

APPENDIX A

GENDER IDENTITY DECLARATION FORM

TRANSGENDER FEMALE OR NON-BINARY ATHLETE (SEX ASSIGNED MALE AT BIRTH)

Name: _____
Member Number: _____
Sex Assigned at Birth: _____
Gender Identity and/or Gender Expression: _____

By submitting this form, I am declaring that I intend to compete in the female category.

MEDICAL ELIGIBILITY CONDITIONS CHECKLIST- Please attach the applicable information:

1. Demonstrate that the concentration of testosterone in your serum has been less than 2.5 nmol/L continuously for a period of at least 24 months by providing a minimum of ten (10) tests at minimum six (6) weeks apart within a 24-month timeframe.
2. Provide a written and signed declaration that you have not competed within the last four (4) years in the male category in archery or other sport at an international level.
3. Provide up to date contact information for the physician(s) listed in your information.
4. Please list the event name and date for the first USA Archery sanctioned event in which you will participate.

Event Name:

Event Date:

- a. Please note your medical eligibility checklist and supporting materials must be received by USA Archery at least six (6) weeks in advance of the first event in which you wish to participate in the female category.

ADDITIONAL REQUIREMENTS:

1. You must keep your serum testosterone concentration below 2.5 nmol/L for so long as you continue to compete in the female category of competition.
2. Your compliance with these conditions will be monitored by additional testosterone concentration testing at your expense bi-annually.
3. In the event of non-compliance, your eligibility for female competition will be suspended until such time as you demonstrate that you have maintained your serum testosterone concentration below 2.5 nmol/L for a new continuous period of at least 24 months by providing test results every twelve (12) weeks within a 24 month timeframe.

AGREEMENT:

I agree to:

1. Abide by and adhere to the USAA Transgender and Non-Binary Athlete Inclusion Policy and the requirements in this form;
2. Cooperate promptly and in good faith with USAA as set forth under this policy, to include providing USAA with all the information and evidence USAA requests to assess my compliance and/or monitor my continuing compliance with the eligibility conditions referred to in this policy;
3. To the fullest extent permitted and required under applicable data protection laws to allow USAA to collect, process, disclose, and use my personal information (including your sensitive personal information and medical records and results) as required to implement and apply this policy effectively and efficiently; and
4. To follow the procedures set out in the USAA Transgender and Non-Binary Athlete Inclusion Policy, Section 11, to challenge USAA as it relates to this form or its policy and/or to appeal decisions made under this policy.

CONSENT:

I understand that I may revoke the consent granted in accordance with this form at any time for any reason. In such an event, I understand that I will be deemed to have withdrawn my desire to compete as a female. I agree that the information provided is true, accurate information, and am not providing any information in bad faith or for any improper purpose.

Athlete Printed Name: _____

Athlete Signature: _____

Date: _____

Printed Name of Parent or Legal Guardian (For Minor Athletes Under Age 18): _____

Parent or Guardian Signature: _____

Please submit this signed USAA Gender Identity Declaration Form to highperformance@usarchery.org.

Please note that this form **must be received** at least six (6) weeks in advance of the first event in which you wish to participate.

GENDER IDENTITY DECLARATION FORM

TRANSGENDER MALE OR NON-BINARY ATHLETE (SEX ASSIGNED FEMALE AT BIRTH)

Name: _____

Member Number: _____

Sex Assigned at Birth: _____

Gender Identity and/or Gender Expression: _____

By submitting this form, I am declaring that I intend to compete in the following male category.

MEDICAL ELIGIBILITY CONDITIONS CHECKLIST- Please attach the applicable information:

Athletes are eligible to compete in the male category without restriction (although athletes subject to doping control must still comply with applicable antidoping rules, including any requirement to obtain a Therapeutic Use Exemption (TUE) for the use of a substance on the WADA Prohibited List, such as testosterone (WADA TUE Physician Guidelines for Transgender Athletes).

1. Are you currently taking Testosterone? Yes No
If yes, provide a USADA and/or WADA approved TUE.

2. Provide up to date contact information for the physician(s) listed in your information.

3. Please list the event name and date for the first USA Archery sanctioned event in which you will participate.

Event Name:

Event Date:

- a. Please note your medical eligibility checklist and supporting materials must be received by USA Archery at least six (6) weeks in advance of the first event in which you wish to participate in the male category.

AGREEMENT

I agree to:

1. Abide by and adhere to the USAA Transgender and Non-Binary Athlete Inclusion Policy and the requirements in this form;
2. Cooperate promptly and in good faith with USAA as set forth under this policy, to include providing USAA with all the information and evidence USAA requests to assess my compliance and/or monitor my continuing compliance with the eligibility conditions referred to in this policy;
3. To the fullest extent permitted and required under applicable data protection laws to allow USAA to collect, process, disclose, and use my personal information (including your

sensitive personal information and medical records and results) as required to implement and apply this policy effectively and efficiently; and

4. To follow the procedures set out in the USAA Transgender and Non-Binary Athlete Inclusion Policy, Section 11, to challenge USAA as it relates to this form or its policy and/or to appeal decisions made under this policy.

CONSENT:

I understand that I may revoke the consent granted in accordance with this form at any time for any reason. In such an event, I understand that I will be deemed to have withdrawn my desire to compete as a male. I agree that the information provided is true, accurate information, and am not providing any information in bad faith or for any improper purpose.

Printed Athlete Name: _____

Athlete Signature: _____

Date: _____

Printed Name of Parent or Legal Guardian (For Minor Athletes Under Age 18): _____

Parent or Guardian Signature: _____

Please submit this signed USAA Gender Identity Declaration Form to highperformance@usarchery.org.

Please note that this form **must be received** at least six (6) weeks in advance of the first event in which you wish to participate.