America's Finest City Softball League's Player Inclusion Policy

Purpose & Authority: The purpose of this policy allows America's Finest City Softball League (AFCSL) applicants to participate in the any AFCSL sponsored events with a disability that requires reasonable accommodations to play

Disability Definition: AFCSL defines disability as: The inability to do any substantial gainful activity by reason of any medically determinable physical (except an injury that is not permanent) or mental impairment,which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Applying for a Rule Modification: A person who, because of a verified disability, would like a reasonable modification to the rules in order to participate in the any AFCSL sponsored event should advise the AFCSL board. An injury alone does not qualify an individual for a rule modification. A properly submitted request for modification shall only be submitted via the online application at the link provided to all AFCSL Members.

Medical Provider Documentation, including the AFCSL's Physician form, must be submitted by email attachment at the time of the request permission. Contact ada@afcsl.org to request the form and subsequently submit documentation.

This request must include the following:
   a. Player's full name
   b. Player's team
   c. An explanation on why the modification is needed, including how the modification will address the player's specific disability.
   d. Applicants are required to provide the AFCSL's Physician Form, and any other medical substantiative documentation for the requested modification.

Once a properly completed PIP Modification application is received, an email confirmation will be sent to the applicant.

Deadline to Submit Modification Request: This must be done in order to allow for an inquiry to be undertaken to decide whether to allow or deny the requested modification. PIP physician forms can be submitted at the start of any calendar year.