

Eligibility Guidelines for Competitors in GSGA Competitions

The following guidelines pertain to all competitors entered in GSGA competitions:

Entries should be submitted early to allow for ample time for delay or error in transmission. The risk of delay or error in transmission lies solely with the entrant and the GSGA will have no liability with respect to any such delay or error and the consequences, including rejection of the entry.

Residency

Entrants in all GSGA competitions and Member Play Days must have an active USGA Handicap Index issued by a GSGA member club. In addition, entrants in the Amateur Championship, Mid-Amateur Championship, Junior Championship and Girls' Championship must also be residents of the State of Georgia. The general rule is that the handicap index revision that is in effect when entries close is used in determining eligibility. Players selected to represent the GSGA in state team competitions must be residents of the State of Georgia.

Age

Entrants in all GSGA Competitions must meet the minimum or maximum age requirements when applicable. Minimum age requirements must be met as of the first day of the competition. Maximum age requirements must not have been exceeded as of the last day of the competition. The specific age requirements are listed in the player information section for each individual competition on the GSGA Calendar of Events. GSGA competitions where age requirements are in effect include the following:

- Junior Championship
- Girls' Championship
- Mid-Amateur Championship
- Senior Championship
- Super Senior Championship
- Senior Match Play Championship/Super Senior Match Play Championship
- Senior Four-Ball Championship/Super Senior Four-Ball Championship
- Senior Women's Championship
- Senior Women's Match Play Championship/Super Senior Women's Match Play Championship
- Women's Team Championship

Gender

I. Purpose

In order to assure fair competition for all entrants in GSGA events, the GSGA has adopted a gender policy for GSGA competitions. The GSGA has adopted the policy as prescribed by the United States Golf Association. Therefore, the GSGA has adopted the following procedures by which a transgendered player may participate in GSGA competitions. The policy seeks to assure fair competition for all entrants in GSGA events.

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. In the event that a player has had gender reassignment surgery at any point after puberty, that player must provide certain 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

A player who has had gender reassignment must have had a gonadectomy no less than two years prior to the entry deadline for that specific competition.

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

As set forth in the championship entry application, each applicant must comply with this policy and these procedures. Eligibility to play in a GSGA competition will only be evaluated 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 Executive Director, Georgia State Golf Association 121 Village Parkway Building 3, Marietta GA 30067 and received at the GSGA no later than five (5) days after the close of entries for the specific competition. The documentation, which will be reviewed by the GSGA must include the following:

- Identification of 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;
- 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 championship has been previously approved under this policy, subsequent GSGA championship 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 championship 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 championship shall be forfeited. The player shall not be banned from future championships so long as the player satisfies the requirements of this policy in connection with future championships.

Questions regarding the process and procedures can be addressed to the GSGA Executive Director at 770-955-4272.

VII. Privacy

The GSGA will maintain such information and documentation in confidence, with only general counsel, Senior Director of Rules and Competitions and GSGA Executive Director 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 championship, the GSGA will respond simply that the player was deemed eligible to compete in the championship.

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

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the 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