



## Appendix A: Request for Athletics Participation

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Gender Identity (Check all that apply):

Transgender Woman     Transgender Man     Non-binary     Intersex

Gender Non-Conforming     Other: \_\_\_\_\_

I wish to participate in the following sport per my identified gender:

- |  |  |
|--|--|
| <input type="checkbox"/> Men's Baseball      | <input type="checkbox"/> Women's Field Hockey  |
| <input type="checkbox"/> Men's Basketball    | <input type="checkbox"/> Women's Basketball    |
| <input type="checkbox"/> Men's Cross-country | <input type="checkbox"/> Women's Cross-country |
| <input type="checkbox"/> Men's Golf          | <input type="checkbox"/> Women's Golf          |
| <input type="checkbox"/> Men's Lacrosse      | <input type="checkbox"/> Women's Lacrosse      |
| <input type="checkbox"/> Men's Soccer        | <input type="checkbox"/> Women's Soccer        |
| <input type="checkbox"/> Men's Track & Field | <input type="checkbox"/> Women's Track & Field |
| <input type="checkbox"/> Men's Tennis        | <input type="checkbox"/> Women's Tennis        |
|  | <input type="checkbox"/> Women's Volleyball    |

Athlete signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Submitted to: \_\_\_\_\_ Date received: \_\_\_\_\_

### **OFFICE ONLY**

Approved                       Denied

Require More Information: \_\_\_\_\_

**Notes:**