

NOTIFICATION OF DRUG AND ALCOHOL POLICY

I acknowledge that I have seen and read the American Legion Baseball Team Drug and Alcohol Policy. I hereby consent to abide by it and abstain from alcohol and drug use, as outlined in the 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 mean I will be removed from the team and/or it will 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 directions, and to only take prescription medications prescribed to me for a valid medical condition.

Name (Please Print)	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>
Parent/Guardian Name (Please Print)	<input type="text"/>
Phone Number	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

