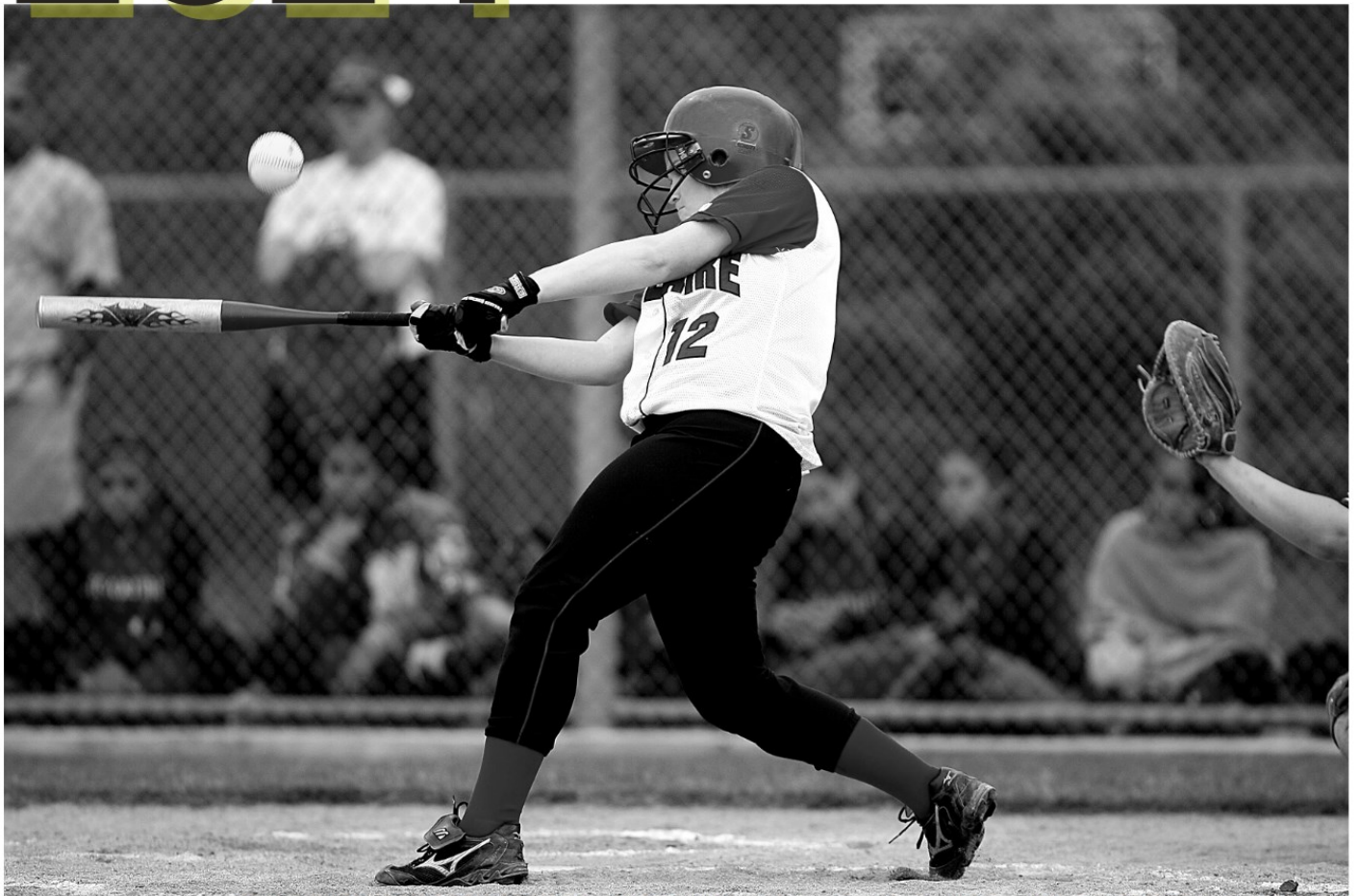


2024



WISCONSIN AMERICAN LEGION SOFTBALL HANDBOOK



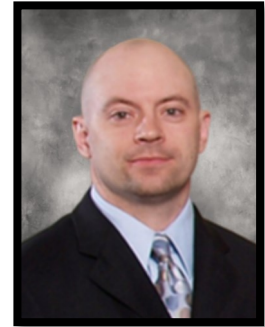
WISCONSIN AMERICAN LEGION SOFTBALL



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2024 IMPORTANT ACTIONS & DATES

<p>Complete Team Registration online www.wilegion.org/legion-softball</p> <ul style="list-style-type: none"> • To avoid financial penalty, all teams must register and pay insurance no later than May 1. • Any team that does not complete registration and purchase insurance by May 15 shall not be permitted to play American Legion Softball. • Background Checks & Completion of Minor Abuse video of all team coaches and managers must be completed before team can be approved. Annual Abuse Training must be completed through NCIS within the registration platform. 	<p><u>Deadline for all teams</u> May 1</p>
Registration Opens	October 15, 2023
<p>Form 2s must be kept with team manager/head coach. Any team and/or player that fails to comply will not be able to participate in tournament play.</p>	
Roster Deadline	No later than July 1
<p>All-Star nominations due to Department Headquarters Submit electronic nomination found at wilegion.org/legion-softball</p>	June 22
Softball Scholarship Applications Due to Legion Headquarters	July 15
REGIONAL TOURNAMENTS	
Locations TBD @ June Association Meeting– Must be played in consecutive days	July 22-28
STATE TOURNAMENTS	
Division 1 and 2 State Tournaments	August 2-4, 2024
ALL-STAR RECOGNITION	
American Family Field, Milwaukee, WI Brewers vs Cincinnati Reds	August 11, 2024
ASSOCIATION MEETINGS	
<p>Softball/Baseball Association Meeting, Portage @ Legion Headquarters, 9:00 a.m. – Closed session; 9:30 p.m.– Open Meeting</p>	January 13, 2024
<p>Softball/Baseball Association Meeting, Portage @ Legion Headquarters, 9:00 a.m.</p>	June 26, 2024
<p>Softball/Baseball Association Meeting, Portage @ Legion Headquarters, 8:30 a.m.</p>	September 28, 2024
<p>Softball/Baseball Association Meeting, Portage @ Legion Headquarters, 9:00 a.m. – Closed session; 9:30 p.m.– Open Meeting</p>	January 11, 2025

Talking Softball



Welcome to another season of American Legion Softball in Wisconsin.

After decades of sponsoring American Legion Baseball we are now offering the same opportunities to the softball players in our state.

A chance to participate in a community based program built on the policies and principles that The American Legion has promoted since its inception in 1919.

Now the high school aged girls who wish to continue to play through the summer with their friends can build team chemistry, enhance their personal skills, and have scholarship opportunities. And have a chance at a state championship!

As the program grows we envision offering a Jrs division for the younger players, and an All-Star Game to mirror the Wisconsin American Legion Baseball program.

American Legion Softball will have the goals as Baseball, to promote sportsmanship and building character through sport leading to the development of young adults to become leaders in our communities.

Enjoy the season, and see you on the ballfield.

Roger Mathison, Commissioner

Code of Sportsmanship

I WILL:

KEEP the rules

KEEP faith with my teammates

KEEP my temper

KEEP myself fit

KEEP a stout heart in defeat

KEEP my pride under in victory

KEEP a sound soul, a clean mind and healthy body.



“Resolved, That the National Americanism Commission does hereby emphasize and call attention to the Legion post and to Legionnaires individually that the principles of good sportsmanship in connection with the activity should at all times be held paramount to the end that the greatest good may come from the activity of the Legion.” (Res. 2, NEC, May 1932)

2024 NFHS Rule Changes

1-4-1: Removes the number of color restrictions on a glove, including laces and seams, and does not allow any panels of the glove to match the color of the ball.

Rationale: Gloves and mitts are manufactured in variety of designs and multiple colors. As long as the color of the ball is not one of the colors used, does not have markings that give the appearance of the ball or are made in a manner that is judged distracting by the umpire it is permitted for use in NFHS Softball.

2-20-1g: A fair ball is a batted ball that while over fair territory, an offensive player interferes with a defensive player attempting to field a batted ball.

Rationale: The ball's status is determined at the point of interference. If an offensive player interferes with the defensive player while the ball is in fair territory, the ball is dead. Adding this language to the definition section mirrors the foul ball definition in Rule 2-25-1e.

3-2-12, 3-6-11: Removes language prohibiting the wearing of jewelry.

Rationale: Removing the language prohibiting jewelry places the softball rules in line with other NFHS sports that have removed the restriction. Umpires still have the authority to rule on anything that is considered a distraction or increases risk to any player.

4-2-1: Defines the protocol for when a fair batted ball clears the home run fence to end the game. All runs are allowed to score before the game is terminated.

Rationale: Allows for all runs to be counted when a fair batted ball clears the home run fence to end the game. All runs scored by virtue of the home run will be included in individual and team statistics.

8-2-7: New language clarifies batter-runner interference on a fly ball over foul territory.

Rationale: This has always been the enforcement but was not listed in the section covering batter-runner. The language is consistent with the rule covering interference on an initial play on a fair-batted ball and aligns with Rule 8-6-10.

2024 NFHS Legion Softball/ Wisconsin Rule Adaptations

ADAPTATIONS TO NFHS RULES

- a. All games will bat only 9 batters and have the option to use the DP/FLEX rule. No “bat the roster” game will count towards your official Legion record and no stats will count for Legion All-Star consideration.
- b. A double first base must be used for all games (Rule 1-2-1 Note).
- c. A regular season, Regional, and State game will end after 5 innings when a team is ten or more runs behind and has completed its turn at bat (Rule 4-2-3).
- d. Teams shall not use the 15 runs after 3 innings rule unless announced before tournament (host decision), conference agreement, or a mutual agreement by both head coaches prior to the start of a regular season game. If said rule is in place, a game may end after 3 innings if a team is 15 or more runs behind and has completed its turn at bat. (Rule 4-2-3) Note: The 15-run rule may also be used even if it was not predetermined, so as long as both coaches agree as well as the head umpire to end said game for mercy rule reasons. This rule will not be in play during any of the Legion Regional or State playoff games.
- e. If predetermined before a regular season game or regular tournament game, a minimum time limit of 1 $\frac{3}{4}$ hours may be in place. No new inning may be started once the time limit has elapsed, regardless of the number of innings played. (Rule 4-2-3) This is a host team and/or tournament decision that is made prior to the start of games. Not an umpire decision. There will be no time limit for the Legion Regional or State playoff games.
- f. The number of innings for one or both games in a doubleheader may be scheduled for five (5) innings. Current game ending procedures still apply. (Rule 4-2-3 Note 2)
- g. The international tie-breaker may be used, with prior agreement, for regular season games as long as there is mutual agreement by both teams or if announced prior to a regular season tournament (host decision). If a game is tied after 7 innings and the rule is in place each team starts the inning with the player who completed the last official at bat as a base runner on second base. Each team has the opportunity to bat each inning. Tie-breaker will not be used in any of the Legion Regional or State playoff games. (Rule 4-2-6)
- h. If a Legion Regional or State playoff game is called prior to the completion of any full inning, after the fifth inning, the game becomes a suspended game if the visiting team has scored one or more runs to tie the score or take the lead and the home team has not retaken the lead. (Rule 4-2-3)
- i. Pregame warm up will be determined by site host.
- j. All American Legion games must be held on fields with an outfield fence at 185'-235' (as per NFHS Rule 1-1-3a1). A temporary outfield fence may be used to facilitate the outfield dimensions.
- k. All protective equipment ie. helmets, catchers gear, must meet NOCSAE requirements.
- l. All homemade devices/weights are not allowed and cannot be in the on-deck circle.
- m. Celebratory props will not be allowed outside the dugout.
- n. Coaches must report to the WI Legion Softball Board within 24 hours following a contest of any player or coach that has been ejected from any regular season game no matter the opponent. It also is noted that a player or coach who has been ejected will be suspended for the remainder of the game and must leave the field area where the game is being played, as well as being suspended for the next game of the team's



schedule. The field area is to include field, dugout and bleachers. If that player or coach plays in the next game of suspension then they shall now have a 3-game suspension. Any suspended player or coach no matter the length of suspension will be removed from eligibility to be recognized and/or participate in any team or state level post season awards or games. The WI Legion Softball Board reserves the right to suspend a player, coach or team from play if repeated and continued disciplinary and poor sportsman like conduct is not becoming of WI Legion Softball ethics.

ADDITIONAL POINTS OF EMPHASIS

National Anthem Standoff: The Wisconsin American Legion Softball Association has voted to adopt the NCAA ruling regarding National Anthem Standoffs, therefore, according to the NCAA rule: *“In the case of a National Anthem standoff between the two teams, any umpire shall eject any player, coach, manager or team personnel for violations of the Coaching and Players’ Code of Ethics. A.R. The umpire-in-chief is to warn the head coach of the offending team(s) that should any player not return to the dugout area immediately after the playing of the National Anthem, the head coach and offending player(s) will be ejected immediately. Note: This is a sportsmanship issue.”*

Respect to the Flag: The American Legion, Department of Wisconsin expects participants of all its programs, including Softball, to show proper respect to the Flag of the United States, at all times, including during the National Anthem. Therefore, if any participant of The American Legion, Department of Wisconsin Softball program cannot or will not live up to this expectation, the individual shall not be a participant in that American Legion program or event.

2024 Team & Tournament Scores will be available on *The American Legion, Department of Wisconsin website.*

wilegion.org/legion-softball

WISCONSIN AMERICAN LEGION SOFTBALL 2024 PLAYING RULES

- A. All games shall be played under the **NFHS SOFTBALL RULES** as published and as modified by the 2024 Wisconsin American Legion Softball Handbook.
- B. **Background Screening & Abuse Awareness Training:** Federal Law mandates that all team Managers, Coaches, Assistant Coaches must undergo annual background screening and abuse awareness training, prior to engaging in any meetings, events, practices or games that involve youth participants. To ensure consistency and protect confidentiality, all screening will be conducted by one designated vendor; if an individual has previously undergone background screening through/for another organization, those results may not be substituted. The website link can be accessed at wilegion.org/legion-softball. Each person is responsible for paying any individual screening fees.
- C. **Communication:** Electronic text or image communications (email, electronic text, social media, videos, digital photos, etc.) with youth under the age of 18 must copy or include the minor’s parents or guardians.
- D. **Registration:** All teams involving eligible players in Wisconsin, using the name of American Legion Softball, whether competing in tournament competition or not, must register online at wilegion.org/legion-softball. Teams must register on-line no later than May 1st at 10:59 p.m. Central Time. Any team that fails to register by May 1st will be subject to financial penalty. Any team that fails to register by May 15th shall not be permitted to play during the season.

2024	Year-Round Accidental & Liability Insurance	Administrative Fee	Registration Fee	Total
Softball Premiums	\$265	\$35	\$150	\$450

- E. **Insurance:** All Legion softball teams must purchase insurance policies from exclusive insurance carriers designated by The American Legion each season during on-line registration. American Legion Softball insurance provides coverage for all players who try out, practice or play in exhibition games; however, once the regular season has begun, only those players listed on the roster are covered. **Coverage must be purchased on or before May 15.** Teams without this insurance will be disqualified from playing Legion softball. American Legion Softball Insurance provides coverage for all coaches and players who try out, practice or play in exhibition games; however, once the regular season has begun, only those players listed on the electronic roster shall be covered.

- F. **Uniforms and Insignia: Players and coaches must be in uniforms of the same color and style.** It is permissible for coaches to wear courtesy/wind jackets, but it is encouraged to have a Legion Softball insignia on either the left sleeve or left chest. Beginning with the 2024 season, any player, coach or manager who does not have an American Legion Softball insignia on either the left sleeve or left chest of their uniform shirt will be removed from the game. The patch may be purchased from wilegion.org/shop or call 608-745-0335. If you prefer to screen print, use sublimation or embroidery, you may download the patch file from wilegion.org/legion-softball.



- G. Only those players and coaches listed on the team’s State Registration are permitted on the coaching lines.
- H. Teams must play a minimum of 10 games to compete in Regional and State Tournaments. Teams must also field (9) nine players to start each game. Failure to do so shall result in a forfeiture of the game.

- I. **Heckling:** No player, coach, manager or other party associated with an American Legion Softball team shall abuse, heckle or make uncomplimentary remarks to opposing players, team officials or umpires. The umpire shall immediately eject from the game any individuals violating this regulation.
- J. **Tobacco:** The use of any form of tobacco, alcohol, or any illegal substance by a player, coach, manager or umpire while on the playing field, benches, in the bullpen or dugouts is prohibited. Any individual violating this rule will be ejected from the game.
- K. **Roster:** Players names must appear on the roster submitted. This form must be completely filled out to include each player's full name and the address of their parents' permanent legal domicile. No American Legion Softball team may have more than 18 registered players.

No player may be replaced on the online roster **AFTER the July 1st deadline**, except in the event of the death of a player or a player joining military service. A player with season ending injury may be replaced on the roster with proper documentation until July 15. All roster changes require Department Softball Chairman approval with proper supporting medical documentation.

- L. **First Aid Kits:** Each team must have a first aid kit with them in the dugout at each game. Medical permission and records shall be in the possession of teams at all times.

PROCEDURE FOR TREATING MINOR INJURY (per CDC Guidelines)

- Bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform, it must be changed before that athlete may continue play.
- Use disposable protective gloves to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
- Wash hands and other skin if contaminated (in contact) with blood or other body fluids immediately.
- Clean all blood contaminated surfaces and equipment with a solution made from a proper dilution of household bleach (CDC recommends 1 -10 ~ One part household chlorine bleach to 10 parts water.)
- Proper disposal procedures are necessary for all contaminated material.
- Paper towels, spray bottles, disposable protective gloves, disposal bags, bleach and water should be part of your emergency supplies. Cloth towels should never be used in any clean up.
- When possible athletes should deal with their own bleeding. Supervision of proper treatment is important.

- M. **Disclaimer:** The Wisconsin American Legion Baseball Association, Softball Committee, its Commissioner, members and officers of the Board of Directors of the Wisconsin American Legion Baseball Association are not responsible for bodily injury or property damage sustained by any player, coach or manager or other third party as a result of an accident or incident whether occurring on or off the field and whether during practice or a game or otherwise.
- N. **Amateur Status:** Competition in the Wisconsin American Legion program is open only to **amateurs**. To be considered an amateur, a player must NOT have:
 1. Received money, favors or gratuities for playing softball.
 2. Played softball with or against anyone who received money, favors or gratuities for playing softball.
 3. Accepted money or favors or reimbursement for time lost at work while playing softball or for expenses incurred while playing softball.
 4. Accepted directly or indirectly or agreed to accept money or any favors offered by anyone for the player's softball services, past, present or future. This applies to a player's parents, trustees, custodians or guardians.
 5. Tried out for any professional teams without the written permission of their American Legion Softball manager, coach or post commander.

- O. **Dual Participation:** During the regular season, American Legion Softball players or teams may participate in other amateur softball programs.
- P. **Non-Legion Games:** American Legion Softball teams may schedule games with other non-American Legion Softball teams. Games must be played using American Legion Softball rules. The Wisconsin American Legion strongly recommends playing American Legion teams.
- Q. An **All-Star** game must also have prior approval by The Wisconsin American Legion. Districts or posts planning an all-star game should contact their state high school athletic association to ensure that each player's high school eligibility is protected.
- R. **Non-American Legion Post Sponsorship:** Non-Legion (outside) sponsorship is permissible as long as The American Legion softball definition of "sponsorship" is followed. Sponsorship is permitted by following policies and principles of The American Legion, Department of Wisconsin, The Wisconsin American Legion Baseball Association and the Wisconsin Softball Committee.
- S. **Proof of Age:** An original birth certificate or a certified document by the State Bureau of Vital Statistics or federal government agency, a player's drivers license, State-Issued ID or U.S. Passport must be presented to the coach or team staff as proof of age verification at the time of player registration with the team. The date of birth on the player's Form 2 must match that of the player's documentation. **Do not send birth certificates.** Should the team advance to state competition, it is up to a team representative to have valid player proof of age documentation upon registration and check-in at the tournament site.
- T. **Team-Decertification:** Any team may be decertified and disqualified from further participation in American Legion Softball by a majority of the directors of the W.A.L.B.A. because of an intentional violation of state regulations or rules by any team member, coach or manager. In such event, there will be no refund of the entry registration fee or any insurance premiums that may have been paid.

AGE ELIGIBILITY

Eligible players for the 2024 season must be a student of the classes of 2024-2028.

For the 2024 season- Players that graduate from high school in 2024 shall play for the last American Legion team they played on or the team nearest their parent's domicile if that team is not registered for the 2024 season. Eligibility questions and permissions shall be brought to the Commissioner for final decision.

PROTESTS

- A. The State Protest Board for 2024 shall consist of the Chairman of the Softball Committee and Committee Members. The Chairman of the Softball Committee will serve as Protest Board Chairman and preside over the meeting. The State Commissioner will replace any committee member whose team or region is involved in a protest and may appoint any WALBA Regional Director or any Associate Director from outside the region or regions involved to replace any member of the Protest Board who is unable to serve. A qualified umpire may be consulted by the Protest Board. The Protest Board's decision shall be final.
- B. All protests of player eligibility for regional and state tournaments must be in writing and must be specific with definite written proof. Protests of player eligibility must be made prior to the start of the protested player's first game in the tournament. The State Softball Commissioner shall have the power to suspend or disqualify anyone violating state or national regulations or rules.
- C. Protests of rule interpretation during the actual game conditions must be filed with the umpire-in-chief before the next legally pitched ball is thrown from the pitching mound.
- D. Protest(s) during Regional Tournament competition shall be handled by the assigned Protest Committee. Protest(s) will not be accepted by the State Softball Commissioner or the State Protest Board unless a written protest has been filed with the Regional Director; and he has had an opportunity to file his ruling with the State Softball Commissioner. The teams involved may then appeal the Regional Director's decision. No fee is necessary when a protest is filed with the Regional Director.
- E. An appeal of the Regional Director's ruling, if desired, must be made in writing within 24 hours of notification of the Regional Director's ruling accompanied by a \$25.00 appeal fee to the State Softball Commissioner for action by the State Protest Board. Such appeal may be made by mail or e-mail. The appeal fee will be returned only if the appeal is upheld by the State Protest Board.

COVID STATEMENT

The COVID-19 pandemic has impacted our daily lives and fundamentally changed the way we function on a daily basis. It is important that we continue to continue monitoring the changing circumstances and environment related to COVID and implement reasonable safeguards and precautionary measures to protect the welfare of participants and mitigate the spread of the virus.

The health and safety of our participants and fans is the utmost importance to Wisconsin American Legion Softball. We can approach this season with practices that can help mitigate the risk of exposure and transmission of the virus. The foundations of reducing risk should always be kept in mind. While COVID is primarily transmitted by aerosol, it can also be transmitted by touching contaminated surfaces.

The Wisconsin American Legion Softball Association will provide teams and organizations with guidelines for best practices to assist in mitigating the risk of transmission to athletes that elect to participate in American Legion Softball.

Teams are to follow the best practices established by the CDC, Wisconsin Department of Health Services and your local health departments. As protocols and best practices are fluid, it is essential that everyone continue to monitor, implement and adhere to the guidelines and recommendation provided by reputable sources and healthcare professionals.

WIAA Rules allow High School coaches to coach Legion Softball. Legion coaches are encouraged to join the Wisconsin Fastpitch Softball Coaches Association (WFSCA). Visit their website at: www.wfsca.org

AMERICAN LEGION SOFTBALL



2024 Form #2

Player Agreement

Please PRINT or TYPE

PLAYER'S NAME

First, MI, Last (as it appears on driver license or birth certificate)

I certify that the information shown above regarding me is correct. I agree to devote my entire service as a Wisconsin American Legion Softball (WALSB) player this season to (team name). I agree to abide by all WALSB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of Department Judge Advocate over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the WALSB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the WI Appeals Board are outlined in WI SB Rule 7 of the Wisconsin American Legion Softball Handbook. Voluntarily and of my own free will, I elect to participate in the WALSB program and as a member of my WALSB team.

I understand and acknowledge that the very nature of softball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in WALSB. I agree in the event of illness or injury during a WALSB game or practice, I hereby give consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to assure my safety.

I have read and understand Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when participating in programs of The American Legion, October 2016 (copy of which is available at www.archive.legion.org) and agree to be bound to the terms of said resolution.

I irrevocably consent to, and authorize the WALSB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in conjunction with or without my name, made through any medium, for publicity, advertising, promotional or any other lawful purpose without compensation to me. I have read WALSB's Privacy Policy, Drug and Alcohol Policy, (copies of which are available at wilegion.org/legion-softball) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the WALSB program, I hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, WALSB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from WALSB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the WALSB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the WALSB program, including but not limited to travel to and from program related activities, whether the result of negligence or for any other cause; and (2) any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the WALSB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Wisconsin, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Wisconsin, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States, and that I shall provide proof of said legal status if requested prior to or during any American Legion participation. I further understand that I shall be denied participation in any American Legion youth programs if I refuse to comply with providing proof of said legal status, or are not legally in the United States.

Player's signature

Player's printed name

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

Parent's or legal guardian's signature

Parent's or legal guardian's printed name

AMERICAN LEGION SOFTBALL



2024 Form #2 Continued

Player Information Sheet

Please **PRINT** or **TYPE**

Player's name (*first, middle, last*)

Parent's home address (*street address, city, state, ZIP*)

Parent's telephone number

Emergency contact person & phone number

Medical Insurance Policy #

Family physician & phone number

High school attended

Year of graduation

Total school enrollment (*grades 9-12*)

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Bats

Throws

Page 2 of 2

Send copy to Department Softball Chairman. Team manager shall retain original.

CONCUSSION IN YOUTH SPORTS

Wisconsin Concussion Law Act 172 - Statute 118.293

Note: The law was amended in 2013 and the concussion information and acknowledgement must only be distributed and collected once per school year. Effective: **December 15, 2013.**

Summary

The law requires all youth athletic organizations to educate coaches, athletes and parents on the risks of concussions and head injuries and prohibits participation in a youth activity until the athlete and parent or guardian has returned a signed agreement sheet indicating they have reviewed the concussion and head injury informational materials. The law requires immediate removal of an individual from a youth athletic activity if symptoms indicate a possible concussion has been sustained. A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury, may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

“At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. **No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.**”

COACHES

Please take time to complete the online course listed below. Sign the Coaches Agreement and keep a copy on file with your Team Administrator.

Heads Up: Concussion in Youth Sports is an online training course provided by Centers for Disease Control (CDC) and Prevention. The course helps coaches and parents recognize and respond to a concussion by featuring interviews from experts, descriptive graphics, real-life stories and interactive exercises.

The CDC makes this requirement possible with its Heads Up course, which is free and only takes about 30 minutes to complete.

To take the course just log on to: <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>



An athletic coach or official involved in a youth athletic activity or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury –OR– the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

SUDDEN CARDIAC ARREST

Wisconsin Sudden Cardiac Arrest Statute 118.2935

Note: Sudden cardiac arrest; youth athletic activities was signed into law in March 2022. Beginning July 1, 2022, school districts and other persons who operate certain youth athletic activities must distribute information about the risks associated with continuing to participate in a youth athletic activity after experiencing warning signs of sudden cardiac arrest to coaches, parents, and student athletes.

Summary

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening.

“At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion/head injury and sudden cardiac arrest information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

What is Sudden Cardiac Arrest?

Occurs suddenly and often without warning.

An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.

The heart cannot pump blood to the brain, lungs and other organs of the body.

The person loses consciousness (passes out) and has no pulse.

Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

Fainting/blackouts (especially during exercise)

Dizziness

Unusual fatigue/weakness

Chest pain

Shortness of breath

Nausea/vomiting

Palpitations (heart is beating unusually fast or skipping beats)

Family history of sudden cardiac arrest at age < 50

An athletic coach or official involved in a youth athletic activity or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with sudden cardiac arrest ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game. ** Note that a student-athlete who exhibits unexplained fainting may be SCA because it is the number one warning sign of a potential heart condition. **



PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest (SCA). By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion, head injury or sudden cardiac arrest.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury and Sudden Cardiac Arrest Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA. I agree that my child must be removed from practice/play if a concussion or SCA are suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion or SCA are reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____

_____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury and Sudden Cardiac Arrest Information (SCA) and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA.

I understand the importance of reporting a suspected concussion or SCA symptoms to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion or SCA are suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain/body needs time to heal.

Athlete Signature _____

_____ Date _____

This form may be copied and reproduced.

Rule 3: Player Recruitment

High schools are combined to form a recruiting area. A player who is enrolled in a base school is eligible to try out and play for the team if the player meets all other eligibility requirements.

A. **Base school:** All teams must have a base school. A base school may co-op with additional schools to field a team. Enrollment will be added together for division placement.

1. New teams must request and receive approval for a base school from the W.A.L.B.A. at the time the team registers with the W.A.L.B.A.
2. Existing teams may request to change their base school. This request must be in writing and approved by the W.A.L.B.A. prior to submitting roster.
3. If two or more teams are sponsored by the same American Legion Post or outside sponsor, the W.A.L.B.A. Board of Directors will assign the base school for each team.

B. **Player Recruiting:** Teams may select players who are enrolled on the 3rd Friday in September, in any public, private, technical, vocational, regional or preparatory high school, or any combination.

1. Existing teams may request a new combination of schools from the W.A.L.B.A. however, approval must be given prior to adding to team roster.
2. Teams may not recruit a player(s) from another team's base school.
3. Enrollment is determined using the number of 9th-12th grade students officially recorded on the 3rd Friday in September by the Wisconsin Department of Public Instruction or other state agency that has jurisdiction over school enrollment. Every student registered shall be counted, including special education students, physically challenged students, bilingual students, and students older than 19.
4. When single high school enrollment exceeds 5,000 students, the team that has such a school as its base school shall not co-op with any other school.

C. **Team Classification:** Once the deadline for team registration ends on June 12, the Legion Softball Committee will equally split the teams to form 2 divisions for the regional and state tournaments pending number of teams registered.

Managers and coaches can see their team's classification by contacting the high school(s) in their recruitment area to request enrollment numbers or by visiting wisedash.dpi.wi.gov to find their teams site and listed enrollment.

D. **Option Rule.** Players attending a high school via school choice may have the option of playing for the team nearest the high school the player attends/will attend or playing for the team nearest the parent's legal domicile. To determine the nearest team, use the shortest driving distance as calculated by MapQuest. This must be approved by the board prior to the roster deadline. The players current school enrollment will not count toward the team she will be playing for.

E. **Transfer Rule:**

1. To determine the nearest team from among several, use the shortest driving distance as calculated by MapQuest.
2. The player must provide signed Transfer Form #76 to the new team manager, which must be forwarded to the State Commissioner or his designee for approval, prior to listing the player on the roster. All transfers shall be for one year. All transfers shall expire on **December 31, 2024**.

3. Any transfers across state lines require mutual written permission of both the Department Chair and the State Commissioner.
- F. **School Enrollment Expansion:** Players who are unable to complete eligibility because enrollment expansion eliminated their schools from previously approved combinations may continue on the teams for which they last played, provided no new players are recruited from their school.
1. Written permission for a player to continue under these circumstances must be obtained from the State Commissioner prior to listing the player on roster.
 2. Teams cannot form different combinations of schools.
- G. **Change of Address:** Players who realize a permanent change in their parents' or guardians' domicile shall be eligible to compete for the team nearest their parents' new domicile.
1. A notarized statement from the player's parents must list previous address and new permanent address. Written permission must be obtained from the authorized State Commissioner in which the new team is located.
 2. The enrollment of their previous high school as of the 3rd Friday in September, shall be counted.
- H. **Final Year of Eligibility:** Legion Softball players who are in their last year of eligibility, whose parents move out of the team's school district, shall have an option of playing for the team nearest their parent's new school district or returning to their former team.
1. The enrollment of the high school the player attends on 3rd Friday in September, shall be counted.
 2. Written permission to play for their previous team must be obtained from the State Commissioner prior to listing on team roster.
- I. **Homeschooled Players:** A player who is home-schooled may compete for the team nearest their parents' or guardians' legal domicile. To determine the nearest team, use the shortest driving distance as calculated by MapQuest.
1. Written permission for such competition must be obtained from the State Commissioner prior to listing on team roster.
 2. Enrollment figures for such a player shall be that of the high school boundary of his parents' domicile.
- J. **New Team Formation:** In the event a new Legion team is formed that is closer to a player's parents' domicile, that player has a one-time option of playing with the team for which he last played or for the new team.

STATE TOURNAMENT BID PROCESS - 2026

At an official tournament, the local American Legion teams will participate in a 3 (day), eight team, double elimination format for a two division tournament.

A bid package and fifteen (15) copies shall be presented *in person* at the fall meeting, September 28, 2024. Bids will be reviewed by the W.A.L.B.A. Board of Directors as well as possible field visits to proposed site. Winning proposals will be announced at the January 18, 2025 W.A.L.B.A meeting. Fees (State tournament only) - A \$500 fee is paid the day the bid is awarded, with the balance of the fee (\$250) to be paid no later than 90 days after the completion of the tournament.

To be considered, the proposal must include the following:

- A. Facility Information
 - 1. Stadium Lighting
 - 2. Concessions
 - 3. Parking
 - 4. Drinking Water Availability for Players
 - 5. Restroom Facilities
 - 6. Press Box
 - 7. Phone Service—High Speed Internet
 - 8. Year Last State Tournament was Hosted
- B. City Information
 - 1. Lodging Information
 - 2. Restaurants & Eating Establishments
 - 3. Area Attractions, Entertainment, Shopping
- C. Contact Person: phone number & email address
- D. Directions to Ball Park

STATE TOURNAMENT HOST DIRECTOR DUTIES

1. Lodging accommodations shall be made available for all teams and parents that must stay overnight.
2. Ensure the field is ready for play.
3. Ensure the rules of American Legion Softball are followed.
4. Contact local media with tournament dates, game times and game scores. Report scores and stats immediately following game completion.
5. The tournament director is responsible for filing an expense reimbursement form for team lodging or travel expenses. Teams cannot claim both housing and mileage. The Tournament Expense Reimbursement form is found on page 31.

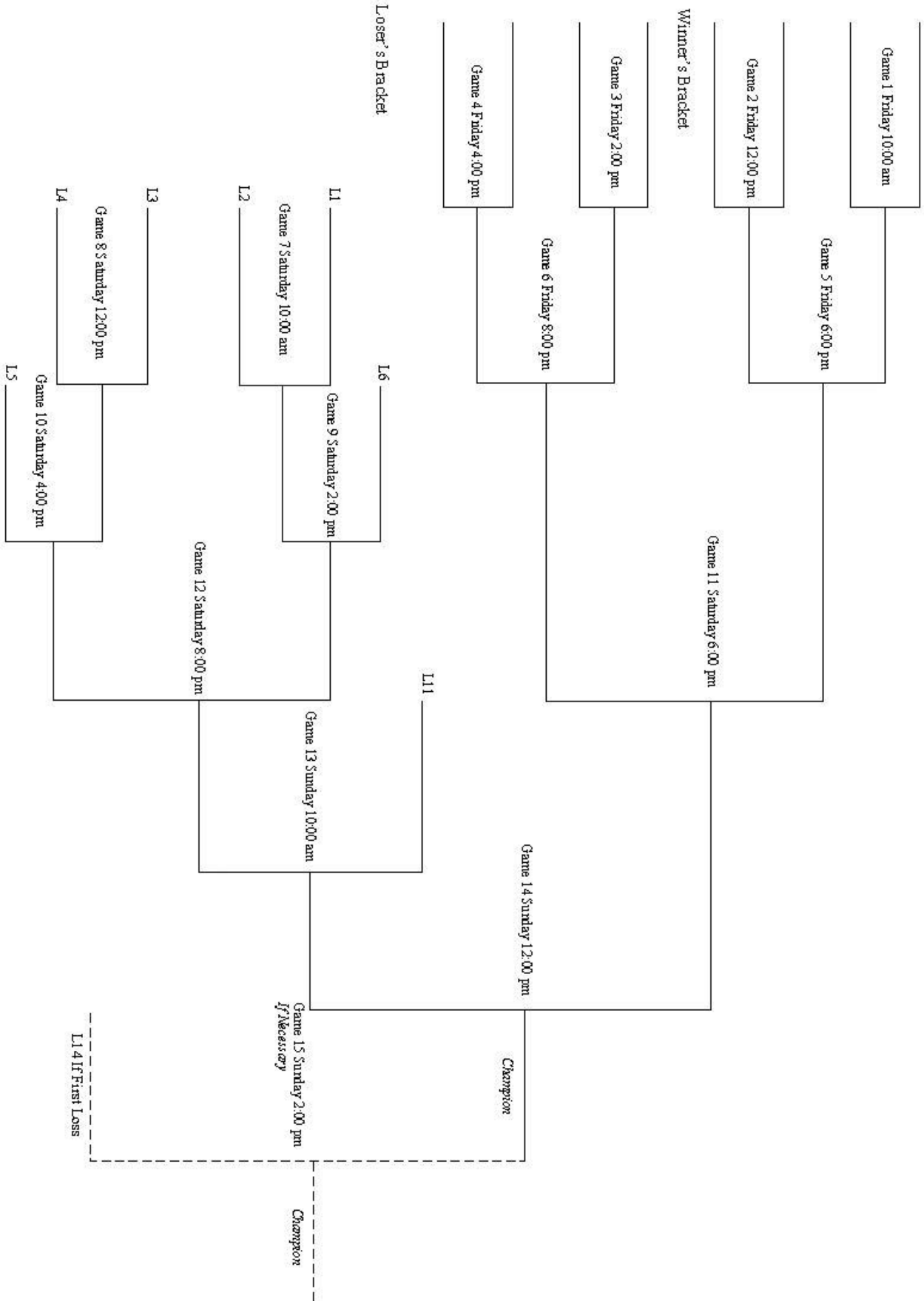
12 Players or Less plus 2 Coaches	=	3 Double/Double & 2 Single Rooms
13 to 16 Players plus 2 Coaches	=	4 Double/Double & 2 Single Rooms
17 to 18 Players plus 2 Coaches	=	5 Double/Double & 2 Single Rooms

- a. Reimbursement Policy: The W.A.L.B.A. will pay \$20.00 per day per player lodging for a maximum of 18 rostered players and 2 coaches based on the following room arrangements:
 - b. Additional personnel traveling with the team shall be responsible for their own reservations and expenses.
 - c. Teams driving over 50 miles one-way will be reimbursed \$100 per day.
 - d. Participating teams that drive within 50 miles of the tournament site *will not* be authorized housing and will be required to provide own transportation.
6. Umpires: A minimum of two (2) umpires are required for each game. The crew must be approved by W.A.L.B.A., with fees to be set by the tournament host. Lodging shall be provided for umpires who don't drive to each game.
 7. An official scorekeeper(s) must be named. The scorekeeper must keep official statistics and head the selection of the All-Star Team, Sportsmanship Award, Most Valuable Player and Batting Award.
 8. Scores must be reported as soon as practical at the conclusion of each game.
 9. A hotel room must be provided for the State Commissioner or appointed tournament director if it is needed.
 10. The State Commissioner or assigned tournament director must check all rosters before any team plays its first game.
 11. It is **highly recommended that each tournament begins with an Opening Ceremony**. Suggestions include: posting of the colors, playing/singing the National Anthem, recognizing active military and veterans, and welcoming dignitaries in attendance.
 12. It is the responsibility of the state tournament host to provide Department Headquarters with the following: A digital photo of the championship team. The original file must be e-mailed immediately after the tournament to: softball@wilegion.org. Note: Please keep resolution as high as possible; do not reduce original size when emailing. E-mail list of names of the players, coaches, etc. in photo.
 13. Tournament Forfeits: Teams must notify the regional host team at least one week prior to the start of the tournament if unable to field a team. Once regional play begins teams that fail to field at least nine players

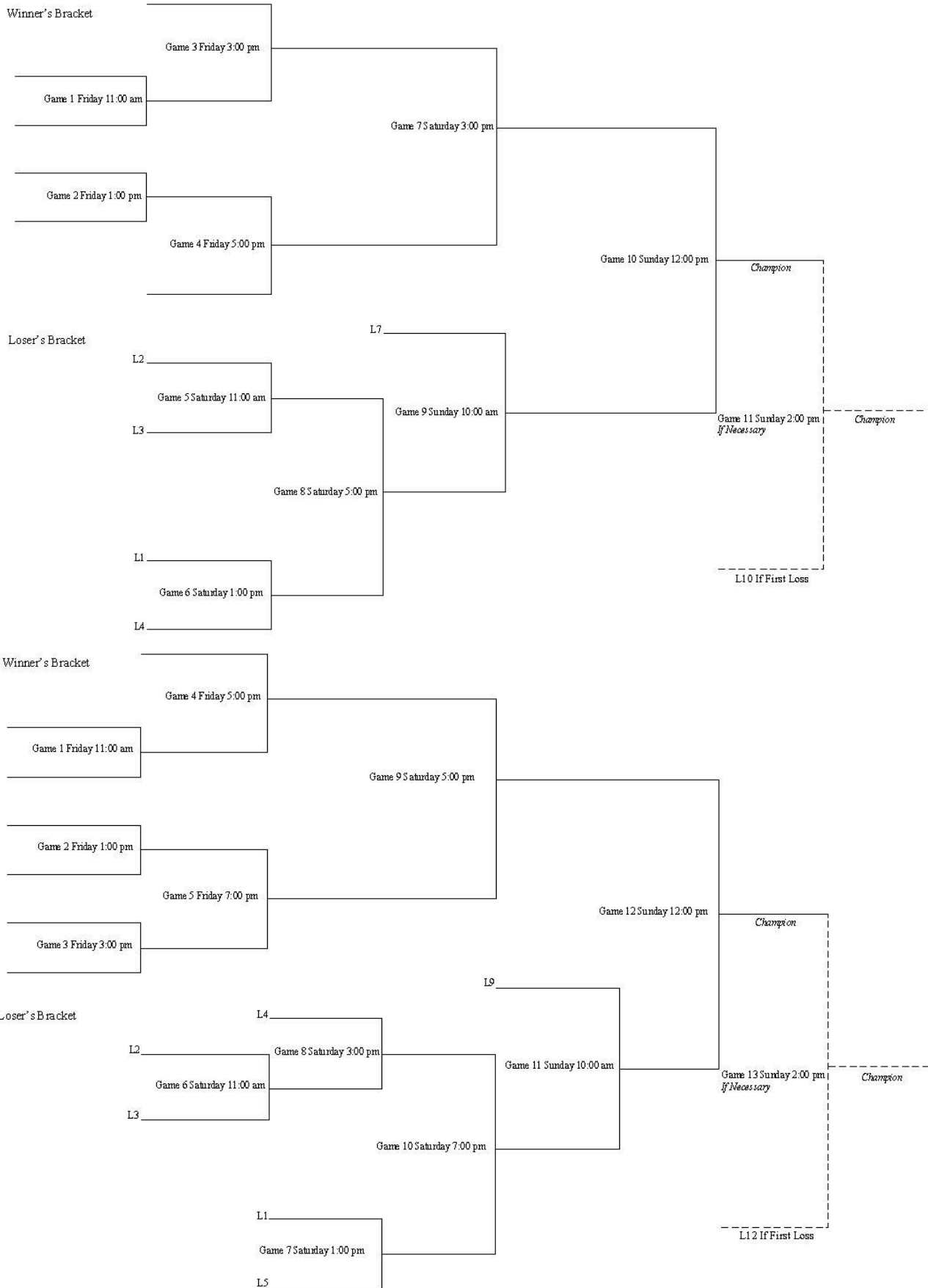
at the start of scheduled game date and time, will be fined \$250 and be disqualified from the rest of the tournament. Fine must be paid to the host team prior to the start of the next season. Failure to do so will result in forfeited team being suspended from regional play for one year.

14. Selling of Souvenirs at Tournaments: Selling of souvenirs is not permitted EXCEPT by the host team. The host committee shall retain all gate receipts, souvenir sales, concession stand sales, and local sponsorships. A complete financial report is due at the September 28, 2024 meeting.
15. Distribute tournament awards.

8 TEAM TOURNAMENT BRACKET

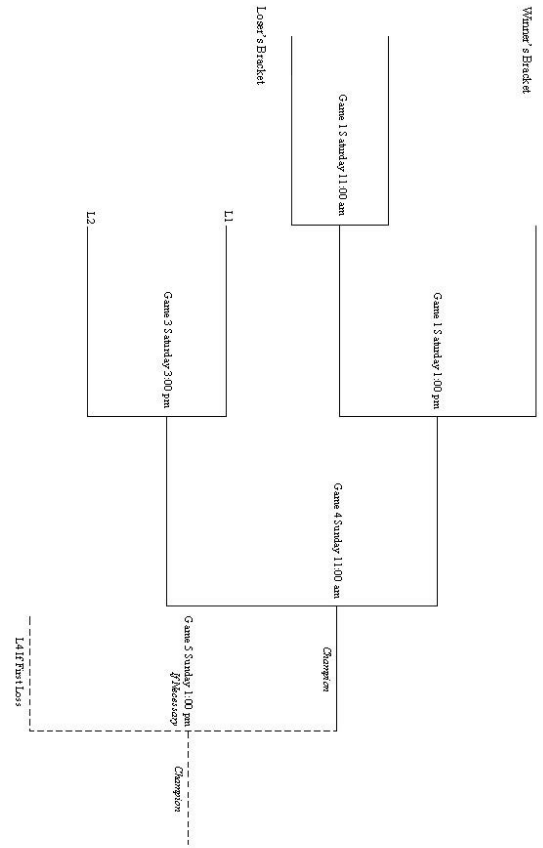
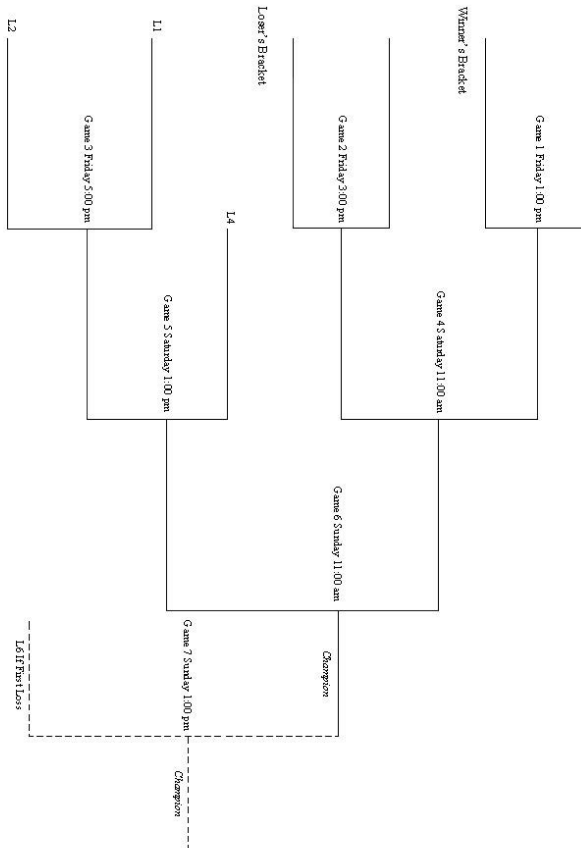


6 & 7 TEAM TOURNAMENT BRACKET



5, 4 & 3 TEAM TOURNAMENT BRACKET

Winner's Bracket



TEAM—STATE TOURNAMENT REIMBURSEMENT



WISCONSIN AMERICAN LEGION SOFTBALL STATE Tournament Expense Compensation Form

One Team Per Page. Reimbursement Deadline: September 15

Department Use Only

Check # _____
 Date: _____
 Account # _____
 Adjutant Initials: _____

Reimbursement Policy: The W.A.L.B.A shall only be financially responsible for a maximum of 18 rostered players and 2 coaches reimbursement of \$20 per person per day. Teams electing to travel only will be reimbursed \$100 per day. **NOTE: TEAMS CANNOT CLAIM BOTH LODGING AND MILEAGE.** Additional personnel traveling with the team shall be responsible for their own reservations and expenses. Participating teams that reside within 50 miles of the tournament site are not entitled to housing or mileage reimbursement. Submit to Tournament Director. **Tournament Director will submit to Department Headquarters for reimbursement.**

Recommended Hotel Accommodations
 12 Players or less and 2 coaches = 3 Double/Doubles and 2 Singles
 13 to 16 Players and 2 coaches = 4 Double/Doubles and 2 Singles
 17 to 18 Players and 2 coaches = 5 Double/Doubles and 2 Singles

Recommended Hotel Accommodations

Team Name: _____ Division: 1 2
 Tournament Location: _____ Tournament Director: _____
 Tournament Dates: _____ Hotel Name: _____

Day	Max. 20 per day Total # of Players & Coaches	Total Allowable Lodging Reimbursement	Mileage Allowance \$100 per day	Other Expenses Approved by Commissioner	Daily Total
1	x	\$20.00=			
2	x	\$20.00=			
3	x	\$20.00=			
4	x	\$20.00=			
5	x	\$20.00=			
6	x	\$20.00=			
Totals		\$	CANNOT CLAIM BOTH	\$	\$

Make Check Payable to: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Tournament Director Signature _____ Contact Number: _____

Form #BB-01.2018



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 PH (800) 237-2917
 Fax (312) 381-9077
 http://www.kandkinsurance.com

K&K INCIDENT REPORT

(PLEASE PRINT)

NATURE	<input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER: _____
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM EVENT NAME: _____ EVENT TYPE: _____ SANCTIONED BY: _____ LOCATION: _____
HAPPENED TO	NAME: _____ SSN: _____ DATE OF BIRTH: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female PHONE: () _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
FUNCTION	AS: <input type="checkbox"/> ATHLETE <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> SPECTATOR <input type="checkbox"/> BYSTANDER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER: _____
APPARENT INJURY OR DAMAGE	BODY PART: _____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ <input type="checkbox"/> ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER: _____ <input type="checkbox"/> AMBULANCE, TAKEN TO: _____ CITY: _____ <input type="checkbox"/> FATALITY
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____ _____
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED: _____ _____ _____ _____
WITNESSES (If known)	NAME: _____ NAME: _____ ADDRESS: _____ ADDRESS: _____ PHONE: () _____ PHONE: () _____
INSURED	NAME OF INSURED: _____ POLICY#: _____ CLUB NAME: _____ PHONE: () _____ CITY: _____ STATE: _____
INSURED REPRESENTATIVE	<input type="checkbox"/> COACH <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TRAINER <input type="checkbox"/> PROMOTER <input type="checkbox"/> TEAM/LEAGUE REPRESENTATIVE <input type="checkbox"/> OTHER: _____ NAME: _____ PHONE: () _____ TITLE: _____ ORGANIZATION: _____ SIGNATURE: _____ DATE: _____

COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:
K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338
 THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE
 BEFORE RETURNING OR PROCESSING MAY BE DELAYED

(PA)1029_12-16



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 (800) 237-2917 Fax (312) 381-9077
 email: KK.PAClaims@kandkinsurance.com
 http://www.kandkinsurance.com

PARTICIPANT ACCIDENT OTHER INSURANCE FORM

Insured Name: _____

Policy Number: _____

**IT IS IMPORTANT THAT ALL INFORMATION REQUESTED ON THIS CLAIM FORM BE FURNISHED.
 OMISSION OF VITAL INFORMATION WILL CAUSE DELAY IN CLAIM PROCESSING.**

TO BE COMPLETED BY INJURED PERSON OR PARENT PART II

MEDICAL BENEFITS UNDER THIS POLICY MAY PROVIDE PRIMARY, EXCESS OR A COMBINATION OF BOTH COVERAGES. UPON RECEIPT OF THIS CLAIM FORM , AN ACKNOWLEDGEMENT LETTER WILL BE SENT TO YOU ADVISING WHAT SPECIFIC BENEFITS YOU ARE ENTITLED TO.

IF THE MEDICAL BENEFIT IS EXCESS, YOUR CLAIM SHOULD BE SUBMITTED TO THE INSURANCE COMPANY PROVIDING COVERAGE TO YOU THROUGH YOUR OWN OR YOUR PARENT'S PERSONAL HEALTH PLAN, YOUR EMPLOYER OR GOVERNMENTAL HEALTH PLAN. AFTER OTHER INSURANCE BENEFITS HAVE BEEN SUBMITTED, YOU SHOULD FORWARD A COPY OF THE OTHER INSURANCE COMPANY'S EXPLANATION OF BENEFITS AND THE CORRESPONDING ITEMIZED MEDICAL STATEMENTS. IF YOUR INSURANCE COMPANY DENIES BENEFITS, SEND A COPY OF THEIR DENIAL.

WE WILL NOT PROCESS YOUR CLAIM WITHOUT EMPLOYER INFORMATION. IT IS IMPERATIVE THAT WE RECEIVE ALL DATA REQUESTED. TIMELY RECEIPT OF REQUESTED INFORMATION WILL HELP EXPEDITE PROCESSING OF YOUR CLAIM.

INJURED PERSON: _____

SPOUSE'S NAME (if applicable): _____

FATHER'S NAME (if injured is a minor) _____

MOTHER'S NAME (if injured is a minor) _____

EMPLOYER NAME: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

PHONE: (_____) _____

GROUP INSURANCE COMPANY: _____

GROUP INSURANCE COMPANY: _____

POLICY NUMBER: _____

POLICY NUMBER: _____

INSURANCE COMPANY ADDRESS: _____

INSURANCE COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SIGNATURE: _____

SIGNATURE: _____

QUESTIONS REGARDING INCOME ARE ONLY APPLICABLE IF POLICY AFFORDS WEEKLY INDEMNITY BENEFITS.

REGULAR WEEKLY INCOME: _____

INCOME LOST PER WEEK DUE TO INJURY: _____

ON WHAT DATE DID YOU, OR DO YOU EXPECT TO,
RESUME WORK? _____

ON WHAT DATE DID YOU, OR DO YOU EXPECT TO,
RESUME RACING AND/OR PARTICIPATE IN A RACING EVENT? _____

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

SIGNED: _____ DATE: _____

Please Note: If injured person is a minor, signature must be of parent or legal guardian.

(PA)1029_12-16

AMERICAN LEGION SOFTBALL



Player Transfer Form #76

Please PRINT or TYPE

This form is to be used by players who have been cut and released by an American Legion team. Released players may be eligible to transfer under rules 3.B.1 or 4.D to the next closest team.

1. American Legion Baseball senior players are required to play for the closest team unless released, in which case the player shall need to determine the next closest team using MapQuest (www.mapquest.com).
2. If the player is unable to earn a spot on the roster of the second team, that player shall be allowed to play for the third closest team, etc.
3. All parties involved understand that this transfer is valid from January 1 to December 31 of the current season only.
4. All parties understand that the department baseball chairman must approve this transfer prior to placing player on roster.

Permission is hereby requested for		<input type="text"/>	<input type="text"/>
		Player's full name	Player's date of birth
<input type="text"/>		<input type="text"/>	
Parent's address, city, state, ZIP		Parent's phone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Player's high school	High school enrollment	Team's total enrollment	

Player is hereby released from the following team:	<input type="text"/>
	Name of former team (print or type)

<input type="text"/>
Player's signature (print and sign)

<input type="text"/>
Parent's signature (print and sign)

<input type="text"/>			
	Name of new team (print or type)		
<input type="text"/>			
Team manager's signature and printed name (former team)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager's signature – Team 1 (print and sign)	Manager's signature – Team 2 (print and sign)	Manager's signature – Team 3 (print and sign)	

<input type="text"/>
Department Softball Chairman signature and date

This form shall be filed with department headquarters. The team manager shall retain a copy for team files.

If transfer crosses a state border, both department chairmen must approve prior to placing player on roster.
<input type="text"/>
Concurring Department Softball Chairman

This form is available online at wilegion.org/legion-softball

AMERICAN LEGION SOFTBALL



Team Declaration Form #77

Please PRINT or TYPE

This form is to be used by players who may have an option to:

1. Play for the American Legion Softball team nearest parent's or court-ordered guardian's legal domicile OR
2. Play for the team nearest the school the player attends.

Authorization for this choice is outlined in the Wisconsin American Legion Handbook. See handbook for further clarification.

Player's name (print or type)

Parent's address (print or type)

Phone number

I declare I am eligible under the Wisconsin American Legion rules to play for:

Name of American Legion team and sponsoring American Legion post number

Team's base school and enrollment

Player's high school and enrollment

My parents and I understand that this declaration shall be valid from January 1 to December 31 of the current season only.

Player's signature (print and sign)

Parent's signature (print and sign)

Team manager's signature and printed name (print and sign)

- The department chairman must approve this form prior to online registration placing the player on the national form.
- To determine the next team, The American Legion shall use MapQuest (www.mapquest.com). The shortest driving distance between the parent's domicile and/or the player's base school(s) shall determine the closest team.

Signature of Department Softball Chairman

Team manager shall retain a copy for his files, a second copy shall be filed with the department office.

This form is available at wilegion.org/legion-softball



Wisconsin American Legion Softball Scholarship

Nomination Form

**PHOTOGRAPH
REQUIRED**

Nomination Instructions

Any team manager or head coach of an American Legion (post-affiliated) team may nominate a player for consideration of this award. The scholarship application, letters of recommendation and certification form must be completed, postmarked and mailed to the department headquarters no later than **July 15**. Three letters of testimony must be attached to the nomination form.

Attach a one-page letter of recommendation from your:

- (1) Legion coach or team manager
- (2) American Legion post commander or adjutant
- (3) Community leader, (i.e. teacher, minister, Scout leader, church leader, principal)

The Wisconsin American Legion Softball Committee will select an American Legion player who best meets the qualifications as the American Legion Softball Scholarship winner. Each department winner will receive a scholarship from The American Legion, Department of Wisconsin of \$1,000.

Name: _____

Address: _____
Street

City State ZIP

Age: ____ Date of birth: _____
Day/Month/Year

Email address: _____

Phone # () _____

Eligibility Requirements

The player must:

- Attach a copy of her official high school transcript.
- Have graduated from high school.
- Be on a current roster (American Legion National Softball Electronic Registration Form) filed with National Headquarters.
- Be part of a team affiliated with an American Legion post.
- Have three letters of testimony attached to application.

Scholarship recipients will be eligible to receive their scholarships immediately upon graduation from an accredited high school. Scholarship winners must utilize the total award within eight (8) years of their graduation date, excluding active military duty.

The scholarship may be used to attend a school selected by the student, provided it is state accredited and above the high school level.

The American Legion, Department of Wisconsin will make disbursement from the scholarship fund jointly to the student and the school at the beginning of each semester.

Applicants should type or print all information.

**Application and testimonial letters must be postmarked Wisconsin American Legion no later than July 15.
PO Box 388, Portage, WI 53901**

Find the full scholarship application at wilegion.org/scholarships

**August 2-4
2024**

DIVISION 1 & 2 LEGION SOFTBALL STATE TOURNAMENTS

New in 2020, the DeForest Athletic Complex is a state-of-the-art facility located on 25 acres with excellent access to I39/90/94. The complex is comprised of four diamonds (two skinned/two synthetic infields), two long grass fields and a full concession stand with open-air shelter.

DeForest Athletic Complex

**6750 River Road
DeForest, WI 53532**



DIVISION 1 & 2 LEGION SOFTBALL REGIONAL TOURNAMENTS

July 22-28, 2024 Locations TBD

Watch your email and the website for details!

wilegion.org/legion-softball