

PETITION FOR EXTRAORDINARY PRE- QUALIFICATION/SELECTION

to

**JUNIOR / SENIOR ZONES
JUNIOR NATIONALS
SENIOR SUMMER NATIONALS
SENIOR WINTER NATIONALS**

This Petition shall be used by any Diver/Athlete who 1) wishes to compete in one of the USA Diving Events listed above (the Requested Event); 2) suffered an illness or injury which precluded the Diver from participating in the qualifying event(s) for the above listed events; and, 3) therefore is unable to qualify for participation in the USA Diving Events listed above based upon the competition-based selection criteria as published in the USA Diving Rules. This Petition is limited to qualification for the above referenced domestic events.

Petition requests should be sent to events@usadiving.org.

Eligibility

1. A Diver petitioning to participate in a Junior event must have qualified for and “finaled” in the same junior event within one year prior to date of application. Note: “Finaling” in Junior Zones is defined as “scoring in the Top 12” at Junior Zones. Junior Divers who qualify to a Junior National Championships one year are eligible to petition to the Juniors Zones the following year in those specific events. A Diver petitioning to participate in a Senior event must have qualified for and “finaled” in the same senior event within one year prior to the date of application. A Petition under this procedure may be filed before or after a qualifying event for the Requested Event.

Procedure

2. A Diver shall submit this petition, completely filled out and with all required supporting documentation to the Chair of the Committee for Competitive Excellence (CCE) not later than midnight EST or EDT time (as applicable) of the 15th day prior to the first day of competition in the Requested Event. The CCE may consult with the High Performance Director in its consideration of a petition, provided all parties are able to participate in the consultation.

3. A Diver may submit this petition after the deadline established in paragraph 2 if the illness or injury occurs after the deadline but before the first day of competition of the Requested Event.

4. If a Petition is submitted at a time that does not permit consideration, the Petition will be

denied. If a timely filed Petition is filed but without required documentation, and the required documentation cannot be provided in time for the CCE to consider the Petition, then the Petition will be denied. No event shall be delayed because of a pending petition.

5. No Diver permitted to compete in a Requested Event shall displace any Diver who qualified for the event through the normal competitive based procedures set forth in the USA Diving Rules.

6. All Petitions shall be fully completed, with all required documentation attached, and submitted by email to events@usadiving.org. Any Petition submitted after the applicable deadline and any Petition lacking required documentation which is not provided in time for consideration shall be denied.

Standards of Consideration

7. A Diver petitioning under this process must demonstrate that the Diver's inability to participate in a qualifying event was caused by a physical illness or injury which precluded the Diver from performing the Diver's full list of competitive dives at the qualifying event. The CCE, being comprised in part by knowledgeable and experienced coaches, may consider all evidence in light of the members' backgrounds. The CCE may consider all relevant information and evidence, including but not limited to the following in determining any petition:

A. The statement of the Diver, including the Diver's assessment of the illness or injury on her/his ability to perform;

B. The statement of the Diver's coach and the coach's assessment of any effect the Diver's illness or injury had on the Diver's ability to perform;

C. Whether the illness or injury was self-inflicted or the foreseeable result of any improper conduct by the athlete;

D. *Required Documentation:* Any available medical records or statements of a treating physician or other medical service provider on the illness or injury suffered by the Diver and any limitations such illness or injury may have imposed on the Diver. The Diver may also describe the actions required to perform the skill required for the Diver's list of dives, and the provider may state any effect the limitations would have on the performance of such skills.

E. The CCE may also require the Diver to submit to an independent medical exam (IME), at the sole expense of USA Diving. Any IME will be conducted at a location convenient to the Diver and by a provider selected by the CCE.

F. A Diver shall mark all medical and other confidential records "Confidential." All such medical records available to a Petitioning Diver shall be attached to the Petition, or if not then

available, shall be provided to the CCE as soon as possible. The failure to provide available and relevant medical or other supporting documents may result in an inference that the documents would not support the petition. On request, the Diver shall also execute a HIPAA-compliant release permitting the HPD, CCE and its physicians/ medical consultants to receive and review all medical records in the possession of any medical service provider treating the Diver. All medical information received by the CCE may be viewed only by the CCE, its physicians and medical consultants and the HPD, and shall be otherwise held in confidence.

G. All documents and other evidence to be considered by the CCE shall be made available to the Petitioning Diver as soon as may be practical but in any event before the CCE considers the Petition.

H. It is foreseeable that time may be very short between the filing of a Petition or all required information being provided to the CCE and the commencement of the Requested Event. These rules shall be interpreted so as to provide a Petitioning Diver with as much notice and opportunity to be heard as may be practical under the circumstances, but without delaying the commencement of any event.

I. The CCE shall consider a Petitioning Diver's place in all prior region, zone or national competitions occurring within one year prior to the date of filing of the petition.

J. A Petition may be considered by the CCE anytime after it is submitted, with 2 days notice to the Petitioning Diver, if time permits; if time does not permit, then with as much notice as is practical to the Petitioning Diver.

K. The CCE shall issue a decision on a Petition as soon as may be practical. A decision shall be in writing, may make a generic reference to confidential information but shall not disclose the substance or content of confidential information.¹ The CCE's decision shall be available by request to other members of USA Diving.

L. The decision of the CCE is final, but may be appealed in proceedings as authorized by the U.S.O.C.

BY SUBMITTING THIS PETITION, THE PETITIONING DIVER AGREES TO ALL TERMS AND PROVISIONS SET FORTH IN PARAGRAPHS 1-7 ABOVE:

Petitioning Diver's Signature

¹ A "generic reference" means only a reference to the information but not its content, i.e.: "The medical information provided supports the Diver's statement that she/he was unable to compete."

PETITIONING DIVER AND PHYSICIAN(S) SHALL COMPLETE PAGES 4-8.**Section A.****Application Date:** _____

Event petition applies to (the Requested Event):

_____ Jr. Zones to be held _____.

_____ Sr. Zones to be held _____.

_____ Jr. Nationals to be held _____.

_____ Sr. Winter Nationals to be held _____.

_____ Sr. Summer Nationals to be held _____.

Athlete's Name
_____Athlete's Address

Athlete's Phone _____

Athlete's Email _____

Coach's name _____

Coach's phone _____

Coach's email _____

1. Petition for admittance into the following events: (check all that apply)

1M _____ 3M _____ Platform _____

Coach's name _____

Coach's phone _____

Coach's email _____

2. State the expected list of dives and total DD for petition into each event checked above.

3. What USA Diving events did Petitioner compete in during the previous calendar year, Winter and/or Summer?

1M _____ 3M _____ Platform _____

Attached printout from Divemeets.com of results from previous competitions.

By signing this form, the individual/team and the individual coach are verifying that but for the injury or illness, the individual/team can now successfully perform the dives listed on the form at the upcoming Requested Event identified to a level of Satisfactory Score.

Athlete signature

Athlete's parent's signature if the Athlete is minor

Coach signature

USA DIVING, INC.

**Medical Information in Support/OPPOSITION of Athlete Petition
(Please type or print clearly)**

Explanation: Sections A and B are to be completed by the athlete. The remaining sections are to be completed by a licensed and practicing physician (MD, DO) and submitted with the athlete's petition. The report must include a response for each question or category. Written reports, test results, x-rays, etc., may be attached and referenced in response to any section of the form. This form can be copied and typed or printed by hand or used as an outline to guide a written or dictated report. Additional pages may be attached if needed. This form must be signed by the athlete, a minor athlete's parent or guardian and the physician completing the report.

The report will be reviewed by head physician for USA Diving, Inc. or a designated representative. The reviewing physician will then submit a report to the Committee for Competitive Excellence and the CCE will ultimately make a decision regarding eligibility for the event identified or selection to the team, as the case may be. The CCE AND AFFECTED ATHLETES (IF ANY) has the option of making additional inquiries to the injured athlete, examining physician, the reviewing physician, or any other medical consultants of their choice AND THE PETITIONER SHALL SUBMIT TO

SUCH ADDITIONAL OR INDEPENDENT EXAMINATIONS AS ARE REASONABLY NECESSARY. Any challenges or appeals OF the decision will follow the procedures established by USOC.

B. Background Information (To be completed by Diver) for Medical Service Provider.

Athlete's name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Athlete Email address _____

Coach's name _____ Phone No. _____

Coach's email address _____

Name of examiner _____

Medical specialty of examiner _____

Examiner Phone Number _____

Examiner Email address _____

Date of report _____

Date of examination upon which report is based _____

Name and date of competition this petition pertains to: _____

C. Medical History (To be completed by attending physician or specialist)

Date of injury/illness or date of onset of symptoms _____

Cause or mechanism of injury/illness or condition

Major symptoms associated with injury or condition

Prior history of similar or related condition

History of concurrent injuries; prior unrelated injuries; or other active medical problems; include current status

Physical limitations: THE PETITIONER SHALL EXPLAIN TO THE TREATING PHYSICIAN(S), THERAPISTS OR OTHER PROVIDERS THOSE ACTIONS NECESSARY TO TRAIN OR PERFORM HER/HIS LIST OF DIVES, AND THE PROVIDER SHALL STATE WHETHER SUCH ACTIONS CAN BE PERFORMED BY THE PETITIONER.

D. Physical Examination and Test Results (To be completed by attending physician or specialist)

Physical examination findings, including pertinent positive and negative findings

Diagnostic testing (x-ray, CT scan, MRI, bone scan, laboratory, other); include date of study and results

E. Diagnosis and causation of present condition(s) (To be completed by attending physician or specialist)

F. Treatment/rehabilitation (To be completed by attending physician or specialist)

Treatment (medications, injections, splints, braces, tape, physical therapy, surgery, chiropractic, massage therapy); specify which therapies have been done, duration/time of therapy, and results.

Disposition (please check one and provide explanation)

- a. Cleared to train and compete without restrictions on (date):
- b. Cleared to train and compete with the following restrictions (as specified below)
- c. Cleared to train and compete after completing the following course of treatment (as specified below)
- d. Not cleared to train or compete until: (please specify what needs to be done; e.g., further testing, consultation, second opinions, successful completion of functional testing, etc.)

Prognosis: (please provide narrative statement that addresses expectations for recovery; including whether or not full recovery is expected, when recovery is expected, or if partial or permanent impairment is expected).

G. Additional Comments (To be completed by attending physician or specialist)

Add HIPAA release information here, allowing the release of medical information from the Petitioning Diver's physicians and other medical service providers to USA Diving, Inc., its medical physicians and consultants, members of the Committee for Competitive Excellence and its High Performance Director. Treating physicians and medical service providers will not release information without it.

Athlete Signature _____

Printed Name _____

Coach Signature _____

Printed Name _____

Today's Date _____

Physician Signature _____

Printed Name _____

Today's Date _____