



Transgender Student Athlete Participation Request Form

STUDENT ATHLETE INFORMATION

Legal Name (First, MI, Last):		
Preferred Name (First, MI, Last):		
Date of Birth:	Student ID #:	
E-mail:	Phone #:	
Biological Sex at Birth: _____ Male _____ Female	I identify my gender as:	My preferred gender pronouns are:
Please list the team(s) and gender of the team(s) you wish to join (e.g. Women's Swimming, Men's Basketball):		

HORMONE THERAPY

These questions are intended to help the Athletic Department determine what teams you are eligible to participate on under the National Collegiate Athletic Association's bylaws and if Carthage needs to help you request a waiver under the NCAA's banned substance policies.

Are you currently receiving hormone treatment? _____ Yes or _____ No
If yes, how long have you been receiving hormone treatment? _____ Year(s) _____ Month(s)
If yes, please describe the hormone treatment are you receiving:
If yes, please provide the contact information (name, address, and phone number) for the physician overseeing your hormone treatment:

If you are **not** currently receiving hormone treatment, you will need to complete and have signed a new copy of this form prior to the first day of beginning hormone treatment.

ATHLETIC DEPARTMENT REVIEW

Team and Gender of Team:	
<i>Decision</i>	<i>Notes</i>
<input type="checkbox"/> Eligible	
<input type="checkbox"/> Eligible with Waiver	
<input type="checkbox"/> Ineligible	

Team and Gender of Team:	
<i>Decision</i>	<i>Notes</i>
<input type="checkbox"/> Eligible	
<input type="checkbox"/> Eligible with Waiver	
<input type="checkbox"/> Ineligible	

Team and Gender of Team:	
<i>Decision</i>	<i>Notes</i>
<input type="checkbox"/> Eligible	
<input type="checkbox"/> Eligible with Waiver	
<input type="checkbox"/> Ineligible	

Additional Comments:

Athletic Director _____

Date _____

Title IX Coordinator _____

Date _____

STUDENT ATHLETE REVIEW

I understand that unless I specifically request otherwise, Carthage will keep all information, discussions, and supporting documentation related to my participation request confidential and limit access to the Director of Athletics, the Title IX Coordinator, and necessary members of the Athletics Department's staff. Additionally, Carthage will confidentially maintain all information about my identity and medical records, including physician's information provided under this policy.

I verify that the above information is true and correct to the best of my knowledge. I understand that failing to provide accurate or complete information may result in an ineligibility to play on my desired gendered team.

Student Name _____

Date _____