



GEORGIA STATE GOLF ASSOCIATION

## **Gender Policy for GSGA Competitions**

### **I. Purpose**

In order to assure fair competition for all entrants in Georgia State Golf Association (“GSGA”) events, the GSGA has adopted a gender policy for GSGA competitions. The GSGA has adopted as its gender policy the policy as presently developed and utilized by the United States Golf Association. Therefore, the GSGA has adopted the following procedures by which a transgendered player may seek to participate in GSGA competitions. This gender policy is subject to the GSGA’s review and modification from time to time in light of any scientific, medical or legal developments.

### **II. Proof of Gender**

In any GSGA competition in which it is required that a player is a specific gender (male or female), the player must identify himself or herself during the entry application process as a person of that particular gender. Failure to provide proof of gender when gender has been reassigned, and to comply with the process and procedures set forth in this policy, may result in non-acceptance of entry and/or disqualification from the championship competition or event. In the event that a player has had gender reassignment surgery at any point after puberty, that player must provide certain essential documentation to the GSGA in accordance with the procedures set forth below. Gender reassignment prior to puberty is not subject to these requirements.

### **III. Prerequisite for Eligibility**

The following requirements set forth the eligibility for participation of all transgender players in GSGA competitions:

Those who have transitioned from male to female will be eligible to compete in GSGA female competitions under the following conditions:

- i. The player has declared that her gender identity is female. Such declaration cannot be changed for sporting purposes for a minimal of four (4) years;
- ii. The player must have undergone gender reassignment surgery (i.e., a gonadectomy) prior to the entry deadline for that specific GSGA competition; and,
- iii. The player must have undergone medically recognized hormonal therapy and maintained testosterone levels appropriate for the assigned sex in a verifiable manner and for a sufficient period of time to minimize gender related advantages in sport competitions, as determined in good faith by the GSGA in consultation medical consultant(s)

#### **IV. Procedures and Documentation for Submitting Proof of Gender (First-time Applicants)**

As set forth in the GSGA competition entry application, each applicant must comply with this policy and these procedures. Eligibility to play in a GSGA competition will be evaluated only in connection with a player who has submitted an entry application to play in that GSGA competition. The specific GSGA competition must be identified in writing with the accompanying documentation specified below.

Gender reassignment documentation must be submitted via overnight or first-class mail in an envelope marked "Confidential" and addressed to Chief Executive Officer, Georgia State Golf Association, 2205 Northside Dr. NW, Suite 200, Atlanta, GA 30305 and received at the GSGA no later than five (5) days after the date for close of entries for the specific competition. The documentation, which will be reviewed by the GSGA, must include the following:

- Identification of treating physician who conducted pre-operative psychiatric evaluation, including name, address and phone number;
- Hospital records confirming completed surgical gonadectomy;
- All office records documenting related follow-up treatment;
- Laboratory results reflecting acceptable testosterone levels for a minimum of one (1) year prior to the competition and any other medical records requested regarding applicable hormonal therapy requirements; and,
- Executed waiver allowing members of GSGA medical panel to contact all treating physicians if deemed necessary (see below for medical release forms to be completed).

In the event that hospital records have been purged or lost, or are otherwise unobtainable, a current physical examination performed by a physician experienced in this type of surgery, a report from that physician, and the documentation referenced in (i) and (iii) above, will be considered and reviewed.

#### **V. Procedure for Applicants who have been Previously Approved Under this Policy**

If eligibility for entry in a GSGA competition has been previously approved under this policy, subsequent GSGA competition entry applications, whether in the initial or subsequent years, will be accepted without the documentation required in Section IV, paragraph B.

#### **VI. Additional Considerations**

If questions relating to a player's compliance with this policy arise, either prior to or after commencement of a competition, or after a competition has been completed, the GSGA may contact the player for verification, and request that the player provide appropriate documentation in accordance with this policy. A player has seven (7) days after receipt of such a request within which to provide the required documentation to the GSGA at the above referenced address. If the competition has commenced, a player may be permitted to continue in the competition until a determination has been made on the player's eligibility in accordance with this policy. If it is determined that the player should be disqualified, any award, prize and/or ranking arising from participation in the competition shall be forfeited. The player shall not be banned from future competitions so long as the player satisfies the requirements of this policy in connection with future competitions.

Questions regarding the process and procedures can be addressed to the GSGA's Chief Executive Officer at 770-955-4272.

## **VII. Privacy**

The GSGA will maintain such information and documentation in strictest confidence, with only its General Counsel, Senior Director of Rules and Competitions and Chief Executive Officer having access to such information and documentation.

The GSGA expressly disclaims any ability to limit or prevent third party inquiries made directly to the player or to others. In the event that a third party, (other than one specified by the player in accordance with the provisions noted above) including media representatives, makes an inquiry with respect to a particular player's eligibility to play in a particular competition, the GSGA will respond simply that the player was deemed eligible to compete in the competition.



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the GSGA to communicate with \_\_\_\_\_ to confirm that I have followed the procedures for entry into a GSGA competition and that I am qualified to play in GSGA competitions.

I understand that this waiver and consent authorizing the GSGA to communicate such information to \_\_\_\_\_ is not a waiver or consent to share the underlying documentation that I submitted in support of my entry application, and that the GSGA will continue to keep such documentation confidential in accordance with the provisions of its Gender Policy.

I understand that this waiver and consent authorizing the GSGA to communicate such information to \_\_\_\_\_ may result in the underlying facts of my eligibility becoming public knowledge, and that the GSGA has no control over possible subsequent dissemination of information that it communicates to \_\_\_\_\_. Accordingly, I hereby waive any right that I might have against the GSGA arising or resulting from the GSGA's communication of such information to \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize the Georgia State Golf Association (“GSGA”) and its designated agents participating in the decision to determine my eligibility to play in GSGA competitions to contact my health care provider(s) regarding my gender reassignment.

I authorize my health care provider(s) to communicate with the GSGA and its designated agents participating in the decision to determine my eligibility to participate in GSGA competitions to provide such clarification and/or provide further information as may be necessary for the GSGA to make a determination regarding my eligibility to play in said competition. I authorize the release of any documentation, medical records, or other information relating to my gender reassignment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date