



## **INJURY/ILLNESS PETITION FORM FOR USA DIVING DOMESTIC JUNIOR EVENTS**

**EFFECTIVE DATE: 4/9/2026**

### **1. USA Diving Junior-Level Events Eligible for Petition**

Athletes who are injured or ill may submit a petition requesting pre-qualification for the following USA Diving junior domestic events:

- Zone Championships
- East / Central / West Championships
- Junior National Championships

### **2. Purpose of Petition**

This Petition Request Form is limited to qualification for the above-referenced USA Diving domestic events.

This Petition Request Form shall be used by any athlete who:

- wishes to compete in one of the USA Diving events listed in Section 1 (the "Requested Event"), and
- suffered an illness or injury that precluded the athlete from participating in the qualifying event(s) for the Requested Event, and
- therefore is unable to qualify for participation in the Requested Event based upon the competition-based criteria published in the USA Diving Rulebook or in other qualification criteria documents published online.

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### 3. Petition Eligibility Criteria

A diver petitioning to participate in a Junior-Level event must have achieved the applicable petition eligibility standard in the same event within one (1) year prior to the date of application.

For purposes of this section:

#### For the 2026 Competitive Season

- A diver petitioning to the Zone Championships must have placed in the Top 12 in the same event at the 2025 Zone Championships.
- A diver petitioning to the East/Central/West Championships must have competed in the same event at the semifinals of the 2025 Junior National Championships
- A diver petitioning to the Junior National Championships must have competed in the finals in the same event at the 2025 Junior National Championships.

#### Beginning with the 2027 Competitive Season

- A diver petitioning to the Zone Championships must have placed in the Top 12 in the same event at the previous year's Zone Championships.
- A diver petitioning to the East/Central/West Championships must have competed in the finals in the same event at the previous year's East/Central/West Championships. Additionally, any diver who was not required to compete in the previous year's East/Central/West Championships because of their Zone Championship results (direct qualification to the Junior National Championships) may petition to the East/Central/West Championships in the same event.
- A diver petitioning to the Junior National Championships must have competed in the finals in the same event at the previous year's Junior National Championships.

### 4. Petition Submission and Procedure

A petition under this procedure may be filed before or after a qualifying event for the Requested Event.

A completed petition, together with all required supporting documentation, must be submitted by email to:

[john.fox@usadiving.org](mailto:john.fox@usadiving.org)

A petition request must be submitted no later than five business days following the conclusion of the final qualification opportunity that the diver missed. For example, if a

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diver is unable to attend a Zone Championship due to injury or illness, a petition request for the East/Central/West Championship must be submitted no later than five business days following the conclusion of the final Zone Championship meet.

If a petition is submitted at a time that does not permit consideration, the petition shall be denied. If a timely petition is submitted without the required documentation, and the required documentation cannot be provided in time for consideration, the petition shall be denied.

No event shall be delayed because of a pending petition.

No diver permitted to compete in a Requested Event through this petition process shall displace any diver who qualified for the event through the normal competition-based procedures set forth in the USA Diving Rulebook.

Upon receipt, the petition will be routed for review through USA Diving's petition review process, including the CCE Petition Working Group and any additional review deemed appropriate by USA Diving.

The final determination following review of the petition shall be final, subject only to any appeal rights that may exist under applicable USA Diving and USOPC policies and procedures.

### 5. Standards of Consideration

An athlete petitioning under this process must demonstrate that the athlete's inability to participate in the qualifying event was caused by a **physical illness or injury** that precluded the athlete from performing the athlete's full list of competitive dives at the qualifying event.

In reviewing a petition, USA Diving may consider all relevant information and evidence, including but not limited to:

- the statement of the athlete, including the athlete's assessment of the illness or injury and its effect on the athlete's ability to perform;
- the statement of the athlete's coach, including the coach's assessment of any effect the illness or injury had on the athlete's ability to perform;
- whether the illness or injury was self-inflicted or the foreseeable result of improper conduct by the athlete;
- available medical records or statements from a treating physician or other medical provider regarding the illness or injury and any resulting limitations;

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- the athlete's place in prior regional, zone, or national competitions occurring within one (1) year prior to the date of filing of the petition.

USA Diving may also require the athlete to submit to an independent medical examination (IME) at the sole expense of USA Diving. Any such examination shall be conducted at a location convenient to the athlete and by a provider selected by USA Diving.

### 6. Confidentiality and Additional Documentation

All available medical and supporting records relevant to the petition should be attached to the petition. If such records are not yet available at the time of submission, they must be provided as soon as possible.

Failure to provide available and relevant medical or other supporting documentation may result in an inference that the missing documentation would not support the petition.

USA Diving reserves the right to request additional documentation, including a HIPAA-compliant release authorizing review of medical information by USA Diving and its designated medical reviewers and decision-makers.

All medical information received by USA Diving in connection with a petition shall be treated as confidential and shared only with those individuals involved in the review and decision-making process as necessary.

All documents and other evidence to be considered in connection with the petition shall be made available to the petitioning athlete as soon as practical and before the petition is considered, to the extent reasonably possible under the circumstances.

Because time may be short between submission of a petition and the commencement of the Requested Event, these procedures shall be interpreted so as to provide the petitioning athlete with as much notice and opportunity to be heard as practical under the circumstances, without delaying the commencement of any event.

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7. Petitioning Athlete Information

**Application Date:** \_\_\_\_\_

**Requested Event:**

- Zone Championships
- East / Central / West Championships
- Junior National Championships

**Athlete Name:** \_\_\_\_\_

**Athlete Address:** \_\_\_\_\_

**Athlete Phone:** \_\_\_\_\_

**Athlete Email:** \_\_\_\_\_

**USA Diving Member Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

**Coach Phone:** \_\_\_\_\_

**Coach Email:** \_\_\_\_\_

8. Event Discipline(s) Requested

Petition for admittance into the following event discipline(s). Check all that apply:

- 1-meter
- 3-meter
- Platform

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9. Athlete Competitive Background

**A. Expected List of Dives and Total Degree of Difficulty for each event checked above:**

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**B. What USA Diving events did the petitioner compete in during the previous calendar year?**

- 1-meter
- 3-meter
- Platform

**C. Attach Divemeets.com dive list and results from previous competitions.**

**10. Athlete Statement**

Please provide a detailed explanation of the illness or injury and the circumstances that prevented participation in the qualifying event.

Include, if applicable:

- date of injury/illness or onset of symptoms
- qualifying event missed
- when medical care was sought
- why the athlete was medically unable to compete

Athlete Statement:

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11. Coach Verification

By signing below, the coach verifies that, but for the illness or injury, the athlete can now successfully perform the dives listed on this form at the upcoming Requested Event to a satisfactory score.

**Coach Statement:**

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**Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

12. Medical Information in Support of Petition

**Instructions:** Section 12.1 is to be completed by the athlete. The remaining sections are to be completed by a **licensed and practicing physician (MD or DO)** and submitted with the athlete's petition. The report must include a response to each question or category. Written reports, test results, imaging, and other supporting documents may be attached and referenced. Additional pages may be attached if needed. This section must be signed by the athlete, the athlete's parent or guardian if the athlete is a minor, and the physician completing the report.

12.1 Background Information

(To be completed by athlete for Medical Service Provider)

**Name and date of competition this petition pertains to:** \_\_\_\_\_

**Name of examining physician:** \_\_\_\_\_

**Medical specialty:** \_\_\_\_\_

**Physician phone:** \_\_\_\_\_

**Physician email:** \_\_\_\_\_

**Date of examination upon which report is based:** \_\_\_\_\_

**Date of report:** \_\_\_\_\_

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12.2 Medical History

(To be completed by attending physician or specialist)

**Date of injury/illness or date of onset of symptoms:**

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**Cause or mechanism of injury/illness or condition:**

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**Major symptoms associated with injury or condition:**

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**Prior history of similar or related condition:**

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**History of concurrent injuries, prior unrelated injuries, or other active medical problems, including current status:**

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**Physical limitations:** The petitioner shall explain to the treating physician those actions necessary to train or perform the list of dives, and the provider shall state whether such actions can be performed by the petitioner.

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12.3 Physical Examination and Test Results

(To be completed by attending physician or specialist)

**Physical examination findings, including pertinent positive and negative findings:**

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**Diagnostic testing (x-ray, CT scan, MRI, bone scan, laboratory, or other), including date and results:**

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12.4 Diagnosis and Causation

(To be completed by attending physician or specialist)

**Diagnosis and causation of present condition(s):**

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12.5 Treatment / Rehabilitation

(To be completed by attending physician or specialist)

**Treatment provided** (medications, injections, splints, braces, tape, physical therapy, surgery, chiropractic, massage therapy, etc.), including duration and results:

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**Disposition** (please check one and provide explanation)

Cleared to train and compete without restrictions on: \_\_\_\_\_

Cleared to train and compete with the following restrictions: \_\_\_\_\_

Cleared to train and compete after completing the following course of treatment:

\_\_\_\_\_  
 Not cleared to train or compete until: \_\_\_\_\_

**Prognosis**

Please provide a narrative statement addressing expectations for recovery, including whether full recovery is expected, when recovery is expected, or whether partial or permanent impairment is expected.

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12.6 Additional Comments

(To be completed by attending physician or specialist)

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13. Acknowledgment and Signatures

By submitting this petition, the petitioning athlete agrees to all terms and provisions set forth in this Petition Request Form. The athlete also understands that USA Diving may require additional medical documentation or an independent medical examination as part of the review process.

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**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature (if athlete is a minor):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_