



2025 Request for PIP/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.

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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 iPride Governing Manual.

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

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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).

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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)]