



Glacier Twins Baseball  
P.O. Box 2007  
Whitefish, MT 59937  
[GlacierTwins406@gmail.com](mailto:GlacierTwins406@gmail.com)  
[www.glaciertwinsbaseball.org](http://www.glaciertwinsbaseball.org)

### Twins Parents/Guardians:

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

- ❖ 2018 - Won Conference, District, State Tourneys and Northwest Regional Tournament in Lewiston, Idaho!
- ❖ 2019 - Finished 2<sup>nd</sup> 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
- ❖ 2024 - Finished 1st in conference, 1st at Districts, 1st and undefeated at State and 3rd at Regionals!

The 2025 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 General Manager.**

We look forward to an exciting and rewarding 2025 Glacier Twins season!

***The Glacier Twins Board of Directors and Coaching Staff***

# GLACIER TWINS FUNDRAISING GOALS

## *Player Fee Deadline is June 10<sup>st</sup>*

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 TBDhr 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)
<b>TOTAL</b>	<b>\$900</b>	<b>(Cash &amp; Credits)</b>



# Glacier Twins

# American Legion Baseball

## 2025 Handbook

### What's Inside:

Mission Statement.....	Page 2
General Information .....	Page 2
Birth Certificate & Passport.....	Page 2
Physical Exam.....	Page 2
Equipment/Uniforms .....	Page 2
Field Care .....	Page 2
Illegal Substance Policy .....	Page 3
Code of Conduct .....	Page 3
Communication/Problem Solving.....	Page 3
Player Fees .....	Page 4
Parent/Guardian Participation .....	Page 4
Game Time .....	Page 4
Road Trips.....	Page 5
Injuries and Illness.....	Page 5
School Activities.....	Page 5
Camps.....	Page 6
Work Schedules .....	Page 6

## **Mission Statement:**

**American Legion Baseball** is the oldest and best disciplined amateur baseball program in the country. The American Legion, an organization of veterans, believes in operating a well disciplined baseball program with an emphasis on sportsmanship, team loyalty, individual leadership and the highest level of sportsmanship. Our organization and coaches will insist on these positive qualities throughout the season.

**The Glacier Twins American Legion Baseball Organization** is a program committed to a positive baseball experience for the youth of Whitefish and Columbia Falls while providing an opportunity for personal growth and success. It will involve the learning as well as the integration of numerous lifelong skills and values such as courage, pride, determination, hustle, respect, loyalty, poise, commitment, dedication, discipline, intensity, solid work ethic and good positive attitude.

## **General Information:**

The Twins home field is the Glacier Twins Stadium at Memorial Park in Whitefish, located at the intersection of East Second Street and Fir Avenue. Over the past 20 years, we have updated our sports lighting system that features new and taller steel poles greatly increasing field lighting illumination with computer-aided controls. The Twins have also completed installation of an electronic scoreboard featuring bright LED digit and indicator displays and updated wireless controls. The major league style dugouts feature two-level seating and padded lean rails in front. In 2014, with the aid of community donations, the Twins constructed a covered grandstand roof with aluminum bleacher seating along with a spacious press box, including an umpire's dressing room and Merchandise Store. A cedar security fence enclosing the rear of the grandstand area was added the following year. Future improvements depend upon the success of on-going fundraising efforts.

## **Birth Certificate & Passport:**

American Legion Baseball requires each player to provide an official birth certificate submitted to the Glacier Twins by June 1. In addition, each player will need a passport or passport card in order to travel to games and tournaments we have scheduled in Canada.

## **Physical Exam:**

A physical exam is required to participate. Either a copy of your school's physical exam or the Twins' physical exam form will suffice. The paperwork **must** be turned in to the coach prior to the first day of practice. Remember to sign the second page.

## **Equipment/Uniforms:**

You will be provided all necessary equipment and uniforms for competition. You are expected to take proper care of all team equipment and uniforms. You will need to provide your own gloves and practice gear including practice baseball pants. A uniform deposit **may** be required and returned to you upon the completion of the season when your uniform is turned in to the coaching staff.

## **Field Care:**

Each player is required to assist with field care and maintenance. Responsibilities will be assigned by coaches.

## **Illegal Substance Policy:**

Any illegal or criminal activity, or the use of, possession of, consumption of, selling or giving away of tobacco, tobacco substitutes, alcohol, or illegal drugs is strictly prohibited from the first day of sign ups until the last day of competition. Refer to the *Glacier Twins Alcohol and Drug Policy* and the Player Contract, which is to be read and signed by each player and parent before participation of the player in the Twins baseball program.

## **Code of Conduct:**

Do what is right; if you have to ask if it's right, it's not. Make good decisions. Refer to the Players Contract. Each player is expected to uphold the American Legion Sportsmanship Code, both on and off the field.

- **Foul language on or off the field is prohibited.** Violation can result in sitting out a game.
- **Throwing and/or abuse of equipment is prohibited.** In the event equipment is thrown, abused and/or damaged, the player will be expected to reimburse the Twins for replacement costs.
- **Players will sprint to and from their positions.** Players will run at full speed on all ground balls and fly balls, no matter how "inevitable" a putout might appear.
- All players are required to help carry equipment at practices and at games.
- Altercations between team players or opposing players are prohibited. While tempers can flare unexpectedly, any fighting will be disciplined by immediate suspension and probable dismissal from the team. Applicable city curfews will be followed by all players, especially on nights prior to competition.

Players are expected to uphold the American Legion Code of Sportsmanship at all times. In short: players will keep their temper regardless of victory or defeat, be good sportsmen and never heckle opposing players, umpires or spectators.

### ***American Legion Code of Sportsmanship***

#### **I WILL:**

**Keep the Rules · Keep faith with my teammates · Keep my temper · Keep myself fit Keep a stout heart in defeat · Keep my pride under in victory  
Keep a sound soul, a clean mind, and a healthy body**

## **Communication:**

**The Glacier Twins have a set procedure for solving problems.** The Board strongly encourages the player to FIRST meet with the Coach to solve any problems that may arise during the season. **The coach will have an "open door" policy for players to approach him about their concerns. Parents should not intervene for their son, but should instead encourage their son to talk to the coach.** If the player is not comfortable approaching the coach directly, then the player and his parents should schedule a time to meet with the coach. If any of the parties believe that a face-to-face meeting is necessary and all are in agreement to do so, then the Coach will coordinate that meeting, and may upon occasion include a board member. As a last resort, if any of the above should fail or prove to be unsatisfactory in the eyes of either party, then the player, the coach or the parent may bring the matter to the attention of the Board of Directors in the form of a letter. The Board, or its Grievance Committee, will then make a decision that it believes is in the best interest of the Glacier Twins Program. All parties will work together to resolve any issue in a positive manner, and ensure open communication.

## Player Fees:

A total of \$1,200 is required by each Glacier Twins player to be paid or earned in order to cover operating costs (umpire fees, playing equipment, travel, meals and lodging, field maintenance, etc.)

✓ **By Spring Parent Meeting (February 10, 2025)**, each player shall pay a **\$300 Player Registration Fee** (non-refundable) to qualify for participation at pre-season conditioning and practice. This payment must be turned in to the Head Coaches or General Manager along with completed Player Registration forms.

✓ **By June 10**, each player shall submit payment of an additional \$900 or earn this amount in Player Credits. Player Credit Fees may be accumulated during Christmas Garland hanging and take-down, sale of season passes, sale of pre-event tickets at Twins fundraisers, and credit for individual work assignments above normal field care and maintenance. As the June 1 deadline approaches, the remaining balance shall be paid by cash or check to reach the player's goal. Unless these \$300 and \$900 goals are met by the above due dates, a player will not be allowed to play or travel with the team.

## Parent/Guardian Participation:

Each parent or guardian is required to sign up for a **minimum** of ten (10) work assignments at the field during the regular season. Work assignments may include: Press Box (announcing and/or scoreboard operation), entry gate ticket sales, etc. If, during the course of the season, parents or guardians have unforeseen conflicts in their schedules and are unable to work their scheduled duties, the parent or guardian is responsible to find a suitable replacement to work their schedule. Additional help will be needed during the Ed Gallo and any other events scheduled. Google sheet links are provided for all games and events as schedules are completed.

## Game Time:

- Haircuts are expected to be tasteful. No earrings or jewelry are allowed at practice or during games. Please check with your coach as to what may be allowed.
- Uniforms should be kept clean, in good repair, and always tucked in when applicable; from calisthenics until the game is completed, uniforms should be worn correctly. Hats should be worn correctly (i.e. straightforward). Rally caps are acceptable when appropriate.
- No outside food or drink is allowed in the dugout during a game, unless approved by the coach. Water and/or sport drinks will be provided by the team.
- No spectators are allowed in the dugout during a game. This includes parents, family members, friends, girlfriends, scouts, etc. (nor is any non-player allowed to visit with you during a game).
- Players are allowed to leave the dugout during a game for the following reasons only: to retrieve a foul ball, go to the bathroom, warm up/stretch/throw, in a medical or weather related emergency or as requested by the coaches. Players are expected to perform the necessary function and return to the dugout without incident. Any other request to leave the dugout should be discussed with and approved by a member of the coaching staff.
- **Parents, family members, or friends** are not permitted to heckle, harass or use derogatory, profane or vulgar remarks or gestures towards the opposing team, coaches or umpires. Any parent, family member, friends or fans that violate this rule will be asked to leave the ballpark immediately. A second violation of the rule will result in banishment from the park for the remainder of the season.

## **Road Trips:**

- While on the road you are expected to follow specific guidelines regarding your behavior. The coaching staff will address those guidelines with you prior to your first road trip. At least one coach or designated parent will remain with the team at all times.
- When traveling to and from away games, the team will meet at a designated location and leave as a team. It is only acceptable for players to travel home with parents if it is an unforeseen emergency or has been requested in writing at least one (1) day prior to travel and approved by the coach. After the game, **the parent must check in with the coach** to confirm they have their player. When returning home after a road trip, all players traveling with the team will meet at the bus prior to departure. The team bus will not leave until all players are accounted for. **Players will not be allowed to travel home with friends during away games.**
- While traveling in the bus, at no time should any object be thrown from the bus. A player's head, arms, hands, legs and feet will remain in the vehicle at all times.
- Occasionally, the team will travel out of town and stay overnight at a hotel (at the expense of the Glacier Twins). Room assignments for players will be designated. Rooms are expected to be kept neat and clean. **Any damage to a room is the financial responsibility of the player and his parent or guardian.** Players involved in such a situation will be sent home and dismissed from the team immediately. Under no circumstance whatsoever is a female guest permitted in a player's hotel room while un-chaperoned by an adult, coach or parent. Any player violating this rule will be dismissed.
- When traveling and/or applicable, players should bring money for snacks and preferably pack a sack lunch. Please refer to the Nutrition Guideline regarding what types of snacks/foods help aid performance.
- During overnight stays, the Twins will provide player meals. Players will dine together as a team. Parents may dine with the team. If parents make arrangements with the coach to take their son to a private dining establishment, then they will insure the player(s) return to their assigned room no later than curfew. The player should check in with the coach upon arrival back at the hotel. At no time should the parents keep the player from any team meetings.

## **Injuries and Illness:**

Report any injury or illness to a coach immediately. If a player cannot make a practice due to illness, please contact the coach as soon as possible. If a player misses practice or a game, and has not contacted the coach, the player will be suspended from one game (please refer to Players Contract). If a player is late for a practice or a game without a proper excuse, the penalty can be one lap around the outfield fence for every minute tardy.

## **School Activities:**

Twins players are allowed to participate in school sports, or other school activities that are graded (i.e., choir, band, etc.). If a school's scheduled activity conflicts with a practice or Twins' game(s), the player must notify the coach in a timely fashion. Unexcused absences from scheduled practices, games or team functions, will result in a one (1) game suspension enforced in the next scheduled game.



**Sports/Camp:**

Any player intending to enroll in athletic camps during the season must obtain prior permission from the head coach at least 30 days in advance. Failure to get prior approval may result in denial of permission. Participation in athletic camps is discouraged but not prohibited. If the player can provide assurance that participation will not unduly impact on practice or scheduled games and the head coach concurs, approval will be given. Each request will be dealt with on a case-by-case basis.

**Work Schedules:**

The Twins organization understands that some players may need to work in addition to playing baseball. Players should communicate their work schedule with the coach. Players are still expected to make all practices/games if at all possible, and should attempt to plan their work schedule accordingly.

# 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 NOTARIZED**
- Consent Letter for Canada Travel signed and NOTARIZED**

**GLACIER TWINS – 2025 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 Lindsey Andrachick General Manager:*

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

<b>Birth Certificate</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Passport</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Physical</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Handbook</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Player's Contract</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Emergency Information</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fundraising Information</b>	<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, 2006 or after to be eligible to play in 2025**

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: \_\_\_\_\_

2025 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.*

<b>Has this player had any:</b>	<b>Yes</b>	<b>No</b>	<b>Is there a history of:</b>	<b>Yes</b>	<b>No</b>
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"/>	<b>Additional history:</b>		
Frequent headaches, convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Is there any history of family or genetic diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Concussion or unconsciousness	<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"/>
Heat exhaustion/stroke, or other heat problems	<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"/>
Any illness lasting over a week	<input type="checkbox"/>	<input type="checkbox"/>	Are you uncomfortably short of breath after running 1/2 mile (two times around the track) without stopping?	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis or anemia	<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.*

**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) \_\_\_\_\_

	<i>Normal</i>	<i>Abnormal Findings</i>
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 useage. 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



**2024 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](http://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](http://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



2024 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

# 2025 Travel Permission

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Parents name) (Players Name)

to travel in the United States and Canada with the **Glacier Twins American Legion Baseball** team and their coaches for the 2025 season.

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Date)

State of Montana

County of \_\_\_\_\_

Acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_,  
(Date) (Name of signer(s))

\_\_\_\_\_  
(Notary's Signature)

[Affix stamp above]