

Request for ADA Accommodation

Requestor (Athlete) Information

Name:
Division:
Team Name:
League Name:
Rating:
Commissioner Name:

Did you request any accommodations from your League this season? If not, why not? If yes, please describe the accommodations that you requested and any accommodations actually provided by your League.

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Identify the impairment(s) for which you 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 your 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?

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 your accommodation request(s).

NAGAAA reserves the right to request medical documentation to verify the existence of an ADA covered impairment or impairments, and to appropriately assess your 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: _____