

Gender Policy Iowa Golf Association (IGA)



I. PURPOSE

The policy sets forth the procedures by which a transgendered player may participate in an Iowa Golf Association (IGA) sanctioned golf event. The policy seeks to assure fair competition for all entrants in an IGA sponsored golf event.

II. PROOF OF GENDER

For IGA sponsored golf tournament event played in accordance with The Rules of Golf 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 disqualification. In the event that a player has had gender reassignment surgery at any point after puberty, that player must provide certain documentation to the IGA 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 the specific golf event.

IV. PROCEDURES & DOCUMENTATION FOR SUBMITTING PROOF OF GENDER-FIRST TIME APPLICANTS

- A. As set forth in an entry application, each applicant must comply with this policy and these procedures. Eligibility to play will only be evaluated in connection with a player who has submitted an entry application to play in that particular event. The specific event must be identified in writing with the accompanying documentation specified below.
- B. Gender reassignment documentation must be submitted in triplicate via overnight or first class mail in an envelope marked "Confidential" and addressed to IGA Executive Director and received by the Executive Director no later than five (5) days after the close of entries for the specific golf tournament event. The documentation must include the following:
 1. Identification of physician who conducted pre-operative psychiatric evaluation, including name, address and phone number;
 2. Hospital records confirming completed surgical gonadectomy;
 3. All office records documenting related follow-up treatment;
 4. Executed release allowing the IGA to contact all treating physicians if deemed necessary and obtain information including medical records (attached is the Release form). In the event that hospital records have been purged or lost, or are otherwise unobtainable, a current (within the last six (6) months) physical examination performed by a physician experienced in this type of surgery, a report from that physician, and the documentation referenced in lines 1 and 3 above, will be considered and reviewed.

Any costs and expenses that may be incurred by IGA in obtaining information must be paid by the applying player.

V. PROCEDURE FOR APPLICANTS WHO HAVE BEEN PREVIOUSLY APPROVED UNDER THIS POLICY

If eligibility for entry in an IGA golf tournament event has been previously approved under this policy, subsequent entry applications, whether in the initial or subsequent years, will be accepted without the documentation required in the above Section IV, Paragraph B.

VI. ADDITIONAL CONSIDERATIONS

If questions relating to a player's compliance with this policy arise or affirmation relating to the player's gender, either prior to or after commencement of a competition, or after a competition has been completed, the IGA may contact the player for verification, and request that the player provide appropriate documentation in accordance with this policy. A player has ten (10) days after receipt of

such a request within which to provide the required documentation to the IGA at the above referenced address. If the competition has commenced, a player may be permitted to continue in the tournament 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 golf event shall be forfeited. The player shall not be banned from future golf tournaments so long as the player satisfies the requirements of this policy.

VII. **PRIVACY**

The IGA will maintain the information and documents provided by a player in confidence, with its counsel, any appropriate medical personnel it deems appropriate, and limited IGA staff members having access to such information and documentation.

If the player requests the IGA to release to a golf association or other similar entity any information confirming that the player has followed the procedures of this policy and was deemed eligible to play in a particular golf event, the player must 1) present an authorization for release of information duly signed, dated and notarized, and 2) forward the executed authorization for release of information to the IGA Executive Director, together with a check for Twenty- Five (\$25.00) Dollars for costs such as copying and postage.

The IGA 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 golf event, the IGA will respond simply that the player was deemed eligible or ineligible to compete in a specific IGA sponsored golf event.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize the IGA, and its designated agents in confirming my eligibility to play in the IGA golf tournament identified below, to contact my health care provider(s) regarding my gender reassignment.

I authorize my health care provider(s) to communicate with the IGA, its designated agents participating in the decision to determine my eligibility to participate in the below identified golf tournament to provide such clarification or other information as may be necessary for the IGA to make a determination regarding my eligibility to play. I authorize the release of any documentation, including medical records, or other information relating to my gender reassignment.

Signature

Print Name

Date

Name of IGA Tournament