

## Nebraska School Activities Association Transgender Student - Participation Application Form

**Application Process:**

- Step 1: Complete Parts I, II, III, and IV of this Application.
- Step 2: Provide copies of supporting documentation required by NSAA policy.
- Step 3: Separate Medical Release signed by Student and Parent(s) or Legal Guardian(s) (Appendix No. 1).
- Step 4: Signatures in Part I and Part III on this Application by Student, and the Student's Parent(s) or Legal Guardian; and in in Part I and Part IV by the Representative of the NSAA Member School.

**PART I—Application and NSAA Member School and Student Information:**

This Participation Application (Application) is hereby submitted by \_\_\_\_\_ (insert name of NSAA Member School) on behalf of \_\_\_\_\_ (insert name of Student) (Student). The \_\_\_\_\_ (insert name of NSAA Member School) (Member School) has determined that the Student meets the activity eligibility standards for participation established by the NSAA, and the requirements of participation established by the member school; and, hereby states the Member School's approval of the participation of the Student in extra-curricular activities of the gender with which the Student identifies if found eligible by the NSAA. On the basis of the foregoing determination and approval, the Member School makes this Application requesting that the NSAA – Gender Identity Eligibility Committee consider whether the Student is eligible to participate in the NSAA activities of the gender with which the student identifies, and hereby submits this Application and the information set forth herein and attached hereto in support of this Application on behalf of the Student.

<b>Member School:</b>	<b>Address:</b>	<b>City:</b>
<b>Member School Representative:</b>	<b>Telephone Number:</b> • <b>Office:</b> • <b>Cell:</b>	<b>E-Mail Address:</b>
<b>Student's Name:</b>	<b>DOB:</b>	<b>Grade Level:</b>
<b>Birth Certificate Gender:</b> • <input type="checkbox"/> Female • <input type="checkbox"/> Male	<b>Gender with Which Student Identifies:</b> • <input type="checkbox"/> Female • <input type="checkbox"/> Male	<b>Medical Treatment/Therapy:</b> • <input type="checkbox"/> <b>Hormone Treatment</b> Date Treatment Initiated: _____, 20__. • <input type="checkbox"/> <b>Testosterone Suppressant</b> Date Treatment Initiated: _____, 20__. • <input type="checkbox"/> <b>Puberty Suppressant</b> Date Treatment Initiated: _____, 20__. • <input type="checkbox"/> <b>Reassignment Surgery</b> Date of Surgery: _____, 20__. • <input type="checkbox"/> <b>None</b>
<b>Student's Parent/Guardian(s) Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>

*\*If parents are divorced, only the custodial parent's address and contact information is required.*

**Submitted the day and year set forth below:**

<b>Student's Name (please print):</b> _____	
<b>Student's Signature:</b> _____	<b>Date:</b> _____, 201__
<b>Parent/Guardian's Name (please print):</b>	

_____	
Parent/Guardian's Signature*: _____	Date: _____, 201__
Parent/Guardian's Name (please print): _____	
Parent/Guardian's Signature*: _____	Date: _____, 201__
NSAA Member School and Representative Name (please print): <ul style="list-style-type: none"> <li>• School: _____</li> <li>• Representative: _____</li> </ul>	
Member School Representative's Signature: _____	Date: _____, 201__

*\*If parents are divorced, only the custodial parent's signature is required.*

**PART II–Documentary Information:** The Application must be accompanied by the following documentary information. [Check the box next to each item to confirm the inclusion of the required information with this Application; if a box is not checked provide an explanation for the exclusion of such documentation in the "Explanation" section below.]

- [ ] Copy of the Student's birth certificate.
- [ ] Student's current school registration information.
- [ ] Copy of written notice to the NSAA Member School from student and parent indicating that the student is a transgender individual, having a consistent gender identity different than the sex on the student's birth certificate, and list the NSAA activities in which the student would like to participate.
- [ ] Copy of member school's written determination that the Student meets the activity eligibility standards for participation established by the NSAA and a statement that the Student meets the requirements of participation established by the member school.
- [ ] A written statement from the student and parent(s)/guardian(s) affirming the consistent gender identity and expression to which the student self-relates;
- [ ] Documentation from individuals such as, but not limited to, parents, friends and/or teachers, affirming the actions, attitudes, dress and manner and demonstrate the student's consistent gender identification and expression;
- [ ] Written verification from an appropriate health-care professional (physician, psychologist) of the student's consistent gender identification and expression;
- [ ] [For a transgender female (or Male-to-Female) (MTF)] Medical documentation of hormonal therapy (including testosterone suppression treatments, puberty suppression treatments, and the like), sexual re-assignment surgery, physiological testing, counseling, and other medical or psychological interventions on behalf of the student.
- [ ] Any other relevant documentation or information provided by the member school or the student or the student's parents or guardians.

Explanation for Omitted Documents: \_\_\_\_\_.

**Part III – Education, Personal and Medical Information Release to Gender Identity Eligibility Committee:**

*Authorization for Disclosure and Release of  
Educational, Personal and Health Information - HIPAA and FERPA Release*

**1. Authorization:** The undersigned Student and the Student’s parent/guardian(s) hereby authorize \_\_\_\_\_ [insert name of NSAA Member School] and \_\_\_\_\_ [insert physician name and office] to disclose and release the individually identifiable educational, personal and health information as described below of the Student identified in the Application to the Nebraska School Activities Association (NSAA) - Gender Identity Eligibility Committee (Committee), and authorize the Committee and agents of the Committee to receive and review educational, personal and medical information regarding the Student for the limited purposes of considering this Application for Participation.

**2. HIPAA and FERPA Release:** The undersigned Student and the Student’s parent/guardian(s) hereby expressly consent to and waive all rights under Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA), and any other applicable federal or state statute or regulation with regard to the limited authorization of release of the following described educational, personal and health information, subject to the Confidentiality provisions set forth in this Application:

- A. Student’s current school registration information.
- B. The written statement from the student and parent(s)/guardian(s) affirming the consistent gender identity and expression to which the student self-relates;
- C. Any documentation from individuals such as, but not limited to, parents, friends and/or teachers, affirming the actions, attitudes, dress and manner and demonstrate the student’s consistent gender identification and expression;
- D. Any written verification from an appropriate health-care professional (physician, psychologist) of the student’s consistent gender identification and expression;
- E. Medical documentation of hormonal therapy, sexual re-assignment surgery, physiological testing, counseling, and other medical or psychological interventions on behalf of the student.
- F. Any other relevant documentation or information provided by the member school or the student or the student’s parents or guardians.

**3. Expiration and Revocation of Authorization and Release:** The Authorization and Release shall expire once the purpose of review of this Application by the Committee as described in the NSAA – Gender Participation Policy is completed. The undersigned Student and the Student’s parent/guardian(s) may revoke this Authorization at any time by notifying the NSAA in writing by sending a letter to Nebraska School Activities Association, 500 Charleston Street, Suite No. 1, Lincoln, NE 68508, provided that such revocation not affect or prejudice any actions that the NSAA or the Committee took before actual written receipt of any such revocation.

**4. Non-Disclosure and Confidentiality:** The Committee shall not disclose the content of the educational, personal or medical information provided pursuant to this Application, and the contents thereof or the record of the Committee’s decision regarding this Application shall not be opened, made public, or otherwise distributed or made available, except if the need to do so arises in the future related to this Application as a result of litigation, or other administrative proceeding or process determined to require the production of the same. The educational, personal or medical information provided pursuant to this Application are to be placed in a sealed envelope, and shall be retained by the NSAA in a secure location, provided that all such documents may be destroyed five (5) years following the date of the decision of the Committee with regard to the Application.

**5. Binding Affect:** The above statements are binding and controlling on the Student and the Student’s parent/guardian(s), the NSAA member school, the NSAA and the Committee.

<b>Student’s Name (please print):</b> _____	
<b>Student’s Signature:</b> _____	<b>Date:</b> _____, 201__
<b>Parent/Guardian’s Name (please print):</b>	

_____	
<b>Parent/Guardian's Signature*:</b> _____	<b>Date:</b> _____, 201__
<b>Parent/Guardian's Name (please print):</b> _____	
<b>Parent/Guardian's Signature:</b> _____	<b>Date:</b> _____, 201__

*\*If parents are divorced, only the custodial parent's signature is required.*

**Part IV: Acceptance of Terms and Conditions of AUTHORIZATION FOR DISCLOSURE AND RELEASE OF HEALTH INFORMATION - HIPAA and FERPA Release:** The undersigned NSAA Member School and the NSAA hereby accepts the terms of the above stated AUTHORIZATION FOR DISCLOSURE AND RELEASE OF HEALTH INFORMATION - HIPAA and FERPA Release.

<b>NSAA Member School and Representative Name (please print):</b> <ul style="list-style-type: none"> <li>• School: _____</li> <li>• Representative: _____</li> </ul>	
<b>Member School Representative's Signature:</b> _____	<b>Date:</b> _____, 201__

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(FOR NSAA'S USE)

**Acknowledgement of Receipt and Agreement to the Terms and Conditions of Authorization for Disclosure and Release of Health Information - HIPPA and FERPA Release:** The NSAA on behalf itself and the Gender Identity Eligibility Committee hereby acknowledges receipt of the forgoing Application and agrees to the terms of the above stated AUTHORIZATION FOR DISCLOSURE AND RELEASE OF HEALTH INFORMATION - HIPPA and FERPA Release.

<b>NSAA Representative's Name (please print):</b> _____	
<b>NSAA Representative's Signature:</b> _____	<b>Date:</b> _____, 201__