



**MEDICAL COVERAGE
2026 PERMIT FOR OUT-OF-COUNTRY TRAVEL**

Full Name of Team _____ Age Group _____

Association _____

Manager or Coaches Name _____

Mailing Address _____ Postal Code _____

Home Phone _____ Business Phone _____ Fax Number _____

Email address _____

We request Out of Country coverage, but not excluding the Canadian province of Quebec, the same as all of or parts of the following dates indicated:

And/to: _____ Year: _____

Please provide the name and location of the event:

Name of Event: _____ Location: _____

We wish Travel Insurance and enclose (\$3.35 per MEMBER per DAY):

_____ players/coaches X # _____ days X \$ 3.35 = \$ _____ (TOTAL)

I hereby declare that the team has cleared all organizational commitments and responsibilities during the period the team will be absent from British Columbia:

Signature of Team Manager or Coach: _____ Date: _____

Please e-mail this form & list of members to treasurer@bcmminorbaseball.org
Please retain the originals in the event you will need to produce them in the future.

FOR OFFICE USE ONLY:

Date received: _____ Amount: _____ BCMBA: _____