Application for Gender Reclassification

The applicant will fill in the pertinent sections of this form and submit the form and any supporting documentation to Medical@PDGA.com. The application and documentation will be reviewed by a licensed medical professional. As required, the application (redacted to remove personally identifiable information) will be reviewed by the PDGA Medical Committee. If there are any questions, the PDGA Medical Committee representative will contact the applicant using the information provided below. The PDGA Medical Committee representative will provide a recommendation to the PDGA Membership Manager concerning the application, and the PDGA Membership Manager will report the decision to the applicant and make any required changes to the PDGA database. All personal information communicated in this regard is covered through the PDGA Privacy Policy.

Current name in PDGA database

PDGA Number

Contact information (email and/or phone #)

Date of Application

Requested PDGA Gender Classification* □ Change from Female to Male – Complete Section 1  
□ Change from Male to Female – Complete Section 2A or 2B

*Note that classifications are for the purpose of division eligibility only

Section 1 (Female to Male)

□ Attach a photocopy of national identification (e.g. passport, driver’s licence, national ID card)

□ Optional – Change my name in the PDGA database to: ___________________________________________

I understand that once classified as Male in the PDGA database I am not eligible to compete in a gender protected division at a PDGA event. If I wish to reclassify in future as Female I must meet the requirements listed in Section 2A or 2B.

_________________________  __________________
Signature        Date
Section 2 (Male to Female) – COMPLETE EITHER SECTION 2A OR 2B

☐ Section 2A – Transgender Hormone Therapy

Hormone start date

☐ Optional – Change my name in the PDGA database to: ______________________________

Attach the following documentation:

☐ Copy of national identification (e.g. passport, driver’s licence, national ID card)

☐ Physician statement confirming continued and uninterrupted hormone treatment for at least 12 months to the current date, including testosterone blood level results – Must include at least 3 test results covering a period of at least 12 months to the current date

I attest that I intend to continue hormone treatment sufficient to ensure my testosterone levels comply with IOC recommended levels (currently less than 10nmol/L). If I interrupt or discontinue treatment, I will promptly inform the PDGA and will not compete in a gender protected division at a PDGA event.

__________________________________________________  __________________
Signature        Date

☐ Section 2B – Gender reassignment surgery

Surgery date

☐ Optional – Change my name in the PDGA database to: ______________________________

Attach the following documentation:

☐ Copy of national identification (e.g. passport, driver’s licence, national ID card)

☐ Successful completed surgery declaration from physician

☐ Demonstration of testosterone blood level results for 12 months (combination of blood test-verified hormonal treatment pre-surgery and time post-surgery)