)
Field Work Assignments/Community (4 hours)	<u>\$ 40</u>	(Credits)
TOTAL	\$900	(Cash & Credits)

GLACIER TWINS PLAYER CREDIT TRACKER

[illegible]

Player Forms

**to be Completed, Signed and Returned to
Lindsey Andrachick, General Manager**

- ☐ **Player Registration Form** (*return with \$300 fee*)
- ☐ **American Legion Baseball Emergency Information Form**
- ☐ **Glacier Twins Player Contract** (*note Page 2 eligibility date*)
- ☐ **Physical Exam Form-** *School exam is acceptable*
- ☐ **Parent - Guardian Release** (*page 2 of physical exam*)
- ☐ **Alcohol & Drug Policy Form** (*2 pages - carefully read and sign*)
- ☐ **American Legion Baseball Player Agreement Form #2** (*2 pages*)
- ☐ **Consent Letter for Canada Travel signed and NOTARIZED**

GLACIER TWINS – 2024 REGISTRATION FORM
(Submit with \$300 Non-Refundable Registration Fee)

PARTICIPANT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

PARENT(S) OR GUARDIAN:

MOTHER'S NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE (day): _____ PHONE (evening): _____

EMAIL: _____

FATHER'S NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE (day): _____ PHONE (evening): _____

EMAIL: _____

CONTACT PERSON OTHER THAN ABOVE:

NAME: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

PAYMENT OF \$300 PLAYER REGISTRATION FEE

Amount attached: _____ • Cash • Check # _____

To be completed by Twins Coach or Board Member:

Received on _____ Received by _____

Option for Payment Plan:

AMERICAN LEGION BASEBALL PLAYERS EMERGENCY INFORMATION

Player's Name _____ Birth Date _____

Parent's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Family Physician _____

Address _____ Phone _____

Hospitalization Insurance _____

Date of last physical examination _____

History of Diabetes or Epilepsy _____

Allergies (Sulfa, Penicillin, etc.) _____

Parent's Permission to Administer Anesthetic and/or Emergency Treatment as required: ☐ Yes ☐ No

Signature of Parent or Guardian _____

Date of Signature _____

Office Use Only

Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Player's Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fundraising Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Glacier Twins Player Contract

PRINT PLAYER NAME

(Complete all information on both pages and turn in to coach/board member prior to first practice)

Player Responsibilities

1. I understand that my first responsibility is toward my teammates. I know that I will have to make sacrifices to participate in the program. I am ready to make the self-sacrifices that are necessary to becoming a viable, contributing member of the Glacier Twins.
2. I realize that by participating in the Glacier Twins Baseball program I am representing myself, the Glacier Twins, and my community both on and off the field. Decisions that I make, and actions that I take, during the season will reflect positively upon these groups.
3. I understand that the coaches are there to help me improve my skills and knowledge of the game of baseball. I will work hard on those things that the coaches want me to work on. I understand I will not be expected to be 100% perfect, but that it is my responsibility to work hard to increase my percentages.
4. Participation in the Glacier Twins Baseball Program will require extra time and energy from me to help promote and assist in projects to better the program. After I submit the non-refundable \$300 registration fee, I am ready to do my share in making the Twins program a success and to earn my additional \$900 player credit by June 10th.

Disciplines

1. Missing practice, games, meetings, or work projects which may be required (without permission from the coach) may result in a game suspension. A second offense may garner a 3-game suspension, and on a third offense, the player may be dropped from the team.
2. A player who decides to discontinue play for the Glacier Twins during the season will not be allowed to return to the team during that same season.
3. Use of alcohol, tobacco, or illegal drugs (steroids are included as illegal substances) during the season (defined as the first practice until the last game) will not be allowed. Any player who is determined to have used alcohol, tobacco, or illegal drugs prior to any practice or game, or at any time during a road trip, will be subject to suspension or dismissal.
4. Actions by players during practice or games that are determined to be not in the best interest of the team will be taken care of by the coaches at the time of offense, and as the coaches see fit.

AS A GLACIER TWIN, I WILL DO MY PART HELPING TO POLICE MYSELF & MY TEAMMATES AND DIRECTING ALL OF US TOWARD MAKING POSITIVE TEAM ORIENTED DECISIONS, BOTH ON AND OFF THE FIELD.

Player's Signature

Parents/Guardians Signature

Date

GLACIER TWINS PLAYER CONTRACT – Page 2

Player must have birth date of January 1, 2005 or after to be eligible to play in 2024

Player's Name _____

Address _____

City _____ Phone _____ Email _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Position(s): _____ Bats: ☐Right ☐Left; Throws: ☐Right ☐Left

Cap Size: _____ Shirt size: _____ Uniform numbers worn or desired: _____

High School: _____ ☐ Freshman ☐ Soph. ☐ Jr. ☐ Sr.

Years in Glacier Twins Program _____ Other Sports _____

Award or honors in other sports or any special accomplishments: _____

Hobbies: _____

2024 Outlook: _____

Individual Goals for the season: _____

**GLACIER TWINS AMERICAN LEGION BASEBALL ATHLETIC PARTICIPATION QUESTIONNAIRE,
PHYSICAL EXAMINATION EVALUATION, AND PARENT OR GUARDIAN CONSENT AND RELEASE**

Athletic Participation Questionnaire (please print)

Player's Name _____ School _____ Grade _____

Date of Birth ____ / ____ / ____ Home Address _____

Phone 406-_____ Parent's Name _____

Healthcare provider _____ Phone _____

Medical conditions, limitations, allergies, medications, etc. Please list any condition(s) that should be known to Twins Coach or supervisor. Include any medical history that a physician should be aware of in case of emergency treatment. _____

Player's Signature _____ Date _____

Player's Health History

Player and/or parent/guardian to fill out the following health history before physical examination.

Parent/guardian is required to sign consent and release on reverse side of this form after the examination.

Has this player had any:	Yes	No	Is there a history of:	Yes	No
Chronic or recurrent illness	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Surgery (other than tonsillectomy)	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury	<input type="checkbox"/>	<input type="checkbox"/>
Missing organs (eye, kidney, testicle)	<input type="checkbox"/>	<input type="checkbox"/>	Knee surgery	<input type="checkbox"/>	<input type="checkbox"/>
Allergy to medications	<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury	<input type="checkbox"/>	<input type="checkbox"/>
Problems with heart or blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain with exercise	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>			
Dizziness or fainting with exercise	<input type="checkbox"/>	<input type="checkbox"/>	Additional history:		
Frequent headaches, convulsions	<input type="checkbox"/>	<input type="checkbox"/>			
Concussion or unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Is there any history of family or genetic diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Heat exhaustion/stroke, or other heat problems	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 yrs of age of causes other than an accident?	<input type="checkbox"/>	<input type="checkbox"/>
Any illness lasting over a week	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member had a heart attack at less than 55 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis or anemia	<input type="checkbox"/>	<input type="checkbox"/>	Are you uncomfortably short of breath after running ½ mile (two times around the track) without stopping?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder/kidney infections in the past year	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>			
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Eyeglasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>			
Dental braces, bridges, plates	<input type="checkbox"/>	<input type="checkbox"/>			

List all medications the player is presently taking and what condition the medication is for:

1. _____
2. _____
3. _____

What is the most and least the player has weighed in the past year? Most _____ Least _____

Was there a medical problem/injury since player's last physical where three or more practices were missed? _____

Do you or the player have any questions you would like to ask the doctor? _____

Date of last known tetanus (lockjaw) shot: _____

*Use separate piece of paper to explain any of the above numbered "YES" answers
or to provide any additional information.*

(over)

PHYSICAL EXAMINATION RECORD

To be completed by licensed Healthcare Professional. This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Player's Name _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ / _____
Hemoglobin (optional) _____ UA (optional) _____

	Normal	Abnormal Findings
Eyes – Left ____ / 20 Right ____ / 20	<input type="checkbox"/>	_____
Pupils	<input type="checkbox"/>	_____
Ears, nose and throat	<input type="checkbox"/>	_____
Mouth and teeth	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	_____
Chest and lungs	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____
Genitals-Hernia	<input type="checkbox"/>	_____
Musculoskeletal: ROM, strength, etc.	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	_____

Comments regarding abnormal findings/recommendations: _____

Participation Recommendations:

- ☐ Full and unlimited participation
☐ Limited participation _____
☐ Clearance pending documented follow-up of: _____
☐ No athletic participation

Licensed Health Care Professional's Name (PRINT)

Date

Signature

Phone Number

Parent/Guardian Consent and Release

I hereby give my consent for the above player to participate in all activities sanctioned by Glacier Twins Baseball, except those indicated above by a licensed healthcare professional. I also give my permission for the Twins coach(es) or any other qualified personnel to give first aid treatment to this player at a baseball event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the player named above to be given medical care by the doctor or hospital selected by the Glacier Twins.

Parent or Guardian's Name (please print)

Address (print)

Home phone

Insurance company

Signature of Parent or Guardian

Date

Parent/Guardian Consent and Release

Page 2 of Physical Exam

I hereby give my consent for the above player to participate in all activities sanctioned by Glacier Twins Baseball, except those indicated above by a licensed healthcare professional. I also give my permission for the Twins coach(es) or any other qualified personnel to give first aid treatment to this player at a baseball event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the player named above to be given medical care by the doctor or hospital selected by the Glacier Twins.

Parent or Guardian's Name (please print)_____

Address (print)_____

Home phone_____ Insurance company_____

Signature of Parent/Guardian_____ Date_____

Glacier Twins American Legion Baseball

~ Alcohol and Drug Policy ~

Abuse of drugs and alcohol is a nationwide problem. It affects persons of every age, race, gender and ethnic group. It poses risks to the health and safety of both the individual and the community, and the Glacier Twins American Legion is committed to taking steps to reduce these problems.

To minimize these risks, the Glacier Twins American Legion Baseball organization has adopted a **zero tolerance policy** concerning drug and alcohol usage. This policy establishes standards concerning drugs and alcohol, which all team members must meet, and it establishes consequences for those who violate this policy regarding the use of drugs and alcohol.

POLICY

1. All team members must attend an education meeting on drugs and alcohol led by a Glacier Twins Coach. **All team members shall read and understand this policy and sign-off on the Alcohol and Drug Policy Consent form (following page).**
2. No team member shall report for any team related activity (practice, games, or other sponsored functions) if the member is under the influence of alcohol or any controlled substance, except when a physician has prescribed medication for a valid medical condition and the team member is taking it as prescribed.
3. Team members who are seen by a coaching staff member or a Twins Board member using, possessing, or under the influence of drugs or alcohol, or in possession of drug paraphernalia (as defined in prevailing State Law), during a team event will be subject to the disciplines stated below.
4. Instances where another person, i.e., another team member, family member, or fan, reports a violation by a player, this will be evaluated on a case by case basis. If the person reporting the violation is willing to provide a written statement and/or testify in court (if needed), the report may be treated the same as if the violation was observed by a staff member or Board member.
5. Possession or use of alcohol is a violation of state law for persons under 21 years of age. While alcohol is a legal substance for persons over age 21, alcohol abuse is a serious health problem, and violations will be treated seriously. Therefore, possession and/or use of alcohol by a team member will result in State High School League Rules being applied.

First Offense of drug or alcohol usage will result in the player being suspended for two (2) weeks. In addition, for a first suspected drug offense, the team member will be required to immediately submit to a Drug Test (paid for by the Glacier Twins) and obtain an evaluation by a chemical use counselor providing a consent from that counselor allowing the Glacier Twins Team Official to know of the assessment results, recommendations, and team member compliance.

Second Occurrence of drug or alcohol use will result in the player being dismissed from the team for the remainder of the season.

Glacier Twins American Legion Baseball

Drug and Alcohol Policy Consent

I acknowledge that I have seen and read the Glacier Twins American Legion Baseball *Drug and Alcohol Policy*. I hereby consent to abide by it and abstain from alcohol and drug use as outlined in this policy.

I understand that any violation of this drug and alcohol policy may be discussed with and/or made available to my parents or legal guardians. I further understand that any violation of this policy may result in my suspension or removal from the team and it may affect my ability to become a team member in the future.

If/when I take over-the-counter or prescription medications, I agree to take them according to the medication directions, and to only take prescription medications prescribed to me for a valid medical condition.

Date: _____

Name (please print): _____

Signature: _____

Parent/Guardian Name (please print): _____

Phone Number: _____

Signature: _____

AMERICAN LEGION BASEBALL



2022 Form #2

Player Agreement

Please PRINT or TYPE

PLAYER'S NAME

First, MI, Last (as it appears on driver license or birth certificate)

I certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALB) player this season to [] (team name). I agree to abide by all ALB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Baseball Appeals Board are outlined in National Rule 10 of the American Legion Baseball Rule Book.. Voluntarily and of my own free will, I elect to participate in the ALB program and as a member of my ALB team.

I understand and acknowledge that the very nature of baseball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in ALB. I agree in the event of illness or injury during an ALB game or practice, I hereby give consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to assure my safety.

I have read and understand National Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when Participating in Programs of The American Legion, October 2016 (copy of which is available at www.archive.legion.org) and agree to be bound to the terms of said resolution.

I irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in conjunction with or without my name, made through any medium, for publicity, advertising, promotional or any other lawful purpose without compensation to me.

I have read ALB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are available at www.legion.org/baseball/resources) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the ALB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the ALB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the ALB program, including but not limited to travel to and from program related activities, whether the result of negligence or for any other cause; and (2) any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Indiana, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Indiana, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States, and that I shall provide proof of said legal status if requested prior to or during any American Legion national-level ALB participation. I further understand that I shall be denied participation in any American Legion national-level youth programs if I refuse to comply with providing proof of said legal status, or are not legally in the United States.

[]

Player's signature

[]

Player's printed name

[]

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

[]

Parent's or legal guardian's signature

[]

Parent's or legal guardian's printed name

AMERICAN LEGION BASEBALL



2022 Form #2 Continued

Player Information Sheet

Please PRINT or TYPE

Player's name (*first, middle, last*)

Parent's home address (*street address, city, state, ZIP*)

Parent's telephone number

Medical Insurance Policy #

Emergency contact person & phone number

Family physician & phone number

High school attended

Year of graduation

School enrollment (*grades 10, 11, 12*)

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Player's weight

Bats

Throws

The content below should be filled out by a notary.

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____

[SEAL]

Notary Public

My commission expires

Page 2 of 2

**It is strongly recommended that this form be notarized. Most hospitals require consent form to be notarized.
Send copy to Department Baseball chairman. Team manager shall retain original.**

Recommended Consent Letter for Children Travelling Abroad

The following sample consent letter, provided by Global Affairs Canada, can be modified to meet your specific needs. For instructions and an interactive form you can use to create a customized letter, visit [travel.gc.ca/letter](#).

To whom it may concern,

I / We,

Address:

Telephone and email:

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

full name(s) of parent(s) / person(s) / organization giving consent

street address, city

province/state, country

telephone

email

Information about travelling child

Name:

Date and place of birth:

Number and date of issue of passport (if available):

Issuing authority of passport (if available):

Birth certificate registration number

Issuing authority of birth certificate

child's full name

dd/mm/yyyy

city, province/territory

number

dd/mm/yyyy

country where passport was issued

number

province / territory where birth certificate was issued

Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel alone ☐ **or**

This child has my / our consent to travel with

Name:

Relationship to child:

Number and date of issue of passport:

Issuing authority of passport:

full name of accompanying person

mother, father, grandparent, sister, brother, relative, friend, other

number

dd/mm/yyyy

country where passport was issued

Contact information during trip

I / We give our consent for this child to travel to:

Destination(s):

Travel dates:

to stay with / at (if applicable)

at the following address(es)

name of destination country / countries

date of departure to date of return

name of person with whom child will be staying / hotel or other accommodation

street address(es), city (cities)

province(s)/state(s), country (countries)

Telephone and email

This letter may be signed before a witness who has attained the age of majority (18 or 19, depending on the province or territory of residence) **OR** before a notary public (recommended).

Signature(s) of person(s) giving consent

Signature of witness

signature(s) of person(s) giving consent

full name of witness

signature of witness

dd/mm/yyyy

city, province/territory

Questions regarding information in this consent letter should be directed to the person(s) or organization giving consent.

(seal)