



2024 Request for ADA Accommodation

SSBL Milwaukee – Summer/Fall League Dairyland Classic Softball Tournament



(Adapted from NAGAAA/IPS GSWS form)

Requestor (Athlete) Information:

Name:
Division:
Team Name:
Rating:

Identify the impairment(s) for which the Requestor (Athlete) are requesting accommodation(s) and the expected duration of the impairment(s). Include the date of diagnosis.

Explain how the impairment(s) affects the Requestor's (Athlete) ability to participate in softball play in accordance with the rules as prescribed in the current NAGAAA Governing Manual.

What specific accommodations are you requesting for the Requestor (Athlete)?

Has a physician, vocational rehabilitation specialist or other health professional recommended a specific accommodation? Yes: _____ No: _____
If so, please attach a copy of their recommendation(s).

Provide any additional information that may be helpful in reviewing the accommodation request(s).

SSBL Milwaukee reserves the right to request medical documentation to verify the existence of an ADA covered impairment or impairments, and to appropriately assess the condition, functional limitations and/or request for reasonable accommodation(s).

Printed name of Requestor (Athlete)

Signature of Requestor (Athlete)

Date: _____

Printed name of person completing this form [if not the Requestor (Athlete)]

Signature of person completing this form [if not the Requestor (Athlete)]

Date: _____

- Please send requests via email to Kurt Baldwin, SSBL Commissioner (commissioner@ssblmilwaukee.com) for processing.
- Requests and documentation will be reviewed by the Commissioner and UIC (or designees).
- Approval/declination will be sent to the person completing this form. [If not the Requestor (Athlete)]