18-13592-EE

IN THE

United States Court of Appeals for the Eleventh Circuit

DREW ADAMS,
Plaintiff-Appellee,

v.

THE SCHOOL BOARD OF ST. JOHNS COUNTY, FLORIDA,
Defendant-Appellant.

On Appeal from the United States District Court
for the Middle District of Florida, Jacksonville Division
District Court Case No. 3:17-cv-00739-TJC-JBT

SUPPLEMENTAL APPENDIX
VOLUME II

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CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the Supplemental Appendix, Volume II with the Clerk of Court for the U.S. Court of Appeals for the Eleventh Circuit by using the appellate CM/ECF system on February 21, 2019. Participants in the case who are registered CM/ECF users will be served by the appellate CM/ECF system. A true and accurate copy of the Supplemental Appendix, Volume II will be dispatched for delivery via Federal Express to counsel for Defendant.

I further certify that two complete and accurate paper copies of the Supplemental Appendix, Volume II with white covers and backing will be dispatched for delivery via Federal Express to:

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Doc. 151-4

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

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*Cosponsoring Associations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.

Objective: To update the "Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline," published by the Endocrine Society in 2009.

Participants: The participants include an Endocrine Society–appointed task force of nine experts, a methodologist, and a medical writer.

Evidence: This evidence-based guideline was developed using the Grading of Recommendations, Assessment, Development, and Evaluation approach to describe the strength of recommendations and the quality of evidence. The task force commissioned two systematic reviews and used the best available evidence from other published systematic reviews and individual studies.

Consensus Process: Group meetings, conference calls, and e-mail communications enabled consensus. Endocrine Society committees, members and cosponsoring organizations reviewed and commented on preliminary drafts of the guidelines.

Conclusion: Gender affirmation is multidisciplinary treatment in which endocrinologists play an important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosing clinicians (required), a mental health provider for adolescents (required) and mental health

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Abbreviations: BMD, bone mineral density; DSD, disorder/difference of sex development; DSM, Diagnostic and Statistical Manual of Mental Disorders; GD, gender dysphoria; GnRH, gonadotropin-releasing hormone; ICD, International Statistical Classification of Diseases and Related Health Problems; MHP, mental health professional; VTE, venous thromboembolism.

professional for adults (recommended)—should be knowledgeable about the diagnostic criteria and criteria for gender-affirming treatment, have sufficient training and experience in assessing psychopathology, and be willing to participate in the ongoing care throughout the endocrine transition. We recommend treating gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Clinicians may add gender-affirming hormones after a multidisciplinary team has confirmed the persistence of gender dysphoria/gender incongruence and sufficient mental capacity to give informed consent to this partially irreversible treatment. Most adolescents have this capacity by age 16 years old. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age. For the care of peripubertal youths and older adolescents, we recommend that an expert multidisciplinary team comprised of medical professionals and mental health professionals manage this treatment. The treating physician must confirm the criteria for treatment used by the referring mental health practitioner and collaborate with them in decisions about gender-affirming surgery in older adolescents. For adult gender-dysphoric/gender-incongruent persons, the treating clinicians (collectively) should have expertise in transgender-specific diagnostic criteria, mental health, primary care, hormone treatment, and surgery, as needed by the patient. We suggest maintaining physiologic levels of gender-appropriate hormones and monitoring for known risks and complications. When high doses of sex steroids are required to suppress endogenous sex steroids and/or in advanced age, clinicians may consider surgically removing natal gonads along with reducing sex steroid treatment. Clinicians should monitor both transgender males (female to male) and transgender females (male to female) for reproductive organ cancer risk when surgical removal is incomplete. Additionally, clinicians should persistently monitor adverse effects of sex steroids. For gender-affirming surgeries in adults, the treating physician must collaborate with and confirm the criteria for treatment used by the referring physician. Clinicians should avoid harming individuals (via hormone treatment) who have conditions other than gender dysphoria/gender incongruence and who may not benefit from the physical changes associated with this treatment. (***J Clin Endocrinol Metab*** **102: 1–35, 2017)**

Summary of Recommendations

1.0 Evaluation of youth and adults

1.1. We advise that only trained mental health professionals (MHPs) who meet the following criteria should diagnose gender dysphoria (GD)/gender incongruence in adults: (1) competence in using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD) for diagnostic purposes, (2) the ability to diagnose GD/gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (3) training in diagnosing psychiatric conditions, (4) the ability to undertake or refer for appropriate treatment, (5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy, and (6) a practice of regularly attending relevant professional meetings. (Ungraded Good Practice Statement)

1.2. We advise that only MHPs who meet the following criteria should diagnose GD/gender incongruence in children and adolescents: (1) training in child and adolescent developmental psychology and psychopathology, (2) competence in using the DSM and/or the ICD for diagnostic purposes, (3) the ability to make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (4) training in diagnosing psychiatric conditions, (5) the ability to undertake or refer for appropriate treatment, (6) the ability to psychosocially assess the person's understanding and social conditions that can impact gender-affirming hormone therapy, (7) a practice of regularly attending relevant professional meetings, and (8) knowledge of the criteria for puberty blocking and gender-affirming hormone treatment in adolescents. (Ungraded Good Practice Statement)

1.3. We advise that decisions regarding the social transition of prepubertal youths with GD/gender incongruence are made with the assistance of an MHP or another experienced professional. (Ungraded Good Practice Statement).

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1.4. We recommend against puberty blocking and gender-affirming hormone treatment in prepubertal children with GD/gender incongruence. (1 |⊕⊕◯◯)

1.5. We recommend that clinicians inform and counsel all individuals seeking gender-affirming medical treatment regarding options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults. (1 |⊕⊕⊕◯)

2.0 Treatment of adolescents

2.1. We suggest that adolescents who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development. (2 |⊕⊕◯◯)

2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty. (2 |⊕⊕◯◯)

2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones. (1 |⊕⊕◯◯)

2.4. In adolescents who request sex hormone treatment (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years. (1 |⊕⊕◯◯).

2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years. As with the care of adolescents ≥16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment. (1 |⊕◯◯◯)

2.6. We suggest monitoring clinical pubertal development every 3 to 6 months and laboratory parameters every 6 to 12 months during sex hormone treatment. (2 |⊕⊕◯◯)

3.0 Hormonal therapy for transgender adults

3.1. We recommend that clinicians confirm the diagnostic criteria of GD/gender incongruence and the criteria for the endocrine phase of gender transition before beginning treatment. (1 |⊕⊕⊕◯)

3.2. We recommend that clinicians evaluate and address medical conditions that can be exacerbated by hormone depletion and treatment with sex hormones of the affirmed gender before beginning treatment. (1 |⊕⊕⊕◯)

3.3. We suggest that clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex steroids are maintained in the normal physiologic range for the affirmed gender. (2 |⊕⊕◯◯)

3.4. We suggest that endocrinologists provide education to transgender individuals undergoing treatment about the onset and time course of physical changes induced by sex hormone treatment. (2 |⊕◯◯◯)

4.0 Adverse outcome prevention and long-term care

4.1. We suggest regular clinical evaluation for physical changes and potential adverse changes in response to sex steroid hormones and laboratory monitoring of sex steroid hormone levels every 3 months during the first year of hormone therapy for transgender males and females and then once or twice yearly. (2 |⊕⊕◯◯)

4.2. We suggest periodically monitoring prolactin levels in transgender females treated with estrogens. (2 |⊕⊕◯◯)

4.3. We suggest that clinicians evaluate transgender persons treated with hormones for cardiovascular risk factors using fasting lipid profiles, diabetes screening, and/or other diagnostic tools. (2 |⊕⊕◯◯)

4.4. We recommend that clinicians obtain bone mineral density (BMD) measurements when risk factors for osteoporosis exist, specifically in those who stop sex hormone therapy after gonadectomy. (1 |⊕⊕◯◯)

4.5. We suggest that transgender females with no known increased risk of breast cancer follow breast-screening guidelines recommended for non-transgender females. (2 |⊕⊕◯◯)

4.6. We suggest that transgender females treated with estrogens follow individualized screening according to personal risk for prostatic disease and prostate cancer. (2 |⊕◯◯◯)

4.7. We advise that clinicians determine the medical necessity of including a total hysterectomy and oophorectomy as part of gender-affirming surgery. (Ungraded Good Practice Statement)

5.0 Surgery for sex reassignment and gender confirmation

5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being. (1 |⊕⊕◯◯)

5.2. We advise that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated. (Ungraded Good Practice Statement)

5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery. (Ungraded Good Practice Statement)

5.4. We recommend that clinicians refer hormone-treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes. (1 |⊕◯◯◯)

5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country. (2 |⊕⊕◯◯).

5.6. We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement. (2 |⊕◯◯◯)

Changes Since the Previous Guideline

Both the current guideline and the one published in 2009 contain similar sections. Listed here are the sections contained in the current guideline and the corresponding number of recommendations: Introduction, Evaluation of Youth and Adults (5), Treatment of Adolescents (6), Hormonal Therapy for Transgender Adults (4), Adverse Outcomes Prevention and Long-term Care (7), and Surgery for Sex Reassignment and Gender Confirmation (6). The current introduction updates the diagnostic classification of "gender dysphoria/gender incongruence." It also reviews the development of "gender identity" and summarizes its natural development. The section on clinical evaluation of both youth and adults, defines in detail the professional qualifications required of those who diagnose and treat both adolescents and adults. We advise that decisions regarding the social transition of prepubertal youth are made with the assistance of a mental health professional or similarly experienced professional. We recommend against puberty blocking followed by gender-affirming hormone treatment of prepubertal children. Clinicians should inform pubertal children, adolescents, and adults seeking gender-confirming treatment of their options for fertility preservation. Prior to treatment, clinicians should evaluate the presence of medical conditions that may be worsened by hormone depletion and/or treatment. A multidisciplinary team, preferably composed of medical and mental health professionals, should monitor treatments. Clinicians evaluating transgender adults for endocrine treatment should confirm the diagnosis of persistent gender dysphoria/gender incongruence. Physicians should educate transgender persons regarding the time course of steroid-induced physical changes. Treatment should include periodic monitoring of hormone levels and metabolic parameters, as well as assessments of bone density and the impact upon prostate, gonads, and uterus. We also make recommendations for transgender persons who plan genital gender-affirming surgery.

Method of Development of Evidence-Based Clinical Practice Guidelines

The Clinical Guidelines Subcommittee (CGS) of the Endocrine Society deemed the diagnosis and treatment of individuals with GD/gender incongruence a priority area for revision and appointed a task force to formulate evidence-based recommendations. The task force followed the approach recommended by the Grading of Recommendations, Assessment, Development, and Evaluation group, an international group with expertise in the development and implementation of evidence-based guidelines (1). A detailed description of the grading scheme has been published elsewhere (2). The task force used the best available research evidence to develop the recommendations. The task force also used consistent language and graphical descriptions of both the strength of a recommendation and the quality of evidence. In terms of the strength of the recommendation, strong recommendations use the phrase "we recommend" and the number 1, and weak recommendations use the phrase "we suggest" and the number 2. Cross-filled circles indicate the quality of the evidence, such that ⊕◯◯◯ denotes very low–quality evidence; ⊕⊕◯◯, low quality; ⊕⊕⊕◯, moderate quality; and ⊕⊕⊕⊕, high quality. The task force has confidence that persons who receive care according to the strong recommendations will derive, on average, more benefit than harm. Weak recommendations require more careful consideration of the person's circumstances, values, and preferences to determine the best course of action. Linked to each recommendation is a description of the evidence and the

values that the task force considered in making the recommendation. In some instances, there are remarks in which the task force offers technical suggestions for testing conditions, dosing, and monitoring. These technical comments reflect the best available evidence applied to a typical person being treated. Often this evidence comes from the unsystematic observations of the task force and their preferences; therefore, one should consider these remarks as suggestions.

In this guideline, the task force made several statements to emphasize the importance of shared decision-making, general preventive care measures, and basic principles of the treatment of transgender persons. They labeled these "Ungraded Good Practice Statement." Direct evidence for these statements was either unavailable or not systematically appraised and considered out of the scope of this guideline. The intention of these statements is to draw attention to these principles.

The Endocrine Society maintains a rigorous conflict-of-interest review process for developing clinical practice guidelines. All task force members must declare any potential conflicts of interest by completing a conflict-of-interest form. The CGS reviews all conflicts of interest before the Society's Council approves the members to participate on the task force and periodically during the development of the guideline. All others participating in the guideline's development must also disclose any conflicts of interest in the matter under study, and most of these participants must be without any conflicts of interest. The CGS and the task force have reviewed all disclosures for this guideline and resolved or managed all identified conflicts of interest.

Conflicts of interest are defined as remuneration in any amount from commercial interests; grants; research support; consulting fees; salary; ownership interests [*e.g.*, stocks and stock options (excluding diversified mutual funds)]; honoraria and other payments for participation in speakers' bureaus, advisory boards, or boards of directors; and all other financial benefits. Completed forms are available through the Endocrine Society office.

The Endocrine Society provided the funding for this guideline; the task force received no funding or remuneration from commercial or other entities.

Commissioned Systematic Review

The task force commissioned two systematic reviews to support this guideline. The first one aimed to summarize the available evidence on the effect of sex steroid use in transgender individuals on lipids and cardiovascular outcomes. The review identified 29 eligible studies at moderate risk of bias. In transgender males (female to male), sex steroid therapy was associated with a statistically significant increase in serum triglycerides and low-density lipoprotein cholesterol levels. High-density lipoprotein cholesterol levels decreased significantly across all follow-up time periods. In transgender females (male to female), serum triglycerides were significantly higher without any changes in other parameters. Few myocardial infarction, stroke, venous thromboembolism (VTE), and death events were reported. These events were more frequent in transgender females. However, the quality of the evidence was low. The second review summarized the available evidence regarding the effect of sex steroids on bone health in transgender individuals and identified 13 studies. In transgender males, there was no statistically significant difference in the lumbar spine, femoral neck, or total hip BMD at 12 and 24 months compared with baseline values before initiating masculinizing hormone therapy. In transgender females, there was a statistically significant increase in lumbar spine BMD at 12 months and 24 months compared with baseline values before initiation of feminizing hormone therapy. There was minimal information on fracture rates. The quality of evidence was also low.

Introduction

Throughout recorded history (in the absence of an endocrine disorder) some men and women have experienced confusion and anguish resulting from rigid, forced conformity to sexual dimorphism. In modern history, there have been numerous ongoing biological, psychological, cultural, political, and sociological debates over various aspects of gender variance. The 20th century marked the emergence of a social awakening for men and women with the belief that they are "trapped" in the wrong body (3). Magnus Hirschfeld and Harry Benjamin, among others, pioneered the medical responses to those who sought relief from and a resolution to their profound discomfort. Although the term transsexual became widely known after Benjamin wrote "The Transsexual Phenomenon" (4), it was Hirschfeld who coined the term "transsexual" in 1923 to describe people who want to live a life that corresponds with their experienced gender vs their designated gender (5). Magnus Hirschfeld (6) and others (4, 7) have described other types of trans phenomena besides transsexualism. These early researchers proposed that the gender identity of these people was located somewhere along a unidimensional continuum. This continuum ranged from all male through "something in between" to all female. Yet such a classification does not take into account that people may have gender identities outside this continuum. For instance, some experience themselves as having both a male and female gender identity, whereas others completely renounce any gender classification (8, 9). There are also reports of individuals experiencing a continuous and rapid involuntary alternation between a male and female identity (10) or men who do not experience themselves as men but do not want to live as women (11, 12). In some countries, (*e.g.*, Nepal, Bangladesh, and Australia), these nonmale or nonfemale genders are officially recognized (13). Specific treatment protocols, however, have not yet been developed for these groups.

Instead of the term transsexualism, the current classification system of the American Psychiatric Association uses the term gender dysphoria in its diagnosis of persons who are not satisfied with their designated gender (14). The current version of the World Health Organization's ICD-10 still uses the term transsexualism when diagnosing adolescents and adults. However, for the ICD-11, the World Health Organization has proposed using the term "gender incongruence" (15).

Treating persons with GD/gender incongruence (15) was previously limited to relatively ineffective elixirs or creams. However, more effective endocrinology-based treatments became possible with the availability of testosterone in 1935 and diethylstilbestrol in 1938. Reports of individuals with GD/gender incongruence who were treated with hormones and gender-affirming surgery appeared in the press during the second half of the 20th century. The Harry Benjamin International Gender Dysphoria Association was founded in September 1979 and is now called the World Professional Association for Transgender Health (WPATH). WPATH published its first Standards of Care in 1979. These standards have since been regularly updated, providing guidance for treating persons with GD/gender incongruence (16).

Prior to 1975, few peer-reviewed articles were published concerning endocrine treatment of transgender persons. Since then, more than two thousand articles about various aspects of transgender care have appeared.

It is the purpose of this guideline to make detailed recommendations and suggestions, based on existing medical literature and clinical experience, that will enable treating physicians to maximize benefit and minimize risk when caring for individuals diagnosed with GD/gender incongruence.

In the future, we need more rigorous evaluations of the effectiveness and safety of endocrine and surgical protocols. Specifically, endocrine treatment protocols for GD/gender incongruence should include the careful assessment of the following: (1) the effects of prolonged delay of puberty in adolescents on bone health, gonadal function, and the brain (including effects on cognitive, emotional, social, and sexual development); (2) the effects of treatment in adults on sex hormone levels; (3) the requirement for and the effects of progestins and other agents used to suppress endogenous sex steroids during treatment; and (4) the risks and benefits of gender-affirming hormone treatment in older transgender people.

To successfully establish and enact these protocols, a commitment of mental health and endocrine investigators is required to collaborate in long-term, large-scale studies across countries that use the same diagnostic and inclusion criteria, medications, assay methods, and response assessment tools (*e.g.*, the European Network for the Investigation of Gender Incongruence) (17, 18).

Terminology and its use vary and continue to evolve. Table 1 contains the definitions of terms as they are used throughout this guideline.

Biological Determinants of Gender Identity Development

One's self-awareness as male or female changes gradually during infant life and childhood. This process of cognitive and affective learning evolves with interactions with parents, peers, and environment. A fairly accurate timetable exists outlining the steps in this process (19). Normative psychological literature, however, does not address if and when gender identity becomes crystallized and what factors contribute to the development of a gender identity that is not congruent with the gender of rearing. Results of studies from a variety of biomedical disciplines—genetic, endocrine, and neuroanatomic—support the concept that gender identity and/or gender expression (20) likely reflect a complex interplay of biological, environmental, and cultural factors (21, 22).

With respect to endocrine considerations, studies have failed to find differences in circulating levels of sex steroids between transgender and nontransgender individuals (23). However, studies in individuals with a disorder/difference of sex development (DSD) have informed our understanding of the role that hormones may play in gender identity outcome, even though most persons with GD/gender incongruence do not have a DSD. For example, although most 46,XX adult individuals with virilizing congenital adrenal hyperplasia caused by mutations in *CYP21A2* reported a female gender identity, the prevalence of GD/gender incongruence was much greater in this group than in the general population without a DSD. This supports the concept that there is a role for prenatal/postnatal androgens in gender development (24–26), although some studies indicate that prenatal androgens are more likely to affect gender behavior and sexual orientation rather than gender identity *per se* (27, 28).

Researchers have made similar observations regarding the potential role of androgens in the development of gender identity in other individuals with DSD. For example, a review of two groups of 46,XY persons, each with androgen synthesis deficiencies and female raised, reported transgender male (female-to-male) gender role changes in 56% to 63% and 39% to 64% of patients, respectively (29). Also, in 46,XY female-raised individuals with cloacal

Table 1. Definitions of Terms Used in This Guideline

Biological sex, biological male or female: These terms refer to physical aspects of maleness and femaleness. As these may not be in line with each other (*e.g.*, a person with XY chromosomes may have female-appearing genitalia), the terms biological sex and biological male or female are imprecise and should be avoided.
Cisgender: This means not transgender. An alternative way to describe individuals who are not transgender is "non-transgender people."
Gender-affirming (hormone) treatment: See "gender reassignment"
Gender dysphoria: This is the distress and unease experienced if gender identity and designated gender are not completely congruent (see Table 2). In 2013, the American Psychiatric Association released the fifth edition of the DSM-5, which replaced "gender identity disorder" with "gender dysphoria" and changed the criteria for diagnosis.
Gender expression: This refers to external manifestations of gender, expressed through one's name, pronouns, clothing, haircut, behavior, voice, or body characteristics. Typically, transgender people seek to make their gender expression align with their gender identity, rather than their designated gender.
Gender identity/experienced gender: This refers to one's internal, deeply held sense of gender. For transgender people, their gender identity does not match their sex designated at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices. Unlike gender expression (see below), gender identity is not visible to others.
Gender identity disorder: This is the term used for GD/gender incongruence in previous versions of DSM (see "gender dysphoria"). The ICD-10 still uses the term for diagnosing child diagnoses, but the upcoming ICD-11 has proposed using "gender incongruence of childhood."
Gender incongruence: This is an umbrella term used when the gender identity and/or gender expression differs from what is typically associated with the designated gender. Gender incongruence is also the proposed name of the gender identity–related diagnoses in ICD-11. Not all individuals with gender incongruence have gender dysphoria or seek treatment.
Gender variance: See "gender incongruence"
Gender reassignment: This refers to the treatment procedure for those who want to adapt their bodies to the experienced gender by means of hormones and/or surgery. This is also called gender-confirming or gender-affirming treatment.
Gender-reassignment surgery (gender-confirming/gender-affirming surgery): These terms refer only to the surgical part of gender-confirming/gender-affirming treatment.
Gender role: This refers to behaviors, attitudes, and personality traits that a society (in a given culture and historical period) designates as masculine or feminine and/or that society associates with or considers typical of the social role of men or women.
Sex designated at birth: This refers to sex assigned at birth, usually based on genital anatomy.
Sex: This refers to attributes that characterize biological maleness or femaleness. The best known attributes include the sex-determining genes, the sex chromosomes, the H-Y antigen, the gonads, sex hormones, internal and external genitalia, and secondary sex characteristics.
Sexual orientation: This term describes an individual's enduring physical and emotional attraction to another person. Gender identity and sexual orientation are not the same. Irrespective of their gender identity, transgender people may be attracted to women (gynephilic), attracted to men (androphilic), bisexual, asexual, or queer.
Transgender: This is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with their sex designated at birth. Not all transgender individuals seek treatment.
Transgender male (also: trans man, female-to-male, transgender male): This refers to individuals assigned female at birth but who identify and live as men.
Transgender woman (also: trans woman, male-to female, transgender female): This refers to individuals assigned male at birth but who identify and live as women.
Transition: This refers to the process during which transgender persons change their physical, social, and/or legal characteristics consistent with the affirmed gender identity. Prepubertal children may choose to transition socially.
Transsexual: This is an older term that originated in the medical and psychological communities to refer to individuals who have permanently transitioned through medical interventions or desired to do so.

exstrophy and penile agenesis, the occurrence of transgender male changes was significantly more prevalent than in the general population (30, 31). However, the fact that a high percentage of individuals with the same conditions did not change gender suggests that cultural factors may play a role as well.

With respect to genetics and gender identity, several studies have suggested heritability of GD/gender incongruence (32, 33). In particular, a study by Heylens *et al.* (33) demonstrated a 39.1% concordance rate for gender identity disorder (based on the DSM-IV criteria) in 23 monozygotic twin pairs but no concordance in 21 same-sex dizygotic or seven opposite-sex twin pairs. Although numerous investigators have sought to identify specific genes associated with GD/gender incongruence, such studies have been inconsistent and without strong statistical significance (34–38).

Studies focusing on brain structure suggest that the brain phenotypes of people with GD/gender incongruence differ in various ways from control males and females, but that there is not a complete sex reversal in brain structures (39).

In summary, although there is much that is still unknown with respect to gender identity and its expression, compelling studies support the concept that biologic factors, in addition to environmental factors, contribute to this fundamental aspect of human development.

Natural History of Children With GD/Gender Incongruence

With current knowledge, we cannot predict the psychosexual outcome for any specific child. Prospective follow-up studies show that childhood GD/gender incongruence does not invariably persist into adolescence and adulthood (so-called "desisters"). Combining all outcome studies to date, the GD/gender incongruence of a minority of prepubertal children appears to persist in adolescence (20, 40). In adolescence, a significant number of these desisters identify as homosexual or bisexual. It may be that children who only showed some gender nonconforming characteristics have been included in the follow-up studies, because the DSM-IV text revision criteria for a diagnosis were rather broad. However, the persistence of GD/gender incongruence into adolescence is more likely if it had been extreme in childhood (41, 42). With the newer, stricter criteria of the DSM-5 (Table 2), persistence rates may well be different in future studies.

1.0 Evaluation of Youth and Adults

Gender-affirming treatment is a multidisciplinary effort. After evaluation, education, and diagnosis, treatment may include mental health care, hormone therapy, and/or surgical therapy. Together with an MHP, hormone-prescribing clinicians should examine the psychosocial impact of the potential changes on people's lives, including mental health, friends, family, jobs, and their role in society. Transgender individuals should be encouraged to experience living in the new gender role and assess whether this improves their quality of life. Although the focus of this guideline is gender-affirming hormone therapy, collaboration with appropriate professionals responsible for each aspect of treatment maximizes a successful outcome.

Diagnostic assessment and mental health care

GD/gender incongruence may be accompanied with psychological or psychiatric problems (43–51). It is therefore necessary that clinicians who prescribe hormones and are involved in diagnosis and psychosocial assessment meet the following criteria: (1) are competent in using the DSM and/or the ICD for diagnostic purposes, (2) are able to diagnose GD/gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (3) are trained in diagnosing psychiatric conditions, (4) undertake or refer for appropriate treatment, (5) are able to do a psychosocial assessment of the patient's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy, and (6) regularly attend relevant professional meetings.

Because of the psychological vulnerability of many individuals with GD/gender incongruence, it is important that mental health care is available before, during, and sometimes also after transitioning. For children and adolescents, an MHP who has training/experience in child and adolescent gender development (as well as child and adolescent psychopathology) should make the diagnosis, because assessing GD/gender incongruence in children and adolescents is often extremely complex.

During assessment, the clinician obtains information from the individual seeking gender-affirming treatment. In the case

Table 2. DSM-5 Criteria for Gender Dysphoria in Adolescents and Adults

A. A marked incongruence between one's experienced/expressed gender and natal gender of at least 6 mo in duration, as manifested by at least two of the following:
1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender (or some alternative gender different from one's designated gender)
5. A strong desire to be treated as the other gender (or some alternative gender different from one's designated gender)
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's designated gender)

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:
1. The condition exists with a disorder of sex development.
2. The condition is posttransitional, in that the individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one sex-related medical procedure or treatment regimen—namely, regular sex hormone treatment or gender reassignment surgery confirming the desired gender (*e.g.*, penectomy, vaginoplasty in natal males; mastectomy or phalloplasty in natal females).

Reference: American Psychiatric Association (14).

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of adolescents, the clinician also obtains information from the parents or guardians regarding various aspects of the child's general and psychosexual development and current functioning. On the basis of this information, the clinician:

- decides whether the individual fulfills criteria for treatment (see Tables 2 and 3) for GD/gender incongruence (DSM-5) or transsexualism (DSM-5 and/or ICD-10);
- informs the individual about the possibilities and limitations of various kinds of treatment (hormonal/surgical and nonhormonal), and if medical treatment is desired, provides correct information to prevent unrealistically high expectations;
- assesses whether medical interventions may result in unfavorable psychological and social outcomes.

In cases in which severe psychopathology, circumstances, or both seriously interfere with the diagnostic work or make satisfactory treatment unlikely, clinicians should assist the adolescent in managing these other issues. Literature on postoperative regret suggests that besides poor quality of surgery, severe psychiatric comorbidity and lack of support may interfere with positive outcomes (52–56).

For adolescents, the diagnostic procedure usually includes a complete psychodiagnostic assessment (57) and an assessment of the decision-making capability of the youth. An evaluation to assess the family's ability to endure stress, give support, and deal with the complexities of the adolescent's situation should be part of the diagnostic phase (58).

Social transitioning

A change in gender expression and role (which may involve living part time or full time in another gender role that is consistent with one's gender identity) may test the person's resolve, the capacity to function in the affirmed gender, and the adequacy of social, economic, and psychological supports. It assists both the individual and the clinician in their judgments about how to proceed (16). During social transitioning, the person's feelings about the social transformation (including coping with the responses of others) is a major focus of the counseling. The optimal timing for social transitioning may differ between individuals. Sometimes people wait until they start gender-affirming hormone treatment to make social transitioning easier, but individuals increasingly start social transitioning long before they receive medically supervised, gender-affirming hormone treatment.

Criteria

Adolescents and adults seeking gender-affirming hormone treatment and surgery should satisfy certain criteria before proceeding (16). Criteria for gender-affirming hormone therapy for adults are in Table 4, and criteria for gender-affirming hormone therapy for adolescents are in Table 5. Follow-up studies in adults meeting these criteria indicate a high satisfaction rate with treatment (59). However, the quality of evidence is usually low. A few follow-up studies on adolescents who fulfilled these criteria also indicated good treatment results (60–63).

Recommendations for Those Involved in the Gender-Affirming Hormone Treatment of Individuals With GD/Gender Incongruence

1.1. We advise that only trained MHPs who meet the following criteria should diagnose GD/gender incongruence in adults: (1) competence in using the DSM and/or the ICD for diagnostic purposes, (2) the ability to diagnose GD/gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (3) training in diagnosing psychiatric conditions, (4) the ability to undertake or refer for appropriate treatment, (5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy, and (6) a practice of regularly attending relevant professional meetings. (Ungraded Good Practice Statement)

1.2. We advise that only MHPs who meet the following criteria should diagnose GD/gender incongruence in children and adolescents: (1) training in child and adolescent developmental psychology and psychopathology, (2) competence in using the DSM and/or ICD for diagnostic

Table 3. ICD-10 Criteria for Transsexualism

Transsexualism (F64.0) has three criteria:
1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatments.
2. The transsexual identity has been present persistently for at least 2 y.
3. The disorder is not a symptom of another mental disorder or a genetic, DSD, or chromosomal abnormality.

Table 4. Criteria for Gender-Affirming Hormone Therapy for Adults

1. Persistent, well-documented gender dysphoria/gender incongruence
2. The capacity to make a fully informed decision and to consent for treatment
3. The age of majority in a given country (if younger, follow the criteria for adolescents)
4. Mental health concerns, if present, must be reasonably well controlled

Reproduced from World Professional Association for Transgender Health (16).

purposes, (3) the ability to make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (4) training in diagnosing psychiatric conditions, (5) the ability to undertake or refer for appropriate treatment, (6) the ability to psychosocially assess the person's understanding and social conditions that can impact gender-affirming hormone therapy, (7) a practice of regularly attending relevant professional meetings, and (8) knowledge of the criteria for puberty blocking and gender-affirming hormone treatment in adolescents. (Ungraded Good Practice Statement)

Evidence

Individuals with gender identity issues may have psychological or psychiatric problems (43–48, 50, 51, 64, 65). It is therefore necessary that clinicians making the diagnosis are able to make a distinction between GD/gender incongruence and conditions that have similar features. Examples of conditions with similar features are body dysmorphic disorder, body identity integrity disorder (a condition in which individuals have a sense that their anatomical configuration as an able-bodied person is somehow wrong or inappropriate) (66), or certain forms of eunuchism (in which a person is preoccupied with or engages in castration and/or penectomy for

Table 5. Criteria for Gender-Affirming Hormone Therapy for Adolescents

Adolescents are eligible for GnRH agonist treatment if:

1. A qualified MHP has confirmed that:
- the adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed),
- gender dysphoria worsened with the onset of puberty,
- any coexisting psychological, medical, or social problems that could interfere with treatment (*e.g.*, that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment,
- the adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment,

2. And the adolescent:
- has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility,
- has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process,

3. And a pediatric endocrinologist or other clinician experienced in pubertal assessment
- agrees with the indication for GnRH agonist treatment,
- has confirmed that puberty has started in the adolescent (Tanner stage ≥G2/B2),
- has confirmed that there are no medical contraindications to GnRH agonist treatment.

Adolescents are eligible for subsequent sex hormone treatment if:

1. A qualified MHP has confirmed:
- the persistence of gender dysphoria,
- any coexisting psychological, medical, or social problems that could interfere with treatment (*e.g.*, that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start sex hormone treatment,
- the adolescent has sufficient mental capacity (which most adolescents have by age 16 years) to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to this (partly) irreversible treatment,

2. And the adolescent:
- has been informed of the (irreversible) effects and side effects of treatment (including potential loss of fertility and options to preserve fertility),
- has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process,

3. And a pediatric endocrinologist or other clinician experienced in pubertal induction:
- agrees with the indication for sex hormone treatment,
- has confirmed that there are no medical contraindications to sex hormone treatment.

Reproduced from World Professional Association for Transgender Health (16).

reasons that are not gender identity related) (11). Clinicians should also be able to diagnose psychiatric conditions accurately and ensure that these conditions are treated appropriately, particularly when the conditions may complicate treatment, affect the outcome of gender-affirming treatment, or be affected by hormone use.

Values and preferences

The task force placed a very high value on avoiding harm from hormone treatment in individuals who have conditions other than GD/gender incongruence and who may not benefit from the physical changes associated with this treatment and placed a low value on any potential benefit these persons believe they may derive from hormone treatment. This justifies the good practice statement.

1.3. We advise that decisions regarding the social transition of prepubertal youths with GD/gender incongruence are made with the assistance of an MHP or another experienced professional. (Ungraded Good Practice Statement).

1.4. We recommend against puberty blocking and gender-affirming hormone treatment in prepubertal children with GD/gender incongruence. (1 |⊕⊕◯◯)

Evidence

In most children diagnosed with GD/gender incongruence, it did not persist into adolescence. The percentages differed among studies, probably dependent on which version of the DSM clinicians used, the patient's age, the recruitment criteria, and perhaps cultural factors. However, the large majority (about 85%) of prepubertal children with a childhood diagnosis did not remain GD/gender incongruent in adolescence (20). If children have completely socially transitioned, they may have great difficulty in returning to the original gender role upon entering puberty (40). Social transition is associated with the persistence of GD/gender incongruence as a child progresses into adolescence. It may be that the presence of GD/gender incongruence in prepubertal children is the earliest sign that a child is destined to be transgender as an adolescent/adult (20). However, social transition (in addition to GD/gender incongruence) has been found to contribute to the likelihood of persistence.

This recommendation, however, does not imply that children should be discouraged from showing gender-variant behaviors or should be punished for exhibiting such behaviors. In individual cases, an early complete social transition may result in a more favorable outcome, but there are currently no criteria to identify the GD/gender-incongruent children to whom this applies. At the present time, clinical experience suggests that persistence of GD/gender incongruence can only be reliably assessed after the first signs of puberty.

Values and preferences

The task force placed a high value on avoiding harm with gender-affirming hormone therapy in prepubertal children with GD/gender incongruence. This justifies the strong recommendation in the face of low-quality evidence.

1.5. We recommend that clinicians inform and counsel all individuals seeking gender-affirming medical treatment regarding options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults. (1 |⊕⊕⊕◯)

Remarks

Persons considering hormone use for gender affirmation need adequate information about this treatment in general and about fertility effects of hormone treatment in particular to make an informed and balanced decision (67, 68). Because young adolescents may not feel qualified to make decisions about fertility and may not fully understand the potential effects of hormonal interventions, consent and protocol education should include parents, the referring MHP(s), and other members of the adolescent's support group. To our knowledge, there are no formally evaluated decision aids available to assist in the discussion and decision regarding the future fertility of adolescents or adults beginning gender-affirming treatment.

Treating early pubertal youth with GnRH analogs will temporarily impair spermatogenesis and oocyte maturation. Given that an increasing number of transgender youth want to preserve fertility potential, delaying or temporarily discontinuing GnRH analogs to promote gamete maturation is an option. This option is often not preferred, because mature sperm production is associated with later stages of puberty and with the significant development of secondary sex characteristics.

For those designated male at birth with GD/gender incongruence and who are in early puberty, sperm production and the development of the reproductive tract are insufficient for the cryopreservation of sperm. However, prolonged pubertal suppression using GnRH analogs is reversible and clinicians should inform these individuals that sperm production can be initiated following prolonged gonadotropin suppression. This can be accomplished by spontaneous gonadotropin recovery after

cessation of GnRH analogs or by gonadotropin treatment and will probably be associated with physical manifestations of testosterone production, as stated above. Note that there are no data in this population concerning the time required for sufficient spermatogenesis to collect enough sperm for later fertility. In males treated for precocious puberty, spermarche was reported 0.7 to 3 years after cessation of GnRH analogs (69). In adult men with gonadotropin deficiency, sperm are noted in seminal fluid by 6 to 12 months of gonadotropin treatment. However, sperm numbers when partners of these patients conceive are far below the "normal range" (70, 71).

In girls, no studies have reported long-term, adverse effects of pubertal suppression on ovarian function after treatment cessation (72, 73). Clinicians should inform adolescents that no data are available regarding either time to spontaneous ovulation after cessation of GnRH analogs or the response to ovulation induction following prolonged gonadotropin suppression.

In males with GD/gender incongruence, when medical treatment is started in a later phase of puberty or in adulthood, spermatogenesis is sufficient for cryopreservation and storage of sperm. *In vitro* spermatogenesis is currently under investigation. Restoration of spermatogenesis after prolonged estrogen treatment has not been studied.

In females with GD/gender incongruence, the effect of prolonged treatment with exogenous testosterone on ovarian function is uncertain. There have been reports of an increased incidence of polycystic ovaries in transgender males, both prior to and as a result of androgen treatment (74–77), although these reports were not confirmed by others (78). Pregnancy has been reported in transgender males who have had prolonged androgen treatment and have discontinued testosterone but have not had genital surgery (79, 80). A reproductive endocrine gynecologist can counsel patients before gender-affirming hormone treatment or surgery regarding potential fertility options (81). Techniques for cryopreservation of oocytes, embryos, and ovarian tissue continue to improve, and oocyte maturation of immature tissue is being studied (82).

2.0 Treatment of Adolescents

During the past decade, clinicians have progressively acknowledged the suffering of young adolescents with GD/gender incongruence. In some forms of GD/gender incongruence, psychological interventions may be useful and sufficient. However, for many adolescents with GD/gender incongruence, the pubertal physical changes are unbearable. As early medical intervention may prevent psychological harm, various clinics have decided to start treating young adolescents with GD/gender incongruence with puberty-suppressing medication (a GnRH analog). As compared with starting gender-affirming treatment long after the first phases of puberty, a benefit of pubertal suppression at early puberty may be a better psychological and physical outcome.

In girls, the first physical sign of puberty is the budding of the breasts followed by an increase in breast and fat tissue. Breast development is also associated with the pubertal growth spurt, and menarche occurs ~2 years later. In boys, the first physical change is testicular growth. A testicular volume ≥4 mL is seen as consistent with the initiation of physical puberty. At the beginning of puberty, estradiol and testosterone levels are still low and are best measured in the early morning with an ultrasensitive assay. From a testicular volume of 10 mL, daytime testosterone levels increase, leading to virilization (83). Note that pubic hair and/or axillary hair/odor may not reflect the onset of gonadarche; instead, it may reflect adrenarche alone.

2.1. We suggest that adolescents who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment (Table 5), and are requesting treatment should initially undergo treatment to suppress pubertal development. (2 ⊕⊕◯◯)

2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty (Tanner stages G2/B2). (2 ⊕⊕◯◯)

Evidence

Pubertal suppression can expand the diagnostic phase by a long period, giving the subject more time to explore options and to live in the experienced gender before making a decision to proceed with gender-affirming sex hormone treatments and/or surgery, some of which is irreversible (84, 85). Pubertal suppression is fully reversible, enabling full pubertal development in the natal gender, after cessation of treatment, if appropriate. The experience of full endogenous puberty is an undesirable condition for the GD/gender-incongruent individual and may seriously interfere with healthy psychological functioning and well-being. Treating GD/gender-incongruent adolescents entering puberty with GnRH analogs has been shown to improve psychological functioning in several domains (86).

Another reason to start blocking pubertal hormones early in puberty is that the physical outcome is improved compared with initiating physical transition after puberty has been completed (60, 62). Looking like a man or woman when living as the opposite sex creates difficult

barriers with enormous life-long disadvantages. We therefore advise starting suppression in early puberty to prevent the irreversible development of undesirable secondary sex characteristics. However, adolescents with GD/gender incongruence should experience the first changes of their endogenous spontaneous puberty, because their emotional reaction to these first physical changes has diagnostic value in establishing the persistence of GD/gender incongruence (85). Thus, Tanner stage 2 is the optimal time to start pubertal suppression. However, pubertal suppression treatment in early puberty will limit the growth of the penis and scrotum, which will have a potential effect on future surgical treatments (87).

Clinicians can also use pubertal suppression in adolescents in later pubertal stages to stop menses in transgender males and prevent facial hair growth in transgender females. However, in contrast to the effects in early pubertal adolescents, physical sex characteristics (such as more advanced breast development in transgender boys and lowering of the voice and outgrowth of the jaw and brow in transgender girls) are not reversible.

Values and preferences

These recommendations place a high value on avoiding an unsatisfactory physical outcome when secondary sex characteristics have become manifest and irreversible, a higher value on psychological well-being, and a lower value on avoiding potential harm from early pubertal suppression.

Remarks

Table 6 lists the Tanner stages of breast and male genital development. Careful documentation of hallmarks of pubertal development will ensure precise timing when initiating pubertal suppression once puberty has started. Clinicians can use pubertal LH and sex steroid levels to confirm that puberty has progressed sufficiently before starting pubertal suppression (88). Reference ranges for sex steroids by Tanner stage may vary depending on the assay used. Ultrasensitive sex steroid and gonadotropin assays will help clinicians document early pubertal changes.

Irreversible and, for GD/gender-incongruent adolescents, undesirable sex characteristics in female puberty are breasts, female body habitus, and, in some cases, relative short stature. In male puberty, they are a prominent Adam's apple; low voice; male bone configuration, such as a large jaw, big feet and hands, and tall stature; and male hair pattern on the face and extremities.

2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones. (1 l⊕⊕○○)

Evidence

Clinicians can suppress pubertal development and gonadal function most effectively via gonadotropin suppression using GnRH analogs. GnRH analogs are long-acting agonists that suppress gonadotropins by GnRH receptor desensitization after an initial increase of gonadotropins during ~10 days after the first and (to a lesser degree) the second injection (89). Antagonists immediately suppress pituitary gonadotropin secretion (90, 91). Long-acting GnRH analogs are the currently preferred treatment option. Clinicians may consider long-acting GnRH antagonists when evidence on their safety and efficacy in adolescents becomes available.

During GnRH analog treatment, slight development of secondary sex characteristics may regress, and in a later phase of pubertal development, it will stop. In girls, breast tissue will become atrophic, and menses will stop. In boys, virilization will stop, and testicular volume may decrease (92).

An advantage of using GnRH analogs is the reversibility of the intervention. If, after extensive exploration of his/her transition wish, the individual no longer desires transition, they can discontinue pubertal suppression. In subjects with

Table 6. Tanner Stages of Breast Development and Male External Genitalia

The description of Tanner stages for breast development:
1. Prepubertal
2. Breast and papilla elevated as small mound; areolar diameter increased
3. Breast and areola enlarged, no contour separation
4. Areola and papilla form secondary mound
5. Mature; nipple projects, areola part of general breast contour

For penis and testes:
1. Prepubertal, testicular volume <4 mL
2. Slight enlargement of penis; enlarged scrotum, pink, texture altered, testes 4–6 mL
3. Penis longer, testes larger (8–12 mL)
4. Penis and glans larger, including increase in breadth; testes larger (12–15 mL), scrotum dark
5. Penis adult size; testicular volume > 15 ml

Adapted from Lawrence (56).

precocious puberty, spontaneous pubertal development has been shown to resume after patients discontinue taking GnRH analogs (93).

Recommendations 2.1 to 2.3 are supported by a prospective follow-up study from The Netherlands. This report assessed mental health outcomes in 55 transgender adolescents/young adults (22 transgender females and 33 transgender males) at three time points: (1) before the start of GnRH agonist (average age of 14.8 years at start of treatment), (2) at initiation of gender-affirming hormones (average age of 16.7 years at start of treatment), and (3) 1 year after "gender-reassignment surgery" (average age of 20.7 years) (63). Despite a decrease in depression and an improvement in general mental health functioning, GD/gender incongruence persisted through pubertal suppression, as previously reported (86). However, following sex hormone treatment and gender-reassignment surgery, GD/gender incongruence was resolved and psychological functioning steadily improved (63). Furthermore, well-being was similar to or better than that reported by age-matched young adults from the general population, and none of the study participants regretted treatment. This study represents the first long-term follow-up of individuals managed according to currently existing clinical practice guidelines for transgender youth, and it underscores the benefit of the multidisciplinary approach pioneered in The Netherlands; however, further studies are needed.

Side effects

The primary risks of pubertal suppression in GD/gender-incongruent adolescents may include adverse effects on bone mineralization (which can theoretically be reversed with sex hormone treatment), compromised fertility if the person subsequently is treated with sex hormones, and unknown effects on brain development. Few data are available on the effect of GnRH analogs on BMD in adolescents with GD/gender incongruence. Initial data in GD/gender-incongruent subjects demonstrated no change of absolute areal BMD during 2 years of GnRH analog therapy but a decrease in BMD *z* scores (85). A recent study also suggested suboptimal bone mineral accrual during GnRH analog treatment. The study reported a decrease in areal BMD *z* scores and of bone mineral apparent density *z* scores (which takes the size of the bone into account) in 19 transgender males treated with GnRH analogs from a mean age of 15.0 years (standard deviation = 2.0 years) for a median duration of 1.5 years (0.3 to 5.2 years) and in 15 transgender females treated from 14.9 (±1.9) years for 1.3 years (0.5 to 3.8 years), although not all changes were statistically significant (94). There was incomplete catch-up at age 22 years after sex hormone treatment from age 16.6 (±1.4) years for a median duration of 5.8 years (3.0 to 8.0 years) in transgender females and from age 16.4 (±2.3) years for 5.4 years (2.8 to 7.8 years) in transgender males. Little is known about more prolonged use of GnRH analogs. Researchers reported normal BMD *z* scores at age 35 years in one individual who used GnRH analogs from age 13.7 years until age 18.6 years before initiating sex hormone treatment (65).

Additional data are available from individuals with late puberty or GnRH analog treatment of other indications. Some studies reported that men with constitutionally delayed puberty have decreased BMD in adulthood (95). However, other studies reported that these men have normal BMD (96, 97). Treating adults with GnRH analogs results in a decrease of BMD (98). In children with central precocious puberty, treatment with GnRH analogs has been found to result in a decrease of BMD during treatment by some (99) but not others (100). Studies have reported normal BMD after discontinuing therapy (69, 72, 73, 101, 102). In adolescents treated with growth hormone who are small for gestational age and have normal pubertal timing, 2-year GnRH analog treatments did not adversely affect BMD (103). Calcium supplementation may be beneficial in optimizing bone health in GnRH analog–treated individuals (104). There are no studies of vitamin D supplementation in this context, but clinicians should offer supplements to vitamin D–deficient adolescents. Physical activity, especially during growth, is important for bone mass in healthy individuals (103) and is therefore likely to be beneficial for bone health in GnRH analog–treated subjects.

GnRH analogs did not induce a change in body mass index standard deviation score in GD/gender-incongruent adolescents (94) but caused an increase in fat mass and decrease in lean body mass percentage (92). Studies in girls treated for precocious puberty also reported a stable body mass index standard deviation score during treatment (72) and body mass index and body composition comparable to controls after treatment (73).

Arterial hypertension has been reported as an adverse effect in a few girls treated with GnRH analogs for precocious/early puberty (105, 106). Blood pressure monitoring before and during treatment is recommended.

Individuals may also experience hot flashes, fatigue, and mood alterations as a consequence of pubertal suppression. There is no consensus on treatment of these side effects in this context.

It is recommended that any use of pubertal blockers (and subsequent use of sex hormones, as detailed below) include a discussion about implications for fertility (see recommendation 1.3). Transgender adolescents may

want to preserve fertility, which may be otherwise compromised if puberty is suppressed at an early stage and the individual completes phenotypic transition with the use of sex hormones.

Limited data are available regarding the effects of GnRH analogs on brain development. A single cross-sectional study demonstrated no compromise of executive function (107), but animal data suggest there may be an effect of GnRH analogs on cognitive function (108).

Values and preferences

Our recommendation of GnRH analogs places a higher value on the superior efficacy, safety, and reversibility of the pubertal hormone suppression achieved (as compared with the alternatives) and a relatively lower value on limiting the cost of therapy. Of the available alternatives, depot and oral progestin preparations are effective. Experience with this treatment dates back prior to the emergence of GnRH analogs for treating precocious puberty in papers from the 1960s and early 1970s (109–112). These compounds are usually safe, but some side effects have been reported (113–115). Only two recent studies involved transgender youth (116, 117). One of these studies described the use of oral lynestrenol monotherapy followed by the addition of testosterone treatment in transgender boys who were at Tanner stage B4 or further at the start of treatment (117). They found lynestrenol safe, but gonadotropins were not fully suppressed. The study reported metrorrhagia in approximately half of the individuals, mainly in the first 6 months. Acne, headache, hot flashes, and fatigue were other frequent side effects. Another progestin that has been studied in the United States is medroxyprogesterone. This agent is not as effective as GnRH analogs in lowering endogenous sex hormones either and may be associated with other side effects (116). Progestin preparations may be an acceptable treatment for persons without access to GnRH analogs or with a needle phobia. If GnRH analog treatment is not available (insurance denial, prohibitive cost, or other reasons), postpubertal, transgender female adolescents may be treated with an antiandrogen that directly suppresses androgen synthesis or action (see adult section).

Remarks

Measurements of gonadotropin and sex steroid levels give precise information about gonadal axis suppression, although there is insufficient evidence for any specific short-term monitoring scheme in children treated with GnRH analogs (88). If the gonadal axis is not completely suppressed—as evidenced by (for example) menses, erections, or progressive hair growth—the interval of GnRH analog treatment can be shortened or the dose increased. During treatment, adolescents should be monitored for negative effects of delaying puberty, including a halted growth spurt and impaired bone mineral accretion. Table 7 illustrates a suggested clinical protocol.

Anthropometric measurements and X-rays of the left hand to monitor bone age are informative for evaluating growth. To assess BMD, clinicians can perform dual-energy X-ray absorptiometry scans.

2.4. In adolescents who request sex hormone treatment (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule (see Table 8) after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years (Table 5). (1 |⊕⊕◯◯)

2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years. As with the care of adolescents ≥16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment. (1 |⊕◯◯◯)

2.6. We suggest monitoring clinical pubertal development every 3 to 6 months and laboratory parameters every 6 to 12 months during sex hormone treatment (Table 9). (2 |⊕⊕◯◯)

Table 7. Baseline and Follow-Up Protocol During Suppression of Puberty

Every 3–6 mo
Anthropometry: height, weight, sitting height, blood pressure, Tanner stages
Every 6–12 mo
Laboratory: LH, FSH, E2/T, 25OH vitamin D
Every 1–2 y
Bone density using DXA
Bone age on X-ray of the left hand (if clinically indicated)

Adapted from Hembree *et al.* (118).

Abbreviations: DXA, dual-energy X-ray absorptiometry; E2, estradiol; FSH, follicle stimulating hormone; LH, luteinizing hormone; T, testosterone;

Table 8. Protocol Induction of Puberty

Induction of female puberty with oral 17β-estradiol, increasing the dose every 6 mo:
- 5 μg/kg/d
- 10 μg/kg/d
- 15 μg/kg/d
- 20 μg/kg/d
- Adult dose = 2–6 mg/d
- *In postpubertal transgender female adolescents, the dose of 17β-estradiol can be increased more rapidly:*
  - 1 mg/d for 6 mo
  - 2 mg/d

Induction of female puberty with transdermal 17β-estradiol, increasing the dose every 6 mo (new patch is placed every 3.5 d):
- 6.25–12.5 μg/24 h (cut 25-μg patch into quarters, then halves)
- 25 μg/24 h
- 37.5 μg/24 h
- Adult dose = 50–200 μg/24 h
- *For alternatives once at adult dose, see Table 11.*
- *Adjust maintenance dose to mimic physiological estradiol levels (see Table 15).*

Induction of male puberty with testosterone esters increasing the dose every 6 mo (IM or SC):
- 25 mg/m^2/2 wk (or alternatively, half this dose weekly, or double the dose every 4 wk)
- 50 mg/m^2/2 wk
- 75 mg/m^2/2 wk
- 100 mg/m^2/2 wk
- Adult dose = 100–200 mg every 2 wk
- *In postpubertal transgender male adolescents the dose of testosterone esters can be increased more rapidly:*
  - 75 mg/2 wk for 6 mo
  - 125 mg/2 wk
- *For alternatives once at adult dose, see Table 11.*
- *Adjust maintenance dose to mimic physiological testosterone levels (see Table 14).*

Adapted from Hembree *et al.* (118).

Abbreviations: IM, intramuscularly; SC, subcutaneously.

Evidence

Adolescents develop competence in decision making at their own pace. Ideally, the supervising medical professionals should individually assess this competence, although no objective tools to make such an assessment are currently available.

Many adolescents have achieved a reasonable level of competence by age 15 to 16 years (119), and in many countries 16-year-olds are legally competent with regard to medical decision making (120). However, others believe that although some capacities are generally achieved before age 16 years, other abilities (such as good risk assessment) do not develop until well after 18 years (121). They suggest that health care procedures should be divided along a matrix of relative risk, so that younger adolescents can be allowed to decide about low-risk procedures, such as most diagnostic tests and common therapies, but not about high-risk procedures, such as most surgical procedures (121).

Currently available data from transgender adolescents support treatment with sex hormones starting at age 16 years (63, 122). However, some patients may incur potential risks by waiting until age 16 years. These include the potential risk to bone health if puberty is suppressed

Table 9. Baseline and Follow-up Protocol During Induction of Puberty

Every 3–6 mo
- •Anthropometry: height, weight, sitting height, blood pressure, Tanner stages

Every 6–12 mo
- •In transgender males: hemoglobin/hematocrit, lipids, testosterone, 25OH vitamin D
- •In transgender females: prolactin, estradiol, 25OH vitamin D

Every 1–2 y
- •BMD using DXA
- •Bone age on X-ray of the left hand (if clinically indicated)

BMD should be monitored into adulthood (until the age of 25–30 y or until peak bone mass has been reached).
For recommendations on monitoring once pubertal induction has been completed, see Tables 14 and 15.

Adapted from Hembree *et al.* (118).

Abbreviation: DXA, dual-energy X-ray absorptiometry.

for 6 to 7 years before initiating sex hormones (*e.g.*, if someone reached Tanner stage 2 at age 9-10 years old). Additionally, there may be concerns about inappropriate height and potential harm to mental health (emotional and social isolation) if initiation of secondary sex characteristics must wait until the person has reached 16 years of age. However, only minimal data supporting earlier use of gender-affirming hormones in transgender adolescents currently exist (63). Clearly, long-term studies are needed to determine the optimal age of sex hormone treatment in GD/gender-incongruent adolescents.

The MHP who has followed the adolescent during GnRH analog treatment plays an essential role in assessing whether the adolescent is eligible to start sex hormone therapy and capable of consenting to this treatment (Table 5). Support of the family/environment is essential. Prior to the start of sex hormones, clinicians should discuss the implications for fertility (see recommendation 1.5). Throughout pubertal induction, an MHP and a pediatric endocrinologist (or other clinician competent in the evaluation and induction of pubertal development) should monitor the adolescent. In addition to monitoring therapy, it is also important to pay attention to general adolescent health issues, including healthy life style choices, such as not smoking, contraception, and appropriate vaccinations (*e.g.*, human papillomavirus).

For the induction of puberty, clinicians can use a similar dose scheme for hypogonadal adolescents with GD/gender incongruence as they use in other individuals with hypogonadism, carefully monitoring for desired and undesired effects (Table 8). In transgender female adolescents, transdermal 17β-estradiol may be an alternative for oral 17β-estradiol. It is increasingly used for pubertal induction in hypogonadal females. However, the absence of low-dose estrogen patches may be a problem. As a result, individuals may need to cut patches to size themselves to achieve appropriate dosing (123). In transgender male adolescents, clinicians can give testosterone injections intramuscularly or subcutaneously (124, 125).

When puberty is initiated with a gradually increasing schedule of sex steroid doses, the initial levels will not be high enough to suppress endogenous sex steroid secretion. Gonadotropin secretion and endogenous production of testosterone may resume and interfere with the effectiveness of estrogen treatment, in transgender female adolescents (126, 127). Therefore, continuation of GnRH analog treatment is advised until gonadectomy. Given that GD/gender-incongruent adolescents may opt not to have gonadectomy, long-term studies are necessary to examine the potential risks of prolonged GnRH analog treatment. Alternatively, in transgender male adolescents, GnRH analog treatment can be discontinued once an adult dose of testosterone has been reached and the individual is well virilized. If uterine bleeding occurs, a progestin can be added. However, the combined use of a GnRH analog (for ovarian suppression) and testosterone may enable phenotypic transition with a lower dose of testosterone in comparison with testosterone alone. If there is a wish or need to discontinue GnRH analog treatment in transgender female adolescents, they may be treated with an antiandrogen that directly suppresses androgen synthesis or action (see section 3.0 "Hormonal Therapy for Transgender Adults").

Values and preferences

The recommendation to initiate pubertal induction only when the individual has sufficient mental capacity (roughly age 16 years) to give informed consent for this partly irreversible treatment places a higher value on the ability of the adolescent to fully understand and oversee the partially irreversible consequences of sex hormone treatment and to give informed consent. It places a lower value on the possible negative effects of delayed puberty. We may not currently have the means to weigh adequately the potential benefits of waiting until around age 16 years to initiate sex hormones vs the potential risks/harm to BMD and the sense of social isolation from having the timing of puberty be so out of sync with peers (128).

Remarks

Before starting sex hormone treatment, effects on fertility and options for fertility preservation should be discussed. Adult height may be a concern in transgender adolescents. In a transgender female adolescent, clinicians may consider higher doses of estrogen or a more rapid tempo of dose escalation during pubertal induction. There are no established treatments yet to augment adult height in a transgender male adolescent with open epiphyses during pubertal induction. It is not uncommon for transgender adolescents to present for clinical services after having completed or nearly completed puberty. In such cases, induction of puberty with sex hormones can be done more rapidly (see Table 8). Additionally, an adult dose of testosterone in transgender male adolescents may suffice to suppress the gonadal axis without the need to use a separate agent. At the appropriate time, the multidisciplinary team should adequately prepare the adolescent for transition to adult care.

3.0 Hormonal Therapy for Transgender Adults

The two major goals of hormonal therapy are (1) to reduce endogenous sex hormone levels, and thus reduce

the secondary sex characteristics of the individual's designated gender, and (2) to replace endogenous sex hormone levels consistent with the individual's gender identity by using the principles of hormone replacement treatment of hypogonadal patients. The timing of these two goals and the age at which to begin treatment with the sex hormones of the chosen gender is codetermined in collaboration with both the person pursuing transition and the health care providers. The treatment team should include a medical provider knowledgeable in transgender hormone therapy, an MHP knowledgeable in GD/gender incongruence and the mental health concerns of transition, and a primary care provider able to provide care appropriate for transgender individuals. The physical changes induced by this sex hormone transition are usually accompanied by an improvement in mental well-being (129, 130).

3.1. We recommend that clinicians confirm the diagnostic criteria of GD/gender incongruence and the criteria for the endocrine phase of gender transition before beginning treatment. (1 |⊕⊕⊕○)

3.2. We recommend that clinicians evaluate and address medical conditions that can be exacerbated by hormone depletion and treatment with sex hormones of the affirmed gender before beginning treatment (Table 10). (1 |⊕⊕⊕○)

3.3. We suggest that clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex steroids are maintained in the normal physiologic range for the affirmed gender. (2 |⊕⊕○○)

Evidence

It is the responsibility of the treating clinician to confirm that the person fulfills criteria for treatment. The treating clinician should become familiar with the terms and criteria presented in Tables 1–5 and take a thorough history from the patient in collaboration with the other members of the treatment team. The treating clinician must ensure that the desire for transition is appropriate; the consequences, risks, and benefits of treatment are well understood; and the desire for transition persists. They also need to discuss fertility preservation options (see recommendation 1.3) (67, 68).

Transgender males

Clinical studies have demonstrated the efficacy of several different androgen preparations to induce masculinization in transgender males (Appendix A) (113, 114, 131–134). Regimens to change secondary sex characteristics follow the general principle of hormone replacement treatment of male hypogonadism (135). Clinicians can use either parenteral or transdermal preparations to achieve testosterone values in the normal male range (this is dependent on the specific assay, but is typically 320 to 1000 ng/dL) (Table 11) (136). Sustained supraphysiologic levels of testosterone increase the risk of adverse reactions (see section 4.0 "Adverse Outcome Prevention and Long-Term Care") and should be avoided.

Similar to androgen therapy in hypogonadal men, testosterone treatment in transgender males results in increased muscle mass and decreased fat mass, increased facial hair and acne, male pattern baldness in those genetically predisposed, and increased sexual desire (137).

Table 10. Medical Risks Associated With Sex Hormone Therapy

Transgender female: estrogen
- Very high risk of adverse outcomes:
  - Thromboembolic disease
- Moderate risk of adverse outcomes:
  - Macroprolactinoma
  - Breast cancer
  - Coronary artery disease
  - Cerebrovascular disease
  - Cholelithiasis
  - Hypertriglyceridemia

Transgender male: testosterone
- Very high risk of adverse outcomes:
  - Erythrocytosis (hematocrit > 50%)
- Moderate risk of adverse outcomes:
  - Severe liver dysfunction (transaminases > threefold upper limit of normal)
  - Coronary artery disease
  - Cerebrovascular disease
  - Hypertension
  - Breast or uterine cancer

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Table 11. Hormone Regimens in Transgender Persons

Transgender females[a]	
Estrogen	
Oral	
Estradiol	2.0–6.0 mg/d
Transdermal	
Estradiol transdermal patch (New patch placed every 3–5 d)	0.025–0.2 mg/d
Parenteral	
Estradiol valerate or cypionate	5–30 mg IM every 2 wk 2–10 mg IM every week
Anti-androgens	
Spironolactone	100–300 mg/d
Cyproterone acetate[b]	25–50 mg/d
GnRH agonist	3.75 mg SQ (SC) monthly 11.25 mg SQ (SC) 3-monthly
Transgender males	
Testosterone	
Parenteral testosterone	
Testosterone enanthate or cypionate	100–200 mg SQ (IM) every 2 wk or SQ (SC) 50% per week
Testosterone undecanoate[c]	1000 mg every 12 wk
Transdermal testosterone	
Testosterone gel 1.6%[d]	50–100 mg/d
Testosterone transdermal patch	2.5–7.5 mg/d

Abbreviations: IM, intramuscularly; SQ, sequentially; SC, subcutaneously.

[a]Estrogens used with or without antiandrogens or GnRH agonist.

[b]Not available in the United States.

[c]One thousand milligrams initially followed by an injection at 6 wk then at 12-wk intervals.

[d]Avoid cutaneous transfer to other individuals.

In transgender males, testosterone will result in clitoromegaly, temporary or permanent decreased fertility, deepening of the voice, cessation of menses (usually), and a significant increase in body hair, particularly on the face, chest, and abdomen. Cessation of menses may occur within a few months with testosterone treatment alone, although high doses of testosterone may be required. If uterine bleeding continues, clinicians may consider the addition of a progestational agent or endometrial ablation (138). Clinicians may also administer GnRH analogs or depot medroxyprogesterone to stop menses prior to testosterone treatment.

Transgender females

The hormone regimen for transgender females is more complex than the transgender male regimen (Appendix B). Treatment with physiologic doses of estrogen alone is insufficient to suppress testosterone levels into the normal range for females (139). Most published clinical studies report the need for adjunctive therapy to achieve testosterone levels in the female range (21, 113, 114, 132–134, 139, 140).

Multiple adjunctive medications are available, such as progestins with antiandrogen activity and GnRH agonists (141). Spironolactone works by directly blocking androgens during their interaction with the androgen receptor (114, 133, 142). It may also have estrogenic activity (143). Cyproterone acetate, a progestational compound with antiandrogenic properties (113, 132, 144), is widely used in Europe. 5α-Reductase inhibitors do not reduce testosterone levels and have adverse effects (145).

Dittrich *et al.* (141) reported that monthly doses of the GnRH agonist goserelin acetate in combination with estrogen were effective in reducing testosterone levels with a low incidence of adverse reactions in 60 transgender females. Leuprolide and transdermal estrogen were as effective as cyproterone and transdermal estrogen in a comparative retrospective study (146).

Patients can take estrogen as oral conjugated estrogens, oral 17β-estradiol, or transdermal 17β-estradiol. Among estrogen options, the increased risk of thromboembolic events associated with estrogens in general seems most concerning with ethinyl estradiol specifically (134, 140, 141), which is why we specifically suggest that it not be used in any transgender treatment plan. Data distinguishing among other estrogen options are less well established although there is some thought that oral routes of administration are more thrombogenic due to the "first pass effect" than are transdermal and parenteral routes, and that the risk of thromboembolic events is dose-dependent. Injectable estrogen and sublingual

estrogen may benefit from avoiding the first pass effect, but they can result in more rapid peaks with greater overall periodicity and thus are more difficult to monitor (147, 148). However, there are no data demonstrating that increased periodicity is harmful otherwise.

Clinicians can use serum estradiol levels to monitor oral, transdermal, and intramuscular estradiol. Blood tests cannot monitor conjugated estrogens or synthetic estrogen use. Clinicians should measure serum estradiol and serum testosterone and maintain them at the level for premenopausal females (100 to 200 pg/mL and <50 ng/dL, respectively). The transdermal preparations and injectable estradiol cypionate or valerate preparations may confer an advantage in older transgender females who may be at higher risk for thromboembolic disease (149).

Values

Our recommendation to maintain levels of gender-affirming hormones in the normal adult range places a high value on the avoidance of the long-term complications of pharmacologic doses. Those patients receiving endocrine treatment who have relative contraindications to hormones should have an in-depth discussion with their physician to balance the risks and benefits of therapy.

Remarks

Clinicians should inform all endocrine-treated individuals of all risks and benefits of gender-affirming hormones prior to initiating therapy. Clinicians should strongly encourage tobacco use cessation in transgender females to avoid increased risk of VTE and cardiovascular complications. We strongly discourage the unsupervised use of hormone therapy (150).

Not all individuals with GD/gender incongruence seek treatment as described (*e.g.*, male-to-eunuchs and individuals seeking partial transition). Tailoring current protocols to the individual may be done within the context of accepted safety guidelines using a multidisciplinary approach including mental health. No evidence-based protocols are available for these groups (151). We need prospective studies to better understand treatment options for these persons.

3.4. We suggest that endocrinologists provide education to transgender individuals undergoing treatment about the onset and time course of physical changes induced by sex hormone treatment. (2 l⊕○○○)

Evidence

Transgender males

Physical changes that are expected to occur during the first 1 to 6 months of testosterone therapy include cessation of menses, increased sexual desire, increased facial and body hair, increased oiliness of skin, increased muscle, and redistribution of fat mass. Changes that occur within the first year of testosterone therapy include deepening of the voice (152, 153), clitoromegaly, and male pattern hair loss (in some cases) (114, 144, 154, 155) (Table 12).

Transgender females

Physical changes that may occur in transgender females in the first 3 to 12 months of estrogen and antiandrogen therapy include decreased sexual desire, decreased spontaneous erections, decreased facial and body hair (usually mild), decreased oiliness of skin, increased breast tissue growth, and redistribution of fat mass (114, 139, 149, 154, 155, 161) (Table 13). Breast development is generally maximal at 2 years after initiating hormones (114, 139, 149, 155). Over a long period of time, the prostate gland and testicles will undergo atrophy.

Although the time course of breast development in transgender females has been studied (150), precise information about other changes induced by sex hormones is lacking (141). There is a great deal of variability among individuals, as evidenced during pubertal development. We all know that a major concern for transgender females is breast development. If we work with estrogens, the result will be often not what the transgender female expects.

Alternatively, there are transgender females who report an anecdotal improved breast development, mood, or sexual desire with the use of progestogens. However, there have been no well-designed studies of the role of progestogens in feminizing hormone regimens, so the question is still open.

Our knowledge concerning the natural history and effects of different cross-sex hormone therapies on breast

Table 12. Masculinizing Effects in Transgender Males

Effect	Onset	Maximum
Skin oiliness/acne	1–6 mo	1–2 y
Facial/body hair growth	6–12 mo	4–5 y
Scalp hair loss	6–12 mo	—[a]
Increased muscle mass/strength	6–12 mo	2–5 y
Fat redistribution	1–6 mo	2–5 y
Cessation of menses	1–6 mo	—[b]
Clitoral enlargement	1–6 mo	1–2 y
Vaginal atrophy	1–6 mo	1–2 y
Deepening of voice	6–12 mo	1–2 y

Estimates represent clinical observations: Toorians *et al.* (149), Asscheman *et al.* (156), Gooren *et al.* (157), Wierckx *et al.* (158).

[a] Prevention and treatment as recommended for biological men.

[b] Menorrhagia requires diagnosis and treatment by a gynecologist.

Table 13. Feminizing Effects in Transgender Females

Effect	Onset	Maximum
Redistribution of body fat	3–6 mo	2–3 y
Decrease in muscle mass and strength	3–6 mo	1–2 y
Softening of skin/decreased oiliness	3–6 mo	Unknown
Decreased sexual desire	1–3 mo	3–6 mo
Decreased spontaneous erections	1–3 mo	3–6 mo
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 mo	2–3 y
Decreased testicular volume	3–6 mo	2–3 y
Decreased sperm production	Unknown	>3 y
Decreased terminal hair growth	6–12 mo	>3 y[a]
Scalp hair	Variable	—[b]
Voice changes	None	—[c]

Estimates represent clinical observations: Toorians *et al.* (149), Asscheman *et al.* (156), Gooren *et al.* (157).

[a]Complete removal of male sexual hair requires electrolysis or laser treatment or both.

[b]Familial scalp hair loss may occur if estrogens are stopped.

[c]Treatment by speech pathologists for voice training is most effective.

development in transgender females is extremely sparse and based on the low quality of evidence. Current evidence does not indicate that progestogens enhance breast development in transgender females, nor does evidence prove the absence of such an effect. This prevents us from drawing any firm conclusion at this moment and demonstrates the need for further research to clarify these important clinical questions (162).

Values and preferences

Transgender persons have very high expectations regarding the physical changes of hormone treatment and are aware that body changes can be enhanced by surgical procedures (*e.g.*, breast, face, and body habitus). Clear expectations for the extent and timing of sex hormone–induced changes may prevent the potential harm and expense of unnecessary procedures.

4.0 Adverse Outcome Prevention and Long-Term Care

Hormone therapy for transgender males and females confers many of the same risks associated with sex hormone replacement therapy in nontransgender persons. The risks arise from and are worsened by inadvertent or intentional use of supraphysiologic doses of sex hormones, as well as use of inadequate doses of sex hormones to maintain normal physiology (131, 139).

4.1. We suggest regular clinical evaluation for physical changes and potential adverse changes in response to sex steroid hormones and laboratory monitoring of sex steroid hormone levels every 3 months during the first year of hormone therapy for transgender males and females and then once or twice yearly. (2 ⊕⊕○○)

Evidence

Pretreatment screening and appropriate regular medical monitoring are recommended for both transgender males and females during the endocrine transition and periodically thereafter (26, 155). Clinicians should monitor weight and blood pressure, conduct physical exams, and assess routine health questions, such as tobacco use, symptoms of depression, and risk of adverse events such as deep vein thrombosis/pulmonary embolism and other adverse effects of sex steroids.

Transgender males

Table 14 contains a standard monitoring plan for transgender males on testosterone therapy (154, 159). Key issues include maintaining testosterone levels in the physiologic normal male range and avoiding adverse events resulting from excess testosterone therapy, particularly erythrocytosis, sleep apnea, hypertension, excessive weight gain, salt retention, lipid changes, and excessive or cystic acne (135).

Because oral 17-alkylated testosterone is not recommended, serious hepatic toxicity is not anticipated with parenteral or transdermal testosterone use (163, 164). Past concerns regarding liver toxicity with testosterone have been alleviated with subsequent reports that indicate the risk of serious liver disease is minimal (144, 165, 166).

Transgender females

Table 15 contains a standard monitoring plan for transgender females on estrogens, gonadotropin suppression, or antiandrogens (160). Key issues include avoiding supraphysiologic doses or blood levels of estrogen that may lead to increased risk for thromboembolic disease, liver dysfunction, and hypertension. Clinicians should monitor serum estradiol levels using laboratories participating in external quality control, as measurements of estradiol in blood can be very challenging (167).

VTE may be a serious complication. A study reported a 20-fold increase in venous thromboembolic disease in a large cohort of Dutch transgender subjects (161). This increase may have been associated with the use of the synthetic estrogen, ethinyl estradiol (149). The incidence decreased when clinicians stopped administering ethinyl estradiol (161). Thus, the use of synthetic estrogens and conjugated estrogens is undesirable because of the inability to regulate doses by measuring serum levels and the risk of thromboembolic disease. In a German gender clinic, deep vein thrombosis occurred in 1 of 60 of transgender females treated with a GnRH analog and oral

Table 14. Monitoring of Transgender Persons on Gender-Affirming Hormone Therapy: Transgender Male

1. Evaluate patient every 3 mo in the first year and then one to two times per year to monitor for appropriate signs of virilization and for development of adverse reactions.
2. Measure serum testosterone every 3 mo until levels are in the normal physiologic male range:[a]
   a. For testosterone enanthate/cypionate injections, the testosterone level should be measured midway between injections. The target level is 400–700 ng/dL to 400 ng/dL. Alternatively, measure peak and trough levels to ensure levels remain in the normal male range.
   b. For parenteral testosterone undecanoate, testosterone should be measured just before the following injection. If the level is <400 ng/dL, adjust dosing interval.
   c. For transdermal testosterone, the testosterone level can be measured no sooner than after 1 wk of daily application (at least 2 h after application).
3. Measure hematocrit or hemoglobin at baseline and every 3 mo for the first year and then one to two times a year. Monitor weight, blood pressure, and lipids at regular intervals.
4. Screening for osteoporosis should be conducted in those who stop testosterone treatment, are not compliant with hormone therapy, or who develop risks for bone loss.
5. If cervical tissue is present, monitoring as recommended by the American College of Obstetricians and Gynecologists.
6. Ovariectomy can be considered after completion of hormone transition.
7. Conduct sub- and periareolar annual breast examinations if mastectomy performed. If mastectomy is not performed, then consider mammograms as recommended by the American Cancer Society.

[a]Adapted from Lapauw *et al.* (154) and Ott *et al.* (159).

estradiol (141). The patient who developed a deep vein thrombosis was found to have a homozygous C677 T mutation in the methylenetetrahydrofolate reductase gene. In an Austrian gender clinic, administering gender-affirming hormones to 162 transgender females and 89 transgender males was not associated with VTE, despite an 8.0% and 5.6% incidence of thrombophilia (159). A more recent multinational study reported only 10 cases of VTE from a cohort of 1073 subjects (168). Thrombophilia screening of transgender persons initiating hormone treatment should be restricted to those with a personal or family history of VTE (159). Monitoring D-dimer levels during treatment is not recommended (169).

4.2. We suggest periodically monitoring prolactin levels in transgender females treated with estrogens. (2 l⊕⊕◯◯)

Evidence

Estrogen therapy can increase the growth of pituitary lactrotroph cells. There have been several reports of prolactinomas occurring after long-term, high-dose estrogen therapy (170–173). Up to 20% of transgender females treated with estrogens may have elevations in prolactin levels associated with enlargement of the pituitary gland (156). In most cases, the serum prolactin levels will return to the normal range with a reduction or discontinuation of the estrogen therapy or discontinuation of cyproterone acetate (157, 174, 175).

The onset and time course of hyperprolactinemia during estrogen treatment are not known. Clinicians should measure prolactin levels at baseline and then at least annually during the transition period and every 2 years thereafter. Given that only a few case studies reported prolactinomas, and prolactinomas were not reported in large cohorts of estrogen-treated persons, the risk is likely to be very low. Because the major presenting findings of microprolactinomas (hypogonadism and sometimes gynecomastia) are not apparent in transgender females, clinicians may perform radiologic examinations of the pituitary in those patients whose prolactin levels persistently increase despite stable or reduced estrogen levels. Some transgender individuals receive psychotropic medications that can increase prolactin levels (174).

Table 15. Monitoring of Transgender Persons on Gender-Affirming Hormone Therapy: Transgender Female

1. Evaluate patient every 3 mo in the first year and then one to two times per year to monitor for appropriate signs of feminization and for development of adverse reactions.
2. Measure serum testosterone and estradiol every 3 mo.
   a. Serum testosterone levels should be <50 ng/dL.
   b. Serum estradiol should not exceed the peak physiologic range: 100–200 pg/mL.
3. For individuals on spironolactone, serum electrolytes, particularly potassium, should be monitored every 3 mo in the first year and annually thereafter.
4. Routine cancer screening is recommended, as in nontransgender individuals (all tissues present).
5. Consider BMD testing at baseline (160). In individuals at low risk, screening for osteoporosis should be conducted at age 60 years or in those who are not compliant with hormone therapy.

This table presents strong recommendations and does not include lower level recommendations.

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4.3. We suggest that clinicians evaluate transgender persons treated with hormones for cardiovascular risk factors using fasting lipid profiles, diabetes screening, and/or other diagnostic tools. (2 ⊕⊕◯◯)

Evidence

Transgender males

Administering testosterone to transgender males results in a more atherogenic lipid profile with lowered high-density lipoprotein cholesterol and higher triglyceride and low-density lipoprotein cholesterol values (176–179). Studies of the effect of testosterone on insulin sensitivity have mixed results (178, 180). A randomized, open-label uncontrolled safety study of transgender males treated with testosterone undecanoate demonstrated no insulin resistance after 1 year (181, 182). Numerous studies have demonstrated the effects of sex hormone treatment on the cardiovascular system (160, 179, 183, 184). Long-term studies from The Netherlands found no increased risk for cardiovascular mortality (161). Likewise, a meta-analysis of 19 randomized trials in nontransgender males on testosterone replacement showed no increased incidence of cardiovascular events (185). A systematic review of the literature found that data were insufficient (due to very low–quality evidence) to allow a meaningful assessment of patient-important outcomes, such as death, stroke, myocardial infarction, or VTE in transgender males (176). Future research is needed to ascertain the potential harm of hormonal therapies (176). Clinicians should manage cardiovascular risk factors as they emerge according to established guidelines (186).

Transgender females

A prospective study of transgender females found favorable changes in lipid parameters with increased high-density lipoprotein and decreased low-density lipoprotein concentrations (178). However, increased weight, blood pressure, and markers of insulin resistance attenuated these favorable lipid changes. In a meta-analysis, only serum triglycerides were higher at ≥24 months without changes in other parameters (187). The largest cohort of transgender females (mean age 41 years, followed for a mean of 10 years) showed no increase in cardiovascular mortality despite a 32% rate of tobacco use (161).

Thus, there is limited evidence to determine whether estrogen is protective or detrimental on lipid and glucose metabolism in transgender females (176). With aging, there is usually an increase of body weight. Therefore, as with nontransgender individuals, clinicians should monitor and manage glucose and lipid metabolism and blood pressure regularly according to established guidelines (186).

4.4. We recommend that clinicians obtain BMD measurements when risk factors for osteoporosis exist, specifically in those who stop sex hormone therapy after gonadectomy. (1 ⊕⊕◯◯)

Evidence

Transgender males

Baseline bone mineral measurements in transgender males are generally in the expected range for their pretreatment gender (188). However, adequate dosing of testosterone is important to maintain bone mass in transgender males (189, 190). In one study (190), serum LH levels were inversely related to BMD, suggesting that low levels of sex hormones were associated with bone loss. Thus, LH levels in the normal range may serve as an indicator of the adequacy of sex steroid administration to preserve bone mass. The protective effect of testosterone may be mediated by peripheral conversion to estradiol, both systemically and locally in the bone.

Transgender females

A baseline study of BMD reported T scores less than −2.5 in 16% of transgender females (191). In aging males, studies suggest that serum estradiol more positively correlates with BMD than does testosterone (192, 193) and is more important for peak bone mass (194). Estrogen preserves BMD in transgender females who continue on estrogen and antiandrogen therapies (188, 190, 191, 195, 196).

Fracture data in transgender males and females are not available. Transgender persons who have undergone gonadectomy may choose not to continue consistent sex steroid treatment after hormonal and surgical sex reassignment, thereby becoming at risk for bone loss. There have been no studies to determine whether clinicians should use the sex assigned at birth or affirmed gender for assessing osteoporosis (*e.g.*, when using the FRAX tool). Although some researchers use the sex assigned at birth (with the assumption that bone mass has usually peaked for transgender people who initiate hormones in early adulthood), this should be assessed on a case-by-case basis until there are more data available. This assumption will be further complicated by the increasing prevalence of transgender people who undergo hormonal transition at a pubertal age or soon after puberty. Sex for comparison within risk assessment tools may be based on the age at which hormones were initiated and the length of exposure to hormones. In some cases, it may be

reasonable to assess risk using both the male and female calculators and using an intermediate value. Because all subjects underwent normal pubertal development, with known effects on bone size, reference values for birth sex were used for all participants (154).

4.5. We suggest that transgender females with no known increased risk of breast cancer follow breast-screening guidelines recommended for those designated female at birth. (2 ⊕⊕◯◯)

4.6. We suggest that transgender females treated with estrogens follow individualized screening according to personal risk for prostatic disease and prostate cancer. (2 ⊕◯◯◯)

Evidence

Studies have reported a few cases of breast cancer in transgender females (197–200). A Dutch study of 1800 transgender females followed for a mean of 15 years (range of 1 30 years) found one case of breast cancer. The Women's Health Initiative study reported that females taking conjugated equine estrogen without progesterone for 7 years did not have an increased risk of breast cancer as compared with females taking placebo (137).

In transgender males, a large retrospective study conducted at the U.S. Veterans Affairs medical health system identified seven breast cancers (194). The authors reported that this was not above the expected rate of breast cancers in cisgender females in this cohort. Furthermore, they did report one breast cancer that developed in a transgender male patient after mastectomy, supporting the fact that breast cancer can occur even after mastectomy. Indeed, there have been case reports of breast cancer developing in subareolar tissue in transgender males, which occurred after mastectomy (201, 202).

Women with primary hypogonadism (Turner syndrome) treated with estrogen replacement exhibited a significantly decreased incidence of breast cancer as compared with national standardized incidence ratios (203, 204). These studies suggest that estrogen therapy does not increase the risk of breast cancer in the short term (<20 to 30 years). We need long-term studies to determine the actual risk, as well as the role of screening mammograms. Regular examinations and gynecologic advice should determine monitoring for breast cancer.

Prostate cancer is very rare before the age of 40, especially with androgen deprivation therapy (205). Childhood or pubertal castration results in regression of the prostate and adult castration reverses benign prostate hypertrophy (206). Although van Kesteren *et al.* (207) reported that estrogen therapy does not induce hypertrophy or premalignant changes in the prostates of transgender females, studies have reported cases of benign prostatic hyperplasia in transgender females treated with estrogens for 20 to 25 years (208, 209). Studies have also reported a few cases of prostate carcinoma in transgender females (210–214).

Transgender females may feel uncomfortable scheduling regular prostate examinations. Gynecologists are not trained to screen for prostate cancer or to monitor prostate growth. Thus, it may be reasonable for transgender females who transitioned after age 20 years to have annual screening digital rectal examinations after age 50 years and prostate-specific antigen tests consistent with U.S. Preventive Services Task Force Guidelines (215).

4.7. We advise that clinicians determine the medical necessity of including a total hysterectomy and oophorectomy as part of gender-affirming surgery. (Ungraded Good Practice Statement)

Evidence

Although aromatization of testosterone to estradiol in transgender males has been suggested as a risk factor for endometrial cancer (216), no cases have been reported. When transgender males undergo hysterectomy, the uterus is small and there is endometrial atrophy (217, 218). Studies have reported cases of ovarian cancer (219, 220). Although there is limited evidence for increased risk of reproductive tract cancers in transgender males, health care providers should determine the medical necessity of a laparoscopic total hysterectomy as part of a gender-affirming surgery to prevent reproductive tract cancer (221).

Values

Given the discomfort that transgender males experience accessing gynecologic care, our recommendation for the medical necessity of total hysterectomy and oophorectomy places a high value on eliminating the risks of female reproductive tract disease and cancer and a lower value on avoiding the risks of these surgical procedures (related to the surgery and to the potential undesirable health consequences of oophorectomy) and their associated costs.

Remarks

The sexual orientation and type of sexual practices will determine the need and types of gynecologic care required following transition. Additionally, in certain countries, the approval required to change the sex in a birth certificate for transgender males may be dependent on having a complete hysterectomy. Clinicians should help patients research nonmedical administrative criteria and

provide counseling. If individuals decide not to undergo hysterectomy, screening for cervical cancer is the same as all other females.

5.0 Surgery for Sex Reassignment and Gender Confirmation

For many transgender adults, genital gender-affirming surgery may be the necessary step toward achieving their ultimate goal of living successfully in their desired gender role. The type of surgery falls into two main categories: (1) those that directly affect fertility and (2) those that do not. Those that change fertility (previously called sex reassignment surgery) include genital surgery to remove the penis and gonads in the male and removal of the uterus and gonads in the female. The surgeries that effect fertility are often governed by the legal system of the state or country in which they are performed. Other gender-conforming surgeries that do not directly affect fertility are not so tightly governed.

Gender-affirming surgical techniques have improved markedly during the past 10 years. Reconstructive genital surgery that preserves neurologic sensation is now the standard. The satisfaction rate with surgical reassignment of sex is now very high (187). Additionally, the mental health of the individual seems to be improved by participating in a treatment program that defines a pathway of gender-affirming treatment that includes hormones and surgery (130, 144) (Table 16).

Surgery that affects fertility is irreversible. The World Professional Association for Transgender Health Standards of Care (222) emphasizes that the "threshold of 18 should not be seen as an indication in itself for active intervention." If the social transition has not been satisfactory, if the person is not satisfied with or is ambivalent about the effects of sex hormone treatment, or if the person is ambivalent about surgery then the individual should not be referred for surgery (223, 224).

Gender-affirming genital surgeries for transgender females that affect fertility include gonadectomy, penectomy, and creation of a neovagina (225, 226). Surgeons often invert the skin of the penis to form the wall of the vagina, and several literatures reviews have reported on outcomes (227). Sometimes there is inadequate tissue to form a full neovagina, so clinicians have revisited using intestine and found it to be successful (87, 228, 229). Some newer vaginoplasty techniques may involve autologuous oral epithelial cells (230, 231).

The scrotum becomes the labia majora. Surgeons use reconstructive surgery to fashion the clitoris and its hood, preserving the neurovascular bundle at the tip of the penis as the neurosensory supply to the clitoris. Some surgeons are also creating a sensate pedicled-spot adding a G spot to the neovagina to increase sensation (232). Most recently, plastic surgeons have developed techniques to fashion labia minora. To further complete the feminization, uterine transplants have been proposed and even attempted (233).

Neovaginal prolapse, rectovaginal fistula, delayed healing, vaginal stenosis, and other complications do sometimes occur (234, 235). Clinicians should strongly remind the transgender person to use their dilators to maintain the depth and width of the vagina throughout the postoperative period. Genital sexual responsivity and other aspects of sexual function are usually preserved following genital gender-affirming surgery (236, 237).

Ancillary surgeries for more feminine or masculine appearance are not within the scope of this guideline. Voice therapy by a speech language pathologist is available to transform speech patterns to the affirmed gender (148). Spontaneous voice deepening occurs during testosterone treatment of transgender males (152, 238). No studies have compared the effectiveness of speech therapy, laryngeal surgery, or combined treatment.

Breast surgery is a good example of gender-confirming surgery that does not affect fertility. In all females, breast size exhibits a very broad spectrum. For transgender females to make the best informed decision, clinicians should delay breast augmentation surgery until the patient has completed at least 2 years of estrogen therapy, because the breasts continue to grow during that time (141, 155).

Another major procedure is the removal of facial and masculine-appearing body hair using either electrolysis or

Table 16. Criteria for Gender-Affirming Surgery, Which Affects Fertility

1. Persistent, well-documented gender dysphoria
2. Legal age of majority in the given country
3. Having continuously and responsibly used gender-affirming hormones for 12 mo (if there is no medical contraindication to receiving such therapy)
4. Successful continuous full-time living in the new gender role for 12 mo
5. If significant medical or mental health concerns are present, they must be well controlled
6. Demonstrable knowledge of all practical aspects of surgery (*e.g.*, cost, required lengths of hospitalizations, likely complications, postsurgical rehabilitation)

laser treatments. Other feminizing surgeries, such as that to feminize the face, are now becoming more popular (239–241).

In transgender males, clinicians usually delay gender-affirming genital surgeries until after a few years of androgen therapy. Those surgeries that affect fertility in this group include oophorectomy, vaginectomy, and complete hysterectomy. Surgeons can safely perform them vaginally with laparoscopy. These are sometimes done in conjunction with the creation of a neopenis. The cosmetic appearance of a neopenis is now very good, but the surgery is multistage and very expensive (242, 243). Radial forearm flap seems to be the most satisfactory procedure (228, 244). Other flaps also exist (245). Surgeons can make neopenile erections possible by reinervation of the flap and subsequent contraction of the muscle, leading to stiffening of the neopenis (246, 247), but results are inconsistent (248). Surgeons can also stiffen the penis by imbedding some mechanical device (*e.g.*, a rod or some inflatable apparatus) (249, 250). Because of these limitations, the creation of a neopenis has often been less than satisfactory. Recently, penis transplants are being proposed (233).

In fact, most transgender males do not have any external genital surgery because of the lack of access, high cost, and significant potential complications. Some choose a metaoidioplasty that brings forward the clitoris, thereby allowing them to void in a standing position without wetting themselves (251, 252). Surgeons can create the scrotum from the labia majora with good cosmetic effect and can implant testicular prostheses (253).

The most important masculinizing surgery for the transgender male is mastectomy, and it does not affect fertility. Breast size only partially regresses with androgen therapy (155). In adults, discussions about mastectomy usually take place after androgen therapy has started. Because some transgender male adolescents present after significant breast development has occurred, they may also consider mastectomy 2 years after they begin androgen therapy and before age 18 years. Clinicians should individualize treatment based on the physical and mental health status of the individual. There are now newer approaches to mastectomy with better outcomes (254, 255). These often involve chest contouring (256). Mastectomy is often necessary for living comfortably in the new gender (256).

5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being. (1 |⊕⊕◯◯)

5.2. We advise that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated. (Ungraded Good Practice Statement)

5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery. (Ungraded Good Practice Statement)

5.4. We recommend that clinicians refer hormone-treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes. (1 |⊕◯◯◯)

5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country. (2 |⊕⊕◯◯).

5.6. We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement. (2 |⊕◯◯◯)

Evidence

Owing to the lack of controlled studies, incomplete follow-up, and lack of valid assessment measures, evaluating various surgical approaches and techniques is difficult. However, one systematic review including a large numbers of studies reported satisfactory cosmetic and functional results for vaginoplasty/neovagina construction (257). For transgender males, the outcomes are less certain. However, the problems are now better understood (258). Several postoperative studies report significant long-term psychological and psychiatric pathology (259–261). One study showed satisfaction with breasts, genitals, and femininity increased significantly and showed the importance of surgical treatment as a key therapeutic option for transgender females (262). Another analysis demonstrated that, despite the young average age at death following surgery and the relatively larger number of individuals with somatic morbidity, the study does not allow for determination of

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causal relationships between, for example, specific types of hormonal or surgical treatment received and somatic morbidity and mortality (263). Reversal surgery in regretful male-to-female transsexuals after sexual reassignment surgery represents a complex, multistage procedure with satisfactory outcomes. Further insight into the characteristics of persons who regret their decision postoperatively would facilitate better future selection of applicants eligible for sexual reassignment surgery. We need more studies with appropriate controls that examine long-term quality of life, psychosocial outcomes, and psychiatric outcomes to determine the long-term benefits of surgical treatment.

When a transgender individual decides to have gender-affirming surgery, both the hormone prescribing clinician and the MHP must certify that the patient satisfies criteria for gender-affirming surgery (Table 16).

There is some concern that estrogen therapy may cause an increased risk for venous thrombosis during or following surgery (176). For this reason, the surgeon and the hormone-prescribing clinician should collaborate in making a decision about the use of hormones before and following surgery. One study suggests that preoperative factors (such as compliance) are less important for patient satisfaction than are the physical postoperative results (56). However, other studies and clinical experience dictate that individuals who do not follow medical instructions and do not work with their physicians toward a common goal do not achieve treatment goals (264) and experience higher rates of postoperative infections and other complications (265, 266). It is also important that the person requesting surgery feels comfortable with the anatomical changes that have occurred during hormone therapy. Dissatisfaction with social and physical outcomes during the hormone transition may be a contraindication to surgery (223).

An endocrinologist or experienced medical provider should monitor transgender individuals after surgery. Those who undergo gonadectomy will require hormone replacement therapy, surveillance, or both to prevent adverse effects of chronic hormone deficiency.

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Doc. 151-5

ENDOCRINE SOCIETY
Hormone Science to Health

POSITION STATEMENT

TRANSGENDER HEALTH

INTRODUCTION

Over the last few decades, there has been a rapid expansion in the understanding of gender identity along with the implications for the care of transgender and gender incongruent individuals. In parallel with the greater societal awareness of transgender individuals, evidence-based and data-driven protocols have increased. While there continue to be gaps in knowledge about the optimal care for transgender individuals, the framework for providing care is increasingly well-established as is the recognition of needed policy changes.

BACKGROUND

The medical consensus in the late 20th century was that transgender and gender incongruent individuals suffered a mental health disorder termed "gender identity disorder." Gender identity was considered malleable and subject to external influences. Today, however, this attitude is no longer considered valid. Considerable scientific evidence has emerged demonstrating a durable biological element underlying gender identity.[1,2] Individuals may make choices due to other factors in their lives, but there do not seem to be external forces that genuinely cause individuals to change gender identity.

Although the specific mechanisms guiding the biological underpinnings of gender identity are not entirely understood, there is evolving consensus that being transgender is not a mental health disorder. Such evidence stems from scientific studies suggesting that: 1) attempts to change gender identity in intersex patients to match external genitalia or chromosomes are typically unsuccessful[3,4]; 2) identical twins (who share the exact same genetic background) are more likely to both experience transgender identity as compared to fraternal (non-identical) twins[5]; 3) among individuals with female chromosomes (XX), rates of male gender identity are higher for those exposed to higher levels of androgens *in utero* relative to those without such exposure, and male (XY)-chromosome individuals with complete androgen insensitivity syndrome typically have female gender identity[6]; and 4) there are associations of certain brain scan or staining patterns with gender identity rather than external genitalia or chromosomes[7,8].

CONSIDERATIONS

Transgender individuals are often denied insurance coverage for appropriate medical and psychological treatment. Over the last decade, there has been considerable research on and development of evidence-based standards of care that have proven to be both safe and efficacious for the treatment of gender dysphoria/gender incongruence.There is also a growing understanding of the impact that increased access to such treatments can have on the mental health of these individuals.

The Endocrine Society's Clinical Practice Guideline on gender dysphoria/gender incongruence[9] provides the standard of care for treating transgender individuals. The guideline establishes a framework for the appropriate treatment of these individuals and standardizes terminology to be used by healthcare professionals. These recommendations include evidence that treatment of gender dysphoria/incongruence is medically necessary and should be covered by insurance.

Despite increased awareness, many barriers to improving the health and well-being of transgender patients remain. Oftentimes, treatment for gender dysphoria/gender incongruence is considered elective by insurance companies, which fail to provide coverage for physician-prescribed treatment. Access to appropriately trained healthcare professionals can also be challenging as there is a lack of formal education on gender dysphoria/gender incongruence among clinicians trained in the United States. A 2016 survey of endocrinologists, the physicians most likely to care for these patients, found that over 80% have never received training on care of transgender patients[10].

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[5]Heylens G, et al. Gender Identity Disorder in Twins: A Review of the Case Report Literature. *J Sex Med.* 2012 Mar;9(3):751-7.
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[7]Saraswat A, et al. Evidence Supporting the Biologic Nature of Gender Identity. *Endocr Pract.* 2015 Feb;21(2): 199-204
[8]Rosenthal SM. Approach to the Patient: Transgender Youth: Endocrine Considerations. *J Clin Endocrinol Metab.* 2014 Dec;99(12):4379-89.
[9]Endocrine Society Draft Clinical Practice Guideline on Gender Dysphoria/ Gender Incongruence (publication expected September 13, 2017).
[10]Davidge-Pitts, C., et al. Transgender Health in Endocrinology: Current Status of Endocrinology Fellowship Program and Practicing Clinicians. *J Clin Endocrinol Metab.* (2017) 102(4):1286-1290.

This can have an adverse impact on patient outcomes, particularly in rural and underserved areas. In fact, studies have indicated that 70% of transgender individuals have experienced maltreatment by medical providers, including harassment and violence.[11] Transgender individuals who have been denied care show an increased likelihood of committing suicide and self-harm.[12] It is critical that transgender individuals have access to the appropriate treatment and care to ensure their health and well-being.

FUTURE CONSIDERATIONS

While the data are strong for both a biological underpinning to gender identity and the relative safety of hormone treatment (when appropriately monitored medically), the gaps in knowledge to optimize care over a lifetime are profound. Comparative effectiveness research in hormone regimens is needed to determine: the best endocrine and surgical protocols, as it is not yet known if certain regimens are safer or more effective than others; the degree of improvement as a result of the intervention (e.g. decrease in mental health diagnoses); the need for training of health care providers and the most effective training methods; and whether there are cardiovascular, malignancy, or other long-term risks from hormone interventions, particularly as the transgender individual ages. Further, studies are needed to elucidate the biological processes underlying gender identity as well as to determine strategies for fertility preservation and for the optimal approaches to gender non-conforming children. To successfully establish and enact these protocols requires long-term, large-scale studies across countries that employ the same care protocols.

POSITIONS

- There is a durable biological underpinning to gender identity that should be considered in policy determinations.
- Medical intervention for transgender individuals (including both hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored), and has been established as the standard of care.[13] Federal and private insurers should cover such interventions as prescribed by a physician as well as the appropriate medical screenings that are recommended for all body tissues that a person may have.
- Increased funding for national research programs is needed to close the gaps in knowledge regarding transgender medical care and should be made a priority.

[11] *ibid.*
[12] *ibid.*

[13] Endocrine Society Draft Clinical Practice Guideline on Gender Dysphoria/ Gender Incongruence (publication expected September 13, 2017).

Doc. 151-6

March 2017

PEDIATRIC ENDOCRINE SOCIETY

6728 Old McLean Village Drive • McLean • VA • 22101 • 703-556-9222 • www.pedsendo.org

PES Statement Promoting Safety of Transgender Youth

The Pediatric Endocrine Society (PES), the leading professional society for this specialty in the United States, strongly opposes the guidance issued on February 22, 2017, by the Departments of Justice and Education, which eliminates protection of the rights of transgender youth.

As medical providers of transgender youth, we have seen the discrimination and safety concerns that this population faces, which may lead to mental illness and high risk of suicide. Transgender children and adolescents need a safe and supportive school environment in order to thrive like any other young person. Not allowing them to use the restroom that matches their gender identity is a violation of human rights and sends a message of intolerance that will promote further discrimination and segregation.

Furthermore, it is known that verbal, physical and sexual assault have occurred when transgender individuals living according to their gender identity enter a restroom that does not match their gender identity. On the other hand, no adverse consequences have occurred when schools have allowed transgender students to use the restroom that is consistent with their gender identity. In fact, many transgender individuals easily blend in to society as their affirmed gender, never having publicly disclosed their transgender status. It would be inappropriate for them to enter a bathroom based on their sex assigned at birth, as individuals in the community in which they live often don't realize that they are transgender.

As experts in the care of transgender youth, we strongly oppose the decision by the Departments of Justice and Education and ask that the rights and safety of transgender children and adolescents be protected.

Doc. 151-9

Administrative Policies

of the

Florida High School

Athletic Association, Inc.

2017-18 Edition

Pursuant to the authority granted it in Article 4.3 of the FHSAA Bylaws, the FHSAA Board of Directors has established the following policies to govern the Association's interscholastic athletic programs. In the case of any conflict, whether actual or believed, with the Bylaws of the FHSAA, the Bylaws shall control. Any understanding, misunderstanding, opinion or belief by an individual as a result of reading these policies shall not be binding on the FHSAA. The term "Executive Director" as used throughout these policies shall mean the Executive Director of the FHSAA or his/her designee, unless otherwise specifically noted. Official rulings shall be requested in writing only by the principal or designated official representative of a member school and shall be provided in writing by the Executive Director or his/her designee. Only a formal ruling by the Executive Director or his/her designee is binding on the FHSAA. General failure to comply with FHSAA Policies will subject the school to a monetary penalty of a minimum of $100 per occurrence. Substantive changes for the 2017-18 school year are shaded.

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FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION

Revisions to Administrative Policies for 2017-18 School Year

Policy	Page(s)	Revision
4.1.10	47	New policy related to how contracts will be signed
5.2.1	50	Clarifies language related to provisional members membership options
5.2.2	50	Amends and adds new language related to provisional membership periods
6.1.1.1	51	Amends language related to spring practice to match Policy 18
8.4	54	Adds new language related to insurance status changes
12.2.8	65	Amends language related to the 1A (Rural) classification
12.6.1.4	67	Amends language relative to classification of certain individual sports
16.1.5	72-73	Adds new language relative to Academic Perforamance Contracts
16.6.1.4	74	Adds clarifying language relative to Non-Member Private School student participation
16.9.3	76	Amends language relative to penalities assessed to schools
17.1.11	77	Amends language relative to limit of eligibility for youth exchange students
17.2.7	78	Amends language relative to limit of eligibility for other international students
17.3.2.2	78	Adds clarifying language relative to immigrant students
17.3.6	78	Adds new language relative to penalties assessed to schools
18.2	79	Amends and adds new language relative spring football practice
18.3	80	Amends and adds new language relative spring competitive cheerleading practice
18.4.1	80	Amends language relative to non-traditional students participating in scrimmages
20.1	83	Amends and adds clarifying language relative to summer participation
22.3.4	85	Adds clarifying language relative to fees and assessements for non-school teams
24.1	87	Adds new language relative to fund raising camps and clinics held during the regular school year
26.1	88	Adds clarifying language relative to All-Star Teams
35.2.10	96	Amends language relative to limit of eligibility for home stay students
35.2.11	96-97	Adds new language relative to registration procedures and penalties assesed schools for home stay students
35.3.1 & 2	97	Adds clarifying and new language relative to sports academies
35.3.3	97	Adds new language to be used as a gobal general term
36.4.1	98	Adds clarifying language relative athletic recruiting compliance
43..4.1 & 2	110	Adds clarifying language relative to licensing and royalties
44	110-111	Amends language relative media credentials

POLICY 1

APPORTIONMENT OF ADMINISTRATIVE SECTIONS

1.1 **Board of Director Apportionment Charge.** Bylaw 3.12.1 charges the Board of Directors with the responsibility of dividing the Association's membership along existing county lines into four contiguous and compact administrative sections, each containing an equal or nearly equal number of member schools to ensure equitable representation on the Association's Board of Directors, Representative Assembly and Sectional Appeals Committees.

1.1.1 **Executive Director Evaluation.** The Executive Director, each six years, shall be directed to undertake and prepare for review by the Board of Directors an evaluation of the existing apportionment of the administrative sections. This evaluation shall be presented to the Board of Directors as an informational item not later than its September meeting.

1.1.2 **Need for Reapportionment.** Should the Board of Directors determine that a reapportionment of the administrative sections is needed, it shall direct the Executive Director to develop one or more reapportionment plans for its consideration. The reapportionment plans will be advertised on the FHSAA website and placed on the agenda for action by the Board of Directors at its November meeting.

1.1.3 **Effective Date of Reapportionment.** The reapportionment of administrative sections shall be effective with the annual election of the Association that begins in February of that school year to seat member school representatives of the Board of Directors, Representative Assembly and Sectional Appeals Committees in the following school year.

1.1.4 **Next Review Period.** Pursuant to this policy, the next review of the apportionment of administrative sections by the Board of Directors shall be conducted in the fall of 2020. Any reapportionment resulting from this review shall be in effect for the elections to be conducted beginning in February 2021.

POLICY 2

DIVERSITY IN LEADERSHIP

2.1 **Diversity in Leadership.** The Florida High School Athletic Association recognizes the diversity of its membership and believes that it is best served by a diverse leadership. Accordingly, the Association shall promote diversity of representation within its governance structure (Board of Directors, Representative Assembly, Section Appeals Committees) and substructures (advisory and other committees).

2.1.1 **Charge to Executive Director.** The Executive Director shall actively solicit and encourage eligible individuals from under-represented groups to seek election to available member school positions within the Association governance structure.

2.1.2 **Charge to Board of Directors.** The Executive Director shall actively seek out and recommend to the Board of Directors eligible individuals from under-represented groups for appointment to fill vacancies in member school positions within the Association governance structure whenever such vacancies occur.

2.1.3 **Charge to Commissioner of Education, Superintendents, and School Boards.** The Executive Director shall encourage the Commissioner of Education, the Florida School Boards Association and the Florida Association of District School Superintendents to seek out eligible individuals from under-represented groups when appointing and/or electing their respective representatives to positions in the Association governance structure.

2.1.4 **Charge to Advisory Committees.** The Executive Director and staff shall actively seek out and appoint eligible individuals from under-represented groups to fill vacancies on the various advisory committees whenever such vacancies occur.

2.1.5 **Diversity Statement.** All written materials for nominations and elections prepared by the Association will include the following statement: "The FHSAA values and seeks a diverse leadership."

2.1.6 **Barriers Addressed.** Barriers that may inhibit eligible individuals from under-represented groups from seeking or attaining leadership positions will be identified and addressed.

2.1.7 **Report by Executive Director.** On an annual basis, the Executive Director will report to the Board of Directors the Association's progress toward diversity.

POLICY 3

CATEGORIZATION OF INTERSCHOLASTIC SPORTS

3.1 **General Principles.** The following guidelines shall govern the categorization of interscholastic sports programs sponsored by member schools, as well as the implementation of Florida High School State Championship Series competitions in

those sports. These guidelines establish the thresholds (minimum standards) that sports must meet for categorization and Florida High School State Championship Series implementation. Any member school that sponsors a sport, as defined in Administrative Procedure 2, that is recognized or sanctioned by this Association shall abide by all regulations of this Association.

3.2 Club Sports

3.2.1 Club Sports Defined. Any sport that is not categorized as either a recognized sport or a sanctioned sport by the Board of Directors as stipulated herein shall be considered to be a club sport and shall not be under the jurisdiction of this Association. No Association bylaw, policy, rule or contest regulation shall apply to competition in a club sport. Public member schools, however, shall be required to abide by the academic eligibility requirements as set forth in Florida Statutes.

3.3 Recognized Sports

3.3.1 Recognized Sport Defined. A recognized sport is a sport that is recognized by the Board of Directors as being played on an interscholastic basis by member senior high schools.

3.3.2 Requirements for Recognition. The Board of Directors may extend recognition to a sport, effective with the beginning of the next school year, upon the recommendation of the Executive Director, when a minimum of 10 percent (10%) of the total senior high school membership and that are geographically situated in at least two (2) of the four (4) administrative sections submit letters of petition requesting recognition status for the sport on their respective schools' official stationery. Not more than three-fourths of these schools may be located in the same one administrative section. Each school submitting a letter of petition must have sponsored a program in the sport for a minimum of two (2) years in which it actively engaged in competition in the sport with other schools. The letters of petition must be submitted by the requisite number of member senior high schools within the same school year, and shall become invalid at the conclusion of that school year.

3.3.3 Florida High School State Championship Series for Recognized Sports. The Board of Directors may authorize the conduct of a Florida High School State Championship Series in a sport which has been recognized for at least one (1) school year, effective with the following school year, upon the recommendation of the Executive Director.

3.3.3.1 Requirements for a Florida High School State Championship Series. A minimum of 10 percent (10%) of the total senior high school membership must have sponsored a program in, and competed in, the recognized sport for a minimum of two (2) years.

3.3.3.2 Commitment to Participate in the Florida High School State Championship Series. When the Board of Directors authorizes a Florida High School State Championship Series in a recognized sport, the FHSAA Office shall mail to all member senior high schools a form on which to record its intention with regard to participation in the Florida High School State Championship Series. A minimum of 10 percent (10%) of the total senior high school membership, of which not more than three-fourths may be geographically located within the same one administrative section, must respond in the affirmative on the commitment form for a Florida High School State Championship Series to be implemented. These schools must have sponsored a program in, and competed in, the sport for a minimum of one (1) year since the sport was given recognition status. It is not necessary that all member senior high schools that commit to participate in the Florida High School State Championship Series have sponsored a program in, and competed in, the sport for a minimum of one (1) year since the sport was given recognition status. It is only necessary that at least 10 percent (10%) of the total senior high school membership that commit to participate in the Florida High School State Championship Series have done so. In committing to participate in the Florida High School State Championship Series, schools shall agree to abide by all season limitations, as well as all terms and conditions for the Florida High School State Championship Series, as established by the Board of Directors. If the requisite number of member senior high schools does not commit to participate in the Florida High School State Championship Series under these conditions, the Florida High School State Championship Series shall not be implemented at that time.

3.3.4 Current Sports Holding Recognition. Sports that hold recognition status only are girls bowling, boys bowling, competitive cheerleading, girls flag football, girls lacrosse, boys lacrosse, boys volleyball, girls water polo, boys water polo and girls weightlifting.

3.4 Sanctioned Sports

3.4.1 Sanctioned Sport Defined. A sanctioned sport is a recognized sport in which, in the determination of the Board of Directors, a representative number of member senior high schools has engaged in interscholastic competition for a sufficient period of time to warrant sanction of the sport as being eligible for official Florida High School State Championship Series competition. Bylaw 8.5.1 states that sanctioned sports, in which an official Florida High School State Championship Series competition is implemented, may require participants to adhere to a greater degree of regulation subject to terms and conditions established by the Board of Directors.

3.4.2 Requirements of Sanctioning. The Board of Directors may sanction a recognized sport as being eligible for official Florida High School State Championship Series competition, effective with the beginning of the following school year, upon the recommendation of the Executive Director, when a minimum of 20 percent (20%) of the total senior high school membership, which are geographically situated in at least two (2) of the four (4) administrative sections, have sponsored a program in, and competed in, a recognized sport for a minimum of two years. Not more than three-fourths of these schools may be located in the same one administrative section.

3.4.3 Implementation of a Florida High School State Championship Series. When a sport is sanctioned by the Board of Directors as being eligible for official Florida High School State Championship Series competition, the FHSAA Office shall mail to all member senior high schools a form on which to record its intention with regard to participation in an official Florida High School State Championship Series in the sport. A minimum of 20 percent (20%) of the total senior high school membership, of which not more than three-fourths may be geographically located within the same one administrative section, must respond in the affirmative on the commitment form for an official Florida High School State Championship Series to be implemented in a single classification in the following school year. These schools must have sponsored a program in, and competed in, the sport for a minimum of two (2) years since the sport was given recognition status. It is not necessary that all member senior high schools that commit to participate in the official Florida High School State Championship Series have sponsored a program in, and competed in, the sport for a minimum of two (2) years since the sport was given recognition status. It is only necessary that at least 20 percent (20%) of the total senior high school membership that commit to participate in the official Florida High School State Championship Series have done so. Otherwise, the official Florida High School State Championship Series shall not be implemented at that time. Any Florida High School State Championship Series that has been implemented and is being conducted in the sport, however, shall be continued.

3.4.4 Season Limitations for Sanctioned Sports. A sanctioned sport, in which an official Florida High School State Championship Series is implemented, shall be regulated by the Association. All Association bylaws, policies, rules and contest regulations shall apply to the sport and to the member schools that sponsor programs in the sport, regardless of the schools' intent with regard to participation in an official Florida High School State Championship Series in the sport. The Board of Directors shall establish season limitations to which all member schools sponsoring a program in the sport shall adhere. These season limitations shall include, but not be limited to, beginning and ending dates for practice and competition, as well as a maximum number of regular season contests that schools shall not exceed.

3.4.5 Current Sanctioned Sports. Sports that currently are sanctioned by the Board of Directors are boys baseball, girls basketball, boys basketball, girls cross country, boys cross country, boys 11-man football, girls golf, boys golf, girls soccer, boys soccer, girls fast-pitch softball, girls swimming & diving, boys swimming & diving, girls tennis, boys tennis, girls track & field, boys track & field, girls volleyball, boys weightlifting and boys wrestling.

3.5 Revocation of Categorization Status

3.5.1 Empowerment of Board of Directors. The Board of Directors may revoke the status given any sport, and suspend or discontinue the Florida High School State Championship Series or official Florida High School State Championship Series in any sport, upon recommendation of the Executive Director, when any one of the following occur:

3.5.1.1 Below Requisite Number. The requisite number of member senior high schools no longer sponsor a program in the sport; or

3.5.1.2 Majority of Members Seek Revocation. Two-thirds of the member senior high schools that sponsor a program in the sport submit letters of petition on their respective official stationery requesting that the status of the sport be revoked and/or the Florida High School State Championship Series or official Florida High School State Championship Series in the sport be suspended or discontinued; or

3.5.1.3 Financially Unfeasible. It is determined that it is no longer financially feasible for the Association and its member schools to supervise and regulate the sport, and/or conduct a Florida High School State Championship Series or official Florida High School State Championship Series in the sport; or

3.5.1.4 Revocation Due to Unsportsmanlike Conduct. The number and nature of acts of unsportsmanlike conduct, or other acts of a flagrant and malicious nature, that are committed by student-athletes and coaches during competition in the sport, reach such a level as to make it no longer in the best interests of the Association or its member schools to recognize and/or sanction competition in the sport.

POLICY 4

INTERSCHOLASTIC CONTESTS

4.1 Interscholastic Contests

4.1.1 Interscholastic Contests Defined. FHSAA Bylaw 8.1.1 defines an interscholastic contest as "any competition between organized teams of different schools in a sport recognized or sanctioned by this Association." All such contests are subject to FHSAA Bylaws as well as the guidelines, regulations, policies and procedures adopted by the Board of Directors for that sport and in general. All contests must have a fully executed contract as stated in Bylaw 8.4.

4.1.1.1 Penalties Assessed to Schools.

(a) Permitting a student-athlete to compete in an interscholastic contest prior to his/her name being submitted to the FHSAA on a sport eligibility roster will subject the school to a monetary penalty of a minimum of $50 per student and/or other sanctions.

(b) Failure to contract with sanctioned local officials associations for registered officials at all interscholastic home contests will subject the school to a monetary penalty of a minimum of $100 per contest and/or other sanctions.

(c) Actions which may not be regarded as unsportsmanlike which result in a contest being prematurely concluded will subject the school to a monetary penalty of a minimum of $100 and/or other sanctions.

4.1.2 Contests Against Non-Member and Out of State Schools. Member schools competing against a non-member Florida school or a non-NFHS state association member out of state school must complete the AT1B, "Contract for Interscholastic Athletic Contest Against Non-Member Schools". Member schools must assure that all non-member schools meet Bylaw 8.3,

4.1.3 Submission of Schedule

4.1.3.1 Sports Other Than Football. Member schools must submit their schedules for all home contests, at all levels (i.e. varsity, sub-varsity, etc.), including preseason/spring classics and jamborees, to the FHSAA, utilizing the official Association process as approved by the Executive Director, prior to the first week of regular season competition of the sport.

4.1.3.2 Football. Each member school must submit to the FHSAA, utilizing the official Association process as approved by the Executive Director, not later than March 31 of each year their football schedule for all home contests, at all levels (i.e. varsity, sub-varsity, etc.), including preseason/spring classics and jamborees, the following school year.

4.1.3.2.1 Out of State Football Games. Schools that have scheduled games with out of state opponents must enter each out of state opponent's football schedule, utilizing the official Association process as approved by the Executive Director.

4.1.4 Sport Rosters

4.1.4.1 Initial Sport Roster. Member schools must submit to the FHSAA, utilizing the official Association process as approved by the Executive Director, their initial varsity and sub-varsity sports roster for each sport by the first regular season competition of the sport. Rosters can continue to be added to and deleted from until the date of the last regular season contests.

4.1.5 Reporting Scores

4.1.5.1 Team Sports Other Than Football. Member schools, committed to either Florida High School State Championship Series or independent, must report to the FHSAA, utilizing the official Association process as approved by the Executive Director, no later than 5 p.m. ET of Monday of each week the scores of regular season varsity games as follows:

4.1.5.1.1 The HOME team shall report the score of the previous week's games.

4.1.5.1.2 In the event a member school plays in a game hosted by a school outside of the state of Florida or plays a nonmember Florida school permissible by state statute, the member school shall be required to report the score following the same procedure in 4.1.5.1.1.

4.1.5.2 Football. Member schools, committed to either Florida High School State Championship Series or independent, must report to the FHSAA each week the scores of regular season varsity football games as follows:

4.1.5.2.1 The HOME team shall report the score of the previous week's games to the FHSAA, utilizing the official Association process as approved by the Executive Director, no later than 9 a.m. ET of the day following the game.

4.1.5.2.2 In the event a member school plays in a game hosted by a school outside of the state of Florida or a nonmember Florida school per state statute, the member school shall be required to report the score following the same procedure in 4.1.4.2.1.

4.1.6 Prohibited Contests

4.1.6.1 Practice games, exhibition games, non-contract games and scrimmage games with other schools, groups, alumni or league teams are strictly prohibited. All such games or sessions shall be on an intra-squad basis. Non-squad members may not participate in any team practice, game or contest.

4.1.7 Absence from School

4.1.7.1 Travel Within Florida. No more than one school day or part of one school day may be missed in a week for traveling to, traveling from and participating in an athletic contest(s) unless approved by the Executive Director.

4.1.7.2 Travel Outside Florida. No more than two school days or part of two school days may be missed in a week for traveling to, traveling from and participating in an athletic contest(s) unless approved by the Executive Director.

4.1.8 Sunday Contests. No interscholastic athletic contest may be held on a Sunday, except under emergency or extraordinary conditions, in tournaments or meets which are approved by the Executive Director or the Board of Directors. The conduct of practice sessions of any kind on a Sunday is prohibited.

4.1.9 Student Participants. Only students in grades 6 through 12 are allowed to practice or participate in interscholastic athletics for a member school.

4.1.10 Contracts. Contracts are required for all interscholastic athletic contests involving member schools and/or non-FHSAA member Florida schools, excluding the Florida High School State Championship Series. The designated FHSAA Representative must execute such contracts utilizing the official Association process, as approved by the Executive Director.

4.1.10.1 Exception. Member schools that belong to a school district conference whose conference games are scheduled by the school district may request a waiver of this policy from the Executive Director.

4.2 Outcome of Interscholastic Contests

4.2.1 Outcome is Final. The outcome (i.e. winners and losers) of all interscholastic contests are final, and cannot be reversed, except where the rules of the sport permit or in the case where a winner must forfeit its victory or points.

4.2.2 Elimination is Final. Elimination from a Florida High School State Championship Series competition of individuals or teams is final. Defeat by individuals or teams that are later ordered to forfeit their victory, place and/or points, or are vacated from the bracket, will not bring about reinstatement or advancement in the Florida High School State Championship Series competition on the part of the individual or team that has been eliminated.

4.2.3 Championship is Final. Championships or other placements in Florida High School State Championship Series competitions are final. Championships or other placements ordered vacated by individuals or teams, will not bring about advancement in placements or receipt of awards for those placements.

4.3 GENDER IDENTITY PARTICIPATION

All eligible students should have the opportunity to participate in interscholastic athletics in a manner that is consistent with their gender identity and expression, irrespective of the gender listed on a student's birth certificate and/or records. Should a situation arise regarding a student's request to participate in a gender-segregated athletic event consistent with his/her gender identity and expression, a student may seek review of his or her eligibility for participation through the procedures set forth below:

4.3.1 Notice to the School. The student and parent(s) or guardian(s) shall contact the school administrator or athletic director, prior to the official start date of the sport season as listed on the FHSAA Website, indicating the student has a consistent gender identity and expression different than the gender listed on the student's school registration records and the student desires to participate in a gender-segregated athletic sport in a manner consistent with his/her gender identity and expression.

4.3.2 Documentation. The appealing student must provide the principal or athletic director, and the FHSAA, the following documentation and information:

4.3.2.1 Current transcript and school registration information;

4.3.2.2 All information required for participation and eligibility in FHSAA athletics (i.e. birth certificate, proof of residency, EL2, EL3 and EL3CH);

4.3.2.3 A written statement from the student affirming the consistent identity and expression to which the student self-relates;

4.3.2.4 Documentation from individuals such as, but not limited to, parents /legal guardians appointed by a court of competent jurisdiction, friends and/or teachers, which affirm that the actions, attitudes, dress and manner demonstrate the student's consistent gender identification and expression;

4.3.2.5 A complete list of all the student's prescribed, non-prescribed or over the counter, treatments or medications;

4.3.2.6 Written verification from an appropriate health-care professional (doctor, psychiatrist, or psychologist) of the student's consistent gender identification and expression; and

4.3.2.7 Any other pertinent documentation or information which the student or parent(s) /legal guardian(s) appointed by a court of competent jurisdiction believe relevant and appropriate.

4.3.3 Notice to the FHSAA. The school administrator shall contact the FHSAA, which will assign a facilitator who will assist school and student in preparation and completion of the FHSAA "Gender Identity Eligibility Review Process".

4.3.4 First Level of Review. The student will be scheduled for a review hearing before a committee specifically established to preside over gender identity reviews. The FHSAA will schedule a hearing as expeditiously as possible but in no case later than fifteen (15) school/business days after the first practice date for the sport which is the subject of the petition, or within a reasonable time thereafter in cases of emergencies or extenuating circumstances. Such hearing may be held telephonically. Any costs associated with such hearing shall be equally shared by the student's school and the association. A written determination of the student-athletes eligibility to participate in a gender-segregated athletic sport consistent with his or her gender identity and expression will be provided by the association.

4.3.4.1 The Gender Identity Eligibility Committee. The committee will be comprised of a minimum of three of the following categories, one of which must be from the physician or mental health profession category:

(a) Physician with experience in gender identity health care and the World Professional Association for Transgender Health (WPATH) Standards of Care.

(b) Psychiatrist, psychologist or licensed mental health professional familiar with the World Professional Association for Transgender Health (WPATH) Standards of Care

(c) School administrator from outside the member school's FHSAA administrative section

(d) Athletic Director from outside the member school's FHSAA administrative section

(e) An athletic coach, of the sport in which participation is desired, from outside the member school's FHSAA administrative section

(f) An Individual selected by the FHSAA familiar with Gender Identity and Expression issues

4.3.5 Second Level of Review. Any school, on behalf of a student-athlete, which was denied participation at the First Level of Review wishing for a Second Level of Review of the Gender Identity Eligibility Committee's decision shall file notice with the Executive Director of the FHSAA on or before the tenth (10th) school/business day following the date of receipt of the written decision of the Gender Identity Eligibility Committee. The Executive Director shall schedule a Second Level of Review hearing to commence on or before the fifteenth (15th) school/business day following the date of receipt of the written notice, or within a reasonable time thereafter in cases of emergencies or extenuating circumstances. Written notice of the time and place of the hearing shall be delivered to petitioner's school, for personal delivery to the student-athlete and parent(s) /legal guardian(s) appointed by a court of competent jurisdiction. Such hearing may be held telephonically. Any costs associated with such hearing shall be equally shared by the student's school and the association. A written determination of the student-athletes eligibility to participate in a gender-segregated athletic sport consistent with his or her gender identity and expression will be provided by the association.

4.3.6 Final Determination of Review. When there is sufficient documentation and confirmation of a student's consistent gender identity and expression, the eligibility committee will affirm the student's eligibility to participate in FHSAA athletics consistent with the student's gender identification and expression. Once the student has been granted eligibility consistent with his/her gender identity and expression, the eligibility is granted and binding for the duration of the student's participation in every sport season of every school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make a specific request.

NOTE: The Florida High School Athletic Association will assist and facilitate the provision of resources and training for any member school seeking assistance regarding gender identity and expression procedures and requirements.

4.3.7 Exemption. This policy shall not apply to a private school member of the Association which, because of it's strongly held religious beliefs, would be entitled to the exemption provided to educational institutions of religious organizations by USCA Title 20, Section 1681(a)(3). Any school claiming this exemption shall notify the Executive Director, or his/her designee, of such claim on the proper form provided by the Association. The school shall make the claim of exemption at it's own risk of litigation and shall hold the Association harmless from any and all actions that may be taken against the Association by a student of the school, or his/her behalf or in his/her parent(s) or legal guardian(s), who sues the Association over his/her school's right to claim an exemption.

POLICY 5

MEMBERSHIP

5.1 Attendance at Compliance Seminar

5.1.1 Senior High Schools Required to Attend. Member senior high schools are required to attend, every two years, an association approved compliance seminar.

5.1.2 Rotating Seminars Every Two Years. Compliance seminars will be conducted every school year for two (2) of the four (4) administrative sections. Seminars for administrative sections 1 and 3 will occur in odd years, and seminars for administrative sections 2 and 4 will occur in even years.

5.1.3 Continuing Member Schools. A continuing member senior high school required to attend a compliance seminar must be represented by its principal, athletic director or FHSAA representative.

5.1.4 First Year Provisional Member Schools. A senior high/combination school in its first year of provisional membership must be represented at the New Member School Compliance Seminar by its principal, athletic director and FHSAA representative. A middle/junior high school in its first year of membership must be represented at the New Member School Compliance Seminar by its principal or athletic director or FHSAA representative.

5.1.5 Continuing Provisional Member Schools. A continuing provisional member senior high school must be represented at an association approved compliance seminar by its principal, athletic director or FHSAA representative until full membership is achieved.

5.1.6 First Time Athletic Directors. Schools that have an athletic director who is in the position for the first time in the state of Florida will be required to attend an association approved compliance seminar that year. Attending an association approved compliance seminar in an administrative section that is not the same as the school's sectional rotation, as defined in Policy 5.1.2, will not alter the rotation for required attendance at future association approved compliance seminars. First time athletic directors who were appointed after the previously scheduled compliance seminars must attend the Mid-Year Compliance Seminar, if one is scheduled.

5.1.7 Mid-Year Compliance Seminar. A Mid-Year Compliance Seminar may be conducted each year for those athletic directors who were appointed after the previously scheduled compliance seminars or those athletic directors who have been directed to attend or need additional assistance.

5.1.8 Choice of Seminar Site. Continuing member schools attending a compliance seminar may choose from any association approved compliance seminar held in the state that year.

5.1.9 Required Attendance. Schools attending a compliance seminar in a year not required to attend will not alter the rotation for required attendance at future compliance seminars.

5.1.10 Failure to Attend. Failure to attend a required compliance seminar will subject the school to a minimum $250 monetary penalty and/or other sanctions.

5.2 Membership Applications

5.2.1 Continuing Membership. A completed membership packet must be on file at the FHSAA office on or before April 30. A school whose form is not received by May 15 may not be considered for reelection to membership for the following school year. A school may opt for a 5-Year, multi-year membership contract with the Association, at a reduced yearly rate, paid in advance (see policy 9). Provisional membership schools are not eligible for multi-year membership.

5.2.2 First-Time Membership. A completed membership packet (reference Bylaw 3.6.1.1) must be on file at the FHSAA office on or before April 30 for the school to be considered for membership with the association. A conditional three year membership period will begin upon submittal of the membership application packet which will include the following:

5.2.2.1 Application Period. The application period will be one (1) full year and commence the school year immediately following the submittal of the membership application packet in which the school must show each of the following:

(a) Receipt of recommendation letters from six (6) local public and/or private FHSAA full member schools; and

(b) Provide registered Florida Department of Education School Number; and

(c) Affirmation of Accreditation from an FHSAA approved agency; and

(d) Commitment to participate in a minimum of two (2) team sports (reference Bylaw 1.4.15) in two separate sport seasons with a minimum of one (1) girls and one (1) boys team sport; and

(e) Commitment to participate in a minimum of two (2) individual sports (reference Bylaw 1.4.16) in two separate sport seasons with a minimum of one (1) girls and one (1) boys individual sport.

5.2.2.1.1 Acceptance into Provisional Membership. At the conclusion of one year, if each of the above are met, the Board of Directors may approve for a school to enter into Provisional Membership.

5.2.2.1.2 No Extension of Application Period. A school that fails to complete a one year application period will be directed to reapply again by submitting a completed membership packet (reference Bylaw 3.6.1.1).

5.2.2.1.3 Privileges during Application Period. A school in the application period will be recognized as an applying member of the FHSAA and may participate in preseason and regular season interscholastic competition with member schools, but will have no other privileges of a full member.

5.2.2.1.4 Exemption from Application Period. A newly opening school created by the consolidation or division of the student populations of existing member schools is exempt from the provisional period if:

(a) The new school is governed by the same board as the existing member schools; and

(b) The new school meets all other qualifications and conditions of membership.

5.2.2.2 Provisional Membership Period. A two-year provisional period will begin with a school's first year of membership. During the provisional period the school must demonstrate an understanding of and comply with all bylaws and other rules of the Association.

5.2.2.2.1 First Year. During the first year of the provisional period the school must be represented at an FHSAA compliance seminar by its principal, FHSAA representative and athletic director.

5.2.2.2.2 Second Year. During the second year of the provisional period:

(a) The school must be represented at an FHSAA compliance seminar by either its principal, FHSAA representative or athletic director; and

(b) The school must submit to an onsite inspection of its interscholastic athletic programs, and

(c) Demonstrate a working knowledge of FHSAA regulations.

5.2.2.2.3 Extension of Provisional Period. The Board of Directors may extend the provisional period for additional years or approve, at the request of a school that has not qualified for membership, to have their provisional period extended.

5.2.2.2.4 Exemption from Provisional Period. A newly opening school created by the consolidation or division of the student populations of existing member schools is exempt from the provisional period if:

(a) The new school is governed by the same board as the existing member schools; and

(b) The new school meets all other qualifications and conditions of membership.

5.2.2.2.5 Privileges during Provisional Period. A provisional member may participate in preseason and regular season interscholastic competition with member schools, but will have no other privileges of a full member.

5.3 Approved Accrediting Agencies

5.3.1 Accreditation for purposes of membership will be accepted from any of the following agencies:

(a) Association of Christian Schools International;

(b) Association of Christian Teachers and Schools;
(c) Association of Independent Schools of Florida;
(d) Christian Schools of Florida;
(e) Council of Bilingual Schools;
(f) Episcopal Diocese of Florida;
(g) Florida Association of Christian Colleges and Schools;
(h) Florida Catholic Conference;
(i) Florida Coalition of Christian Private Schools;
(j) Florida Conference of Seventh Day Adventist Schools;
(k) Florida Council of Independent Schools;
(l) Florida League of Christian Schools;
(m) Lutheran Schools Florida-Georgia District;
(n) National Independent Private School Association;
(o) Southern Association of Colleges and Schools;
(p) Church of God Association of Christian Schools.

5.4 Suspension of Membership

5.4.1 Penalties Due to Suspension. Schools whose membership has been suspended for any reason will lose all privileges listed in Bylaw 3.9.1 for the duration of the suspension.

POLICY 6

SPORT SEASONS LIMITATIONS

The following guidelines shall govern season limitations, contest limitations and individual student limitations for all member schools participating in FHSAA-sponsored sports.

6.1 General Principles.

6.1.1 Season Limitations. A member school shall not organize its teams for interscholastic practice or interscholastic competition in a sport outside of the dates listed for that sport. The Board of Directors will establish the dates for the first day of allowable practices/tryouts, pre-season contests, first and last days of regular season contests and the Florida High School State Championship Series for each sport. These dates will be published on the FHSAA Website. There will be no further practices following the date of the last regular season contest or the date of elimination from Florida High School State Championship Series competition, whichever is last to occur.

6.1.1.1 Spring Practice. Competitive Cheerleading and football may engage in spring practice for a maximum of twenty (20) sessions commencing with the Monday of Week 44 or the last twenty (20) days of the school year, whichever comes first. The varsity team and each individual student may compete in one (1) jamboree or one (1) spring classic game during the final week, which must be counted as one (1) of the twenty (20) sessions.

6.1.1.2 Restrictions for Football and Wrestling

6.1.1.2.1 Football. Due to the protective equipment required in football, these procedures apply for both fall and spring practices:

(a) the first two (2) days of practice are restricted to helmets only,
(b) days 3-5 can introduce shoulder-pads with shorts,
(c) beginning day six (6) of practice, full gear can be utilized and body-to-body contact is permitted.

Student-athletes who begin practice with a team after the start of official practice will be required to follow this same 6 day procedure. During the initial five (5) days, the use of arm shields, tackling and blocking dummies, sleds and other devices can be used for instructional purposes, however, deliberate body-to-body contact is prohibited.

6.1.1.2.2 Wrestling. Each student must participate in minimum of 10 practice sessions on 10 separate days prior to first competition (except a student who participates in a fall sport may compete after participating in 5 practice sessions on 5 separate days).

6.1.1.3 Penalties to School. Failure to comply with this policy will subject the school to a monetary penalty of a minimum of $250 and/or other sanctions.

6.1.2 School Contest Limitations. School contest limitations are for regular season contests only and are not inclusive of permissible preseason or postseason contests. Each sport will have the following game/meet/match limitations for each level (i.e. varsity, junior varsity, freshman, etc.) regardless of how many teams participate at each level, which will be inclusive of all games/meets/matches played in tournaments (for the sports of bowling, tennis and wrestling, each tournament counts as 2 matches):

(a) Baseball, Basketball, Soccer, Softball, Volleyball and Water Polo – 25 games/matches

(b) Bowling, Lacrosse and Tennis – 18 games/matches

(c) Cross Country, Swimming & Diving, Track & Field and Weightlifting – 13 meets

(d) Flag Football – 12 games

(e) Football and Competitive Cheerleading – 10 games, high school varsity level; 8 games, all other levels

(f) Golf – 14 matches

(g) Wrestling – 20 matches, 2 of which may only be single dual matches

6.1.2.1 Levels of Participation. A member school is limited to one varsity team per sport but may have multiple sub-varsity teams, including, but not limited to, one or more freshman teams, one or more junior varsity teams, etc., each level of which having the limits as specified in 6.1.2.

6.1.2.1.1 Exception. A school which participates as an independent in a sport offered by the school may have multiple varsity teams in that sport, each of which having the same individual limitations as specified in Policy 6.1.3.

6.1.2.2 Penalties to School. Failure to comply with this policy will subject the school to a monetary penalty and/or other sanctions and a reduction of contests for the following school year for that specific sport and level.

6.1.3 Individual Limitations. An individual student shall not exceed the established contest limitations, as listed in Policy 6.1.2 (except for football), during any school year, regardless of whether the student transfers attendance to a different school, moves back and/or forth between varsity and sub-varsity levels or competes at the high school or middle/junior high school level. If a combination school has a high school and a middle/junior high school team in a certain sport which compete during different seasons, an individual student is permitted to participate during only one of the seasons for that particular sport. An individual student cannot participate as a member of varsity and sub-varsity teams on same day.

6.1.3.1 Football. The season limitation for football is 11 games, inclusive of all games played during the regular season. After the conclusion of the sub-varsity season, sub-varsity players may complete the varsity regular season. A student-athlete can participate in only one (1) football contest during the same school week; Monday through Saturday (exclusive of the Florida High School State Championship Series).

6.1.4 Standardized Calendar. All FHSAA Sports Seasons will be determined by dates established in accordance with the standardized calendar developed by the National Federation of State High School Associations. This calendar will number the weeks of the year, with Week One (1) being the first full week of July (Sunday through Saturday). Hereinafter, this calendar will be referred to as the FHSAA Standardized Calendar.

POLICY 7

SPECIAL AND SANCTIONED ATHLETIC EVENTS

Preseason and post season classics, jamborees and bowl games in the sports of baseball, basketball, cross country, football, soccer, softball, swimming, track, girls volleyball, boys weight lifting and wrestling require prior approval by the FHSAA. Athletic events and tournaments during the regular season do not require approval by the FHSAA Office unless the event meets the definition of a Third Party Special Event in Policy 7.6 or the event is nationally televised. See Policy 9 for fees and Policy 7 for deadlines for filing and late filing financial penalties.

7.1 Definitions.

7.1.1 Sanctioned Events. A sanctioned event is, but not limited to, a preseason jamboree game or tournament, preseason classic game or tournament, football jamboree or classic, football bowl game, third party hosted games or tournaments (i.e. KSA Events, ESPN, Paragon Sports, etc.) and nationally televised events.

7.1.2 Host

7.1.2.1 A member school is considered a host when it organizes, produces and manages the event on campus or through rights to use an off campus facility and provides all event staff, officials, ticket sales, insurance, concessions and parking. In addition, the Host would retain all event revenue.

7.1.2.2 Colleges, Universities, and/or Third Party entities, including private corporations and non-profit organizations requesting to host events must enter into a contract directly with the FHSAA for sanction approval.

7.2 Sanction Process.

7.2.1 Application. Any athletic event hosted by an FHSAA member senior high school requiring sanction approval, as defined above in Policy 7.1, must be registered with FHSAA utilizing the official Association process as approved by the Executive Director and approved by the FHSAA Office. The member school hosting the event is responsible for making application for approval on the forms entitled "Application for Approval of Athletic Event": Form AT2. See Policy 9.5 and 9.9 for administrative fees for these events. The application for approval must be submitted to the FHSAA Office utilizing the official Association process as approved by the Executive Director, with a time stamp bearing a date not later than 30 days prior to the first day of the event to avoid, in addition to the standard administrative fee, the following late processing fees:

7.2.1.1 Fewer than 30 days prior to the first day of the event: $50;

7.2.1.2 Fewer than 10 days prior to the first day of the event: $100; and

7.2.1.3 After the first day of the event: $200.

7.3 Interstate Sanctions.

A member school which hosts an athletic event in which an out-of-state school is invited to participate may be required to submit to the NFHS an online application for "Sanction of Interstate Athletic Event". NFHS procedures regarding application for sanction of interstate athletic events are available at NFHS.org. A member school is not required to submit an application for sanction (AT2) for this event to the FHSAA Office.

7.4 International Sanctions.

A member school which hosts an athletic event or single athletic contest involving a team from another country or affiliate member of the NFHS must submit online NFHS application for "Sanction of International Event". NFHS procedures regarding application for sanction of international athletic events are available at NFHS.org. A member school is not required to submit an application for sanction (AT2) for this event to the FHSAA Office.

7.4.1 Exception. Two (2) and three (3) school competitions with a school or schools from Canada or Mexico which are a member in good standing of associations that are members of NFHS or affiliate members of the NFHS and/or which necessitates a round trip of less than 600 miles are not required to submit the NFHS application.

7.5 Penalty for Violation of Sanction Policy.

Unless otherwise stated in policy, a minimum financial penalty of $100 and/or other sanctions and probation, administrative and/or restrictive, may be assessed against any member school which violates any provision of this Sanction Policy.

7.6 Third Party Special Events

A third party is any entity that is not a member of the FHSAA and is organizing, producing or managing an event that involves FHSAA member schools or NFHS schools from out of state, regardless of where the event is held.

7.6.1 Member schools that participate in an event held within the State of Florida hosted by a third party must notify the FHSAA of their intent to participate. The notification of intent to participate (Form AT2S) must be submitted to the FHSAA office utilizing the official Association process as approved by the Executive Director, with a time stamp bearing a date not later than 30 days prior to the first day of the event to avoid a $100 penalty. Sanctioning and any FHSAA fees for the event are the responsibility of the third party hosting the event, not the participating member school. It is the responsibility of the member school to insure the event in which they are participating has been approved and sanctioned by the FHSAA.

7.6.2 Third party events held in private or corporate facilities, or on school facilities where the member school is not fulfilling "Host" duties as defined in Policy 7.1.2, require a direct contract between the FHSAA and third party for sanction approval.

7.6.3 Any event hosted by or held on a college or university campus must be directly sanctioned by the college, university or third party with the FHSAA. If a member school is affiliated with the college or university and typically uses the college or university facility as their home facility, normal sanctioning approval stipulated in Policy 7.2.1 shall apply.

7.7 Nationally Televised Events

7.7.1 Member schools serving as Host (as defined in Policy 7.1.2) for an athletic event where the event is broadcast live or delayed by a national television network (i.e. ESPN, ESPNU, Fox, TBS, etc.) must file an AT2S form and be approved by the FHSAA in advance of the event. An administrative fee is due to the FHSAA equivalent to 25 percent (25%) of gate receipts and entry fees unless otherwise approved by the Executive Director. The event fee and the financial report form FNTV is due to the FHSAA within 30 days following the event. This policy applies only to national networks and does not apply to locally televised events.

POLICY 8

MEMBER SCHOOL INSURANCE REQUIREMENTS

All member school principals must certify on the membership application that all of the coverage referenced below has been obtained, and must also provide a current certificate of coverage from their insurance carrier or broker verifying the accident medical, catastrophe cash benefit and general liability coverage. The Board of Directors has established the following requirements with regard to insurance coverage for member schools:

8.1 Athletic Medical Base Plan. Up to $25,000 limit is required for medical expenses for each participant in interscholastic athletics sponsored, supervised and engaged by the school. The member school principal will be allowed to accept certification from parents that the coverage is in place for the student-athlete on a family plan that meets this requirement. If the student-athlete is not covered under his/her parents' family plan, then the school must provide a plan for the student that will satisfy these requirements. The student may purchase this plan individually or the school may purchase a blanket plan for all members of its athletic teams. The principal must certify on the membership application that each student has the minimum coverage.

8.2 Accident Medical Expense and Catastrophe Cash Benefit Policy. A minimum limit of $1,000,000 for accident medical expense benefit is required for each participant in interscholastic athletics sponsored, supervised and engaged in by the school. A minimum catastrophe cash benefit limit of $500,000 is required for total disability of any participant in interscholastic athletics sponsored, supervised and engaged in by the school. Structured pay-out benefits may vary. This coverage is to be in excess of the athletic medical base plan policy limits or the policy can include the athletic medical base plan coverage within the policy. The policy must provide no fault coverage.

8.3 General Liability. A general liability plan with minimum limits of $200,000 per person and $300,000 per occurrence is required (§ 768.28, F.S.).

8.4 Status Change. In the event the status of a member school's insurance changes from what has been certified by the principal on the school's membership application, the FHSAA Representative of the member school must notify the FHSAA and all schools with which it is contracted, in writing, within 24 hours of the status change.

POLICY 9

FINANCES

9.1 Definitions

9.1.1 Gross Receipts. All revenue derived from gate receipts and entry fees charged in conjunction with an athletic event. Gross receipts do not include revenue derived from food and beverage concessions, souvenir merchandise sales (except as stipulated in Policy 42, Licensing and Royalties), parking fees, corporate support or other contributions, or any other form of revenue.

9.1.2 Gate Receipts. All revenue derived from the sale of all forms of tickets (including advanced, reserved, general admission, etc.), passes or other forms of special admissions (i.e. day passes, event passes, tournament, etc.), and any and all other forms of paid admission to an athletic event.

9.1.3 Entry Fees. All revenue derived from any fees or other charges paid by any school and/or individual to participate in an athletic event.

9.1.4 Non-Tax Sources of Funds. All funding derived from sources that are not state or federal revenue or local derived tax dollars. Examples of non-tax sources include, but are not limited to: internal activity funds, booster club funds, donations, corporate sponsorships, event sales of tickets, parking, concessions, or any other revenue generated from sales to the public.

9.1.5 Operating Fund Balance. To ensure the financial strength and stability of the general operations of the Association, the adopted budget shall include public acknowledgement of the planned ending fund balance, not classified as restricted, committed, or non-spendable, of not less than seventy-five percent (75%) and not more than one hundred and fifty percent (150%) of operating revenues. In the event the unreserved fund balance decreases to less than seventy-five percent (75%) or increases to more than one hundred and fifty percent (150%) of the Association's general fund budget, the Executive Director shall prepare for Board of Director approval, a financial plan and timeline to restore the ending fund balance to the amount set forth herein.

9.2 Membership Dues and Fees

9.2.1 Membership Dues.

9.2.1.1 Continuing Senior High School Members. Dues for the current school year are $25, regardless of school size. Multiple year membership fees are discounted to $100 for the five year period, payable in the first year of the five year membership. Dues will be billed on or before July 1. Payment of dues must be received in the FHSAA Office by September 30. Per FHSAA Bylaw 3.10.1, schools will be suspended from membership after September 30, if dues have not been paid. In order for the suspended school to be reinstated, it must pay dues and an additional reactivation fee stated in 9.2.3 prior to December 31. Failure to pay late dues and reactivation fee by December 31 will result in termination from membership.

9.2.1.2 First-Time Senior High School Members. Dues for the first school year of membership are considered paid within the membership application fee and no further membership dues will be assessed during the first year.

9.2.1.3 Continuing Middle/Junior High Schools. Dues for the current school year, regardless of school size are $10. Dues will be billed on or before July 1. Payment of dues must be received in the FHSAA Office by September 30. Per FHSAA Bylaw 3.10.1, schools will be suspended from membership after September 30, if dues have not been paid. In order for the suspended school to be reinstated, it must pay dues and an additional reactivation fee stated in 9.2.3 prior to December 31. Failure to pay late dues and reactivation fee by December 31 will result in termination from membership.

9.2.1.4 First-Time Middle/Junior High Schools. Dues for the first school year of membership are considered paid within the membership application fee and no further membership dues will be assessed during the first year.

9.2.2 Membership Fees.

9.2.2.1 Application Fee for First-Time Members. A school applying for first-time membership must pay a non-refundable $150 application fee. A school applying for first-time middle school membership must pay a non-refundable $60 application fee.

9.2.3 Reactivation of Suspended and Re-admission of Former Member Schools. Reactivation fees for a member school that has been suspended based on failure to pay member dues by the deadline established in Policy 9.2.1 is $125 for high schools and $50 for middle schools. A former member school that applies for re-admission will be assessed an administrative fee of $250 for high schools and $75 for middle/junior high schools (this is in addition to the member application fee as per Bylaw 3.6.1.2).

9.3 Legal Cost Sharing

9.3.1 Senior High Schools (Full Members).

9.3.1.1 Renewing Members. The member's share of legal costs of the FHSAA for a senior high school renewing its full membership for the current school year shall be determined by taking the total legal expense incurred by the FHSAA during the previous school year, subtracting the total flat fee assessed junior high school and middle school members, and dividing the balance equally by the total number of senior high school members at the close of the previous school year. The total legal expense includes all attorney's fees, court costs, settlements and judgments.

9.3.1.2 New Members. A senior high school joining the Association effective with the current school year will not be assessed legal cost sharing in its initial year of membership.

9.3.2 Middle/Junior High Schools. The member's share of legal costs of the FHSAA for a renewing middle/junior high school member shall be $25.

9.4 Florida Interscholastic Athletic Administrators Association Dues

Junior, middle and senior high schools which are full members of the FHSAA shall be required to hold membership in the Florida Interscholastic Athletic Administrators Association (FIAAA). Annual dues are $25 regardless of school size.

9.5 Administrative Fees for Preseason Events

9.5.1 A non-refundable administrative fee shall be assessed each member school making an application on Form AT2 for approval to host a preseason event in the following sports. Refer to Policy 7 for filing deadlines and late filing financial penalties and third party fees. There are no financial reporting requirements for these events. See Policy 9.9 for football classics and bowl games.

9.5.1.1 The administrative fee in the sports of baseball, basketball, soccer and softball shall be as follows:

(a) Preseason events: $100;

(b) Preseason classics tournaments exceeding four (4) teams are subject to additional fees of $50 per team and conditional approval by the Executive Director.

9.5.1.2 The administrative fee in the sports of girls volleyball and wrestling shall be as follows:

(a) Preseason events: $75;

(b) Preseason classics and jamborees exceeding four (4) teams are subject to additional fees of $50 per team and conditional approval by the Executive Director.

9.5.1.3 The administrative fee in the sports of boys weightlifting, track & field, cross country, swimming & diving shall be as follows:

(a) Preseason events with up to four (4) teams: $50;

(b) Preseason classics and jamborees exceeding four (4) teams: $100.

9.5.1.4 There is no FHSAA prior approval process or administrative fee or financial reporting requirements for school participation in preseason events in the sports of tennis, golf, bowling, competitive cheerleading, flag football, water polo, boys volleyball, lacrosse, and girls weightlifting. However, member host schools for these sports must follow NFHS fees and requirements for events involving teams from out of state.

9.6 Admission to Special Events

9.6.1 **Preseason and Post Season Jamborees, Classics, Tournaments and Meets.** The admission price to preseason and post season Jamborees, Classics, Tournaments, Meets and Bowl Games in all sports, including any student discounts, shall be determined and stated within the contest contract by the host school.

9.7 Admission to Florida High School State Championship Events

The FHSAA reserves the right to establish ticket prices for all Florida High School State Championship Series contests. The Executive Director reserves the right to increase the ticket price for any contest up to an additional $3.00 per ticket for tickets purchased at the gate when pre-sale ticket sales have been made available for that contest. The Executive Director reserves the right to establish single day and/or full tournament ticket pricing, at a price not to exceed the value of the total number of single session events included in the single day or tournament pricing at Championship events. The Executive Director also reserves the right to establish premium seating ticket prices for a Florida High School State Championship Series contest when the venue can provide for such seating, unless otherwise stipulated below. The following admission prices shall be charged by the host school/organization for all Florida High School State Championship Series contests unless waived in writing by the Executive Director or his/her designee in advance of the event. In the event a waiver is granted to reduce or not charge admission, a financial report must still be submitted and the Host is not eligible for loss reimbursement funding.

9.7.1 **Baseball, Cross Country, Soccer, Softball, Swimming & Diving, Track & Field, Girls and Boys Volleyball and Wrestling.** The admission price to tournament sessions in the Florida High School State Championship Series shall be as follows: district tournaments/meets, $6; regional tournaments/meets, $7; Florida High School State Championship Series, general admission $9.

9.7.2 **Girls and Boys Basketball.** The admission price to tournament sessions in the Florida High School State Championship Series shall be as follows: district tournaments, $6; regional tournaments, $7; Florida High School State Championship Series, general admission $10, reserved seating $15.

9.7.3 **Football.** The admission price to games in the Florida High School State Championship Series shall be as follows: district tie-breakers, $7; regional tournament games, $8 general admission, $9 reserved seating; state semifinal games, $9 general admission, $10 reserved seating; Florida High School State Championship Series, general admission $12, reserved seating $17, premium seating packages $27.

9.7.4 **Girls Weightlifting and Boys Weightlifting.** The admission price to meets in the Florida High School State Championship Series shall be as follows: district tournaments/meets, $6; regional tournaments/meets, $7; Florida High School State Championship Series, $9.

9.7.5 **Bowling, Flag Football, Lacrosse and Water Polo.** The admission price to tournament sessions in the Florida High School State Championship Series shall be as follows: district tournaments/meets, $6; regional tournaments/meets, $7; Florida High School State Championship Series, $8.

9.7.6 **Golf and Tennis.** No admission shall be charged for Florida High School State Championship Series events in these sports.

9.7.7 **Cheerleading.** The admission price to the Florida High School State Championship Series meets shall be as follows: district meets $5; regional level meets $6; Florida High School State Championship Series $10.

9.8 Ticket Policy for Florida High School State Championship Series Events

9.8.1 Host school/organizations for all Florida High School State Championship Series contests shall adhere to the following guidelines with regard to the sale of tickets at such contests:

9.8.1.1 Numbered tickets or arm bands shall be sold at each Florida High School State Championship Series game, tournament or meet at which admission is required to be charged. Children age 3 and under may be admitted free of charge.

9.8.1.2 Each ticket must be torn in half by ticket-takers so that they cannot be resold. Torn tickets cannot be accepted for re-entry. Arm bands or hand stamps may be used for re-entry where monitored and permitted by the host. The host has the authority to enforce a no re-entry policy at their discretion.

9.8.1.3 All tickets sold must be accounted for on the financial report form.

9.8.1.4 Host school/organizations may sell pre-numbered arm bands in lieu of tickets provided the bands are applied to each person at the time of purchase and cannot be removed for resale.

9.8.1.5 Allocation of Tickets. The visiting school for a regional, quarterfinal, semifinal or final game may request from the host school up to 40 percent of the available tickets to be sold for the game. This request must be made by noon of the day following the previous round game. Any unsold tickets shall be returned to the host school not later than noon on the day of the game.

9.9 Football Special Events Financial Reporting and Revenue Sharing

9.9.1 Administrative Fee. A non-refundable administrative fee shall be assessed each member school making an application on Form AT2 for approval to host a preseason or post season event in the sport of football. Refer to Policy 7 for filing deadlines, late filing financial penalties, nationally televised event fees and third party fees.

9.9.1.1 Preseason and Spring Classics. In the sport of football, the FHSAA shall receive 20 percent of the gross receipts of all football classic games or a flat fee as listed below, whichever is less:

Classification	Fall Classic Fee	Spring Classic Fee
8A, 7A, 6A, 5A	$1,150	$600
4A, 3A, 1A	$ 750	$350
2A, Independent	$ 450	$200

The visiting school shall receive 35 percent of the net profit after the host pays expenses, including the FHSAA share, unless a mutual agreement is reached for an alternative split prior to the event. Financial Report Form FB4 and payment must be received by the FHSAA within 30 calendar days of the completion of the event. A late filing fee shall be assessed as follows: 1 to 60 days late, $50; 61 to 90 days late, $75; beyond 90 days late, $100. If a Classic is cancelled after receiving sanction approval, the host must notify FHSAA of the cancellation by the deadline for the Financial Report Form FB4 or the host may incur a $50 late filing fee.

9.9.1.2 Postseason Football Bowl Games. The FHSAA shall receive eight (8) percent of the gross receipts of all postseason football bowl games. Refer to Policy 7.6 if the event involves a Third Party promoter. The balance of gross receipts shall be divided between the participating schools in accordance with the agreement between them. Financial Report Form FB3 must be received by the FHSAA within 30 calendar days of the completion of the event. A late filing fee shall be assessed as follows: 1 to 60 days late, $50; 61 to 90 days late, $75; beyond 90 days late, $100.

9.9.1.3 Preseason and Post Season Jamborees. The administrative fee for a fall football jamboree is $450 and the fee for a spring jamboree is $150. There are no financial reporting requirements for these events.

9.10 Florida High School State Championship Series Games, Tournaments & Meets Financial Reporting and Revenue Sharing

9.10.1 Football. Each district tie-breaker, regional tournament game and state semifinal game shall be financially independent. The total gate receipts of each district tie-breaker, regional tournament game and state semifinal game shall be divided as follows: FHSAA shall receive 25 percent of gate receipts or the total net profit after host expenses, whichever is less. The amounts remaining after host expenses and FHSAA share are paid shall be divided 55 percent to the host school and 45 percent to the visiting school(s). If, however, a district tie-breaker, regional tournament game or state semifinal game shows a net profit of $250 or less, the host school shall retain the net profit and no percentage shall be paid to the visiting school(s) or the FHSAA. In the event the host school reports a net profit of $250 or less, the host school must provide supporting documentation for all expenses claimed. The net profit is determined by subtracting total expenditures from the total gate receipts on the financial report form. If a district tie-breaker, regional tournament game or state semifinal game shows a net loss on the financial report form, the FHSAA shall compensate the host school up to $350 for the loss, subject to the provisions of 9.10.4. Financial Report Form FB5 for district tie-breakers, regional and state semifinals must be received by the FHSAA within 30 calendar days of the completion of the event. A late filing fee shall be assessed as follows: 1 to 60 days late, $50; 61 to 90 days late, $75; beyond 90 days late, $100.

9.10.2 Baseball, Basketball, Soccer, Softball and Girls Volleyball. Each district tournament and regional tournament contest shall be financially independent. The total gate receipts of each district tournament and each regional tournament contest shall be divided as follows: FHSAA shall receive 15 percent of gate receipts or the total net profit after host expenses, whichever is less. The amounts remaining after host expenses and FHSAA share are paid shall be divided 55 percent to the host school and 45 percent to the visiting school(s). If, however, a district tournament or regional tournament contest shows a net profit of $250 or less, the host school shall retain the net profit and no percentage shall be paid to the visiting school(s) or the FHSAA. The net profit is determined by subtracting total expenditures from the total gate receipts on the financial report form. If a district tournament or regional tournament contest shows a net loss on the financial report form, the FHSAA shall compensate the host school up to $350 for the loss, subject to the provisions of 9.10.4. Financial Report Form FN2 for district and regional tournaments must be received by the FHSAA within 30 calendar days of the completion of the event. A late filing fee shall be assessed as follows: 1 to 60 days late, $50; 61 to 90 days late, $75; beyond 90 days late, $100.

9.10.3 Bowling, Cross Country, Flag Football, Golf, Lacrosse, Swimming & Diving, Tennis, Track & Field, Boys Volleyball, Water Polo, Weightlifting and Wrestling. The FHSAA will not receive any percentage of the gross receipts from district or region tournaments or meets or any Florida High School State Championship Series play-in games. Host schools of district tournaments or Florida High School State Championship Series play-in games in these sports do not need to file a financial report. District planning meetings should determine how the district host should distribute net profits or loss. In regional tournaments, the host school is fiscally responsible for all losses and must redistribute profits as stated in policy 9.10.2.

9.10.4 Net Loss Reimbursement. To be eligible to receive the $350 maximum compensation for a net loss shown on the financial report forms FB5 and FN2, a host school must:

9.10.4.1 Charge the full admission price established in Policy 9.7 without waiver;

9.10.4.2 Sell numbered tickets and account for all tickets sold as stipulated in Policy 9.8;

9.10.4.3 File a financial report form for the game, tournament or meet as stipulated in Policy 9.10 (the sports listed in Policy 9.10.3 are ineligible since they do not file financial reports);

9.10.4.4 Submit with the financial report form the Florida High School State Championship Series Contest Pass Gate Sign-In Form(s) as stipulated in Administrative Procedure 3.11;

9.10.4.5 Provide supporting documentation for all expenses reported and follow expense limitations on form FN2 regarding event manager, facility rental and trophies; and

9.10.4.6 Be in compliance with all policies for the event.

9.10.5 Hosting a Florida High School State Championship Series Tournament at Multiple Sites. Regardless of number of sites required to play a District or Regional Florida High School State Championship Series Tournament, there shall be one recognized host school that is responsible for filing the FN2 financial report along with FHSAA payment. Only one report shall be submitted for the sum total of all satellite sites that comprise a District or Regional Tournament. All games or matches played in a tournament are combined into one report for determining the share to be paid to the FHSAA and for purposes of determining a profit or loss. The overall profit or loss is determined by combining ticket revenues from all locations and deducting qualifying expenses from all locations. District Planning meetings should determine how satellite sites will report to the District Host and how the District Host should distribute overall profits or loss. In Regional Tournaments and in the absence of District Planning Meeting guidance on how to split profits and losses, the Host School is fiscally responsible for all losses at the satellite site(s) and must redistribute profits as stated in policy 9.10.1 and 9.10.2.

9.10.6 Entry Fees for a Florida High School State Championship Series. Entry fees may only be charged to participating teams in a Florida High School State Championship Series event in the following situations:

(a) Cross Country event held on property that does not permit ticket sales. Fees may be assessed to cover reasonable costs of the event

(b) Tennis and Golf event where fees are assessed to share reasonable costs of the event with the host

(c) Swimming & Diving events where host incurs a pool rental fee and splits the cost of the rental with participating schools (see policy 14 for maximum rental fees)

(d) Sharing shortfalls on a District Florida High School State Championship Series event after FHSAA loss reimbursement, when authorized by the District Planning Meeting

(e) Upon prior written permission from the Executive Director or his/her designee

9.10.7 Florida High School State Championship Series Awards

(a) In the sport of football, the District Champion/Runner-up may elect to purchase District Championship/Runner-up Trophies, and if so, must purchase these from the FHSAA authorized award vendor.

(b) In the sports of Baseball, Basketball, Soccer, Softball and Girls Volleyball, the Host may elect to purchase District Championship trophies, and if so, must purchase these from the FHSAA authorized award vendor and report the expense on the FN2 financial report for the event.

(c) In all sports, Regional Championship trophies may be purchased by the Champion school from the FHSAA authorized award vendor after the event. The cost of Regional Championship trophies may not be claimed by the Host as an expense on the FN2 form.

9.11 Compensation to Schools Participating in Florida High School State Championship Series Events

9.11.1 Football. When net profits after expenses allow, the FHSAA shall pay to each school an amount based upon its mileage from the site of the Florida High School State Championship Series as follows: $4,250 plus $5 per mile. Neither the FHSAA nor the host organization shall assume responsibility for any other team expenses of any kind except for those expenses specified above. When net profits after expenses do not allow for the payment of this schedule, participating teams shall divide 100 percent of the net profit based on their pro-rata share of the formula. In such cases, the FHSAA will not retain any share of the net profit. At no time shall participating schools be paid reimbursement for expenses when the Florida High School State Championship Series do not show a net profit after expenses.

9.11.2 Baseball, Basketball, Soccer, Softball and Girls Volleyball. When net profits after expenses allow, the FHSAA shall pay to each school an amount as follows: $2,000 plus $2.50 per mile. Neither the FHSAA nor the host organization shall assume responsibility for any other team expenses of any kind except for those expenses specified above. When net profits after expenses do not allow for the payment of this schedule, participating teams shall divide 100 percent of the net profit based on their pro-rata share. In such cases, the FHSAA will not retain any share of the net profit. At no time shall participating schools be paid reimbursement for expenses when the Florida High School State Championship Series do not show a net profit after expenses.

9.11.3 Competitive Cheerleading, Cross Country, Golf, Swimming & Diving, Tennis, Track & Field, Weightlifting, Wrestling, Bowling, Flag Football, Lacrosse, Boys Volleyball and Water Polo. No reimbursement of any kind shall be paid to schools which qualify teams and/or individual contestants to the Florida High School State Championship Series. Neither the FHSAA nor the host school or organization shall assume responsibility for any participating school or individual contestant expenses of any kind.

9.12 Athletic Events Not Held Due to Unusual Circumstances, Including Inclement Weather

9.12.1 If severe weather occurs in the area prior to the start of, or during, any scheduled outdoor game, tournament or meet and the event is delayed, postponed, suspended or canceled, special rules apply. If for other unforeseen reasons, a game, tournament or meet is delayed, postponed, suspended or canceled, special rules apply.

9.12.2 If tickets have been sold for the event and any revenue related to the event is retained by the school, then the regular financial reporting process must be completed with payments to the FHSAA and to the participating school(s). If free entry is given for a future event, the revenue received and retained should be reported for the event. If money is refunded and not retained, then it should not be included as revenue reported for the event. If tickets were presold for the event and the event was canceled before it was to begin, then the revenue received and retained (not refunded) from the presold tickets should be reported on the financial report.

9.12.3 If a financial hardship results from the inclement weather and the related loss of playing time, the host school should submit a written request for waiver of financial share payments. Requests should be submitted to the Executive Director or his/her designee. Requests will be considered on a case-by-case basis.

9.12.4 The host of any sanctioned event where a cancellation of the event occurs prior to any sales being made, must notify the FHSAA of the cancellation no later than the deadline for the sanction fee or financial report to avoid a $50 late fee.

9.13 Invoices Charged to Member Schools' Accounts

9.13.1 Invoices. Invoices charged to the school's account with the FHSAA are due and payable within 30 days of the invoice date. The only exception to this rule is the annual membership dues invoice payment that must be postmarked no later than September 30 of each year.

9.13.2 Waiver of Monetary Penalties. Request for waiver of a monetary penalty must be received in the FHSAA Office no later than 30 days from the date of the invoice. Request for a waiver of a monetary penalty must be submitted, in writing, to the FHSAA Office, along with any related documentation supporting the request. The FHSAA Office will notify the school of the decision on the waiver request. The school's account will be adjusted if the waiver is approved. If a school receives a waiver on a monetary penalty that previously has been paid, a reimbursement will be sent to the school.

9.14 Member Schools Limited to Non-Tax Funds. Member schools must only use non-tax sources of funds as defined in Policy 9.1.4 to make payments of any kind to the FHSAA. Payments for administrative fees for tournaments and classics in Policies 9.5 and 9.9, and payments to FHSAA for Florida High School State Championship Series games in Policy 9.10 are deemed to be derived from the public sale of tickets to the event. Member schools must assure payments for membership fees, legal cost sharing and all other fees and fines are made from funds that are not derived from taxes.

POLICY 10

FLORIDA HIGH SCHOOL STATE CHAMPIONSHIP SERIES

10.1 Participation in the Florida High School State Championship Series

10.1.1 Participation is for Full Member Senior High Schools. Participation in the Florida High School State Championship Series is limited to varsity participation and only to those full member senior high schools that are members of the Association. Compensation for expenses of schools competing in a Florida High School State Championship Series is not guaranteed.

10.1.2 Participation is Voluntary. Participation in the Florida High School State Championship Series in each sport by a school is voluntary and is limited to varsity participation only. It, however, is the preference of the Board of Directors that every eligible school that can and should participate, do so.

A school for legitimate reasons may exercise the option of independence. Such reasons include, but are not limited to: a newly opening school; a school that has consistently been unable to compete in the classification to which it is assigned; a school that is geographically isolated and chooses not to participate for financial reasons; a school whose educational philosophies prohibit such extended athletic participation; or a school that does not or cannot compete for religious reasons. The option of independence is not intended for use by one or more schools organizing in protest of the Association's policies and/or to establish a postseason championship competition separate from the Florida High School State Championship Series.

To this end, any such effort by a group of member schools to declare independence in a sport and organize a conference or league with the intent of conducting any form of playoff to determine a champion(s) after the conclusion of FHSAA-approved regular season competition is prohibited unless approved by the FHSAA Board of Directors.

All competitions to determine a champion(s) that are conducted by conferences or leagues whose members also are members of the FHSAA must be conducted as part of the FHSAA-approved regular season.

10.2 Team Participation

10.2.1 Eligibility for Participation. To be eligible for participation in the Florida High School State Championship Series in any team sport:

(a) The school successfully sponsors a varsity program in the previous school year (i.e. completes a comparable district schedule to the other schools in the district which they would be placed).

(b) The school files a commitment (team sports) or intent (individual sports) to participate in the Florida High School State Championship Series with FHSAA by the specified deadline.

(c) A varsity team shall engage in a minimum number of interscholastic contests (games, matches or meets) as listed below or the required number of district contests as determined in the district meeting (if applicable), whichever is greater, in the sport. To count as a contest, the school's team actually shall participate in and complete the contest. Scheduled contests that are canceled or not completed (in accordance with the playing rules of the sport in question) may not be counted.

(1) Baseball, Basketball, Soccer, Softball, Volleyball and Water Polo – 10 contests

(2) Bowling and Lacrosse – 7 contests

(3) Cross Country, Golf, Swimming & Diving, Tennis and Track & Field – 5 contests

(4) Flag Football, Football, Competitive Cheerleading, Weightlifting and Wrestling – 4 contests

(d) A varsity team must play not less than 60 percent of its regular season contests in the sport against FHSAA member schools.

(e) A varsity team must not take more than one trip per school year in the sport beyond the neighboring states of Alabama, Georgia and Mississippi.

10.2.2 Only One Varsity Team May Enter. A school may enter only one varsity team in the Florida High School State Championship Series in a sport.

10.2.3 Provisional Period Members Not Eligible. A provisional period member senior high school shall not be eligible to enter a team into the Florida High School State Championship Series in any sport during its period of provisional membership.

10.3 Individual Participation

10.3.1 Minimum Contest Requirement. To be eligible for participation in the Florida High School State Championship Series in a sport, an individual student-athlete shall participate in a minimum of the following interscholastic contests in that sport for the current season, unless a written request for a waiver is approved by the Executive Director or his/her designee. A student-athlete who is academically ineligible at the beginning of a sports season and who regains his/her eligibility during that sports season, but is unable to participate in the minimum of the following interscholastic contests in that sport, shall be exempted from this provision.

10.3.1.1 Baseball, Basketball, Soccer, Softball, Volleyball and Water Polo – 10 contests

10.3.1.2 Bowling and Lacrosse – 7 contests

10.3.1.3 Cross Country, Golf, Swimming & Diving, Tennis and Track & Field – 5 contests

10.3.1.4 Flag Football, Football, Competitive Cheerleading, Weightlifting and Wrestling – 4 contests

10.3.2 Individual Honors Requirements. In an individual sport, to be eligible for individual honors on the regional and state levels, a student-athlete shall compete for individual honors on the district level. To be eligible for individual honors on the state level, a student-athlete shall compete for individual honors on the district and regional levels.

10.4 Mixed Gender Restrictions. Boys may not participate on a girls team or in the girls division in the Florida High School State Championship Series in any sport. In a team sport, a girl may participate on a boys team in the Florida High School State Championship Series only if the school does not sponsor a girls team in that sport. In an individual sport, a girl may not participate in the boys division in the Florida High School State Championship Series if competition is conducted in a girls division in that sport. However, for a girl to participate in the girls division of the Florida High School State Championship Series in a sport, the school must file a "Declaration of Intent to Participate in Florida High School State Championship Series" form in that sport.

10.5 Commitment to Participate Form for Team Sports

10.5.1 Commitment Form. Each member school that elects to participate in a Florida High School State Championship Series competition in a team sport must notify the FHSAA Office of its intent to do so on the "Commitment to Participate in Florida High School State Championship Series" form. The FHSAA issues commitment forms on an annual basis.

10.5.2 Signatures Required. A commitment form, to be valid, must bear the signature of the member school principal and athletic director or FHSAA Representative.

10.5.3 Binding Agreement. A properly executed commitment form is a binding agreement between the member school and the Association. A school that elects to withdraw from its commitment in a team sport, after the commitment deadline, shall notify the FHSAA Office of its decision using the form provided for that purpose. Upon approval of the FHSAA Office, the school shall be assessed a $250 administrative fee. If, however, the school fails to notify in writing, and secure the approval of, the FHSAA Office of its decision to withdraw from its commitment in a sport prior to the deadline for filing the Official State Entry List (SEL) in the sport, that school shall be assessed an additional $250 monetary penalty ($500 total) and/or other sanctions and its program in that sport placed on administrative probation.

10.5.4 Failure to Commit before Deadline. Team sport commitments are due by the district planning meeting in that sport, with the exception that fall sport commitments are due by the first Monday of week 11. A school that does not commit to participate in the Florida High School State Championship Series in a team sport by the commitment deadline, and later submits a request in writing to the FHSAA Office to participate to the FHSAA Office in that sport shall be assigned "Independent Status" in that sport.

10.5.5 Commitment Agreement. By committing to participate in a Florida High School State Championship Series, a member school agrees to participate in accordance with and abide by all the procedures, guidelines, policies and regulations for the Florida High School State Championship Series as approved by the FHSAA Board of Directors in accordance with the Bylaws of the Florida High School Athletic Association.

10.6 Commitment to Participate Form for Individual Sports

10.6.1 Commitment Form. Each member school that elects to participate in a Florida High School State Championship Series competition in an individual sport must notify the FHSAA Office of its intent to do so on the "Commitment to Participate in Florida High School State Championship Series" form. The FHSAA issues intent forms on an annual basis.

10.6.2 Signatures Required. A commitment form, to be valid, must bear the signature of the member school principal and athletic director or FHSAA Representative.

10.6.3 Non-Binding Agreement. A properly executed commitment form is non-binding on the member school. A school that elects to withdraw from its commitment to participate in an individual sport may do so without penalty, prior to the deadline for filing the Official State Entry List (SEL) in the sport, by notifying the FHSAA Office of its decision using the form provided for that purpose. If, however, the school fails to notify in writing the FHSAA Office of its decision to withdraw from its commitment to participate in an individual sport prior to the deadline for filing the Official State Entry List (SEL), that school shall be assessed a $250 monetary penalty and/or other sanctions and its program in that sport placed on administrative probation.

10.6.4 Failure to Commit before Deadline. Individual sport deadlines are two (2) weeks before the first permissible regular season game. A school that does not file notice of its commitment to participate in the Florida High School State Championship Series in an individual sport by the deadline, and later submits a request in writing to the FHSAA Office to participate in that sport shall be assigned "Independent Status" in that sport.

No school, however, under any circumstance, shall be assigned to a classification and district in the Florida High School State Championship Series in an individual sport if its request for such assignment is received in the FHSAA Office on or after the deadline for filing the Official State Entry List (SEL) in that sport.

10.6.5 Commitment Agreement. By filing notice of commitment to participate in a Florida High School State Championship Series, a member school agrees to participate in accordance with and abide by all the procedures, guidelines, policies and regulations for the Florida High School State Championship Series as approved by the FHSAA Board of Directors in accordance with the Bylaws of the Florida High School Athletic Association.

10.7 Failure to Appear

10.7.1 Team Failure to Appear. In the event a team fails to appear at the Florida High School State Championship Series event site to play at the scheduled time for its contest, the contest shall be declared forfeited to the team's opponent, and that team shall advance to the next round. In this event, the FHSAA Office must be notified immediately. If a team's arrival is delayed due to mechanical problems or inclement weather, every reasonable effort must be made by the local manager in consultation with the FHSAA Office to make adjustments, if possible, in the starting time of the contest to accommodate the absent team. Otherwise, failure to appear shall subject the school to a $250 monetary penalty and/or other sanctions.

10.7.2 Student Athlete Failure to Appear. A student-athlete who qualifies in a Florida High School State Championship Series meet as an individual is expected to compete on successive levels of the Florida High School State Championship Series unless ill, injured, suspended due to disciplinary action, or for any other reason acceptable to the Executive Director. If the student-athlete

does not compete on a successive level, the student-athlete will not be permitted to compete in any other event in the Florida High School State Championship Series in that sport. Personnel on relay teams may be changed in accordance with the rules governing those sports. A school must submit in writing to the FHSAA Office the name of the student-athlete and an explanation for the inability to compete in advance of the competition whenever situations make it possible to do so. Failure to participate in the district/regional meet by an individual or relay team is a violation of FHSAA policy and shall subject the school to a $50 penalty unless the reason for failure to participate is approved by the FHSAA Office.

10.8 Neutrality

10.8.1 Neutrality. It is the responsibility of the host school to ensure that an atmosphere of neutrality is maintained in all Florida High School State Championship Series events. Such events are not "home contests" for the host schools. Special festivities held as part of, or in conjunction with, regular season home contests (i.e., pregame activities designed to rally support for the home team, such as light shows, or giving special recognition to members of the home team) are not permitted during the Florida High School State Championship Series.

10.9 Allegations and Protests

10.9.1 Allegations and Protests. Allegation and/or protesting actions of another school received less than forty-five (45) days prior to the beginning of Florida High School State Championship Series competition in a sport may not be concluded prior to the conclusion of the sport's championship series (corresponding with Bylaw 10.3).

10.9.2 Withholding Information. Member schools (or persons defined in Bylaw 1.4.18) who intentionally withhold information impacting Florida High School State Championship Series participation shall be considered unethical and unsportsmanlike and addressed in accordance with Policy 45.

POLICY 11

OFFICIAL STATE ENTRY LIST (SEL)

The following policy shall govern Official State Entry Lists (SEL) for the Florida High School State Championship Series:

11.1 Submission Required. Each member school that commits to and qualifies to participate in Florida High School State Championship Series competition in a sport must generate and submit to the tournament/meet manager (regional opponent in football) an Official State Entry List (SEL) by the deadline specified in the FHSAA Calendar, utilizing the official Association process as approved by the Executive Director. The SEL must contain only the names of those student-athletes who have been previously electronically reported to the FHSAA Office on an eligibility roster utilizing the official Association process as approved by the Executive Director and who meet the requirements of Bylaw 9. The tournament/meet manager (regional opponent in football) will receive the SEL via e-mail and may also download the SEL utilizing the official Association process as approved by the Executive Director. The SEL must contain the names of those student-athletes who will represent the member school in Florida High School State Championship Series competition in that sport. All student-athletes must be eligible in accordance with all FHSAA rules and regulations in order to be placed on a team roster and the SEL. Permitting a student-athlete to compete in a Florida High School State Championship Series contest who was not submitted to the FHSAA Office on the SEL for that sport will be subject to a monetary penalty of a minimum of $50 and/or other sanctions.

11.2 Number of Participants. The number of student-athletes whose names may be placed on an SEL in a given sport by a member school shall be limited to the following:

Sport	Participants on SEL
Baseball	Twenty (20)
Basketball	Fifteen (15)
Bowling	Eight (8)
Competitive Cheerleading	Forty (40)
Cross Country	Fifteen (15)
Flag Football	Twenty-five (25)
Football	Sixty (60)
Golf	Ten (10)
Lacrosse	Twenty-five (25)
Soccer	Twenty -two (22)

Sport	Participants on SEL
Softball	Twenty (20)
Swimming & Diving	Sixty (60)
Tennis	Twelve (12)
Track & Field	Sixty (60)
Volleyball	Fifteen (15)
Water Polo	Eighteen (18)
Weightlifting	Three (3) per weight class
Wrestling	Forty (40)

The terms and conditions governing the Florida High School State Championship Series in each respective sport shall stipulate the number of student-athletes who may actually dress in uniform/participate (see Bylaw 9.10.1) in a Florida High School State Championship Series contest.

11.3 Authorization Required. To be valid, the SEL must be authorized by the FHSAA representative.

11.4 Additional Administrative Fees. To avoid additional administrative fees, the SEL must be submitted utilizing the official Association process as approved by the Executive Director not later than 5 p.m. local time on the Monday of the week immediately prior to the week during which the tournament/meet is to be held (except football). In the sport of football, the SEL must be submitted utilizing the official Association process as approved by the Executive Director not later than 5 p.m. on the Wednesday of the week of the eleventh (11th) football playing date. Schools involved in District Tiebreaker contests must submit a SEL to all tiebreaker participants by 12:00 noon on the day of the tiebreaker contest. A late filing administrative fee of $50 will be assessed a member school that does not submit its SEL by this deadline. The late filing administrative fee will increase to $100 if the SEL is not submitted utilizing the official Association process as approved by the Executive Director by 5 p.m. local time on the Friday of the week immediately prior to the week during which the tournament/meet is to be held (in the sport of football, Wednesday of the week of the 1st round of regional play-off contests). A school that fails to submit its SEL utilizing the official Association process as approved by the Executive Director prior to the scheduled starting time of the first competition (i.e. game, match or event) in the tournament/meet (regional contest in the sport of football) that directly involves the school's team or individual representative may be permitted to participate in competition only with the approval of the FHSAA Office. The school, however, will be assessed a minimum administrative fee of $250. Under no circumstances shall the manager of a tournament/meet (regional contest in the sport of football) permit a team for which he/she has no SEL to participate in the tournament/meet (regional contest in the sport of football) without the approval of the FHSAA Office.

11.5 Changes. A member school may add previously unlisted student-athletes to, or change or replace existing student-athletes on its SEL according to the following procedure:

11.5.1 Resubmission. Resubmission to the tournament/meet manager (regional opponent in football) utilizing the official Association process as approved by the Executive Director is required after any change is made.

11.5.2 Team Sports. For team sports, except football (i.e. baseball, basketball, competitive cheerleading, flag football, lacrosse, soccer, softball, volleyball and water polo), the addition or change must be submitted to the tournament/meet manager utilizing the official Association process as approved by the Executive Director prior to the scheduled starting time of the school's contest in the district, regional or state tournament. No change may be made to an SEL for a contest once that contest begins. Changes in football must be submitted to the regional opponent utilizing the official Association process as approved by the Executive Director prior to the scheduled starting time of the school's game in a regional contest, state semi-final contest or state final contest.

11.5.3 Individual Sports. For individual sports (i.e. bowling, cross country, golf, swimming & diving, tennis, track & field, weightlifting, wrestling), the addition or change must be submitted to the tournament/meet manager utilizing the official Association process as approved by the Executive Director prior to the time agreed to in the tournament/meet planning meeting for submitting to the tournament/meet manager the times, marks, records, etc., for the seeding of individual competitors into flights, heats, matches, etc. No change may be made to an SEL after this deadline, with the exception of swimming & diving and track & field in which changes may be made only for members of relay teams that qualify from the district meets to the regional/state meets and from the regional meets to the state meets.

11.5.4 Submission of a Change. The principal or the FHSAA representative or the athletic director must resubmit the SEL with the by the same process as submitting the original SEL. The principal, FHSAA representative, or athletic director must authorize the change and provide a reason why the student was added or removed after the deadline. Changes made prior to the SEL Deadline will not incur a fee.

11.5.5 Administrative Fee. The member school will be assessed an administrative fee of $50 for each addition or change made to its SEL after the filing deadline. This penalty will increase if it is later determined that the student-athlete(s) added to the school's SEL was ineligible. This fee will be waived for changes due to academic eligibility changes from the first semester to the second semester (see Bylaw 9.4.6).

CLASSIFICATION

12.1 General

12.1.1 Membership Classification. Membership classifications will be applied for administrative and Florida High School State Championship Series purposes. A member school may not participate in a classification above or below that to which it is assigned on the basis of its student population, except as provided herein.

12.1.2 Senior High Only. Only senior high schools and combination schools with senior high school grade levels (i.e. grades 9, 10, 11, and/or 12) shall be classified.

12.1.3 Classification Term. Schools shall be classified on a quadrennial basis for the 2015-16, 2016-17, 2017-18 and 2018-19 school years.

12.1.4 Each Sport Classified. Each sport shall be classified according to the guidelines and criteria herein.

12.2 Classification Criteria

12.2.1 Existing Member Schools. An existing full member senior high school shall be classified on the basis of the school's traditional and non-traditional student population in the 9th, 10th, 11th and 12th grades combined as reported during the week in October designated by the Florida Department of Education for the fall semester FTE survey of public schools. Each member school shall be responsible for reporting to the FHSAA its student population as required. The FHSAA may spot-check and/or audit the student population report submitted by any member school. Student populations for schools that enroll girls only or boys only (i.e. one gender comprises greater than 90 percent of the student body) shall be doubled for classification purposes.

12.2.1.1 Traditional Students. Traditional students are students that are enrolled in and physically attend , except dual enrolled/early admission students as per Bylaw 9.2.2.7, the school at which they participate.

12.2.1.2 Non-Traditional Students. Non-traditional Students are students that are not enrolled in and physically attend the school at which they participate, including, but not limited to; Home Education Students as per Bylaw 9.2.2.1 and, Charter School Students as per Bylaw 9.2.2.2, Special School Students as per Bylaw 9.2.2.3 and Non-Member Private School Students as per Bylaw 9.2.2.4 and FLVS-FT Students as per Bylaw 9.2.2.5.

12.2.1.3 Population Count of Non-traditional Students. The count of non-traditional students will be the number of students in each category from the previous school year.

12.2.2 New Member Schools. A senior high school applying for new full membership in the Association shall be classified in its initial year of membership on the basis of the school's student population in the 9th, 10th, 11th and 12th grades combined at the conclusion of the previous school year as reported to the FHSAA on the school's application for membership.

12.2.3 New Schools. A newly opening senior high school applying for new full membership in the Association shall be classified in its initial year of membership on the basis of the school's projected student population in the grades with which the school will open. This projected student population must be submitted by the district superintendent for a public school or the senior administrator for a private school, and must be certified with their respective signatures. If the actual student population reported for the school in October of the school year would place it into a classification lower than that of its projected student population, the school shall be required to compete in the Florida High School State Championship Series in the higher classification. If, however, the school's actual student population would place it into a classification higher than that of its projected student population, the school shall not be eligible to compete in the Florida High School State Championship Series in the lower classification. An error margin of 10 percent will be allowed for discrepancies between the projected student population and actual student population of a school that is so classified. If the school's actual student population is greater than 10 percent of its projected student population, the school shall immediately be reclassified on the basis of its actual student population.

12.2.4 Significant Increase or Decrease in Student Population. An existing full member senior high school that expects to incur a significant increase or decrease in student population the following school year due to the opening of a new school or to the redrawing of attendance zone boundaries by the district school board may request to be classified on the basis of the school's projected student population for the following school year rather than the school's actual student population reported in the current school year. This projected student population must be submitted by the district superintendent for a public school or the senior administrator for a private school, and must be certified with their respective signatures. If a school requesting to be classified on such a projection reports an actual student population in October of the following school year that would place it into a classification lower than that of its projected student population, the school shall be required to compete in the Florida High School State Championship Series in the higher classification. If, however, the school's actual student population would place it into a classification higher than that of its projected student population, the school shall not be eligible to compete in the Florida High School State Championship Series in the lower classification.

12.2.5 Missing Grade Levels. In the event an existing full member senior high school does not have each of the 9th, 10th, 11th and 12th grades, its student population for classification purposes shall be adjusted as follows:

12.2.5.1 For a three-year senior high school (grades 10, 11 and 12 only) that does not have a 9th grade, the percentage of the total membership's student population in the 9th, 10th, 11th and 12th grades that is constituted by the 9th grade shall be added to the school's student population in the 10th, 11th and 12th grades.

12.2.5.2 For a senior high school in its initial year of existence that opens with the 9th, 10th and 11th grades only or in its second or third year of existence with the 9th, 10th and 11th grades only, the percentage of the total membership's student population in the 9th, 10th, 11th and 12th grades that is constituted by the 12th grade shall be added to the school's student population in the 9th, 10th and 11th grades.

12.2.5.3 For a senior high school in its initial year of existence that opens with the 9th and 10th grades only, the percentage of the total membership's student population in the 9th, 10th, 11th and 12th grades that is constituted by the 11th and 12th grades shall be added to the school's student population in the 9th and 10th grades.

12.2.5.4 For a senior high school in its initial year of existence that opens with a 9th grade only, the percentage of the total membership's student population in the 9th, 10th and 11th grades that is constituted by the 10th and 11th grades shall be added to the school's student population in the 9th grade.

12.2.6 Executive Director Classification Authority. The Executive Director, at his/her discretion, may administratively assign a school to the next classification lower than the classification to which it would otherwise be assigned if the school is geographically isolated from other schools in the classification to which it would be assigned; and

12.2.7 Geographically Isolated Schools. A school that is geographically isolated from other schools in the classification to which it is assigned may submit in writing to the Executive Director a request that it be administratively reassigned to the next higher classification. The Executive Director may honor such a request if, in his/her opinion, there are other schools in the higher classification that are in closer geographic proximity to the school submitting the request for reassignment.

12.2.8 Re-Classification. A school may be reassigned in classification for the subsequent year(s) of the classification term under the following circumstances:

12.2.8.1 A school classified as 1A, as identified in Policy 12.3.2.1 or Policy 12.4.2.1, which, during a classification cycle, no longer qualifies for the 1A class, as identified in Policy 12.3.2.1 or Policy 12.4.2.1, will be assigned to the classification for which they qualify (2A – 9A), based upon the student population for that classification.

12.2.8.2 A school that reports in the subsequent year(s) of the classification term an increase in student population that equals or exceeds 20 percent of the student population number that was used to assign the school to its current classification shall be reassigned to a higher classification if:

(a) the higher student population would place the school into a higher classification; and

(b) every other school in the current classification that has not experienced an equal or greater percentage increase in student population has a student population that is less than the higher student population of the school in question.

12.2.8.3 A school that will experience an increase in student population in the subsequent year(s) of the classification term due to the addition of one or more grades shall be assigned to a higher classification if:

(a) the higher student population computed in accordance with this policy would place the school into a higher classification; and

(b) every other school in the current classification that is not similarly adding one or more grades has a student population that is less than that of the school in question.

12.2.8.4 A school that reports in the subsequent year(s) of the classification term a decrease in student population that equals or exceeds 20 percent of the student population number that was used to assign the school to its current classification shall be reassigned to a lower classification if:

(a) the lower student population would place the school into a lower classification; and

(b) every other school in the current classification that has not experienced an equal or greater percentage decrease in student population has a student population that is more than the lower student population of the school in question.

12.2.8.5 A school that will experience a decrease in student population in the subsequent year(s) of the classification term due to the opening of a new school or the redrawing of school attendance boundaries shall be assigned to a lower classification if:

(a) the lower student population projected by the district school board office would place the school into a lower classification; and

(b) every other school in the current classification that is not similarly decreasing in student population because of these reasons has a student population that is more than that of the school in question.

12.3 Football

12.3.1 Number of Classifications. The FHSAA State Football Series for the current classification term shall be conducted in eight (8) classifications. The eight classifications are 8A, 7A, 6A, 5A, 4A, 3A, 2A and 1A.

12.3.2 Division of Classifications.

12.3.2.1 The total number of existing member schools that committed to participate in the FHSAA State Football Series for the current classification term shall be ranked in descending order of student population and divided into eight (8) basic classifications (8A, 7A, 6A, 5A, 4A, 3A, 2A and 1A). The highest two-thirds of schools, by student population, will be as evenly divided as possible into the top four classifications (8A, 7A, 6A and 5A) and the remaining one-third of schools, by student population, will be as evenly divided as possible into the bottom three (3) classifications (4A, 3A and 2A). Schools located in geographic areas that are eligible as determined by Rural Economic Development Initiative (REDI), population density by zip code and median family income by zip code and have an enrollment **up to** 600 students **may** be placed in 1A. The student population of the smallest school in each classification shall form the dividing line between that classification and the next lowest classification. Schools that have the same student population as a school whose student population forms the dividing line between classifications shall be placed with that school into the higher classification. The requisite number of schools then shall be assigned to each successive classification. Once the dividing lines between classifications for a classification term are determined, they shall not be changed during that classification term.

12.3.2.2 The dividing lines between the classifications are listed under "Assignments" on the football sport page on the FHSAA Website.

12.3.2.3 A new member school that requests to participate in the FHSAA State Football Series at the time of joining, and is eligible to do so, shall be assigned to the appropriate classification according to its student population or projected student population beginning with the next two-year scheduling cycle.

12.3.3 Assignment to Districts. Schools in each classification shall be assigned to districts on a geographic basis with an effort to balance the number of schools in the districts when possible. The larger four classifications shall be divided into sixteen (16) districts with the top two teams advancing to the regional complex. Schools in the smaller four classifications shall be divided into eight (8) districts with the top two teams advancing to the regional complex.

12.4 Baseball, Girls & Boys Basketball, Softball, Girls Volleyball

12.4.1 Number of Classifications. The Florida High School State Championship Series in the sports of baseball, girls basketball, boys basketball, softball and girls volleyball for the current classification term shall be conducted in nine (9) classifications. The eight classifications are 9A, 8A, 7A, 6A, 5A, 4A, 3A, 2A and 1A.

12.4.2 Division of Classifications.

12.4.2.1 For the sports of boys and girls basketball and girls volleyball, the total number of existing member senior high schools which commit to participate in boys basketball shall be ranked in order of student population, while for the sports of baseball and softball, the total number of existing member senior high schools which commit to participate baseball shall be ranked in order of student population. The highest two-thirds of schools, by student population, will be as evenly divided as possible into the top five (5) classifications (9A, 8A, 7A, 6A and 5A) and the remaining, approximate, one-third of schools, by student population, will be as evenly divided as possible into the bottom three (3) classifications (4A, 3A and 2A). Schools located in geographic areas that are eligible as determined by Rural Economic Development Initiative (REDI), population density by zip code and median family income by zip code and have an enrollment **up to** 600 students **may** be placed in 1A. The remaining schools shall be evenly distributed among the basic classifications beginning with the lowest classification and working up. The student population of the smallest school assigned to each classification shall form the dividing line between that classification and the next lowest classification. Schools that have the same student population as a school whose student population forms the dividing line between classifications shall be placed with that school into the higher classification. The requisite number of schools then shall be assigned to each successive classification. Once the dividing lines between classifications for a term are determined, they shall not be changed during that classification term.

12.4.2.2 The dividing lines between the basic classifications are listed under "Assignments" on each sport page on the FHSAA Website.

12.4.2.3 A new member school that requests to participate in the Florida High School State Championship Series in the sports of baseball, girls basketball, boys basketball, softball and girls volleyball at the time of joining, and is eligible to do so, shall be assigned to the appropriate classification according to its student population or projected student population.

12.4.3 Assignment to Districts. Schools in each classification, regardless of the sports in which they sponsor programs, shall be assigned to basic districts on a geographic basis. The actual competitive districts in each sport then shall be determined by deleting from each basic district the schools that do not commit to participate in the Florida High School State Championship Series in that sport.

12.5 Girls & Boys Soccer

12.5.1 Number of Classifications. The Florida High School State Championship Series in the sports of girls soccer and boys soccer for the current classification term shall be conducted in five (5) classifications. The five classifications are 5A, 4A, 3A, 2A and 1A.

12.5.2 Division of Classifications.

12.5.2.1 The total number of member high schools with boys soccer programs will be used for the classification of both boys and girls soccer. These shall be ranked in order of student population and shall be assigned to basic classifications as follows; shall be ranked in order of student population and evenly divided across the five basic classifications (5A, 4A, 3A, 2A and 1A). Any

remainder shall be evenly distributed among the basic classifications beginning with the lowest classification and working up. The student population of the smallest school assigned to each classification shall form the dividing line between that classification and the next lowest classification. Schools that have the same student population as a school whose student population forms the dividing line between classifications shall be placed with that school into the higher classification. The requisite number of schools then shall be assigned to each successive classification. Once the dividing lines between classifications for a term are determined, they shall not be changed during that classification term.

12.5.2.2 The dividing lines between the classifications are listed under "Assignments" on each soccer sport page on the FHSAA Website.

12.5.3 Assignment to Districts. Schools in each classification – regardless of the sports in which they sponsor programs – shall be assigned to districts on a geographic basis. The actual competitive districts in each sport then shall be determined by deleting from each basic district the schools that do not commit to participate in the Florida High School State Championship Series in that sport.

12.6 Bowling, Cross Country, Flag Football, Golf, Lacrosse, Swimming & Diving, Tennis, Track & Field, Boys Volleyball, Water Polo, Weightlifting and Wrestling

12.6.1 Number of Classifications.

12.6.1.1 The maximum number of classifications in any individual sport shall not exceed four (4).

12.6.1.2 The number of classifications in the Florida High School State Championship Series for the current classification term shall be determined by the number of member senior high schools sponsoring varsity interscholastic programs in those sports. If 200 or more of the member senior high schools sponsor a varsity interscholastic program in a sport, there may be two (2) classifications; if 300 or more of the member senior high schools sponsor a varsity interscholastic program in a sport, there may be three (3) classifications; and if 400 or more of the member senior high schools sponsor a varsity interscholastic program in a sport, there may be four (4) classifications. The number of classifications in a sport shall not be changed except in the first year of a classification term.

12.6.1.3 Sports shall be classified together without regard to gender, unless otherwise stipulated by the Board of Directors.

12.6.1.4 The number of classifications in each sport for the current classification term are as follows: cross country, swimming & diving, tennis and track & field four (4) classifications (4A, 3A, 2A, 1A); golf and wrestling, three (3) classifications (3A, 2A, 1A); boys weightlifting, girls weightlifting and flag football, two (2) classifications (2A, 1A); a single classification in the sports of bowling, girls lacrosse, boys lacrosse, boys volleyball, water polo and multiple divisions in competitive cheerleading.

12.6.2 Division of Classifications.

12.6.2.1 Once the total number of classifications in a sport is determined according to the criteria above, the total number of schools that commit to participate in the Florida High School State Championship Series in the sport shall be ranked in order of student population and evenly divided across the total number of classifications determined for that sport. Any remainder shall be evenly distributed among the classifications beginning with the lowest classification and working up. The student population of the smallest school assigned to each classification shall form the dividing line between that classification and the next lowest classification. Schools that have the same student population as a school whose student population forms the dividing line between classifications shall be placed with that school into the higher classification. The requisite number of schools then shall be assigned to each successive classification. Once the dividing lines between classifications for a classification term are determined, they shall not be changed during that classification term.

12.6.2.2 A new member school that requests to participate in the Florida High School State Championship Series in an individual sport at the time of joining, and is eligible to do so, shall be assigned to the appropriate classification according to its student population or projected student population.

12.6.3 Assignment to Districts. Schools in each classification shall be assigned to districts on a geographic basis with an effort to balance the number of schools in the districts when possible.

POLICY 13

DISTRICTS AND DISTRICT MEETINGS, SCHEDULING, SEEDING, BRACKETING AND TOURNAMENTS/MEETS

13.1 District Assignments. Schools that commit to participate in the Florida High School State Championship Series in a sport shall be assigned on a geographical basis to a district in the appropriate classification. A tournament/meet shall be conducted in each district following the conclusion of the regular season on the dates set by the Board of Directors to determine the two schools that shall represent that district in the remainder of the Florida High School State Championship Series.

13.1.1 District Coordinator. One school in each district will designated as the district coordinator. The FHSAA representative or his/her designee at the district coordinator school shall be responsible for hosting, conducting and reporting to the FHSAA Office results of the district scheduling/planning meeting. The tournament/meet manager is responsible for all aspects of the district tournament/meet, including the seeding of teams, upon conclusion of the district planning meeting and receipt of the meeting's minutes.

13.2 District Scheduling/Tournament Planning

13.2.1 District Schedule. Each school assigned to a district in a team sport shall be required to schedule one or two regular season contests with every other school in that district to be eligible to participate in the district tournament. The results of the district contests shall be used to determine seeding for the district tournament. The decision to play a one-contest district schedule, rather than two, must be by majority vote of representatives present at the district meeting. If a majority cannot agree to play a one contest schedule, then a two-contest schedule shall be played. If a district votes to play a one-contest district schedule and two district opponents elect to play each other more than once, then the results of the contest listed on the master schedule, as scheduled at the scheduling an planning meeting, will count toward district seeding. A school, however, shall not schedule a district contest to be played later than Saturday two weeks prior to the week in which the district tournament is scheduled to be played. If a scheduled district match is postponed due to inclement weather or other unforeseen and unavoidable situations and can only be played after the deadline, the FHSAA Office may grant permission for the match to be played after the deadline and counted. This exception, however, will be granted only if the match was originally scheduled to be played prior to the deadline. Any school that does not comply with this requirement shall not be permitted to participate in the district tournament.

13.2.2 Scheduling and Planning Meeting. A district scheduling/planning meeting shall be conducted in each sport to determine a site and make arrangements for the district tournament/meet, including the selection of officials, to make arrangements for the district tournament/meet for the following season and for team sports, to determine the number of district contests to be played by district members and to schedule those necessary district contests, according to the following basic guidelines:

13.2.2.1 The meeting in each district shall be conducted by the FHSAA representative of the member school that is designated the coordinator for that district on a date to be determined by the FHSAA Office. The site and time of the meeting shall be determined by the district coordinator, except that the time of the meeting should cause no loss of time from school for any attendee. The district coordinator shall give written notice to the FHSAA representative, athletic director and appropriate head coach of each school in his/her district as to the date, time and site of the meeting at least seven (7) days in advance of the date of the meeting. If, however, the FHSAA representative, athletic director and appropriate head coach at a given school has not received written notification from the district coordinator as to the date, time and site of the meeting, it is his/her responsibility to contact the district coordinator for the arrangements.

13.2.2.2 The athletic director or FHSAA representative of each school in the district is encouraged to attend or otherwise to send a representative to attend the meeting and vote on behalf of the school on all matters pertaining to plans for the district tournament. A school that is not represented at the meeting shall be assessed a $100 penalty and/or other sanctions. If a school wishes to submit an invitation to host the district tournament at the meeting and its representative present is not the principal, FHSAA representative or athletic director, the representative must have in his/her possession a letter of invitation signed by one or more of the principal, FHSAA representative or athletic director. A district coordinator may request of the Executive Director or his/her designee permission to conduct a district scheduling/ planning meeting by teleconference if his/her district is spread over a large geographic area.

13.2.2.3 For team sports, no regular season contest for the following season may be scheduled in advance of the district scheduling meeting. Agreements or contracts to play a contest that is entered into in advance of the meeting are null and void.

13.2.2.4 The decision to play a one- contest district schedule, rather than two, shall be by majority vote of representatives present at the meeting. In the event of a tie vote, a two- contest district schedule shall be mandatory. If a district votes to play a one-contest schedule, but two or more district members opt to schedule and play each other more than once during the regular season, then only the results of the contest listed on the master schedule, as scheduled at the scheduling and planning meeting, between district opponents shall be counted for seeding purposes.

13.2.2.5 The district may vote to divide into two sub-districts within the district to assist with travel issues. Schools would only be required to compete against sub-district opponents during the season. Both sub districts must be represented in the district tournament. The format determining who advances must be predetermined at the district planning meeting and must be recorded in the planning meeting minutes.

13.2.3 Postponed Contests. If a scheduled district contest is postponed due to inclement weather or other unforeseen and unavoidable situations and can only be played after the deadline, the Executive Director may grant permission for the contest to be played after the deadline and counted. This exception, however, will be granted only if the contest was originally scheduled to be played prior to the deadline.

13.2.4 Satisfaction of Requirements. The manner in which any two schools within a district satisfy these requirements is at the discretion of the two schools, provided the contests are part of the regular season schedule of both schools and not contests played between the two schools as part of a tournament. It is not necessary that the two contests be played on a home-and-home basis. It is acceptable for the two schools to play either or both contests at a neutral site or both contests at either school's facility. If, however, two schools in a district cannot agree to any alternative arrangement, then they must play each other on a home-and-home basis.

13.3 Seeding and Bracketing

13.3.1 Bracket Seeding. Each school in a district shall be seeded and placed on the bracket for its district tournament according to the following provisions:

13.3.1.1 In the sports of baseball, basketball, flag football, lacrosse, softball, volleyball and water polo, each school shall be seeded based on its win-loss record in the contests played against all district opponents during the regular season. The school with the best district record shall be seeded No. 1; the school with the second-best district record shall be seeded No. 2; etc.

13.3.1.2 In the sport of soccer, each school shall be seeded based on the district points it accumulates in the games played against all district opponents during the regular season. Three (3) points shall be awarded for each victory over a district opponent. One (1) point shall be awarded for each tie with a district opponent. The school with the most district points shall be seeded No. 1; the school with the second-most district points shall be seeded No. 2; etc.

13.3.1.3 In the event two or more schools within the district are unable to play the required district contests due to inclement weather or other unforeseen and unavoidable situations which are deemed acceptable by the Executive Director, all schools within that district shall be seeded according to the percentage of district contests won (average of points accumulated in soccer). The school with the highest percentage of district contests won (average points in soccer) shall be seeded No. 1; the school with the second-highest percentage of district contests won (average points in soccer) shall be seeded No. 2, etc.

13.3.2 Two Schools Tied. When two schools are tied for a seed, the following procedure shall be used in the following order until the tie is broken:

(a) Won-loss results of head-to-head district competition between the two schools;

(b) Won-loss record (points in soccer) in district competition of the two schools versus the highest-seeded school (and proceeding through the lowest-seeded school, if necessary);

(c) Number of district victories (points in soccer) on the road in district games/ matches;

(d) Number of district victories (points in soccer) at home in district games/ matches; and

(e) Coin toss or blind draw by the district tournament/meet manager.

13.3.3 Three (or more) Schools Tied. When three or more schools are tied for a seed, the following procedure shall be used in the following order until the tie has been reduced to two schools, then the two-school tiebreaker formula shall be used:

(a) Total won-loss record (points in soccer) of district contests played among the tied schools;

(b) Won-loss record (points in soccer) in district competition of the tied schools versus the highest-seeded school (and proceeding through the lowest seeded school, if necessary);

(c) Number of district victories (points in soccer) on the road in district games/ matches;

(d) Number of district victories (points in soccer) at home in district games/ matches; and

(e) Blind draw by the district tournament/meet manager.

13.3.4 Bracketing. In the sports of baseball, basketball, girls and boys soccer, softball and girls volleyball, every district member shall be placed on the tournament bracket according to seed. In the sports of flag football, boys volleyball, lacrosse and water polo, the top four seeds only shall be placed on the tournament bracket. A single-elimination, standard progression bracket shall be used. The No. 1, 4, 5, 8, 9, 12, 13 and 16 seeds shall be placed in the upper half of the bracket and the No. 2, 3, 6, 7, 10, 11, 14 and 15 seeds shall be placed in the lower half of the bracket. Byes, if any, shall be awarded to the higher-seeded schools. The higher-seeded team of the bracket in each tournament contest shall be designated the home school for that contest.

13.3.5 Seeding Report. Each school in the district shall report to the tournament/meet manager its final district win-loss record (points in soccer) not later than 10 a.m. Monday of the week immediately preceding the week in which the district tournament is to be played. The tournament/meet manager then shall seed the schools, place the schools on the bracket according to their seed, and assign contest dates and times in accordance with the provisions herein and the arrangements agreed upon during the district scheduling/tournament planning meeting. A copy of the finalized bracket shall then be faxed by the tournament/meet manager to all schools in the district, as well as to the FHSAA Office.

POLICY 14

MINIMUM FACILITY SPECIFICATIONS FOR FLORIDA HIGH SCHOOL STATE CHAMPIONSHIP SERIES CONTESTS

14.1 General Principles. The FHSAA Board of Directors has established the following minimum specifications for facilities in which Florida High School State Championship Series contests for district and region events in basketball, football and girls volleyball are to be held, unless mutually agreed upon by all involved parties. When state semi-finals are hosted at a school, the FHSAA will determine minimum facility requirements on a per event basis that may exceed the requirements for district and region.

These specifications do not preclude a school with inadequate facilities from hosting a Florida High School State Championship Series contest in either sport. However, the school will be required, at its own expense, to host the contest in a neutral facility which does meet the necessary specifications. Rental expenses involved in securing an adequate facility for all sports Florida High School State Championship Series contests can only be claimed as a host expense if both the host and visitor schools have inadequate facilities and no reasonable alternative is available. The maximum host expense that can be claimed for costs involving an off campus facility (rent, utilities, cleaning, etc.) on the FHSAA financial report is $1,000 for all sports, except Swimming & Diving. In the sport of Swimming and Diving, the host may offset a maximum of $2,000 facility cost with entry fees from participants without approval of the Executive Director. If a school in line to host a contest has inadequate facilities and chooses not to host the contest at another site, the visiting school will be given the opportunity to host the event in its facilities, if adequate, or at an adequate neutral site, if not. A basketball district in which no school has a facility that meets these minimum specifications must either play its district tournament at an adequate neutral facility or place it at the district school whose facility is closest to these minimum specifications. Only those schools that have filed the necessary facility specifications reports with the FHSAA Office will be eligible to host a Florida High School State Championship Series contest in the sports of basketball, football and girls volleyball. Schools that cannot meet the specifications can appeal to the Executive Director or his/her designee for relief.

14.2 Determination of Host School. Determination of a host school is not absolute. In all cases, the FHSAA reserves the right to select an alternate site.

14.3 AED Recommended. It is strongly recommended that an automated external defibrillator (AED) be present and available for use if needed at the site of every preseason and regular season interscholastic athletic contest in which member schools participate. The presence and availability of an automated external defibrillator (AED) shall be mandatory at the site of every Florida High School State Championship Series contest on the district, regional, sectional and state levels.

14.4 Minimum Facility Requirements for District and Region Events.

14.4.1 Basketball.

14.4.1.1 The facility must be adequately constructed to control the entry and exit of spectators for the purpose of charging admission.

14.4.1.2 The facility must have a minimum of two restrooms (one male and one female) for public use.

14.4.1.3 The facility must have an electronic clock and scoreboard clearly visible to both team bench areas and spectators.

14.4.1.4 The facility must have a public address system.

14.4.1.5 The facility must have separate dressing rooms for both home and visiting teams, with access to restroom and shower facilities as per Policy 27.

14.4.1.6 The facility must have a separate dressing area for officials, with access to restroom and shower facilities as per Policy 27.

14 4.1.7 The facility must have a playing surface which is not fewer than 84 feet from end line to end line and not fewer than 50 feet from sideline to sideline. The court must be properly marked according to National Federation rules, including the proper markings for both teams' coaching boxes.

14.4.1.8 The facility must have a minimum of three feet of unobstructed space from sidelines to seating, walls or other obstacles and a minimum of six feet of unobstructed space from end lines to seating, walls or other obstacles.

14.4.1.9 It is recommended, but not required, that the facility have spectator seating on both sides of the court. In any case, however, the facility must meet the following minimum seating capacities:

(a) Class 8A and 9A – 1,300 seats;
(b) Class 7A – 1,100 seats;
(c) Class 6A – 900 seats;
(d) Class 5A – 700 seats;
(e) Class 4A – 700 seats;
(f) Class 3A – 500 seats;
(g) Class 2A – 300 seats;
(h) Class 1A – 300 seats.

14.4.2 Football.

14.4.2.1 The facility must be adequately constructed to control the entry and exit of spectators for the purpose of charging admission.

14.4.2.2 The facility must have a minimum of two restrooms (one male and one female) for public use.

14.4.2.3 The facility must have adequate artificial lighting to accommodate night games.

14.4.2.4 The facility must have an electronic clock and scoreboard clearly visible to both team bench areas and spectators.

14.4.2.5 The facility must have a public address system.

14.4.2.6 The facility must have separate dressing rooms for both home and visiting teams, with access to restroom and shower facilities as per Policy 27.

14.4.2.7 The facility must have a separate dressing area for officials, with access to restroom and shower facilities as per Policy 27.

14.4.2.8 The facility should have a minimum of five yards of unobstructed space outside the playing field along each sideline and end line.

14.4.2.9 The facility must have restraining cables, fences, walls, etc., from goal line to goal line to separate spectators from each team box along the sideline.

14.4.2.10 The facility must have bleachers having masonry or metal understructure with footboards and seating properly maintained for both visitor and home fans.

14.4.2.11 It is recommended, but not required, that the facility have equal or near equal spectator seating on both sides of the field. In any case, however, the facility must meet the following minimum seating capacities:

(a) Class 8A – 2,500 seats;
(b) Class 7A – 2,000 seats;
(c) Class 6A – 1,500 seats;
(d) Class 5A – 1,000 seats;
(e) Class 4A – 1,000 seats;
(f) Class 3A – 750 seats;
(g) Class 2A – 500 seats;
(h) Class 1A – 500 seats.

A facility with seating capacities less than these minimums may set up portable seating at its own expense in order to satisfy these minimum requirements. Rentals, delivery, set up, and take down expenses involved in securing portable seating cannot be claimed as a host expense on the FHSAA financial report for the event.

14.4.3 Girls Volleyball.

14.4.3.1 The facility must have a minimum seating capacity of 300 seats.

POLICY 15

FLORIDA HIGH SCHOOL STATE CHAMPIONSHIP SERIES PASSES

15.1 Florida High School State Championship Series Pass. Florida High School State Championship Series passes may be used at district, regional and state Florida High School State Championship Series events. Each full member school is eligible to receive two complimentary passes each school year for use by the principal and the FHSAA representative or athletic director, issued in their names. Each member school has the option to purchase additional as follows:

15.1.1 Individual passes purchased – must be issued in the name of a specific individuals;

15.1.2 Passes may be issued in the school's name (generic) with all the other passes issued in the names of specific individuals; for every four (4) passes purchased, one (1) generic pass may be purchased, with a limit of five (5) generic passes per school.

15.1.2.1 A lost or stolen Florida High School State Championship Series pass issued as a school pass (generic) will not be reissued.

15.1.3 Each individual who registers as a contest official with the FHSAA also shall be permitted at the time of his/her registration to purchase one Florida High School State Championship Series pass.

15.1.4 The following restrictions shall apply to all Florida High School State Championship Series passes regardless of whether they are issued in the names of specific individuals or in the names of schools (generic):

15.1.4.1 The principal is responsible for the generic passes. The person bearing the generic pass is considered a representative of the school's athletic interest.

15.1.4.2 All pass users shall be 18 years of age or older.

15.1.4.3 Passes are not intended for use by students and must not be issued to students.

15.1.4.4 Each pass will admit only the bearer. Spouses, children and other family members or friends accompanying the bearer of the pass must purchase a ticket of admission to the event.

15.1.4.5 The bearer of the pass must present a valid government-issued photo ID (i.e. driver's license) along with the pass to the pass gate attendant. If the bearer is unable to present a valid photo ID at the pass gate, the pass shall not be honored.

15.1.4.6 The bearer of the pass must make an entry into a "Florida High School State Championship Series Event Pass Gate Log" when entering the pass gate. The bearer must record his/her name, position with member school, type of pass and Florida High School State Championship Series pass number.

15.1.4.7 If the manager of a Florida High School State Championship Series event determines the event is sold out, Florida High School State Championship Series passes cannot be honored at that event.

15.1.4.8 Exceptions to this policy must be approved in advance by the Executive Director.

15.1.4.9 Improperly used passes will be confiscated by the event manager and returned to the FHSAA. Once confiscated, the pass or passes will not be valid for the remainder of the school year. A minimum monetary penalty of $100 and/or other sanctions will be assessed for misuse and offending schools may be restricted from purchasing passes in future years.

15.1.4.10 The Florida High School State Championship Series pass only allows admittance into the contest. It does not grant access to the field, court, or pool deck.

15.5 FHSAA Lifetime Pass. FHSAA Lifetime Passes (either the previous white paper or the current gold plastic cards) are issued by the Executive Director to individuals who serve the Association as members of its Board of Directors; office staff upon their retirement; and inductees into its Hall of Fame. This pass will provide the bearer and one (1) guest with complimentary general admission to preseason and regular season events at the discretion of the host school, and to all Florida High School State Championship Series events on the district, regional and state level. The FHSAA Lifetime Pass only allows admittance into the contest. It does not grant access to the field, court, or pool deck. The bearer will be required to show a picture I.D. with the Lifetime Pass and provide a signature on an official Florida High School State Championship Series Contest Pass Log to be provided to each host site by the FHSAA Office.

POLICY 16

ELIGIBILITY CRITERIA

16.1 GPA Calculation

16.1.1 Middle School GPA Calculation. For grades 6 through 8, the semester GPA will be calculated at the conclusion of each semester by taking the sum of quality points earned (as per Bylaw 9.4.2) divided by the number of credits attempted during that semester.

16.1.2 High School GPA Calculation. For grades 9 through 12, the cumulative GPA will be calculated at the end of the first semester, including high school level grades earned while in grades 6 – 8, and the end of the school year (including summer school or its equivalent, if applicable) by taking the sum of all quality points earned (as per Bylaw 9.4.2) divided by the number of all credits attempted since the student began taking senior high school level courses and adjusting for forgiveness grades as per Bylaw 9.4.3.1. All such high school courses attempted at all schools attended by the student, including out-of-state and/or out-of-country schools, must be included in the cumulative GPA calculation.

16.1.2.1 **Exception.** Senior high school level courses taken prior to the initial first semester of 9th grade will not be calculated in the cumulative GPA until the conclusion of the initial first semester of 9th grade.

16.1.2.2 **End of Course Exams.** Grades earned in courses in which an "End of Course Exam" is administered must be included in the cumulative GPA. At the conclusion of the first semester, schools must include the grade the student earned in all "End of Course Exam" courses up to that point; this might necessitate a hand calculation of the GPA for student athletes if the course has not been concluded at the end of the first semester. Upon conclusion of the course or the school year, schools must include the final grade the student would have earned in all "End of Course Exam" courses, including the percentage of the grade from the "End of Course Exam" as mandated by state statute. A Student whose cumulative GPA falls below the minimum 2.0 due to the final results of "End of Course Exam" courses will not subject the school to penalties due to that student's participation in contests during the previous semester(s) regarding academic requirement.

16.1.3 Rounding off GPA. No rounding of calculated values will be used in determining the GPA.

16.1.4 Academic Records. A student must provide the school with all information the school needs to determine the student's eligibility using the scale in Bylaw 9.4.2. The student cannot be declared academically eligible by the member school until all such information is received to its satisfaction. Final grades previously earned by the student shall not be converted using the scale in Bylaw 9.4.2.

16.1.5 Academic Performance Contract

16.1.5.1 **Students.** Students who qualify for an academic performance contract must have sat out of competition the full semester immediately following becoming academically ineligible, regardless of the level of participation (i.e. varsity, sub-varsity, middle school, etc.); during which time, or thereafter, the student must have entered into and fulfilled the requirements of the contract before participating in interscholastic competition the subsequent semester.

16.1.5.2 Schools.

16.1.5.2.1 Reporting. Schools must report to the association, utilizing the official Association process as approved by the Executive Director, those students who have entered into a contract with the school or a previous school (where applicable).

16.1.5.2.2 New and Transferring Students. It is the responsibility of the school to obtain a copy of the Academic Performance Contract from the previous school (where applicable) of those students who are new to or transferred to the school and entered into a contract with the previous school.

16.2 Schools with Alternate Scheduling Formats.

16.2.1 Grading Period. A grading period is defined as one semester. A semester is defined as one half of a school year (approximately 18 school weeks or 90 school days). This definition is applicable to all member schools regardless of the type of scheduling format (i.e. block, traditional, trimester, etc.) they use.

16.3 Special Schools and Special Programs.

16.3.1 Evaluation of Athletes. A student-athlete attending any special school or special program must be evaluated on a semester that is consistent with the semester for all other students attending the member school which the student-athlete represents.

16.3.2 Grade Point Average. The minimum grade point average requirement as stated in s.1006.15(3)(a)1, Florida Statutes, and the Association's Bylaws must be maintained each semester by all student-athletes attending special schools or special programs regardless of the nature of the special school or special program.

16.4 U.S. Students Studying Abroad

While the FHSAA acknowledges the benefits of U.S. students studying abroad as youth exchange program students, a student who studies abroad will do so at his/her own jeopardy in relation to the following:

16.4.1 Bylaw 9.4, as the student must include grades from all coursework attempted while studying abroad in his/her cumulative GPA. For athletic eligibility purposes, the school must include all such course work on the official transcript of the student.

16.4.2 Bylaw 9.5, as the student may not gain an additional year of eligibility due studying abroad for a semester or full school year.

16.5 Home Education Program Cooperatives

16.5.1 Requirements of Cooperatives. A cooperative of home education programs may become a member of this Association provided:

(a) the cooperative establishes a Board of Directors or governing body which appoints a designated representative to the FHSAA so far as the obligations of the cooperative to this Association are concerned;

(b) the cooperative pays membership dues and other such fees as established by the FHSAA Board of Directors under the authority of these Bylaws;

(c) each participating student has basic medical insurance coverage and has catastrophic insurance coverage provided by the cooperative or independently secured;

(d) the cooperative purchases and maintains liability insurance coverage which names the FHSAA as an insured party;

(e) the FHSAA representative at the conclusion of each semester certifies to the Executive Director on a form to be provided by the FHSAA Office that each student participating in interscholastic athletics in the cooperative meets the minimum grade point average standards which are required of all students; and

(f) each student participating in interscholastic athletic competition is considered a "Non-Traditional" student and must be registered as a home education student with the school district in which the student resides, complete and submit an EL7 Form (Registration Form for Home Education Students), be registered with this association as per Policy 16.7 and comply with FHSAA eligibility requirements regarding age and limits of eligibility.

16.5.2 Ineligibility. A student who withdraws from a regular school program to enroll in a home education cooperative and who is ineligible at the time of withdrawal from the regular school program due to his/her failure to meet academic or behavioral eligibility standards shall be ineligible to compete in interscholastic athletic competition as a member of the home education cooperative until he/she has successfully completed one full semester (see Bylaw 1.4.14) and has met all other eligibility requirements of this association. In determining the academic eligibility of a student who withdraws from a regular school program prior to the normal conclusion of the current semester and subsequently enrolls in a home education program, the grades as posted in each subject for that student on the date of his/her withdrawal from the regular school program shall be used.

16.5.3 Transfers. A student who is attending a school and transfers to a home education cooperative, who is representing a member school as a "Non-Traditional" student (as defined in 16.6.1) and transfers to a home education cooperative or who is representing a home education cooperative and transfer to a different home education cooperative must meet the provisions of Bylaw 9.3.2.

16.5.4 Athletic Competition. Home education cooperatives which become members of this Association may participate in interscholastic athletic competition as per Bylaw 8.3. Home education cooperatives shall be classified for Florida High School State Championship Series competition based on the total number of students participating in the cooperative in grades 9 through 12.

16.6 Non-Traditional Student Participation at Member Schools

16.6.1 Eligibility for Participation. Non-Traditional students, as defined in Bylaw 1.4.30, are eligible to participate at the public school to which the student would be assigned according to district school attendance area policies or the public school which the student could choose to attend pursuant to school district controlled open enrollment provisions, (completion of the EL14 Form – "Verification of Student Controlled Open Enrollment Option with Public School District" is required) provided these specific requirements are met:

16.6.1.1 Home Education Students. The student must be registered as a home education student with the school district in which the student resides. The student is also eligible to participate with a Home Education Program Cooperative or a private school. Completion of an EL7 Form (Registration Form for Home Education Students) is required.

16.6.1.2 Charter School Students. The student must attend a charter school that does not sponsor an interscholastic athletic program in a sport in which the student desires to participate.

16.6.1.3 Special/Alternative School Students. The student must attend an alternative school or a special school operated by a school district identified by the Superintendent and does not offer an interscholastic athletic program.

16.6.1.4 Non-Member Private School Students. The student must attend a non-FHSAA member private school consisting of 125 students or fewer attending the private school in the equivalent grade levels (i.e. 6-12, 7-12, 9-12, etc.) of the public school at which the student wishes to participate and does not offer the sport(s) in which the student wishes to participate. Completion of an EL12 Form (Registration Form for Non-Member Private School Students) is required.

16.6.1.5 FLVS-FT Students. The student must be a full time student of the statewide Florida Virtual School Full Time program (DOE #71-0300 or #71-0400).

16.6.2 Requirements for Participation. A Non-Traditional student is eligible to participate provided:

(a) the student meets the same residency requirements as other students in the school at which he/ she participates; and

(b) the student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and

(c) the student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, as outlined in Administrative Procedure 1.2; and

(d) the student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and

(e) the student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school's insurance provider does not extend coverage to such students; and

(f) the student provides his/her own transportation to and from the school; and

(g) the student provides to school authorities all required forms and provisions.

16.6.3 Ineligibility. A student who withdraws from a regular school program to establish school residence as a "Non-Traditional" student (as defined in 16.6.1) and who is ineligible at the time of withdrawal from the regular school program due to his/her failure to meet academic or behavioral eligibility standards shall be ineligible to compete in interscholastic athletic competition under the provisions of 16.6.2 until he/she has successfully completed one full semester (see Bylaw 1.4.14) and has met all other eligibility requirements of this association. In determining the academic eligibility of a student who withdraws from a regular school program prior to the normal conclusion of the current semester and subsequently establishes school residence as a "Non-Traditional" student (as defined in 16.6.1), the grades as posted in each subject for that student on the date of his/her withdrawal from the regular school program shall be used.

16.6.4 Transfers. A student who, after the beginning of the school year (see Bylaw 1.4.5), transfers from any school and establishes school residence as a "Non-Traditional" student (as defined in 16.6.1), transfers school residence as a "Non-Traditional" student (as defined in 16.6.1) to any member school or transfers school residence as one type of "Non-Traditional" student (as defined in 16.6.1) and establishes school residence as "Non-Traditional" student of the same or different type (as defined in 16.6.1) is considered a transfer student and must meet the provisions of Bylaw 9.3.2.

16.6.4.1 Exception. A student, who after making a transfer as described in 16.6.4, does not change his/her affiliation with the member school, will continue to be eligible to represent the member school in interscholastic competition, provided all other eligibility requirements are met.

16.7 Registration of Non-Traditional Students

16.7.1 Non-Traditional Student Defined. Non-traditional Students are students that are not enrolled in and physical attend the school at which they participate, including, but not limited to; Home Education Students as per Bylaw 9.2.2.1, Charter School Students as per Bylaw 9.2.2.2, Special School Students as per Bylaw 9.2.2.3, Non-Member Private School Students as per Bylaw 9.2.2.4 and Florida Virtual School-Full Time Public Program Students (FLVS-FT) as per Bylaw 9.2.2.5.

16.7.2 Student Registration Process. The student must register with the school by completing and submitting the EL2, EL3, GA4, EL7 (if applicable, including the EL7V), EL12 (if applicable, including the EL12V) and EL14 (if applicable).

16.7.2.1 Returning Non-Traditional Students. A student who has previously registered intent for a sport or sports by submitting a GA4 and an EL7 (if applicable) or EL12 (if applicable) and an EL14 (if applicable) to participate for a member school and is going to continue to participate for that school in the sport or sports in which he/she originally registered intent need only submit the EL2 and EL3 forms for subsequent school years.

16.7.2.1.1 Home Education Student Exception. A home education student must provide the school each year with a completed and signed EL7V Form.

16.7.2.1.2 Non-Member Private School Student Exception. A non-member private school student must provide the school each year with a completed and signed EL12V Form.

16.7.3 School Registration Process. The school must register each Non-Traditional Student with this association, utilizing the official Association process as approved by the Executive Director and outlined in Administrative Procedure 1.8, each year before adding the student to a roster and allowing the student to participate in an interscholastic contest. It remains the responsibility of the school to verify the eligibility of all returning non-traditional students.

16.8 Use of Ineligible Students.

The intentional or inadvertent use of ineligible students is strictly prohibited by this association and should be reported immediately upon discovery.

16.8.1 Ineligible Student Defined. An ineligible student is one who has been found to have violated one or more the bylaws or policies of this association such as, but not limited to:

(a) Age (Bylaw 9.6)
(b) Academic requirements (Bylaw 9.4)
(c) Attendance requirements (Bylaw 9.2)
(d) Limit of eligibility (Bylaw 9.5)
(e) Transfer regulations (Bylaw 9.3)
(f) Amateurism (Bylaw 9.9)
(g) Sport season limitations (Policy 6)
(h) Non-approved Youth Exchange/International/Immigrant students and non-registered Non-Traditional students (Policy 12.2.1.2, 16 and 17)
(i) Participation in All-Star games (Policy 26)
(j) Suspended students due to unsportsmanlike acts (Policy 30 and 31)
(k) Recruited students (Policy 36)

16.8.2 Penalties for Use of Ineligible Students. Schools found to have used ineligible students could be subject to one or more of, but not limited to, the following:

(a) Forfeiture of contests
(b) Forfeiture of playoff advancement
(c) Monetary penalties
(d) Reprimand
(e) Probation; administrative, restrictive or suspension
(f) Expulsion or restricted membership

16.9 Penalties Assessed to Schools.

16.9.1 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL2 form (Pre-Participation Physical Evaluation, see Bylaw 9.7) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

16.9.2 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL3 form (Consent and Release from Liability Certificate, see Bylaw 9.8) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

16.9.3 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL4 form (Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting and Non-Traditional Student Participation) will subject the school to a monetary penalty of a minimum of $100 per student and/or other sanctions.

16.9.4 Allowing students to participate (see Bylaw 9.2.1.2) without properly registering a non-traditional student (see Policy 16.7.3) will subject the school to a monetary penalty of a minimum $100 per student and/or other sanctions.

16.9.5 Use of an ineligible student when not self-reported, will subject the school to a monetary penalty of a minimum of $2,500 per contest and/or other sanctions.

16.9.6 Use of an ineligible student when self-reported, will subject the school to a monetary penalty of a minimum of $100 per contest and/or other sanctions.

16.10 Online Electronic Forms

16.10.1 Use of Online Electronic Forms. Member schools may opt to use an online format for the EL2 (Pre-Participation Physical Examination) and EL3 (Consent and Release from Liability Certificate) to obtain digital signatures. The information contained on the online versions of the EL2 and EL3 must contain all the exact wording of the form versions of the EL2 and EL3.

POLICY 17

ELIGIBILITY OF YOUTH EXCHANGE PROGRAM, INTERNATIONAL AND IMMIGRANT STUDENTS

The FHSAA acknowledges the importance of permitting foreign-born and U.S. students to experience the benefits of participation in interscholastic athletics. The following policy and procedures shall govern the eligibility of foreign-born students who attend member schools and U.S. students wishing to study abroad. Note: Federal guidelines do not permit students holding a B1, B2 or B1/B2 U.S. Visa or those visiting through the Visa Waiver Program to study for credit in the U.S.

17.1 Students in Youth Exchange Programs

Youth exchange program participants, like all non-immigrant visitors to the United States, are subject to U.S. immigration laws. Educational institutions, including high schools, are subject to immigration regulations with regard to non-immigrant students who visit the United States as F-1 academic students and J-1 exchange visitors. The FHSAA will adhere to the standards adopted by the Council on Standards for International Educational Travel (CSIET) and will permit a youth exchange student to participate in interscholastic athletic competition under the following conditions:

17.1.1 U.S. Nonimmigrant Registration. Youth exchange students must be registered through one of the following:

17.1.1.1 The F-1 youth exchange student must have a "Certificate of Eligibility for Nonimmigrant (F-1) Student Status-For Academic and Language Students" (Form I-20A-B) for the high school at which the student is receiving instruction as required by the U.S. Department of Homeland Security.

17.1.1.2 The J-1 youth exchange student must have a "Certificate of Eligibility for Exchange Visitor (J-1) Status" (Form DS-2019) and be sponsored and placed with a U.S. host family by a "bona fide" international student exchange program that has been accepted for listing by CSIET and recognized by the U.S. Department of State.

17.1.2 Placement with Host Family

(a) the school that the student attends may assist with locating and screening potential host families (Note: member schools that participate in locating and screening potential families must develop a written process which may be reviewed by the Association upon request),

(b) no member of the school's coaching staff may serve as the host family,

(c) no representative of the school's athletic interest, as defined in Bylaw 1.4.18(c-f), who is associated with the same sport as the youth exchange student, may serve as the host family; and

(d) the host family placement must be approved by the national headquarters of the sponsoring CSIET organization for J-1 youth exchange students.

This does not preclude a member school or its representatives from violations of the Association's recruiting policy.

Note: certain CSIET agencies, including but not limited to the Rotary Youth Exchange Program, allow or require exchange students to change their host families mid-way through their stay, which will require the student to re-submit a portion of the EL4 Form. If this change requires a change of schools the student will be classified a transfer student (see 17.1.5 below).

17.1.2.1 Host Family Restrictions.

(a) A host family that wishes to host more than one youth exchange student per school each year, for the same gender and sport, must have approval of the Executive Director.

(b) A host family that wishes to house more than four (4) youth exchange students in the same home, must have approval of the Executive Director.

(c) Unless otherwise approved by the Executive Director, each youth exchange student must be roomed in a self-contained bedroom, with no more than one other occupant.

17.1.3 Visa Requirements. The youth exchange student must possess either an F-1 or a J-1 visa issued by the U.S. Department of Homeland Security or Department of State, respectively. The F-1 academic student program is a non-immigrant visa category intended for the use by nonresident students whose primary purpose for visiting the United States is to study full-time at an approved institution. The J-1 exchange visitor program is a non-immigrant visa category designed to promote mutual understanding between the people of the United States and the people of other countries through bona fide educational and cultural exchange.

17.1.3.1 Exception: Citizens of Bermuda or Canada. In general, citizens of Bermuda and Canada do not need a visa to travel in the United States. However, these students must meet 17.1.1.1 and have a completed I-20 A-B Form as per the requirements of the Student and Exchange Visitor Program (SEVP).

17.1.4 Attendance. The student must be in attendance at the school within the first twenty (20) days of the school year and must be enrolled in a full-year program, rather than a program of shorter duration such as a six-week, three-month or six-month program, etc.

17.1.4.1 Exception. A student who arrives within ten (10) schools days after the start of the second semester of the FHSAA member school, after having completed the full school year in their home country coinciding with the end of the first semester of the FHSAA member school and provided the student has not completed the terminal grade in the home country, may be eligible.

17.1.5 Transfer. Any subsequent transfer by the student to a different school during the school year must meet the provisions in Bylaw 9.3.2.

17.1.6 Eligibility for One Year Only. The J-1 youth exchange student may be eligible for a maximum of one year at any school or combination of schools, in this or any other of the United States, commencing with his/her initial date of enrollment in a U.S. school. The F-1 youth exchange student, pursuant to federal law, attending a public school is eligible to remain in the U.S. for a maximum of one year and must reimburse the public school for the cost of his/her U.S. education.

17.1.6.1 A youth exchange student (J-1 or F-1) is not permitted to return for any additional years using a different youth exchange Visa (i.e. J-1 or F-1) and participate in interscholastic athletics.

17.1.7 Placed in Academic Track. The student must be placed in a traditional academic track that leads to a high school diploma by the member school.

17.1.8 Must Not Have Been Recruited. The student must not have been recruited to attend the member school for athletic reasons by any individual or agency, whether or not associated with the school's athletic interest, or selected or placed in the school on any basis related to his/her athletic interests or abilities. The student must complete and submit a GA4 Form with the school, in addition to the requirements in Policy 17.3, before the student added to a roster and allowed to participate in an interscholastic contest.

17.1.9 Financial Assistance. No individual or agency associated with the school's athletic interest may provide financial assistance to the international student in gaining necessary visas, assist in the payment of the student's transportation to the U.S., or contribute to the student's living expenses while in the U.S.

17.1.10 Student Must be an Undergraduate. The youth exchange student must not have completed the terminal grade in either the U.S. or his/her home country. Youth exchange students will not be eligible once they have completed the terminal grade in either the U.S. or their home country. The terminal grade of the student is based on the graduation requirements of the country the student last attended school, including the completion of the GED or its equivalent.

17.1.11 FHSAA Eligibility. The student must meet all other eligibility standards of the FHSAA Bylaws while a student at a member school. The high school limit of eligibility (Bylaw 9.5.1) is based on the compulsory education requirements of the student's former country. The ninth (9th) year of compulsory education begins the four (4) year eligibility period. The fact that a student's former country may have a terminal grade beyond the twelfth (12th) year of compulsory education does not alter the four (4) year eligibility period in Bylaw 9.5.1.

17.2 Other International and Immigrant Students

A "nonimmigrant" student who does not possess an F-1 or a J-1 visa, however does possess a "dependent" form of the same temporary work visa (except for B1/B2 visas) as their parent(s)/legal guardian(s), or an "immigrant" student may be eligible to represent an FHSAA member school in interscholastic athletic competition under the following conditions:

17.2.1 Previous School Attendance. The student must have started and completed the 8th grade, or earlier, for the first time in a U.S. school and have the appropriate school records to verify this fact.

17.2.2 Residence. The student must have resided with his/her parent(s) or legal guardian(s) duly appointed by a court of competent jurisdiction for a minimum of the previous two (2) consecutive full school years.

17.2.3 Placed in Academic Track. The student must be placed in a traditional academic track that leads to a high school diploma by the member school.

17.2.4 Must Not Have Been Recruited. The student must not have been recruited to attend the member school for athletic reasons by any individual or agency, whether or not associated with the school's athletic interest, or selected or placed in

the school on any basis related to his/her athletic interests or abilities. The student must complete and submit a GA4 Form with the school, in addition to the requirements in Policy 17.3 (if applicable), before the student added to a roster and allowed to participate in an interscholastic contest.

17.2.5 Financial Assistance. No individual or agency associated with the school's athletic interest may provide financial assistance to the student in gaining necessary visas or other immigration documents, assist in the payment of the student's transportation to the U.S., or contribute to the student's living expenses while in the U.S.

17.2.6 Student Must be an Undergraduate. The international student must not have completed the terminal grade in either the U.S. or the country the student last attended school. International students will not be eligible once they have completed the terminal grade in either the U.S. or their home country. The terminal grade of the student is based on the graduation requirements of the country the student last attended school, including the completion of the GED or its similar equivalent.

17.2.7 FHSAA Eligibility. The student must meet all other eligibility standards of the FHSAA Bylaws while a student at a member school. The high school limit of eligibility (Bylaw 9.5.1) is based on the compulsory education requirements of the student's former country. The ninth (9th) year of compulsory education begins the four (4) year eligibility period. The fact that a student's former country may have a terminal grade beyond the twelfth (12th) year of compulsory education does not alter the four (4) year eligibility period in Bylaw 9.5.1.

17.3 Registration Procedures

All youth exchange students (J-1 and F-1), in addition to any other international or immigrant students that do not meet the requirements of Policy 17.2.1 **and** Policy 17.2.2, must be registered with this association, utilizing the official Association process as approved by the Executive Director, prior to participation at a member school. Requested with this registration, include the completed EL4 Form (Registration Form for Youth Exchange, Other International or Immigrant Students) electronically submitted to the association and, but not limited to:

17.3.1 Proof of Age. A scanned copy of the student's original passport or original birth certificate (including translation, if necessary) or U.S. Visa or U.S. Permanent Resident Card;

17.3.2 U.S. Customs Documentation

17.3.2.1 Youth Exchange Students. A scanned copy of the F-1 or J-1 "Eligibility Certificate" (Form I-20 A-B or Form DS-2019, respectively).

17.3.2.2 Other International and Immigrant Students. A scanned copy of the original U.S. Nonimmigrant Visa or a scanned copy of the "Arrival-Departure Record" (Form I-94, which is attached to the student's passport) or a scanned copy of an appropriate USCIS "I-797, Notice of Action" form, showing an approved status.

17.3.3 Original Language Transcripts. A scanned copy of the original official transcripts from the school(s) in the foreign country, in the original language (un-translated), of grades since entering the 8th grade (or its equivalent);

17.3.4 Translated Transcripts. The school, with the assistance of the student, the host family or the student's parent(s)/legal guardian(s), must complete and submit a translation of the original language transcripts on a form provided by the association or an equivalent form provided by the school.

Additionally: For athletic eligibility purposes, after the first semester of attendance at a member school, the school must include all transfer courses on an official transcript of the student and these courses must be reflected in the cumulative GPA for the student. This may require the completion and submission of a form provided by the association.

17.3.5 Returning Students. Returning, previously approved, youth exchange and any other international or immigrant students that still do not meet Policy 17.2, must submit electronically, the EL4 Form, a scanned copy of their I-20A-B Form or I-94 Form, respectively, a complete official transcript from the member school and change of host family residency information (where applicable). **For athletic eligibility purposes, after the first semester of attendance at a member school, the school must include all transfer courses on an official transcript of the student and these courses must be reflected in the cumulative GPA for the student. This may require the completion and submission of a form provided by the association.**

17.3.6 Penalties Assessed to Schools

17.3.6.1 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL2 form (Pre-Participation Physical Evaluation, see Bylaw 9.7) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

17.3.6.2 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL3 form (Consent and Release from Liability Certificate, see Bylaw 9.8) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

17.3.6.3 Allowing students to participate (see Bylaw 9.2.1.2) without a completed GA4 form (Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting and Non-Traditional Student Participation) will subject the school to a monetary penalty of a minimum of $100 per student and/or other sanctions.

17.3.6.4 Allowing students to participate (see Bylaw 9.2.1.2) without a completed and approved EL4 form (Registration of Youth Exchange, Other International or Immigrant Student, see Policy 17) will subject the school to a monetary penalty of a minimum of $100 per student and/or other sanctions.

17.4 U.S. Students Studying Abroad

While the FHSAA acknowledges the benefits of U.S. students studying abroad as youth exchange program students, a student who studies abroad will do so at his/her own jeopardy in relation to the association's limit of eligibility bylaw (Bylaw 9.5.1) and the student will not gain an additional year of eligibility.

POLICY 18

PRACTICES AND SCRIMMAGES

18.1 General Practices

18.1.1 Only those student-athletes who are attending a member school, or who are non-traditional students, as defined in Policy 12.2.1.2, registered with a member school, may participate in the practice of an athletic team which represents that member school.

18.1.2 Practice sessions, practice games or exhibitions/exhibition games in which students from two or more schools participate are prohibited.

18.1.3 The conduct of practice sessions, practice games or exhibitions/exhibition games of any kind on a Sunday is prohibited.

18.1.4 Violation of this policy could result in a monetary penalty of a minimum of $250 per occurrence and/or other sanctions.

18.2 Spring Football Practice

18.2.1 Spring Football practice is a continuation of the regular fall football season. Consequently, a student who transfers schools must meet the provisions in Bylaw 9.3.2.

18.2.2 Spring practice is confined to a maximum of 20 sessions commencing with the Monday of Week 44 or the last 20 days of the school year, whichever comes first, inclusive of the spring jamboree or classic.

18.2.3 Students who are seniors may not participate in spring football practice.

18.2.4 Only those students who are enrolled and in attendance in a school may participate in spring football practice at that school.

18.2.5 Eighth grade students may participate in spring football practice at the public high school for which the students are zoned to attend or could choose to attend pursuant to § 1002.31, F.S. or § 1002.33, F.S. or at the private school at which the student has been accepted and will attend in the ninth grade the following school year under the following conditions:

18.2.5.1 The students may practice on or in the high school facility only if such practice is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.

18.2.5.2 The students may be instructed in practice by high school coaches only if such instruction is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.

18.2.5.3 The principal/head of school of both schools must give their permission in writing to the FHSAA Office for the students to participate in such practice.

18.2.5.4 The students must have catastrophic insurance coverage for such practice.

18.2.5.5 The students must have the written permission of their parents or legal guardians to participate in such practice on file in the school office.

18.2.5.6 The students must have undergone a physical examination within the last calendar year.

18.2.5.7 The students must not suffer any loss of time from school.

18.2.5.8 The students may not participate in a spring football jamboree or spring classic game.

18.2.5.9 The students may not participate in practice or have physical contact in any manner with student-athletes in the 9th, 10th or 11th grades who are members of the high school team.

18.2.6 Participation or non-participation in spring football shall not be used as a prerequisite for participation in football the following school year.

18.3 Spring Competitive Cheerleading Practice

18.3.1 Spring Competitive Cheerleading practice is a continuation of the regular fall competitive cheerleading season. Consequently, a student who transfers schools must meet the provisions in Bylaw 9.3.2.

18.3.2 Spring practice is confined to a maximum of 20 sessions commencing with the Monday of Week 44 or the last 20 days of the school year, whichever comes first.

18.3.3 Students who are seniors may not participate in spring practice.

18.3.4 Only those students who are enrolled and in attendance in a school may participate in spring competitive cheerleading practice at that school.

18.3.5 Eighth grade students may participate in spring competitive cheerleading practice at the public high school for which the students are zoned to attend or could choose to attend pursuant to § 1002.31, F.S. or § 1002.33, F.S. or at the private school at which the student has been accepted and will attend in the ninth-grade the following school year under the following conditions:

18.3.5.1 The students may practice on or in the high school facility only if such practice is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.

18.3.5.2 The students may be instructed in practice by high school coaches only if such instruction is approved in writing to the FHSAA Office by the district school superintendent or head of school for private schools.

18.3.5.3 The principal/head of school of both schools must give their permission in writing to the FHSAA Office for the students to participate in such practice.

18.3.5.4 The students must have catastrophic insurance coverage for such practice.

18.3.5.5 The students must have the written permission of their parents or legal guardians to participate in such practice on file in the school office.

18.3.5.6 The students must have undergone a physical examination within the last calendar year.

18.3.5.7 The students must not suffer any loss of time from school.

18.3.6 Participation or non-participation in spring competitive cheerleading shall not be used as a prerequisite for participation in football the following school year.

18.4 Scrimmages

18.4.1 **Bona Fide Students Only.** Only those student-athletes who are attending a member school or who are non-traditional students, as per Bylaw 9.2.2 and Policy 16.6, registered with a member school, may participate in the scrimmage of an athletic team which represents that member school.

18.4.2 **Multi-Schools Prohibited.** Scrimmages and scrimmage games or exhibitions and exhibition games in which students from two or more schools participate are un-contracted interscholastic contests and are prohibited except for FHSAA-sponsored officials clinics (only those students who meet all of the FHSAA eligibility requirements are allowed to participate). Such scrimmages and scrimmage games may be on an intra-squad basis only.

18.4.3 **Non-School Groups Prohibited.** Scrimmages and scrimmage games involving groups, alumni teams, league teams, etc., comprised in whole or in part of individuals who are not bona fide students of the member school are prohibited. Such scrimmages and scrimmage games may be on an intra-squad basis only.

18.4.4 Violation of this policy could result in a monetary penalty of a minimum of $250 per occurrence and/or other sanctions.

POLICY 19

ADVISORY COMMITTEES

19.1 **Advisory Committees.** The Board of Directors has established a number of advisory committees comprised of individuals – experts in their field – who work with the various programs of the Association. These advisory committees shall operate according to the following guidelines:

19.2 Purpose, Authority and Compensation

19.2.1 An advisory committee exists solely for the purpose of evaluating the FHSAA program(s) with which it is charged. In achieving its purpose, the committee shall review FHSAA regulations which govern the program(s); offer to the Board of Directors recommendations for change to such regulations as it deems appropriate; and offer advice and guidance to the Board of Directors and staff.

19.2.2 An advisory committee shall have no direct authority to establish guidelines, regulations, policies or procedures; and its decisions and recommendations shall not be final unless adopted by the Board of Directors in general session.

19.2.3 An item must pass an advisory committee by simple majority vote to be referred to the Board of Directors. A tie vote among voting members on any item shall defeat the item.

19.2.4 An item first passed by an advisory committee shall be publicized for one year until the next regularly scheduled meeting of that advisory committee in the following school year. At this meeting, the advisory committee will reconsider the item for second passage. Upon second passage, the item will be placed on the agenda for the next meeting of the Board of Directors. The Executive Director, however, may authorize that a recommendation be fast-tracked through the process if he/she determines the recommendation to be essential to the betterment of the program. Any item not passed may not be re-introduced for a minimum of two calendar years.

19.2.5 **Vacancies.** If, for any reason, a vacancy should occur in any seat with an unexpired term on an advisory committee the Executive Director shall appoint a qualified individual from the represented group to fill the vacant seat for the duration of the unexpired term. In such cases, the individual appointed to complete a term for someone else may succeed themselves one time.

19.2.6 An advisory committee may introduce a proposed amendment to the FHSAA Bylaws for consideration.

19.2.7 No member of the Board of Directors can serve on an advisory committee.

19.2.8 An individual can serve on only one advisory committee.

19.2.9 All advisory committee members, and chaperone for student-athlete members, will be reimbursed for travel following the State of Florida Employee travel regulations and rates.

19.2.10 Committee Chairperson. Each committee shall elect a chairperson and vice chairperson from among its members. The chairperson will serve as chair of the committee for one year. The vice chairperson will act in the absence of the chairperson and will immediately succeed the chairperson upon the completion of his/her term as chairperson. The vice chairperson must have no fewer than two years remaining in his/her current term in order to serve as the vice chairperson. After the initial election of a chairperson and vice chairperson of a committee, the last order of business of the committee for that year shall be the election of the vice chairperson for the subsequent year.

19.3 Athletic Directors Advisory Committee

19.3.1 Composition. The Athletic Directors Advisory Committee shall be comprised of 15 individuals, as follows: one Florida Interscholastic Athletic Administrators Association (FIAAA) District Director from each of the four FHSAA administrative sections; three executive committee members of the FIAAA (i.e. president, president-elect, immediate past president, etc.); four private school Athletic Directors, one from each of the four FHSAA administrative sections; one Florida Athletic Coaches Association (FACA) athletic director representative appointed by the FACA Executive Director; and three at-large current, active school athletic directors appointed by the FHSAA Executive Director.

19.3.2 Elections. Each FIAAA District Directors representative will be elected by their peers from among the FIAAA District Directors in each of the four FHSAA administrative sections. Each of the four private school representatives will be elected by their peer private school Athletic Directors in each of the four FHSAA administrative sections. Elections for all eight of these representatives will be conducted by the FHSAA.

19.3.3 Term. All members of the Athletic Directors Advisory Committee shall serve a term of three years and shall be not be eligible to immediately succeed himself/herself. A rotation of terms shall be established to ensure that not more than one-half of the elected members' terms expire in any given year.

19.3.4 Meetings. The Athletic Directors Advisory Committee shall meet three times annually – once following each season's round of sports advisory committee meetings to review the recommendations brought forward by those committees; and to evaluate the entire FHSAA interscholastic athletic program, making such recommendations of its own as it deems necessary. In reviewing the recommendations brought forward by the various sports advisory committees, the Athletic Directors Advisory Committee shall either give its endorsement or withhold its endorsement on each recommendation, but shall not have the authority to defeat any recommendation.

19.3.5 Quorum. Eight (8) of the voting members of the Athletic Directors Advisory Committee shall constitute a quorum.

19.4 Sports Advisory Committees

19.4.1 Committees. There shall be an advisory committee in each sport in which the FHSAA sanctions a Florida High School State Championship Series competition. Currently, these sports are baseball, basketball, cross country, football, golf, soccer, softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling.

19.4.2 Composition. Each sport advisory committee shall be comprised of 10 individuals – two member school head coaches from each of the Association's four administrative sections, the Florida Athletic Coaches Association (FACA) state chairperson in that sport if he/she is not elected to represent a section, and a member of the Officials Advisory Committee in an ex-officio capacity. In sports in which there are both girls and boys teams, representation on the committee shall be one-half girls team coaches and one-half boys team coaches. The FHSAA staff shall establish a rotation to ensure such equitable gender representation.

19.4.3 Elections. Each sport advisory committee member will be elected by their peers from each of the Association's four administrative sections.

19.4.4 Term. Each elected member and the FACA representative of the committee shall serve a term of three years and shall not be eligible to immediately succeed himself/herself. A rotation of terms shall be established to ensure that not more than one-half of the elected members' terms expire in any given year.

19.4.5 Meetings. Each sports advisory committee shall meet once annually following the conclusion of its respective Florida High School State Championship Series to evaluate the FHSAA program for that sport.

19.4.6 Quorum. Five (5) of the voting members of an advisory committee shall constitute a quorum.

19.5 Officials Advisory Committees

19.5.1 Composition. There shall be three Officials Advisory Committees, one for each of the sport seasons. The Fall Sports Officials Advisory Committee shall be comprised of officials from football and girls volleyball. The Winter Sports Officials Advisory Committee shall be comprised of officials from basketball, soccer, and wrestling. The Spring Sports Officials Advisory Committee

shall be comprised of officials from baseball and softball. Each committee will be comprised of four officials from each sport, one official from each of the four administrative sections.

19.5.2 Elections. All committee members shall be elected by those officials who are registered and in good standing in that sport and who are in attendance at the mandatory FHSAA Rules Clinics.

19.5.3 Term. Each elected member of the committee shall serve a term of three years and shall not be eligible to immediately succeed himself/herself. A rotation of terms shall be established to ensure that not more than one-half of the elected members' terms expire in any given year.

19.5.4 Meetings. The Officials Advisory Committee shall meet at least once annually to evaluate the FHSAA officials program.

19.5.5 Quorum. A quorum of each Officials Advisory Committee shall consist of one more than half of its members.

19.6 Student-Athlete Advisory Committee

19.6.1 Charge. There will be a Student-Athlete Advisory Committee to provide a voice in the FHSAA governance structure to the Association's largest constituency – the more than 200,000 participating student-athletes. The committee will focus on the following areas: current issues facing student-athletes, input regarding rules and regulations, input on FHSAA special initiatives (e.g., sportsmanship program), and promoting a positive image of the student-athlete.

19.6.2 Composition. The Student-Athlete Advisory Committee will be comprised of 16 members: four student-athletes from each of the four (4) administrative sections.

19.6.3 Nominations. Each member school shall be allowed to nominate one (1) male and one (1) female student-athlete for consideration. To be eligible for nomination, the student-athlete must meet the following requirements:

19.6.3.1 Must be an active student-athlete participating in at least one (1) FHSAA- sponsored sport at his/her school;

19.6.3.2 Must be a sophomore (rising junior) or junior (rising senior) in good academic and disciplinary standing;

19.6.3.3 Must show commitment toward representing the interests of all student-athletes;

19.6.3.4 Must display strong character and commitment to sportsmanship and integrity; and

19.6.3.5 Must demonstrate leadership in his/her school.

19.6.3.6 Juniors may serve a second year on the committee if they continue to meet the requirements above.

19.6.4 Selection. Committee members will be selected by the FHSAA staff. The selection process will take into consideration gender, racial and sport diversity to ensure a well-rounded committee.

19.6.5 Meetings. The committee will meet once or twice annually.

19.6.6 Quorum. Eight (8) of the voting members of the Student-Athlete Advisory Committee shall constitute a quorum.

19.7 Sports Medicine Advisory Committee

19.7.1 Composition. Pursuant to § 1006.20(2)(m), F.S., the Association shall establish, sustain, fund and provide staff support to a Sports Medicine Advisory Committee appointed by the Executive Director and comprised of:

- Eight physicians licensed under § 458, F.S. or § 459, F.S., with at least one member licensed under § 459, F.S.; and
- One chiropractor licensed under § 460, F.S.; and
- One podiatrist licensed under § 461, F.S.; and
- One dentist licensed under § 466, F.S.; and
- Three athletic trainers licensed under part XIII of § 468, F.S.; and
- One member who is a current or retired head coach of a Florida high school.

19.7.2 Meetings. The Sports Medicine Advisory Committee shall meet at least once annually to review the interscholastic athletic program and make recommendations on safety and other health-related issues.

19.7.3 Quorum. Eight (8) of the members of the Sports Medicine Advisory Committee in attendance shall constitute a quorum.

19.8 Public Liaison Advisory Committee

19.8.1 Composition. Pursuant to § 1006.20(6), F.S., the Association shall establish, sustain, fund and provide staff support to a Public Liaison Advisory Committee appointed by the Executive Director and composed of the following:

- The Commissioner of Education or his or her designee;
- A member public school principal;
- A member non-public school principal;
- A member school principal who is a member of a racial minority;
- An active athletic director;

- An active coach, who is employed full time by a member school;
- A student athlete;
- A district school superintendent;
- A district school board member;
- A member of the Florida House of Representatives;
- A member of the Florida Senate;
- A parent of a high school student;
- A member of a home education association;
- A representative of the business community; and
- A representative of the news media.

19.8.2 Restrictions. No member of the Board of Directors, a Sectional Appeals Committee or the Representative Assembly is eligible to serve on the Public Liaison Advisory Committee.

19.8.3 Authority and Duties. The authority and duties of the Public Liaison Advisory Committee are as follows:

19.8.3.1 To act as a conduit through which the general public may have input into the decision-making process of the Association and to assist the Association in the development of procedures regarding the receipt of public input and disposition of complaints related to high school athletic and competition programs.

19.8.3.2 To conduct public hearings annually in each of the four (4) administrative sections during which interested parties may address issues regarding the effectiveness of the rules, operation, and management of the organization.

19.8.3.3 To conduct an annual evaluation of its findings, organization as a whole and recommendations to the Board of Directors, to the Commissioner of Education, and to the respective education committees of the Florida Senate and Florida House of Representatives. The recommendations must delineate policies and procedures that will improve the implementation and oversight of high school athletic programs by the organization.

19.8.4 Meetings. The Public Liaison Advisory Committee shall meet four (4) times annually. Additional meetings may be called by the committee chairperson, the Association president, or the Executive Director.

19.8.5 Quorum. Eight (8) of the members of the Public Liaison Advisory Committee in attendance shall constitute a quorum.

POLICY 20

SUMMER ATHLETIC PARTICIPATION

20.1 Policy

20.1.1 Not Regulated in Summer. The FHSAA does not regulate the athletic activities of member schools held with their own students during the summer as defined herein with the exception of football. The individual member school principal, district school superintendent, district school board, charter or private school governing board are responsible for adopting regulations governing the activities of their respective schools during this period of time.

20.1.2 Football. A member school shall not permit student-athletes in its football program to wear helmets or pads or engage in physical contact in any activity sponsored by or under the supervision of the school during the summer. This shall not preclude the school from issuing school-owned equipment to a student-athlete for his/her use at a summer football camp, provided the camp is organized, operated and conducted by a third-party entity, such as but not limited to, American Youth Football, AAU Football, USA Football, colleges and universities, etc., and is not affiliated with a member school, such as but not limited to, booster clubs, affiliated church organizations, etc. FHSAA member school coaches, paid or otherwise, may not be involved in the organization, supervision, or coordination of camps that involve students from FHSAA member schools. Camps hosted by a third party, which allow the use of helmets or pads or engage in physical contact, may not be held at a member school's facility.

20.2 Summer Defined. The summer season is defined as that period of time outside the FHSAA sports year. This period for each member school is defined as beginning the day following the school's last day of classes for the spring semester or the day following the school's last day of spring athletic activities (including spring football practice), whichever is later, or June 1 for schools whose last day of classes for the spring semester occurs on May 31 or thereafter, and concluding with the Saturday of Week 5 in the FHSAA standardized calendar for the following school year.

OFF-SEASON CONDITIONING

21.1 Definitions.

21.1.1 Off-season. "Off-season" means the period of time during the regular school year but outside the defined sport season for a specific sport.

21.1.2 Sports Season. "Sports season" means the period of time for a specific school team in each respective sport that begins with the first permissible date of practice in that sport and ends either with

21.1.2.1 the last permissible date for a regular season contest (if not participating in Florida High School State Championship Series competition) in that sport; or

21.1.2.2 the date of the team's elimination from Florida High School State Championship Series competition in that sport; or

21.1.2.3 the state championship game in that sport, whichever first occurs for that team.

21.1.3 Conditioning. Weight training is the use of free weights and stationary apparatus. Cardiovascular conditioning is distance and interval training. Plyometrics is the use of pre-set conditioning programs. Conditioning IS NOT teaching sport specific skills and drills, and DOES NOT involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, balls, rackets, etc.).

21.2 Off-season conditioning programs conducted by a school shall only be open to participation by all students attending that school or as per Bylaws 9.2.2.1, 9.2.2.2, 9.2.2.3, 9.2.2.4, 9.2.2.5 or 9.2.2.7.

21.3 All preseason and/or postseason conditioning program participants shall file with the school the "FHSAA Consent and Release of Liability Certificate" and the "FHSAA Pre-participation Physical Evaluation" form.

21.4 Participation shall be voluntary and shall not be required, either directly or indirectly, for membership on an interscholastic team.

21.5 Supervision by school personnel is required.

21.6 Schools shall provide information in the following areas:

21.6.1 Proper use of weight room equipment;

21.6.2 Proper weight training techniques;

21.6.3 Proper nutrition;

21.6.4 Proper cardiovascular conditioning techniques;

21.6.5 Ergogenics.

21.7 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the following as per Policy 45:

21.7.1 Assessment of a minimum monetary penalty of $2,500 per violation and/or other sanctions.

21.7.2 Loss of permissible practice time.

21.7.3 Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement of a minimum of $500 to each affected school and the FHSAA.

21.7.4 Reduced number of regular season "home" contests.

21.7.5 Loss of privileges to participate in the Florida High School State Championship Series.

NON-SCHOOL TEAM AND/OR OFF-SEASON PARTICIPATION

22.1 Definitions.

22.1.1 Off-Season. "Off-season" means the period of time during the regular school year but outside the defined sport season for a specific sport.

22.1.2 Sports Season. "Sports season" means the period of time for a specific school team in each respective sport that begins with the first permissible date of practice in that sport and ends either with

22.1.2.1 the last permissible date for a regular season contest (if not participating in Florida High School State Championship Series competition) in that sport; or

22.1.2.2 the date of the team's elimination from Florida High School State Championship Series competition in that sport; or

22.1.2.3 the state championship game in that sport, whichever first occurs for that team.

22.1.3 Coach. "Coach" means any person, regardless of whether he/she is employed by the school or volunteer, who instructs, supervises, or otherwise manages student-athletes in conjunction with a practice, tryout, drill, workout, evaluation or competitive activity.

22.1.4 "Involved In Any Respect." "Involved in any respect" means engaged in anything to do with a non-school team, including but not limited to coaching, scheduling, transporting, officiating and the hiring of officials, training, taping, managing team expenses, purchasing of uniforms and equipment, etc.

22.2 During the off-season, a coach shall not have contact with students outside the normal teacher-student classroom environment except to:

22.2.1 make arrangements for and assist in the conduct of physical examinations; or

22.2.2 explain eligibility regulations; or

22.2.3 solve insurance problems; or

22.2.4 review films; or

22.2.5 conduct off-season conditioning as defined in the "Off-Season Conditioning Guidelines" as per Policy 21.

22.3 A coach, prospective coach of any member school or any individual involved in any respect may not be involved with a non-school team in a sport unless the non-school team meets the following requirements:

22.3.1 The team must be affiliated with an outside agency promoting athletic participation opportunities such as, but not limited to:

- Baseball – Babe Ruth, American Legion, city/county leagues
- Basketball – AAU, USA, USOC
- Football –USA Football
- Golf – USGA, AJGA
- Lacrosse – US Lacrosse
- Soccer – FIFA, Youth leagues
- Softball – ASA, USSSA
- Swimming & Diving – USS, NISCA, ASCA, CSCAA, AAU
- Tennis – FTA, USTA, USOC, ITF
- Track & Field – USA, AAU
- Volleyball – USVBA, USOC, USA, AVA
- Wrestling – USA, AAU

22.3.2 Participation must include competition in the published scheduled events of the outside agency.

22.3.3 Student athletes and coaches, where applicable, are not permitted to wear any portion of a school's athletic uniform.

22.3.4 All fees or assessments, collected or paid for participation must be made to or from the outside agency.

22.3.5 Participation shall be voluntary and shall not be required, either directly or indirectly, for membership on an interscholastic team.

22.3.6 Member schools may make their gymnasiums and other athletic facilities available to outside groups or organizations provided a fully executed usage agreement is provided and available upon request.

22.4 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the following as per Policy 45:

22.4.1 Assessment of a minimum monetary penalty of $2,500 per violation and/or other sanctions.

22.4.2 Loss of permissible practice time.

22.4.3 Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement of a minimum of $500 to each affected school and the FHSAA.

22.4.4 Reduced number of regular season home contests.

22.4.5 Loss of privileges to participate in the Florida High School State Championship Series.

POLICY 23

OPEN FACILITIES PROGRAM

23.1 During the school year, member schools may open their gymnasiums and other athletic facilities only to their students without being in violation of FHSAA Bylaws under the following guidelines:

23.1.1 The facility must be open to all students who are bona fide students in that school as defined in Bylaw 9.2.1 or as per Bylaws 9.2.2.1, 9.2.2.2, 9.2.2.3, 9.2.2.4, 9.2.2.5 or 9.2.2.7. Opening facilities to a select group of students to practice individual skills for a specific sport is a violation of this policy.

23.1.2 A student may participate in open facility activities only in the school in which he/she is a bona fide student as defined in Bylaw 9.2.1 or as per Bylaws 9.2.2.1, 9.2.2.2, 9.2.2.3, 9.2.2.4, 9.2.2.5 or 9.2.2.7.

23.1.3 A middle school student cannot participate in open facilities activities offered by a senior high school unless the middle school student is a bona fide student in that senior high school as defined in Bylaw 9.2.1 or as per Bylaws 9.2.2.1, 9.2.2.2, 9.2.2.3, 9.2.2.4, 9.2.2.5 or 9.2.2.7 and as defined in 3.2.2.3.

23.1.4 Supervision by school personnel is required. School personnel, including faculty and non-faculty coaches in attendance, however, shall not provide coaching or instruction in the skills and techniques in any sport. Their presence may be in a supervisory capacity only.

23.1.5 Participation shall be voluntary and shall not be required, either directly or indirectly, for membership on an interscholastic team.

23.1.6 No sport-specific tasks or drills shall be taught or assigned to students to perform during open facility activities.

23.1.7 Open facility activities in a specific sport (with the exception of the fall sports) shall be concluded a minimum of two weeks prior to the first permissible date of interscholastic practice in that sport.

23.2 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the following as per Policy 45:

23.2.1 Assessment of a minimum monetary penalty of $2,500 per violation and/or other sanctions.

23.2.2 Loss of permissible practice time.

23.2.3 Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement of a minimum of $500 to each affected school and the FHSAA.

23.2.4 Reduced number of regular season “home” contests.

23.2.5 Loss of privileges to participate in the Florida High School State Championship Series.

POLICY 24

COACHING SCHOOLS, CAMPS, CLINICS, COMBINES OR WORKSHOPS BY MEMBER SCHOOLS

Member schools, coaches or other athletic department employees of member schools, and individuals, groups or organizations related to or affiliated with member schools may conduct coaching schools, camps, clinics, combines or workshops provided:

24.1 The event is conducted only during the summer as defined in the "Policy on Summer Athletic Participation" or as a fund raiser for the school or school programs during the school year provided:

(a) An appropriate properly executed facility usage agreement is provided and made available upon request; and

(b) All fees or assessments, collected or paid must be documented and be made to or from the school's internal accounts; and

(c) Member schools are subject to the provisions in Policy 37.2.

24.1.1 Exception. Coaches may participate in camps, clinics, workshops provided the following criteria are met:

24.1.1.1 The event is hosted by a third party (not-for-profit organization), of which the coach is not an organizer, supervisor, owner, etc.; and

24.1.1.2 The coach participates in an instructional capacity only; and

24.1.1.3 The coach does not wear any school paraphernalia which identifies the school with which the coach is affiliated; and

24.1.1.4 The coach and student are subject to the provisions of Policy 36; and

24.1.1.5 The event is not held on the coach's school campus.

24.1.2 Exception. Representatives of member schools athletic interests may provide personal instruction provided:

24.1.2.1 The individual providing instruction owns or is employed by a company which provides instruction of athletic skills; and

24.1.2.1.1 Instruction provided to students who attend the school with which the representative of the school's athletic interests is affiliated may not exceed more than two students during the time of instruction, if the instruction takes place on that school's campus.

24.1.2.2 The company which the individual owns or is employed by is a licensed business, containing a current tax identification number; and

24.1.2.3 Properly executed facility usage agreement, if instruction is provided on a member school's campus, is provided and made available upon request; and

24.1.2.4 All fees or assessment for participation must be documented; and

24.1.2.5 Participation shall be voluntary and shall not be required, either directly or indirectly, for membership on an interscholastic team; and

24.1.2.6 The representative of the school's athletic interests is subject to the provisions of Policy 36.

24.2 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the following as per Policy 45:

24.2.1 Assessment of a minimum monetary penalty of $2,500 per violation and/or other sanctions.

24.2.2 Loss of permissible practice time.

24.2.3 Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement of a minimum of $500 to each affected school and the FHSAA.

24.2.4 Reduced number of regular season home contests.

24.2.5 Loss of privileges to participate in the Florida High School State Championship Series.

POLICY 25

PARTICIPATION BY STUDENT-ATHLETES AND TEAMS IN COACHING SCHOOLS, CAMPS, CLINICS, COMBINES OR WORKSHOPS

The following guidelines govern participation of students of FHSAA member schools in coaching schools, camps, clinics, combines or workshops for an interscholastic sport.

25.1 Individuals. Students from FHSAA member schools may participate as individuals in coaching schools, camps, clinics, combines or workshops at any time of the school year without jeopardizing their interscholastic athletic eligibility, provided:

25.1.1 Students participating in the event do not, in any way, represent their school.

25.1.2 Fees for the students who participate in the event are not paid by the school, coach or school district.

25.1.3 Students provide their own transportation or are provided transportation by their own school. No student may be transported to or from the event by an employee, athletic department staff member or representative of the athletic interests of any school other than the school that the student currently attends.

25.2 Teams. FHSAA member schools may permit their athletic teams to participate in coaching schools, camps, clinics, combines or workshops without jeopardizing their interscholastic athletic eligibility, provided:

25.2.1 The coaching school, camp, clinic, combine or workshop takes place only during the summer as defined in the "Policy on Summer Athletic Participation." Participation by school teams in coaching schools, camps, clinics or workshops held during the school year is strictly prohibited.

25.2.2 Fees for the students or team who participate in the event are not paid by the school, coach or school district; however, internal account funds generated from fund-raising activities may be used.

25.2.3 Participation in the event by students is not an actual or implied prerequisite to their membership on the team.

25.3 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the following as per Policy 45:

25.3.1 Assessment of a minimum monetary penalty of $2,500 per violation and/or other sanctions.

25.3.2 Loss of permissible practice time.

25.3.3 Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement of a minimum of $500 to each affected school and the FHSAA.

25.3.4 Reduced number of regular season "home" contests.

25.3.5 Loss of privileges to participate in the Florida High School State Championship Series.

POLICY 26

PARTICIPATION BY STUDENT-ATHLETES IN ALL-STAR GAMES AND SHOWCASES

The following guidelines govern participation of students of FHSAA member schools in all-star games and showcases for an interscholastic sport. The FHSAA recognizes Florida Athletic Coaches Association (FACA) sponsored All-Star Classics. The FACA meets the provisions of this policy which govern student participation in its All-Star classics. The following guidelines govern participation of students of FHSAA member schools in any all-star games or showcases for an interscholastic sport:

26.1 All-Star Teams. An all-star team is a team comprised of athletes who are selected as team members or invited to participate in a tryout for membership on the team as the result of the athletes' performance. No student at a member school shall participate on a high school all-star team in a sport as a result of his/her performance in interscholastic athletics until the student completes his/her interscholastic athletic eligibility in that sport.

26.1.1 All-Star Games. Students from FHSAA member schools may participate as individuals in all-star games without jeopardizing their interscholastic athletic eligibility, provided:

26.1.1.1 The all-star game, or tryouts or practices for the all-star game, may not be conducted prior to the completion of the regular season in the sport in which the all-star game is to be conducted. An all-star game, however, shall not be played on any date on which an FHSAA Series contest in that sport is scheduled.

26.1.1.2 The student-athlete has exhausted his/her eligibility in the sport in which the all-star contest is to be conducted.

26.1.1.2.1 Exception. This does not apply if the contest is held out-side of the state of Florida.

26.1.1.3 Fees for the student-athlete who participates in the all-star contest are not paid by the school, coach or school district; however, internal account funds generated from fund-raising activities may be used.

26.1.2 Failure to comply with these guidelines may result in the assessment of penalties including, but not limited to, the loss of the student's eligibility to represent any FHSAA member school in that sport for a period of one calendar year from the date of participation in the contest.

26.2 Showcases. Showcases are events comprised of athletes who are selected or invited to participate as a result of the athletes' performance as an athlete and must be compliant with Policy 24 and Policy 25. Any student athlete who participates in, but not limited to, combines and showcases do so at his/her own peril as it relates to Policy 36.

POLICY 27

SCHOOLS' RESPONSIBILITIES TO FHSAA OFFICIALS

Member schools have the following responsibilities relative to FHSAA officials when serving as host for an athletic contest to which the officials are assigned:

27.1 An authorized representative of the host school shall greet the officials upon their arrival.

27.2 The host school should provide a private, secure place for the officials to park.

27.3 The host school should provide a secure dressing facility which affords privacy.

27.4 The host school should provide the officials access to private shower facilities with hot water whenever possible.

27.5 The host school should provide the officials with refreshments (i.e., water and/or sports drinks) during the halftime intermission, following the conclusion of the contest and other appropriate times.

27.6 The host school must provide pregame, halftime and postgame security for the officials. A school official or principal's designee must escort the officials to and from the playing field or court to prevent harassment.

27.7 The host school principal, principal's designee or game administrator must indicate to the referee or umpire-in-chief his/her seat location should a situation develop where assistance is needed during the contest. The contest coaches should not serve as the principal's designee or game administrator.

27.8 School personnel, including coaches, shall not enter the officials dressing facility while the officials are in attendance except when requested by the officials.

27.9 The host school for Florida High School State Championship Series contests beyond the district level shall provide contest officials with a secure and adequate dressing room (one each for mixed gender crews) with properly operating bathroom facilities including showers with warm water at the site of the contest. If the site does not have such facilities, the host school shall obtain and provide at its expense an appropriate hotel/motel room(s) reasonably close to the site. The host school is required to complete dressing room arrangements and have the information available to the head referee at least 24 hours prior to the scheduled starting time of the contest. It is the responsibility of the head referee or umpire-in-chief to contact the school administration at least 24 hours prior to the scheduled starting time of the contest to verify the arrangements for the contest. The referee or umpire-in-chief shall report to the FHSAA Office the failure of any host school to provide dressing facilities as required.

POLICY 28

RULES OF CONDUCT FOR FHSAA OFFICIALS

A violation of any one of these provisions may subject an offending official to a monetary penalty, suspension as an official, or both.

28.1 All FHSAA officials shall conduct themselves on and off the athletic field in a manner conducive to the best interests of the FHSAA, its member schools, and the interscholastic athletic program in general. No FHSAA official shall pursue a course of action which is detrimental to the welfare of the FHSAA or its member schools.

28.2 All FHSAA officials shall comply with all FHSAA guidelines, regulations, policies and procedures as contained in the FHSAA Officials Guidebook.

28.3 All FHSAA officials shall be neatly dressed in the appropriate uniform as prescribed in the Officials Guidebook, and project a physically fit appearance, when officiating a contest involving an FHSAA member school.

28.4 All FHSAA officials are expected to arrive on time for the contest as required by the rules of the applicable sport.

28.5 All FHSAA officials should be in good physical condition, mentally ready to work the best possible contest and be fully cognizant of the sport's rules. Officials are expected to make each call as they see it without fear or favor, regardless of the score, and hustle at all times.

28.6 No FHSAA official should fraternize with athletes, coaches, or spectators before, during or after a contest.

28.7 No FHSAA official may officiate a contest involving a school in all the following stipulations within the last four (4) years: his/her child or immediate a relative attends or attended, the official himself/herself and/or a relative works or worked and the official attended, graduated or coached, except as provided in Bylaw 8.9.5 of the FHSAA Bylaws, which states, "Coaches or other persons connected with competing schools shall not officiate in contests except with the consent of all competing schools."

28.8 No FHSAA official shall arrive or appear at the contest site with the odor of an alcoholic beverage on his/her breath.

28.9 No FHSAA official shall use tobacco or tobacco-like products during the contest or in the vicinity of the athletic field.

28.10 No FHSAA official shall engage in unsportsmanlike conduct.

28.11 No FHSAA official shall refuse to officiate any contest with another FHSAA official because that same other FHSAA official is or is not also a registered member of a national or international officials organization.

28.12 No FHSAA official shall officiate a contest or part of a contest which is classified as an exhibition or practice game between two or more member schools. Such games are prohibited by the FHSAA Bylaws. This provision, however, does not preclude an FHSAA official from officiating an intra-squad contest or scrimmage in which all participants are students at the same one school.

28.13 No FHSAA official shall publicly criticize or berate a coach or other employee of a member school. Professional ethics require that officials use proper channels to report their problems rather than airing them publicly.

POLICY 29

CROWD CONTROL

29.1 Home/Host School. The home/host school administration is responsible for the control of spectators before, during and after an athletic contest. The FHSAA recommends that the home/host school administration secure uniformed security to assist with this responsibility.

29.2 Visiting School(s). The visiting school administration is encouraged to assist with the control of its own spectators at athletic contests. Visiting school administrators (i.e., principal, FHSAA representative, assistant principals, athletic director, assistant athletic director, assistant coaches, etc.) who are required by their principal to attend the event for supervisory purposes upon presentation of a photo I.D. must be provided complimentary admission to the event, provided the visiting school submits their names to the home/host school administration by fax in writing on school stationery not less than 24 hours prior to the scheduled starting time of the event.

29.3 Florida High School State Championship Series. Participating school administration (i.e., principal, FHSAA representative, assistant principals, athletic director, assistant athletic director, assistant coaches, etc.) must be present at district, regional, and state events when their school is competing. Administration must enforce appropriate behavior of their student/adult fan base.

29.4 Officials. The officials assigned to officiate a contest are responsible for the on-the-court or on-the-field conduct of the contest itself. In the event a spectator or spectators interfere with the conduct of a contest or cause an official to become distracted through continual, unrelenting verbal abuse, the official should immediately stop the action and report the spectator or spectators to the home/host school administration or the nearest uniformed security officer. If the home/host school administration or uniformed security is unwilling or unable to resolve the situation and the official does not believe the contest can be safely continued, the official

must declare the contest ended at that point. Under no circumstance should an official ever confront, challenge, rebuke or threaten a spectator, or make gestures of any kind toward a spectator before, during or after a contest.

29.5 Reports. Both the officials assigned to officiate a contest and the home/host school administration are required to file with the FHSAA Office within 24 hours a written report on any contest that is terminated due to interference by a spectator(s).

POLICY 30

UNSPORTSMANLIKE CONDUCT

30.1 Sportsmanship and Ethics

Student-athletes, coaches, administrators, spectators and all other persons connected directly or indirectly with a member school, as well as contest officials, shall adhere to the principles of good sportsmanship and the ethics of competition before, during and after all contests in which they participate and/or attend.

30.1.1 Penalties Assessed the School.

30.1.1.1 Storming the playing field, court, or pool by spectators and students during or at the conclusion of an athletic contest may result in a monetary penalty of a minimum of $250 for indoor events or $500 for outdoor events and may be increased depending on the severity of the incident and/or other sanctions.

30.1.1.2 Removal by a coach or school personnel of a team or individual from an athletic contest prior to its normal conclusion will subject the school to a monetary penalty of a minimum of $250 and/or other sanctions.

30.1.1.3 Vandalism by a team, student -athlete, coach or school personnel may result in a minimum $250 monetary penalty and/or other sanctions, or any other penalties as outlined in Bylaw 10.1, in addition to the school being financially responsible for restitution of the item(s) vandalized.

30.2 Unsportsmanlike Act by a Student-Athlete

30.2.1 Penalties Assessed the Student-Athlete. Student-athletes who commit unsportsmanlike acts before, during or after a contest will be subject to the following suspension levels as determined by the designee of the Executive Director:

30.2.1.1 Level 1 Suspension. A student-athlete who commits an unsportsmanlike act or a flagrant foul for which he/she is ejected from the contest will be ineligible to compete for the remainder of that contest and for a minimum of the next two (2) contests, at the same level of participation in the sport of the suspension and in any interscholastic athletic contest in any sport, at any level, during the period of suspension, in all sports except football. For football, the student will be ineligible for a minimum of the next football game, at the same level of participation, and any interscholastic athletic contest in any sport during the period of suspension. If the unsportsmanlike act or flagrant foul occurs in the last contest of a season, the student will be ineligible for the same period of time as stated above in the next sport in which the student participates; or

30.2.1.2 Level 2 Suspension. A student-athlete who receives a second Level 1 Suspension or commits an unsportsmanlike act, as defined in Bylaw 7.2.1, will be ineligible to compete in the next interscholastic athletic contest in any sport, at any level, for a period of up to six (6) weeks; or

30.2.1.3 Level 3 Suspension. A student-athlete who receives a second Level 2 Suspension or commits an egregious unsportsmanlike act, as determined in the sole discretion of the Executive Director, will be ineligible to compete in the next interscholastic athletic contest in any sport for a period of up to one (1) year; or

30.2.1.4 Level 4 Suspension. A student-athlete who receives three (3) or more Level 2 Suspensions or commits an egregious unsportsmanlike act, as determined in the sole discretion of the Board of Directors, will be ineligible to compete in any interscholastic athletic contest in any sport for the duration of the student-athlete's high school career.

30.2.1.5 It is the responsibility of the local school authorities to ensure this policy is enforced. When an ineligible student is allowed to participate, forfeiture of the contest is mandatory. This policy applies to all regular season and Florida High School State Championship Series contests.

30.2.2 Penalties Assessed the School.

30.2.2.1 In the event that more than three (3) students from the same school have been assessed with any suspension level, as defined in 30.2.1, in any one sport, beginning with the fourth suspension, the school will be immediately placed on administrative probation in that sport for one or more years, and will be assessed a minimum monetary penalty of $100 per suspension and/or other sanctions in that sport for the remainder of that sport's season.

30.2.2.2 On the first Level 2 suspension or higher, as defined in 30.2.1, of a student in any sport, a written warning shall be issued to the school that each subsequent suspension, at Level 2 or higher, in any sport will subject the school to a minimum monetary penalty of $250 per occurrence and/or other sanctions. Beginning with the next suspension of a student, at Level 2 or higher, the minimum monetary penalty of $250 and/or other sanctions will be assessed.

30.2.2.3 Participation by one or more student-athletes in an altercation in the bench area, or by leaving the bench and entering the court or playing field (i.e., bench-emptying) or by leaving their designated position on the court or playing field to engage in an altercation will subject the school to a minimum monetary penalty of $100 per student and/or other sanctions.

30.3 Unsportsmanlike Act by a Coach or Other Representative of the School's Athletic Interests

30.3.1 Penalties Assessed the Coach or Other Representative of the School's Athletic Interests. Coaches or other representatives of the school's athletic interests (see Bylaw 1.4.18) who commit unsportsmanlike acts before, during or after a contest will be subject to the following suspension levels as determined by the designee of the Executive Director:

30.3.1.1 Level 1 Suspension. A coach or other representative of the school's athletic interests (see Bylaw 1.4.18) who commits an unsportsmanlike act for which he/she is ejected from the contest, will be ineligible to coach or attend the remainder of that contest and for a minimum of the next two (2) contests, at the same level of participation in the sport of the suspension and in any interscholastic athletic contest in any sport, at any level, during the period of suspension, in all sports except football. For football, the coach or other representative of the school's athletic interests will be ineligible for a minimum of the next football game, at the same level of participation, and any interscholastic athletic contest in any sport during the period of suspension. If the unsportsmanlike act occurs in the last contest of a season, the coach or other representative of the school's athletic interests will be ineligible for the same period of time as stated above in the next sport in which the coach participates; or

30.3.1.2 Level 2 Suspension. A coach or other representative of the school's athletic interests (see Bylaw 1.4.18) who receives a second Level 1 Suspension or commits an unsportsmanlike act, as defined in Bylaw 7.2.1, will be ineligible to coach or attend the next interscholastic athletic contest in any sport, at any level, for a period of up to six (6) weeks; or

30.3.1.3 Level 3 Suspension. A coach or other representative of the school's athletic interests (see Bylaw 1.4.18) who receives a second Level 2 Suspension or commits an egregious unsportsmanlike act, as determined in the sole discretion of the Executive Director, will be ineligible to coach or attend the next interscholastic athletic contest in any sport for a period of up to one (1) year.

30.3.1.4 When a coach or other representative of the school's athletic interests is disqualified (ejected) from a contest, the coach or other representative of the school's athletic interests shall immediately leave the premises or facility (i.e. gymnasium in basketball, volleyball and wrestling; stadium/field in baseball, football, soccer and softball, etc.) to a place where the coach or other representative of the school's athletic interests is not visible to either student-athletes, officials, spectators or other coaches; and to where the contest itself is not visible to the coach or other representative of the school's athletic interests. A disqualified (ejected) coach or other representative of the school's athletic interests shall not have any further contact with or give instruction to athletes or other members of the coaching staff for the remainder of the contest, including halftime intermission, breaks between quarters, periods or innings and post-contest activities.

30.3.1.5 A coach or other representative of the school's athletic interests who is suspended from the next contest or number of contests after having been disqualified (ejected) from a previous contest shall not attend the contest(s) from which he/she has been suspended in any capacity and shall not be present at the site(s) of such contest(s). A suspended coach or other representative of the school's athletic interests also shall be prohibited from accompanying his/her team to the site(s) of such contest(s).

30.3.1.6 All coaches or other representatives of the school's athletic interests who have been disqualified (ejected) from a contest must complete the National Federation of State High School Associations (NFHS) "Teaching and Modeling Behavior" course prior to the completion of the suspension or within thirty (30) calendar days, whichever comes first. A copy of the certificate of completion must be sent to the FHSAA at time of completion. This course is accessible from the NFHS Learning Center online.

30.3.2 Penalties Assessed the School.

30.3.2.1 A school whose coach or other representative of the school's athletic interests commits an unsportsmanlike act before, during or after a contest shall be assessed a minimum monetart penalty of $100 and/or other sanctions. Additional minimum monetary penalties up to $250 (per occurrence) and/or other sanctions may be imposed for unsportsmanlike conduct such as, but not limited to, use or profanity or other such gutter language or gestures, continuing to give instruction to his/her student-athletes or other members of the coaching staff after having been ejected, pursuit of officials with intent following a contest by a coach or other representative of the school's athletic interests, refusal of a coach or other representative of the school's athletic interests to leave the court, playing field or team area after being ejected, physical contact by a coach or other representative of the school's athletic interests with an official and premature termination of contest by an official due to unsportsmanlike conduct.

30.3.2.2 It is the responsibility of the local school authorities to ensure this policy is enforced. When a coach or other representative of the school's athletic interests is allowed to coach in a or attend contest from which he/she has been suspended, the school shall face additional penalties. This policy applies to all regular season and Florida High School State Championship Series contests.

30.4 Public Criticism of Officials. No coach or other representative of the school's athletic interests may publicly criticize or berate an official prior to, during or following a contest. Professional ethics require that coaches or other representatives of the school's athletic interests use proper channels, as per Bylaw 10.3.2, to report their complaints about officials rather than airing them

publicly. A minimum monetary penalty of $250 and/or other sanctions shall be assessed a school whose coach or other representative of the school's athletic interests are in violation of this provision.

30.5 Appeals

The decision to disqualify (eject) a student-athlete, coach or other representative of the school's athletic interests (see Bylaw 1.4.18) from a contest is a decision of the contest official or FHSAA Administrator. Any penalties imposed may be appealed to the Executive Director, using the AT15 Form, and, from there, through the normal appeals procedures. All periods of ineligibility (suspensions) remain in effect during any such appeal unless and until they are modified or reversed.

POLICY 31

USE OF ALCOHOL, TOBACCO, HUMAN GROWTH HORMONES, STEROIDS, PERFORMANCE-ENHANCING DRUGS AND SCHEDULE 3 NARCOTICS

31.1 Use of Alcohol and Tobacco. The use of alcohol, tobacco or tobacco-like products by student-athletes, coaches and officials is prohibited during the contest and in the vicinity of the playing field or court. A coach or student-athlete in violation of this policy is guilty of unsportsmanlike conduct, will be ejected from the contest and will be suspended from subsequent contests for a period of up to six weeks in accordance with the FHSAA Policy on Unsportsmanlike Conduct. Additionally, the official must report any violation of this policy by either a student-athlete or coach to the FHSAA Office. Violation of this policy by a student-athlete or coach will subject the school to a monetary penalty. Violation of this policy by an official will subject the official to a monetary penalty of a minimum of $100 and/or other sanctions or suspension or both.

31.2 Use of Human Growth Hormones, Steroids, Performance-Enhancing Drugs, or Schedule 3 Narcotics. The use of human growth hormones, steroids, performance-enhancing drugs, or schedule 3 narcotics by a student-athlete is not permissible and shall be reported to the FHSAA and the principal. The use of such substances is considered to be an act of unsportsmanlike conduct. A student-athlete discovered to be using such substances will be ineligible to compete in any interscholastic contest until such time as medical evidence can be presented to the FHSAA and the principal that the student's system is free of those substances.

31.2.1 Any student-athlete under the care of a pediatric endocrinologist or an appropriately trained specialist being treated with idiopathic short stature (ISS) as outline by the United States Anti-Doping Agency (USADA) may appeal for exemption and shall provide appropriate medical documentation to the principal prior to competition.

31.2.2 Any student-athlete, under the direct care of a physician, who has been prescribed to use any hormone replacement drug shall provide the appropriate medical documentation to the principal prior to competition.

31.2.3 A coach or other representative of the school's athletic interest who facilitates, provides, or condones the acquisition or use of these prohibited substances will be ineligible to coach or attend any interscholastic contest for a minimum of one (1) year.

POLICY 32

INCLEMENT WEATHER AND SUSPENDED CONTESTS

32.1 Storms. If a thunderstorm or electrical storm occurs in the area prior to the start of or during any outdoor contest, the officials must immediately contact the principal or his/her designee of each school involved in the contest to determine if the contest should be played as scheduled, delayed, suspended or postponed. If the principal or his/her designee of either of the schools involved requests that the contest be interrupted or postponed, with the exception of FHSAA State Final events, the officials must immediately honor such request. If the principal or his/her designee of only one of the competing schools is available, with the exception of FHSAA State Final events, his/her request must be honored. The FHSAA administrative staff, State Finals host and officials shall manage any inclement weather situations at FHSAA State Finals events.

32.2 Safety is Paramount. The safety and welfare of all concerned is of paramount importance. In no case may an official deny a request by a principal or his/her designee to delay, suspend or postpone an outdoor contest due to inclement weather or imply that the contest will be forfeited as a result of such a request.

32.3 Suspended Contests. A suspended contest shall be resumed from the point of interruption, unless National Federation Rules, FHSAA Bylaws and/or Policies determine that the contest is a completed contest based on where the contest is at the point of interruption.

POLICY 33

SIDELINE CHEERLEADING

As per s.1006.18, Florida Statutes, the "Spirit Rules," published by the National Federation of State High School Associations, shall be the statewide uniform safety standards for sideline cheerleading.

33.1 General Regulations

33.1.1 Cheerleaders are prohibited from building pyramids higher than two tiers during any routine in practice or during a performance in conjunction with an interscholastic contest. Host school principals are responsible for the enforcement of this regulation during regular season contests. Tournament/Meet managers and directors will be responsible for the enforcement of the regulation during Florida High School State Championship Series contests.

33.1.2 Prior to a student's participation in cheerleading tryouts, practice or performance, the student must secure a physician's certificate to the effect that the student is physically fit for participation.

33.2 Indoor Contests

33.2.1 Cheerleaders must remain in their seats along the sidelines at all times when the ball is alive or a match is in progress.

33.2.2 Officials are responsible for the enforcement of this regulation. First offense – warning; Second and subsequent offense – technical foul in basketball; awarding of point against violating school in volleyball and wrestling.

33.3 Florida High School State Championship Series. Sideline cheerleading squads will be permitted to cheer at Florida High School State Championship Series contests provided the cheerleading squads cheered at regular season contests for that sport.

POLICY 34

PHOTOGRAPHING, FILMING AND VIDEOTAPING ATHLETIC CONTESTS

34.1 Regular Season Contests

34.1.1 Representatives of a school's athletic interest, as defined in Bylaw 1.4.18, of a visiting school may not photograph, film or videotape their team's or contestants' performance in a contest without first obtaining permission from the host school principal or his/her designee. Photographers, videographers and their equipment must be positioned so that they do not block the view of any spectator.

34.1.2 No representative of a school's athletic interest of a school that is not participating in a contest may photograph, film or videotape all or any part of the contest unless permission to do so is granted by the principal or his/her designee of each school that is participating in the contest.

34.1.3 It is recommended that schools videotape injury situations, postgame handshakes and any unsportsmanlike incidents that may occur during any athletic contest.

34.2 Florida High School State Championship Series Contests

34.2.1 Florida High School State Championship Series contests are the sole property of the FHSAA and may not be reproduced and marketed or otherwise distributed or publicly displayed in any manner without the express written permission of the FHSAA. The FHSAA retains all rights to the television broadcast or cablecast, radio broadcast, internet broadcast (audio and/or video), videotaping, filming and photographing of all Florida High School State Championship Series contests.

34.2.2 The FHSAA, subject to the policies of the host facility, allows still cameras and video cameras to be used at Florida High School State Championship Series contests so that participants and spectators may record the event for their own personal use – not for the purposes of commercial resale or public redistribution in any form. Only those duly authorized organizations or individuals who have been granted appropriate rights by contract or by issued credential shall be permitted to sell or publicly display or otherwise

redistribute images and sounds of Florida High School State Championship Series contests and then only in accordance with the terms and conditions established by the FHSAA.

34.2.3 Each participating school shall be permitted to photograph, film or videotape, for archival, coaching or instructional purposes, only those Florida High School State Championship Series contests in which its team or contestants perform when arrangements are made with the contest management. Photographers, videographers and their equipment must be positioned so that they do not block the view of any spectator.

34.2.4 There may be additional guidelines or restrictions for Florida High School State Championship Series events. Consult the appropriate section(s) in Administrative Procedures or the state finals information packet, when available, for additional guidelines or restrictions concerning photographing, filming and videotaping at a Florida High School State Championship Series event in that sport.

34.3 Use of Drones.
The use of drones is prohibited on the premises of any FHSAA state series event.

34.4 Penalty

34.4.1 A school that violates these guidelines shall be guilty of unsportsmanlike conduct and will be subject to reprimand and the assessment of a minimum monetary penalty of $100 and/or other sanctions by the FHSAA.

34.4.2 An organization or individual who violates these guidelines, and in so doing infringes upon the rights of the FHSAA, as stated hereinabove, shall be subject to one (1) or more of the following actions: remedies under breach of contract; revocation of credentials; expulsion from the site of competition; and legal action under applicable state and federal laws.

POLICY 35

BOARDING SCHOOLS, HOMESTAY PROGRAMS AND SPORTS ACADEMIES

35.1 Boarding Schools

A boarding student who attends a boarding school that does not comply fully with the provisions of this policy shall not be eligible to represent the boarding school in interscholastic athletic competition.

35.1.1 Boarding School Defined. A boarding school is defined as a school that has an enrolled resident boarding school population in the ninth through 12th grades of at least 25 boarding students or 10 percent of the full student enrollment in its ninth through 12th grades, whichever is greater. Schools that do not meet these enrollment requirements must satisfy the additional requirements set forth in paragraph 8 and its subparagraphs herein below.

35.1.2 Requirements. A boarding school must have appropriate dormitory facilities to house, feed and provide general living accommodations for boarding students. A boarding school must also employ and have on duty 24 hours a day in the dormitories appropriately trained supervisory dormitory personnel.

35.1.3 Must be Recognized. A boarding school must be recognized as a boarding school in its own literature and must be verified as such by the Florida Association of Academic Non-public Schools (FAANS), Florida Council of Independent Schools (FCIS) and/or the Southern Association of Colleges and Schools (SACS).

35.1.4 Per Week Living Requirements. A boarding student must spend at least an average of five (5) days per week living and boarding on campus while school is in session.

35.1.5 Sport Eligibility. No more than 50 percent of the athletes on any team, sub-varsity or varsity, can be boarding school students, if the team intends to participate in the Florida High School State Championship Series in that sport. In individual sports, schools with either rosters or SELs consisting of more than 50 percent students who are boarding students shall not be eligible to participate in the Florida High School State Championship Series in that sport.

35.1.5.1 Exception. Schools boarding student population which exceeds 50 percent of the total school population may field a team or roster in individual sports proportional to their boarding student population, provided it does not exceed 2/3 of the team membership.

35.1.5.2 Exception. Boarding students who travel home on the weekends and whose parent's permanent address is inside the county boundaries where the school is located shall not be calculated in the boarding student population as in 35.1.5 and 35.1.5.1.

35.1.6 Supervisors. Coaches or other individuals employed by or associated with a boarding school's athletic program shall not serve as dormitory supervisors or otherwise live with boarding students in school housing.

35.1.7 Financial Assistance. Only those schools that qualify as boarding schools, as defined herein may provide any assistance for room and board to students who participate in interscholastic athletics, and only if such assistance is based on financial need. In no other schools may room and board expense be included in the determination of school expenses and financial need.

35.1.8 Compliance Issues. A school that satisfies the requirements of sections 35.1.2 – 35.1.7 above, but cannot satisfy the requirements of section 35.1.1 above, shall comply with the following additional requirements:

35.1.8.1 The school shall notify the FHSAA in writing of the name of each boarding student, his/her grade in school and the interscholastic sport(s) in which he/she will participate;

35.1.8.2 Not more than 25 percent of the school's boarding students may be members of the school's varsity or junior varsity athletic teams in any single sport;

35.1.8.3 The school shall permit the FHSAA to conduct on-site inspections of the school, the full costs of such inspections to be borne solely by the school; and

35.1.8.4 The FHSAA at any time may disqualify the students enrolled in the school's boarding program from further interscholastic athletic participation should the Executive Director determine that the school is using the boarding program for any improper athletic purpose.

35.2 Homestay Programs

35.2.1 Homestay Program Defined. Homestay is a program whereby students reside with families from other parts of the United States in order to enhance their cultural and/or religious experiences. Homestay arrangements can be made through independent homestay agencies, through local religious institutions or privately by the student's family.

35.2.2 Placement with Host Family

(a) The school that the student attends may assist with locating and screening potential host families (Note: member schools that participate in locating and screening potential families must develop a written process which may be reviewed by the Association upon request),

(b) No member of the school's coaching staff may serve as the host family.

(c) No representative of the school's athletic interest, as defined in Bylaw 1.4.18(c-f), who is associated with the same sport as the student, may serve as the host family.

35.2.3 Host Family Restrictions

(a) A host family that wishes to host more than one student per school each year, of the same gender and sport, must have approval of the Executive Director.

(b) A host family that wishes to house more than four (4) students in the same home, must have approval of the Executive Director.

(c) Unless otherwise approved by the Executive Director, each student must be roomed in a self-contained bedroom, with no more than one other occupant.

35.2.4 Attendance. The student must be in attendance at the school within the first ten (10) days of the school year and must be enrolled in a full-year program, rather than a program of shorter duration such as a six-week, three-month or six-month program, etc.

35.2.5 Transfer. Any subsequent transfer by the student to a different school during the school year must meet the provisions in Bylaw 9.3.2.

35.2.6 Placed in Academic Track. The student must be placed in a traditional academic track that leads to a high school diploma by the member school.

35.2.7 Must Not Have Been Recruited. The student must not have been recruited to attend the member school for athletic reasons by any individual or agency, whether or not associated with the school's athletic interest, or selected or placed in the school on any basis related to his/her athletic interests or abilities. The student must complete and submit a GA4 Form with the school.

35.2.8 Financial Assistance. No individual or agency associated with the school's athletic interest may provide financial assistance to the student.

35.2.9 Student Must be an Undergraduate. The student must not have completed the terminal grade in either the U.S. or any other country. The terminal grade of the student is based on the graduation requirements of the state or country the student last attended school, including the completion of the GED or its equivalent.

35.2.10 FHSAA Eligibility. The student must meet all other eligibility standards of the FHSAA Bylaws while a student at a member school. The high school limit of eligibility (Bylaw 9.5.1) is based on the compulsory education requirements of the student's former state/country. The ninth (9th) year of compulsory education begins the four (4) year eligibility period. The fact that a student's former state/country may have a terminal grade beyond the twelfth (12th) year of compulsory education does not alter the four (4) year eligibility period in Bylaw 9.5.1.

35.2.11 Registration Procedures. All home stay students must be registered with this association, utilizing the official Association process as approved by the Executive Director, prior to participation at a member school.

35.2.11.1 Penalties Assessed to Schools

35.2.11.1.1 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL2 form (Pre-Participation Physical Evaluation, see Bylaw 9.7) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

35.2.11.1.2 Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL3 form (Consent and Release from Liability Certificate, see Bylaw 9.8) will subject the school to a monetary penalty of a minimum of $500 per student and/or other sanctions.

35.2.11.1.3 Allowing students to participate (see Bylaw 9.2.1.2) without a completed GA4 **form (Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting and Non-Traditional** Student Participation) will subject the school to a monetary penalty of a minimum of $100 per student and/or other sanctions.

35.2.11.1.4 Allowing students to participate (see Bylaw 9.2.1.2) without a completed and submitted EL15 form (Registration of Home Stay Student) will subject the school to a monetary penalty of a minimum of $100 per student and/or other sanctions.

35.3 Sport Academies

35.3.1 Sport Academy Defined. A sport academy is defined as, but not limited to, a facility, center or school that exists for the purpose of providing instruction to athletes in specific sport(s).

35.3.2 Student Athlete Eligibility. A student who resides at or attends school at a sport academy and receives instruction in a sport at the sports academy, during the sport season, more than five (5) hours per academic week, is not permitted to participate in the state series in that sport.

35.3.3 Academic Week Defined. An "academic week" is the five (5) consecutive days Monday, Tuesday, Wednesday, Thursday and Friday; excluding any of these days for which students are not required to attend school by the school or school district.

POLICY 36

ATHLETIC RECRUITING

36.1 GENERAL PRINCIPLES

36.1.1 Athletic Recruiting Forbidden. Athletic recruiting is a gross violation of the spirit and philosophy of educational athletics. Athletic recruiting is unethical and unsporting conduct, and is forbidden by FHSAA Bylaws (FHSAA Bylaw 6.3).

36.1.2 Scope of School's Responsibility. A school's responsibility for the conduct of its interscholastic athletic program includes responsibility for:

36.1.2.1 The acts of any employee or athletic department staff member;

36.1.2.2 The acts of third parties, such as an independent person, business or organization, that is a representative of the school's athletic interests when a member of the school's administration or athletic department staff knows or should know that the person, business or organization is promoting the school's interscholastic athletic program; and

36.1.2.3 The acts of any other third parties, such as an independent person, business or organization, acting at the request, direction, or otherwise on behalf of any employee or representative of the school's athletic interests.

36.1.2.4 The acts of any other third parties, such as an independent person, business or organization, acting on behalf of any student athlete.

36.1.3 Compliance Programs. Schools are expected to educate all employees, athletic department staff members and representatives of the school's athletic interests about acts that are prohibited by this policy. Schools must immediately report to the FHSAA Office impermissible acts when they are discovered to have occurred.

36.1.4 Academic Recruitment Permissible. A school may conduct an academic recruitment program that is designed to attract students to the school based upon its total educational and extracurricular (athletic and activities) program. A school must not use an academic recruitment program as a disguise for athletic recruiting.

36.1.5 Financial Assistance Permissible. Private schools, as well as developmental research schools operated by state universities, may administer school-based financial assistance programs for students who attend those schools. Financial assistance must be totally unrelated to a student's athletic interest, potential or performance. Financial assistance based even partially on a student's athletic interest, potential or performance is not permitted.

36.1.6 Extra Benefit. Student-athletes must not receive extra benefits, which are benefits that are not given or generally given to all other students in the school.

36.2 GENERAL DEFINITIONS

36.2.1 Athletic Recruiting. "Athletic recruiting" is any effort by a school employee, athletic department staff member or representative of a school's athletic interests to pressure, urge or entice a student to attend that school for the purpose of participating in interscholastic athletics.

36.2.1.1 Representative of a School's Athletic Interests. "Representative of a school's athletic interests" refers to any independent person, business or organization that participates in, assists with and/or promotes that school's interscholastic athletic program. This includes:

(a) A student-athlete or other student participant in the athletic program at that school;

(b) The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;

(c) Immediate relatives of a coach or other member of the athletic department staff at that school;

(d) A volunteer with that school's athletic program;

(e) A member of an athletic booster organization of that school;

(f) A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school's interscholastic athletic program.

36.2.2 Improper Contact. "Improper contact" is contact, either directly or indirectly, whether in person or through written or electronic communication, by a school employee, athletic department staff member, representative of the school's athletic interests or third parties, such as an independent person, business or organization, with a student or any member of the student's family, in an effort to pressure, urge or entice the student to attend a different school for the purpose of participating in interscholastic athletics. See Policy 37.

36.2.3 Impermissible Benefit. An "impermissible benefit" is any arrangement, assistance or benefit that is not offered or generally made available to all students and/or their families who apply to or attend a school, or that otherwise is prohibited by FHSAA rules. Receipt of a benefit by a student-athlete or his/her family is not a violation of FHSAA rules if it is demonstrated that the same benefit is generally available to the school's students or family members and is not based in any way on athletic interest, potential or performance. See Policy 37.

36.2.4 Financial Assistance. "Financial assistance" is funds from various sources that are administered and provided by a school to students to pay or assist in paying costs directly related to their education at the school. See Policy 38.

36.3 ACADEMIC RECRUITMENT PROGRAMS

36.3.1 References to Athletic Program. Any presentation conducted as part of a school's academic recruitment program must promote the school's overall educational and extracurricular programs. Any mention of the school's interscholastic athletics program must be limited to a listing of the interscholastic sports sponsored by the school and to a description of the school's athletic facilities. It is understood that the presentations and activities of all persons involved in the school's academic recruitment program must avoid any references to the school's athletic program that might pressure, urge or entice a student to attend that school for purposes of athletic participation. All such presentations and activities must be in keeping with the general spirit of the rules prohibiting athletic recruiting.

36.3.2 Open Houses. A school may conduct an open house for prospective students and members of their families. Information distributed and presentations made during the open house, as well as advertisements for the open house, must limit references to the school's athletic program to a listing of the interscholastic sports sponsored by the school and to a description of the school's athletic facilities. No information can be distributed or any statement made that in any way implies that the school's interscholastic athletic program is better than any other school's interscholastic athletic program, or that a student would be better served by participating in interscholastic athletics at that school as opposed to any other school.

36.4 COMPLIANCE

36.4.1 Certification of Compliance. Each member school each year must submit to the FHSAA Office, utilizing the official Association process as approved by the Executive Director, certifying that the principal, the athletic director and the president of each athletic booster organization of the school have reviewed the "FHSAA Policy on Athletic Recruiting," and that he/she will comply with all provisions of the policy, and will review the provisions of the policy with school employees, athletic department staff members and representatives of the school's athletic interests. All coaches, paid or otherwise, shall, utilizing the official Association process as approved by the Executive Director, certify that he/she has reviewed the "FHSAA Policy on Athletic Recruiting," will comply with all provisions of the policy and will review the provisions of the policy with his/her coaching staff and players electronically in a process facilitated by the FHSAA. Failure to comply will subject the school to minimum monetary penalty of $100 and/or other sanctions.

36.4.2 Affidavit of Compliance. A student who for any reason changes schools after previously attending a different school or who is a non-traditional student (reference Bylaw 1.4.31), as well as the student's parent(s) or legal guardian(s), duly appointed by a court of competent jurisdiction, must sign in the presence of a notary public an "Affidavit of Compliance with the FHSAA Policy

on Athletic Recruiting and Non-Traditional Student Participation". The affidavit will be necessary regardless of whether the student changes schools during the school year or during the summer period between school years. The affidavit will be accompanied by an explanation of the FHSAA Policy on Athletic Recruiting, including the penalties for violating the policy, as well as the consequences of making a false statement on the affidavit. The student will not be eligible to participate in interscholastic athletic competition at his/her new school until the school submits the affidavit, utilizing the official Association process as approved by the Executive Director (GA4 Form – Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting and Non-Traditional Student Participation). Failure to comply will subject the school to minimum monetary penalty of $100 and/or other sanctions.

36.5 PENALTIES

36.5.1 Mandatory Forfeiture. A school that is found to have an athletically recruited student-athlete will forfeit all contests and awards won in team sports and all points earned and resulting awards won in individual sports in which the student-athlete participated. Mandatory forfeiture also will be required when it is determined that a student who received an impermissible benefit was allowed to participate.

36.5.2 Eligibility Effect of Violation. A student who is found to have accepted an impermissible benefit will be ineligible for interscholastic athletic competition for one or more years at the school to which the student accepted the impermissible benefit, and may be declared ineligible for interscholastic athletic competition at all member schools for one or more years.

36.5.3 Disciplinary Measures. In addition to the mandatory forfeiture of contests and awards, any one or more of the penalties described in Article 10 of the FHSAA Bylaws may be imposed against a school for violating any provisions of this policy. These include:

36.5.3.1 Public reprimand;

36.5.3.2 Financial penalty of a minimum of $2,500 and/or other sanctions;

36.5.3.3 A form or combination of forms of probation (administrative, restrictive and/or suspension) for one or more years;

36.5.3.4 Prohibition against participating in certain interscholastic competitions, including Florida High School State Championship Series competitions, for one or more years in the sport(s) in which the violation(s) occurred;

36.5.3.5 Prohibition against participating in any interscholastic competition for one or more years in the sport(s) in which the violation(s) occurred;

36.5.3.6 Participation in interscholastic competition at a higher classification for one or more years in the sport(s) in which the violation(s) occurred;

36.5.3.7 Restricted membership for one or more years during which time some or all of the school's membership privileges may be restricted or denied; and

36.5.3.8 Expulsion from membership in the Association for one or more years.

36.5.4 Penalties to School Employees or Contractors. Any recruitment by a school employee or contractor in violation of FHSAA bylaws results in escalating punishments as follows (§ 1006.20(2)(b)2, F.S.):

36.5.4.1 for a first offense, a $5,000 forfeiture of pay for the school employee or contractor who committed the violation.

36.5.4.2 for a second offense, suspension without pay for 12 months from coaching, directing, or advertising an extracurricular activity and a $5,000 forfeiture of pay for the school employee or contractor who committed the violation.

36.5.4.3 for a third offense, a $5,000 forfeiture of pay for the school employee or contractor who committed the violation. If the individual who committed the violation holds an educator certificate, the FHSAA shall also refer the violation to the department for review pursuant to § 1012.796, F.S. to determine whether probable cause exists, and, if there is a finding of probable cause, the commissioner shall file a formal complaint against the individual. If the complaint is upheld, the individual's educator certificate shall be revoked for 3 years, in addition to any penalties available under § 1012.796, F.S.. Additionally, the department shall revoke any adjunct teaching certificates issued pursuant to § 1012.57, F.S. and all permissions under § 1012.39, F.S. and § 1012.43, F.S., and the educator is ineligible for such certificates or permissions for a period of time equal to the period of revocation of his or her state-issued certificate.

POLICY 37

IMPROPER CONTACT AND IMPERMISSIBLE BENEFITS

37.1 IMPROPER CONTACT

37.1.1 General Regulation. No school employee, athletic department staff member, representative of the school's athletic interests or third parties, such as an independent person, business or organization, may make contact, either in person or through any form of written or electronic communication or through any third party, with a student, or any member of the student's family, in an effort to pressure, urge or entice the student to attend a different school for the purpose of participating in interscholastic athletics.

37.1.2 Specific Prohibitions. Specifically prohibited contact by school employees, athletic department staff members, representatives of the school's athletic interests or third parties with a student includes, but is not limited to, the following:

37.1.2.1 Sending, or arranging for anyone else to send, any form of written or electronic communication to the student or any member of his/her family, in an attempt to pressure, urge or entice the student to attend a different school to participate in interscholastic athletics.

37.1.2.2 Visiting or entertaining the student or any member of his/her family in an attempt to pressure, urge or entice the student to attend a different school to participate in interscholastic athletics.

37.1.2.3 Making a presentation or distributing any form of advertisement, commercial or material that promotes primarily or exclusively a school's athletic program or implies a school's athletic program is better than the athletic program of any other school or suggests that the student's athletic career would be better served by attending a different school.

37.1.2.4 Answering an inquiry by the student or any member of his/her family about athletic participation opportunities at a school with any response that pressures, urges or entices the student to attend a different school. The student or family member instead should be immediately referred to the school employee responsible for registrations or admissions.

37.1.2.5 Providing transportation to the student or any member of his/her family to visit a school, to take an entrance examination for a school, to participate in an athletic tryout at a school, or to meet with a school employee, athletic department staff member, other representative of the school's athletic interests or third parties, as part of an effort to pressure, urge or facilitate the student's attendance at a different school to participate in interscholastic athletics.

37.1.2.6 Attending an elementary school, a junior high school, a middle school or a non-school athletic contest to identify prospective student-athletes who might be recruited to attend a school.

37.1.2.7 Suggesting or going along with any effort by any person, whether a school employee, other representative of the school's athletic interests or any other person, such as an alumnus of a school, a coach or other person affiliated with a non-school athletic program (e.g. AAU team, club team, travel team, recreation league team, etc.), a coach of or recruiter for a collegiate athletic team, a scout for a professional team or other third parties, to pressure, urge or entice the student to attend a school to participate in interscholastic athletics, or to direct or place the student at the school for the purpose of participating in interscholastic athletics.

37.1.2.8 Making or arranging any other contact with the student or any member of his/her family in an attempt to pressure, urge or entice the student to attend a school to participate in interscholastic athletics.

37.1.3 Contact Initiated by Prospective Student. When a school employee, athletic department staff member or representative of a school's athletic interests is contacted by a student who does not attend that school and/or any other member of his/her family, about the school's interscholastic athletic program or attending the school, the school employee, athletic department staff member or representative of the school's athletic interests must immediately refer the student and/or his/her family member to the appropriate school personnel who have the responsibility of registering and admitting prospective students. Only during the summer period, as defined in Policy 20, and once the student has registered, been accepted and no longer attends the previous school may the student have contact with athletic department staff members or representatives of a school's athletic interests.

37.1.4 Casual Contact with Students in Normal Community Settings. It is not considered a violation of this policy for an employee, athletic department staff member or representative of the athletic interests of a high school to have casual contact with a student who does not attend that school or any member of the student's family in a normal community setting. At no time during such contact, however, may the employee, athletic department staff member or representative of the athletic interests of the high school pressure, urge or entice the student to attend a high school for the purpose of participating in interscholastic athletics.

37.2 IMPERMISSIBLE BENEFIT

37.2.1 General Regulation. No school employee, athletic department staff member, representative of the school's athletic interests or third parties, such as an independent person, business or organization, may be involved, directly or indirectly, in giving an impermissible benefit to any student or any member of his/her family for the purpose of participating in interscholastic athletics, or to any student-athlete who already attends a school.

37.2.2 Specific Prohibitions. Specifically prohibited arrangements, assistance or benefits include, but are not limited to, the following:

37.2.2.1 School-based financial assistance of any kind that exceeds the amount for which a student has been approved by an independent financial needs assessment company that is recognized by the FHSAA or otherwise is in excess of any supplemental assistance provided by a school to each and every student who qualifies for financial assistance.

37.2.2.2 Cash or like items, such as credit cards, debit cards, gift cards, gift certificates, coupons or vouchers.

37.2.2.3 Gift of clothing, equipment, merchandise or other tangible items.

37.2.2.4 Loans or assistance in securing a loan of any kind.

37.2.2.5 Payment for any work or service that is not performed or that is in excess of the amount normally paid for such work or service.

37.2.2.6 Free or reduced-cost transportation.

37.2.2.7 Living on a full- or part-time basis, regardless of whether rent is paid, with any school employee, athletic department staff member, representative of the school's athletic interests.

37.2.2.8 Free or reduced-cost rent for housing, vehicles or other items.

37.2.2.9 Full or partial payment of moving expenses or assistance of any kind with an actual physical move.

37.2.2.10 Employment or assistance in securing employment or contractual arrangement of any kind for which compensation may be paid.

37.2.2.11 Free or reduced costs to attend a sport or skills camp.

37.2.2.12 Any other form of arrangement, assistance, discount or benefit that is not generally available to other students in the school or their families or that is based in any way on athletic ability.

POLICY 38

FINANCIAL ASSISTANCE

38.1 FINANCIAL ASSISTANCE

38.1.1 School-Administered Financial Assistance. Financial assistance provided by a school must be administered by the school; meaning that the school, through an established process that conforms to this policy, makes the final determination of the student who is to receive the assistance and the amount of assistance to be given. No student-athlete may accept financial assistance from any other person, business or organization unless it is received from one upon whom the student-athlete is naturally or legally dependent or is received through established and continuing programs to assist students that are administered by the State of Florida.

38.1.1.1 Criteria for Providing Financial Assistance. School-based financial assistance must be based entirely on financial need as determined by an independent financial needs assessment company that is approved by the FHSAA. A school may supplement the amount of financial assistance for which a student is determined to qualify provided the same form of supplemental assistance is provided to each and every student who qualifies for any amount of financial assistance. Financial assistance must be totally unrelated to a student's athletic interest, potential or performance. Financial assistance based even partially on a student's athletic interest, potential or performance is not permitted.

38.1.1.2 Assistance with Room or Meals. School-based financial assistance for costs associated with room or meals, other than those meals made available during the school day to all students, may be provided only to students who board at FHSAA-recognized boarding schools, and then only if such financial assistance is based on financial need.

38.1.1.3 Work-Study Programs. A work-study program in which students receive financial assistance from a school in exchange for labor performed by the student for the school may be operated as follows:

(a) The school must limit participation in the work-study program to those students who have been independently determined to have a need for financial assistance.

(b) The school must submit to the FHSAA Office each school year a complete description of the work-study program and the process for determining the students who are chosen for participation.

(c) The school must maintain detailed records regarding each student who participates in the work-study program. These records must include a description of the job(s) performed by the student, a documentation of the hours worked by the student, and the amount of financial assistance given the student in exchange for his/her labor.

(d) A student-athlete must not receive financial assistance through a work-study program during the season of the sport(s) in which the student-athlete participates.

(e) Athletic department staff members and other representatives of the school's athletic interests cannot supervise student-athletes in work-study programs.

38.1.1.4 Approved Financial Needs Assessment Companies. The FHSAA approved independent financial needs assessment companies are as follows:

(a)	FACTS Management	www.factsmgt.com
(b)	FAST	www.ismfast.com
(c)	Financial Aid Independent Review	www.fairtuition.com
(d)	Private School Aid Service	www.psas.org
(e)	Smart Tuition	www.smarttuition.com
(f)	SSS (School & Student Services)	www.sssbynais.org
(g)	TADS	www.tads.com

38.1.1.5 Records Relating to Financial Assistance. The school must keep detailed records of school-based financial assistance provided to each student. This includes the report of the student's financial need as determined by the independent

assessment company as well as the actual amount of financial assistance provided to the student by the school, and how that actual amount was determined. The school must make all records available to the Executive Director or his/her designee for inspection upon request.

38.1.1.6 Persons Who May Discuss Financial Assistance Opportunities. The only persons who may discuss financial assistance opportunities with a prospective student or any member of his/her family are those school employees who administer the school's registration, admission and financial assistance programs. No other school employee, any athletic department staff member or representative of the school's athletic interests may suggest to or promise a prospective student or any member of his/her family that any part of the student's costs of attending the school may be reduced, waived or paid for, or that financial assistance may be granted for any reason, including financial need.

38.1.1.7 Involvement of Athletic Personnel in Administration of Assistance Program. Athletic department staff members, other than those persons who have as their major responsibility an official leadership role in the academic leadership or admission programs of the school, are prohibited from sitting on the school's financial assistance committee or otherwise playing any role in the process of deciding which students receive financial assistance or the types or amount of assistance they will be given.

38.1.2 Financial Assistance Not Administered by School. Students may apply for and receive financial assistance through established and continuing programs to assist students that are administered by the State of Florida. These programs are:

38.1.2.1 The Opportunity Scholarship Program, through which the parent of a student in a failing public school may request and receive an Opportunity Scholarship for the student to attend an eligible private school.

38.1.2.2 The McKay Scholarships for Students with Disabilities Program, through which the parent of a public school student with a disability who is dissatisfied with the student's progress may request and receive a McKay Scholarship for the student to attend an eligible private school.

38.1.2.3 The Corporate Income Tax Credit Scholarship Program, through which the parent of a public school student who qualifies for free or reduced-price school lunch may seek a scholarship to attend an eligible private school from an eligible nonprofit scholarship-funding organization.

38.1.3 Contributions by Donor. Funds that are donated to schools by persons, businesses and organizations may be given as financial assistance to students provided the decision as to how the funds are allocated rests exclusively with the school. It is not permissible for a donor to contribute funds to provide financial assistance for a particular student-athlete.

38.2 PENALTIES

38.2.1 Disciplinary Measures. Any one or more of the penalties described in Article 10 of the FHSAA Bylaws may be imposed against a school for violating any provisions of this policy. These include:

38.2.1.1 Public reprimand;

38.2.1.2 Financial penalty of a minimum of $2,500 and/or other sanctions;

38.2.1.3 A form or combination of forms of probation (administrative, restrictive and/or suspension) for one or more years;

38.2.1.4 Prohibition against participating in certain interscholastic competitions, including Florida High School State Championship Series competitions, for one or more years in the sport(s) in which the violation(s) occurred;

38.2.1.5 Prohibition against participating in any interscholastic competition for one or more years in the sport(s) in which the violation(s) occurred;

38.2.1.6 Restricted membership for one or more years during which time some or all of the school's membership privileges may be restricted or denied; and

38.2.1.7 Expulsion from membership in the Association for one or more years.

POLICY 39

INVESTIGATIVE PROCEDURES

The FHSAA compliance staff receives information about possible violations from several different sources. Member schools, media reports, confidential/anonymous sources, parent(s) of student-athletes, and other individuals or sources may provide information to be used by this office. In addition to unsolicited information, the staff also cultivates sources that provide information about possible violations.

39.1 Responsibility for Investigations. The executive director, or his/her designee, will supervise all investigations, audits and/or compliance reviews. Investigations may be assigned to either FHSAA staff members or approved investigative consultants. The executive director will provide the member school with the specific allegations of an inquiry or

investigation and the facts upon which the allegations are being made. The executive director will be responsible for making final rulings/determinations concerning any investigation (§ 1006.20(2)(e), F.S.).

39.2 Investigators. The approved FHSAA Investigative Consultant will (§ 1006.20(2)(e), F.S.):

(a) meet Level 2 screening standards as per § 435.04, F.S.; and

(b) be a licensed notary public, with the authority to place individuals under oath; and

(c) have proper FHSAA photo identification; and

(d) not determine matters of eligibility; and

(e) submit information and evidence to the executive director or his/her designee for an unbiased and objective determination of eligibility; and

(f) attend an FHSAA approved training session/orientation.

39.3 Nature of Investigations. Investigations will largely consist of, but not limited to, examinations of school records and any other documents, as well as interviews of individuals who are believed to have knowledge of possible violations or who are implicated in potential violations.

39.3.1 Interviews of Individuals. Approved FHSAA Investigative Consultants will make every reasonable effort to interview every individual implicated in a potential violation. Individuals, who are interviewed, may be provided with limited detail about the subject of the investigation to promote honest, candid responses and to protect the integrity of the process. FHSAA Investigative Consultants will conduct interviews on Monday through Friday between the hours of 9 a.m. and 7 p.m. only, unless previously agreed to by the interviewee. (§ 1006.20(2)(e), F.S.)

39.3.2 Documents, Correspondence and Other Materials. In addition to interviews, the investigative consultants may obtain significant supporting documentation, such as compliance files, academic records, e-mails, financial records, etc.

39.3.3 Additional Information or Evidence. Student athletes, parents, and schools may present, to the association or to the investigative consultant, any information or evidence that is credible, persuasive, and of a kind reasonably prudent persons rely upon.

39.4 Guidelines for Investigations. FHSAA Investigative Consultants will adhere to the following guidelines when conducting an investigation (§ 1006.20(2)(e & g), F.S.).

39.4.1 Notification of Investigation. FHSAA Office will notify its member school principal, headmaster or FHSAA Representative when an investigation is initiated. Member school principals shall notify, or cause to be notified in writing, student athletes and parents/legal guardians or other individuals identified by the FHSAA or its investigative consultant.

39.4.2 Investigations Conducted on School Campus. FHSAA Investigative Consultants will contact a school's FHSAA Representative to schedule visits to the school's campus to review records or to interview student-athletes, athletic department staff members, administrators or other representatives of the school's athletic interests who are involved in possible violations at the school.

39.4.2.1 Conflict with Academic Schedule. Interviews of student-athletes and teachers will be scheduled to minimize a loss of time from class.

39.4.3 Investigations Conducted at Residences. Unless otherwise agreed to, FHSAA Investigative Consultants may conduct residential investigations on weekdays (Monday through Friday) between 9:00 a.m. and 7:00 p.m.

39.4.3.1 Searches of Residence. FHSAA Investigative Consultants will obtain written consent of the parent/legal guardian before commencing a search of a family's residence, which might include a search of a student's personal living area(s).

39.4.4 Presence of School Representative and/or Parent During Interview of Student-Athlete. A school representative, preferably the FHSAA Representative, must be present, and a parent/legal guardian may be present, during the interview of a student athlete that is conducted on campus. A parent/legal guardian must be present during the interview of a student athlete that is conducted off campus.

39.4.5 Representation by Legal Counsel. Any individual being interviewed is allowed to have private legal counsel present during interviews.

39.4.6 Notice to Individuals Being Interviewed

39.4.6.1 Disclosure of Purpose of Interview. FHSAA Investigative Consultant will disclose the purpose of the interview.

39.4.6.2 Responsibility to Cooperate. FHSAA Investigative Consultant will remind those being interviewed of their responsibility to cooperate. Individuals who choose to not cooperate with the investigative process may impact student participation in interscholastic contests. Parents and/or students who choose to not cooperate with the investigative process are considered to void their consent to participate as outlined in the EL3 form.

39.4.7 Interview Record. FHSAA Investigative Consultant may electronically record an interview unless the interviewee objects in writing.

39.4.7.1 Access to Recordings. An individual being interviewed may also electronically record the interview or may request and obtain, at their expense, a copy of the interview through the FHSAA office.

39.5 Result of an Investigation. If the investigation uncovers no verifiable evidence of a major violation, the case is closed, no further action is taken and such notice will be sent to the member school. If evidence of a major violation is discovered, the case moves to the next phase, and a notice of preliminary findings is sent to the member school.

POLICY 40

CONCUSSIONS

To help ensure the health and safety of student athletes, the following policy provides guidelines and procedures on preventing, recognizing, and responding to a concussion.

40.1 Concussions. A concussion is a brain injury caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Concussions can also result from a fall or from collisions between with one or more individuals or with obstacles. As brain injury, concussions are serious.

40.1.1 Any student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion including, but not limited to, loss of consciousness, headache, dizziness, confusion, or balance problems, shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health-care professional.

40.1.2 When you suspect that a player has a concussion, follow the "Heads Up" 4-step Action Plan:

- Remove the athlete from play.
- Ensure that the athlete is evaluated by an appropriate health-care professional.
- Inform the athlete's parents or guardians about the possible concussion and give them information on concussion.
- Keep the athlete out of play the day of the injury and until an appropriate health-care professional says he or she is symptom-free and gives the okay to return to activity.

The signs, symptoms, and behaviors of a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours. An athlete should be observed following a suspected concussion and should never be left alone.

40.2 Appropriate Health-Care Professional (AHCP). An appropriate health-care professional (AHCP) is an individual who is trained in the diagnosis, evaluation and management of concussions. Such individuals will be a licensed physician (MD, as per § 458, F.S.) or a licensed osteopathic physician (DO, as per § 459, F.S.). Consistent with the American Academy of Neurology and other organizations, it is strongly recommended that an AHCP as defined in Policy 40.2 above or an athletic trainer (ATC, as per § 468, F.S.) is present at all sporting events, including practices, where athletes are at risk for concussion or for those classified as a collision sport, whenever possible.

40.3 Mechanics for Removal from Athletic Contest. The FHSAA concussion rule calls for the immediate removal of the participant from the contest or practice. Players, coaches and contest officials should be cognizant of athletes who display signs, symptoms or behaviors of a concussion and immediately stop play for injury evaluation within the rules of the game (the responsibility of the contest official is limited to activities that occur on the field, court, mat, etc.).

40.3.1 Symptoms Reported by the Athlete

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

40.3.2 Signs Observed by Other Individuals

- Appears dazed or stunned
- Is confused about what to do
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit

40.3.3 Removal. Once the participant has been removed from a contest due to a suspected concussion, the coach, school and AHCP(s) assumes full responsibility for that athlete's further evaluation and safety. If available, a certified athletic trainer (ATC) under the direct supervision of a MD/DO can assist with the sideline evaluation of a student-athlete when a student-athlete is sent out of a competition or practice, but cannot provide written clearance to return to play (refer to above). If after sideline evaluation, it is determined the athlete does not demonstrate symptoms consistent with a concussion the ATC will follow procedures within a written operational protocol created and signed by a supervising physician to determine return to play. In this situation, the athlete should continue to be monitored for any delayed onset of concussion symptoms and must be removed from activity immediately if signs or symptoms return.

40.4 Return to Play (RTP) Criteria – Recommended Concussion Management

40.4.1 No athlete should return to play (RTP) or practice on the same day of a suspected concussion. "When in doubt, sit them out!"

40.4.2 Any athlete suspected of having a concussion must be evaluated by an ACHP (as defined above) as soon as possible and practical.

40.4.3 Any athlete who has sustained a concussion must be medically cleared by an AHCP (as defined above) prior to resuming participation in any practice or competition.

40.4.4 After evaluation and examination by an AHCP (as defined above), return to play must follow a step-wise protocol as defined by the "Graded Return to Play Protocol" form and under the supervision of an AHCP, athletic trainer, coach or other health care professional (Post Head Injury/Concussion Form).

40.4.5 A written medical clearance from an AHCP (as defined above) is required for return to competition (Post Head Injury/ Concussion – RTP Form, AT18).

40.5 Education on Management of Concussions

40.5.1 Requirement for Coaches. All FHSAA member school head coaches, paid/supplemented coaches and student athletes are required to annually view the FREE online education course "Concussion in Sports – What You Need to Know". This NFHS concussion course may be viewed online at www.nfhslearn.com.

40.5.2 Recommendation. All member school personnel, contest officials, parents and media are encouraged to educate themselves by viewing the FREE online education course "Concussion in Sports – What You Need to Know". This free NFHS concussion course may be viewed online at www.nfhslearn.com.

40.5.3 Additional Information. Current and up-to-date information on concussion can be found on the Center for Disease Control and Prevention website at:

- http://www.cdc.gov/concussion/HeadsUp/youth.html; and
- http://www.cdc.gov/concussion/HeadsUp/highschool.html.

40.6 Concussion Release Form. Each student-athlete and their parent or legal guardian, duly appointed by a court of competent jurisdiction, must submit a release form provided by the association (Form EL3 – Consent and Release from Liability Certificate).

40.7 Sanctions on Coaches

40.7.1 Level 1 Suspension. A head coach who commits a violation of any condition listed in Policy 40 will be ineligible to coach or attend the next contest, at any level, for a minimum of the next two (2) contests during the period of suspension, in all sports except football. For football, the coach will be ineligible for a minimum of one (1) football game; or

40.7.2 Level 2 Suspension. A head coach who receives a second Level 1 Suspension due to a violation of any condition listed in Policy 40, or commits multiple violations in Policy 40 will be ineligible to coach or attend any interscholastic athletic contest in any sport, at any level, for a period of up to six (6) weeks; or

40.7.3 Level 3 Suspension. A head coach who receives a second Level 2 Suspension for violating any condition of Policy 40 or commits an egregious violation of Policy 40, as determined in the sole discretion of the Executive Director, will be ineligible to coach or attend any interscholastic athletic contest in any sport for a period of up to one (1) year.

POLICY 41

HEAT ACCLIMATIZATION

Heat illness is a cause for concern for high school student-athletes beginning pre-season practices in the warm, summer months and other times of extreme heat. The most serious heat illness, exertional heat stroke, is one of the leading causes of preventable death in these athletes. Heat production during intense exercise is 15 to 20 times greater than at rest and can raise body core temperature one to two degrees Fahrenheit every five minutes unless heat is dissipated. The following policy provides guidelines and procedures for conducting preseason practices and activities to insure the well-being of student-athletes.

41.1 Intent. The intent of this policy is to require FHSAA member schools to follow a preseason acclimatization and recovery model for all sports that enhances student-athlete well-being. The policy also requires individual schools, or districts, to select and promote a method of environmental monitoring to be used outside the acclimatization period and comply with standard recommendations for practice modifications, for the safety of the student-athlete.

41.1.1 These policies provide general regulations for conducting preseason practices for secondary school-age student athletes and to provide recommendations for voluntary conditioning workouts.

41.1.2 These policies should be applied before and during the academic year to ensure the athletes arrive with and maintain adequate sport-specific conditioning.

41.1.3 Application of these regulations should not be based solely on the information contained here within; but, should represent the minimal safety precautions promoted through the FHSAA. Coaches and Schools are encouraged to review published recommendations through the NFHS or the National Athletic Trainers Association to further protect student-athletes from the harmful effects of the heat.

41.1.4 Individuals using these guidelines are responsible for prudent judgment with respect to each practice, athlete and facility and each athlete is responsible for exercising caution when following these general requirements.

41.2 Rationale. The recommendation of the National Federation of High School Association's (NFHS) Sports Medicine Advisory Committee (SMAC) and the National Athletic Trainers' Association's (NATA) Secondary School Committee, that all sports use acclimatization and recovery principles to develop their preseason practice schedules for the purpose of enhancing the student athlete well-being, is based on the following: The primary focus of the preseason period should be to provide an adjustment period to the intensity and duration of exercise and environmental conditions. These procedures are based upon medical literature. Careful consideration should be given to the various levels of fitness in the high school student-athlete.

41.3 Definitions.

41.3.1 Voluntary Conditioning. Voluntary conditioning is defined as any conditioning (i.e. running, weight lifting, warm-up, stretching, or cool-down) that occurs outside the season as defined in Policies 20 and 21.

41.3.2 Official Practice. An official practice is defined as one continuous period of time in which a participant engages in physical activity. It is required that each practice be no more than three hours (3 hours) in length and consist of no more than 90 minutes of intense exercise. Warm-up, stretching, and cool-down activities are to be included as part of the official practice time. All conditioning and/ or weight room activities shall be considered part of the official practice beginning on the first calendar day of official sport season.

41.3.3 Acclimatization Period. The acclimatization period is defined as the first 14 calendar days of a student-athletes' participation, beginning with the first allowable date of practice in that sport or the first day an athlete begins official practice, whichever is later. All student-athletes, including those who arrive to preseason practice after the first official day of practice, must adhere to the safety precautions afforded by this acclimatization policy. This period does not restrict an athletes' availability to participate in a contest but does restrict the amount of total hours an athlete can participate on a daily and weekly basis.

41.3.4 Walk-Through. A walk-through shall be defined as an additional teaching/learning opportunity for student-athletes and coaches with no protective equipment (i.e. helmets, shoulder pads, shin guards) or equipment related to a given sport (i.e. footballs, blocking sleds, pitching machine, soccer balls, etc.). The duration of any walk-through must not exceed one hour in length. A walk-through shall not include conditioning or weight room activities.

41.3.5 Recovery Period: A recovery period is defined as the time between the end of one practice or walk-through and the beginning of the next practice or walk-through. Physical activity is restricted during this time period (i.e. speed , strength, conditioning, or agility drills). Walk-throughs are prohibited during this recovery period.

41.4 Procedures

41.4.1 Prior to participation in any preseason practice activities, all student-athletes are required to undergo a Pre-Participation Physical Evaluation (see Bylaw 9.7, Form EL 2) administered as required by state law.

41.4.2 The student and parent or legal guardian, duly appointed by a court of competent jurisdiction, must submit release forms provided by the association (Form EL3 – Consent and Release from Liability Certificate).

41.4.3 During the first seven days of an athlete's participation, it is required that participants not engage in more than one practice per day.

41.4.4 If a practice session is interrupted by inclement weather or heat restrictions, it is required the session be divided for the good of the student-athlete's welfare as long as the combined total practice time for that session does not exceed three (3) hours. The addition of a walk-through session in this situation is acceptable provided it is added because of a weather related disruption, and occurs inside an air-conditioned facility.

41.4.5 Competition is counted as three (3) hours. An official practice is not permitted on the same day of a competition.

41.4.6 A walk-through is permitted during Days 1 – 6 of the acclimatization period. However, a one-hour recovery period is required between the end of practice and the start of the walk-through or vice-versa.

41.4.7 Football only (including spring): Due to the protective equipment required in football, these additional procedures apply: the first two (2) days of practice are restricted to helmets only, days 3-5 can introduce shoulder-pads with shorts and then beginning day six (6) of practice, full gear can be utilized and body-to-body contact is permitted. Student-athletes who begin practice with a team after the start of official practice will be required to follow this same 6 day procedure. During the initial five (5) days, the use of arm shields, tackling and blocking dummies, sleds and other devices can be used for instructional purposes, however, deliberate body-to-body contact is prohibited.

41.4.8 For football athletes, the first availability for a contest would be after completion of the 6 practice sessions as listed above in 41.4.6.

41.4.9 Beginning Day 8, it is required that the practice schedule not exceed a 2-1-2-1 format. This means that a day consisting of two practices should be followed by a day with only one practice. One walk-through session may be added to a day with a single practice session. If a two practice day were followed by a day off, a two-practice day would be permitted on the next day.

41.4.10 On days when two practices are conducted, it is required that either practice not exceed three (3) hours in length and student-athletes not participate in more than five (5) total hours of practice activities on these days, Warm-up, stretching, and cool-down activities are included as part of the official practice time. Practices must be separated with at least three continuous hours of recovery time between the end of the first practice and the beginning of the very next practice. A walk-though is not permitted on days that have two (2) official practices. Weekly practice time shall not exceed twenty-four (24) hours for days 8-14.

41.4.11 On days when a single practice is conducted, it is required that practices not exceed three hours (3 hours) in length. A walk-through is permitted after a minimum one-hour recovery period between the end of the first practice and the walk-through, or vice-versa.

41.4.12 It is recommended that any voluntary conditioning session is limited to three (3) hours maximum per session and these sessions should include the safeguards listed within 41.5 below.

41.4.13 Cross Country: Individuals must participate in a minimum of 10 practice sessions on 10 separate days prior to the first contest.

41.5 Hydration and Rest. Once the 14 day acclimatization period expires or within ANY voluntary conditioning session, each individual school, or district, must select and promote a method of monitoring the environment for heat related concerns and comply with standard recommendations for practice modifications, for the safety of the student-athlete. Schools must continue to adhere to the above hydration/rest policies as well as the time limits and sequencing imposed on practice (2-1-2).

- Rest time should involve both unlimited hydration intake and rest without any activity involved.
- For sports utilizing helmets (i.e. football, lacrosse, baseball, softball and others) helmets should be removed during rest time.
- For every 30 minutes of practice, there must be at least a minimum 5 minute rest and hydration break.
- The area identified for rest should be considered a "cooling zone" and out of direct sunlight. This area can include ice sponges, cold immersion tubs and other cooling alternatives to facilitate the cooling process.
- Coaches should promote a heat injury prevention philosophy by promoting unrestricted access to water at all times without consequence.
- A student-athlete should never be denied access to water if he/she requests.

41.5.1 Suggested methods of monitoring the environment include:

1. Wet Bulb Globe Temperature (WBGT)
2. Heat Index
3. Digital meters or Psychrometers

41.6 Sanctions on Coaches

41.6.1 Level 1 Suspension. A head coach who commits a violation of any condition listed in Policy 41 will be ineligible to coach or attend any contest, at any level, for a minimum of the next two (2) contests during the period of suspension, in all sports except football. For football, the coach will be ineligible for a minimum of one (1) football game; or

41.6.2 Level 2 Suspension. A head coach who receives a second Level 1 Suspension due to a violation of any condition listed in Policy 41, or commits multiple violations in Policy 41 will be ineligible to coach or attend any interscholastic athletic contest in any sport, at any level, for a period of up to six (6) weeks; or

41.6.3 Level 3 Suspension. A head coach who receives a second Level 2 Suspension for violating any condition of Policy 41 or commits an egregious violation of Policy 41, as determined in the sole discretion of the Executive Director, will be ineligible to coach or attend any interscholastic athletic contest in any sport for a period of up to one (1) year.

POLICY 42

SUDDEN CARDIAC ARREST

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training.

42.1 Sudden Cardiac Arrest.

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

42.1.1 Symptoms of sudden cardiac arrest include:

- 42.1.1.1 Sudden Collapse
- 42.1.1.2 No Pulse
- 42.1.1.3 No breathing

42.1.2 Warning Signs associated with sudden cardiac arrest include

- 42.1.2.1 Fainting during exercise or activity
- 42.1.2.2 Shortness of breath
- 42.1.2.3 Racing heart rate
- 42.1.2.4 Dizziness
- 42.1.2.5 Chest pains
- 42.1.2.6 Extreme fatigue

42.1.3 Cardiopulmonary Resuscitation (CPR). It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

42.1.3.1 Automatic External Defibrillator (AED). Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

42.1.4 What to do if your student-athlete collapses

- 42.1.4.1 Call 911
- 42.1.4.2 Send for an AED
- 42.1.4.3 Begin compressions
- 42.1.4.4 Use AED when it becomes accessible

42.1.5 Education of management of Sudden Cardiac Arrest

42.1.5.1 Requirement for coaches: All FHSAA member school head coaches and paid/supplemented coaches are required to annually view the FREE NFHS online education course "Sudden Cardiac Arrest". This free NFHS cardiac arrest course may be viewed online at www.nfhslearn.com.

42.1.5.2 Recommendation. All member school personnel, contest officials, student athletes, parents and media are strongly encouraged to educate themselves by viewing the FREE NFHS online education course "Sudden Cardiac Arrest". This free NFHS cardiac arrest course may be viewed online at www.nfhslearn.com.

42.1.6 Sudden Cardiac Arrest Release Form. The student and parent or legal guardian, duly appointed by a court of competent jurisdiction, must submit the release form provided by the association (Form EL3 – Consent and Release from Liability Certificate).

POLICY 43

LICENSING AND ROYALTIES

43.1 Rights to FHSAA Properties

The FHSAA owns or controls all rights and interests in its name, logos, trademarks and service marks, whether registered or unregistered, including "Florida High School Athletic Association," "Florida High School Activities Association," "FHSAA," "FHSAA Finals," "FHSAA Florida Finals," "Florida Finals," "FHSAA Championships," "FHSAA State Series," "Florida High School State Championship Series," "Sport the 'Tude!," and "Play Strong. Play Hard. Play Fair." The FHSAA will prosecute infringement of identical or confusingly similar marks. The FHSAA shall maintain control over the nature and quality of the goods and services rendered under the marks; therefore, no use of the marks by others will be permitted in advertising, in association with commercial services or related to the sale of merchandise without the specific approval of the FHSAA.

43.2 Registration

The name, emblem and logos of the FHSAA are registered service marks under the laws of the State of Florida and will be protected from unlawful use for the benefit of the Florida High School Athletic Association (FHSAA). By virtue of its membership in this Association, each school will be an authorized agent of the FHSAA with respect to use of any or all service marks subject to the terms and conditions of this "Licensing and Royalty Policy."

43.3 Licensing

43.3.1 Member schools are encouraged and licensed to use the FHSAA name, acronym, emblem, logos and service marks on programs and event merchandise in connection with sanctioned interscholastic events only, as set forth herein. A royalty will be due or owed to the FHSAA for any use of the FHSAA name, acronym, emblem, logos, trademarks and service marks for any item sold or distributed by a member school or outside vendor at or in connection with any such activity during the regular sports season when any official marks or logos are used. Required use during Florida High School State Championship Series events is set forth separately in this policy.

43.3.2 Member schools may not authorize any other individual or entity to use any FHSAA name, acronym, emblem, logo or service mark without the prior writ-ten approval of the FHSAA.

43.3.3 Member schools may contract only with those outside vendors who are licensed by the FHSAA to produce event merchandise on which the FHSAA name, emblem and/or logos are displayed. It will be the responsibility of the member schools to refer outside vendors wishing to become licensed to the FHSAA. The FHSAA will prepare and distribute to member schools a listing of such licensed vendors, on a regular basis. The annual licensing fee shall be determined at the discretion of the Executive Director.

43.3.4 Any use of the FHSAA name, acronym, emblem, logos or service marks not otherwise specifically stated in this policy, will obligate either the member school or outside vendor doing business with the member school, to remit to the FHSAA, a royalty fee determined at the discretion of the Executive Director.

43.3.5 Any other use of the FHSAA name, acronym, emblem, logos or service marks, such as on team patches, shirts, sweatshirts, hats, jackets, towels, artifacts or otherwise, requires the prior written approval of the FHSAA, on terms specified by the FHSAA at its discretion.

43.3.6 Print, radio and television media may use the FHSAA name, emblem and logos as part of their coverage of FHSAA events and/or in any publication, slide, videotape, brochure, pamphlet, advertisement, commercial, etc., relating to coverage of the FHSAA. Permission from the FHSAA is not required and the terms of this "Licensing and Royalty Policy" do not apply. However, the use of any of the official marks in/on any merchandise created and/or distributed in connection with coverage of and/or sale of promotional use is subject to this "Licensing and Royalty Policy."

43.3.7 The enforcement of this policy will be the responsibility of each member school in conjunction with the FHSAA. The collection of the revenue required pursuant to this policy will be the responsibility of the FHSAA via the member school or outside vendor, depending upon who is responsible for arranging for the actual production or distribution of any merchandise for the event.

43.3.8 A member school which contracts with an outside vendor not licensed by the FHSAA to produce merchandise and otherwise in which the FHSAA official marks are displayed, for sale or distribution, at regular season events, will be in violation of this policy

and will be assessed a minimum monetary penalty of $250 and/or other sanctions plus additional monetary damages for lost royalties, to be determined at the discretion of the Executive Director.

43.4 Florida High School State Championship Series Events

43.4.1 The Florida High School State Championship Series Logo must be conspicuously displayed on all t-shirts, other merchandise, and/or printed materials or otherwise produced and/or distributed in connection with any Florida High School State Championship Series event. Florida High School State Championship Series events include, but are not limited to, all contests, games, meets or other events conducted by or under the auspices of the FHSAA on the district, regional, state semifinal and FHSAA State Championship levels. Merchandise includes, but not limited to, caps, hats, golf shirts, rugby shirts, sweat shirts, muscle shirts, key chains, car tags, bumper stickers, pennants, banners, cups, mugs, posters and similar items. Printed materials are considered to include, but not limited to, programs, heat sheets, bracket sheets, scorecards, placards, promotional posters, flyers, advertisements, billboards and similar items.

43.4.2 The FHSAA will enter into an agreement with one (1) or more vendor(s) to exclusively produce the official merchandise, including t-shirts, for all Florida High School State Championship Series events on the district, regional, state semifinal and state championship levels. The exclusive vendor(s) of Florida High School State Championship Series event merchandise shall be subject to the Terms and Conditions of the contract between the FHSAA and the vendor. A member school or organization that serves as host for any Florida High School State Championship Series event and wishes to sell souvenir merchandise specific to that event, shall be required to purchase such souvenir merchandise from the exclusive vendor(s). Should the exclusive vendor(s) of the FHSAA elect to come to the site of any Florida High School State Championship Series event and sell such souvenir merchandise directly to the participants and general public at the event, the host school/organization for the event shall be required to grant to the exclusive vendor(s) ingress to and egress from the facility in which the event is to be conducted, as well as space in the facility in which to set up a booth(s) from which to sell the souvenir merchandise. The FHSAA will retain complete control over the design of merchandise to be produced for sale at Florida High School State Championship Series events. In either case, the minimum royalty fee to be paid to the FHSAA is at the discretion of the Executive Director.

43.4.3 No individual(s), including those affiliated with a participating member school, shall bring onto the property of a facility at which a Florida High School State Championship Series event is being conducted, any items (including, but not limited to, t-shirts, caps, posters, bumper stickers, etc.) to be sold or otherwise distributed on the property to student-athletes, coaches or spectators, without the written approval of the FHSAA. An individual(s) found in violation of this provision shall surrender the items for confiscation, shall be expelled from the property and may be subject to legal action. A member school found in violation of this provision shall be assessed a minimum monetary penalty of $250 and/or other sanctions and additional monetary damages for lost royalties to be determined at the discretion of the Executive Director.

POLICY 44

MEDIA CREDENTIALS FOR FLORIDA HIGH SCHOOL STATE CHAMPIONSHIP SERIES EVENTS

The FHSAA only issues credentials for the Florida High School State Championships. Host schools are responsible for issuing credentials at the district, regional and applicable state semifinal levels when not held in conjunction with the FHSAA State Championships. Media outlets must be vetted in advance by the host before being issued credentials and must provide credible media identification upon arrival at the venue.

Authorized working personnel employed by an outlet which has been approved to broadcast a Florida High School State Championship Series contest must be admitted to the facility without charge upon presentation of proper identification and FHSAA approved media rights. State series hosts must notify the FHSAA seven days before the start of postseason play if they have banned any broadcasting outlets from their campus.

44.1 Making a Request. Requests for media credentials for each Florida High School State Championship Series state championship event must be made online via the FHSAA media site (http://www.fhsaa.org/departments/media) by the deadline established for the event. The online form must be completed in its entirety, submitted by the requestor and approved by the FHSAA for admittance to Florida High School State Championships events, in all sports except, tennis and golf. It is the responsibility of the individual to confirm that his or her request has been received and approved by the FHSAA. Requests may only be made by an editor/manager of a news outlet or publication, or an owner/operator of an Internet site.

44.2 Student-based Media. Credential requests from a member school to the Florida High School State Championships must be submitted by the Athletic Director. Credentials will be limited to three (3). One (1) for an active student reporter, one (1) for an active student photographer and one (1) for a school faculty member to serve in a supervisory capacity over that student. Credentials will only be issued for the purpose of reporting on the event.

44.2.1 Member school photographers will not be permitted. The official photographer of the FHSAA will provide a maximum of five (5) complimentary professional photographs to any requesting school from the Florida High School State Championship event in which the member school is competing. All photo requests must be submitted to the official photographer of the FHSAA, in writing, not less than 72 hours prior to the start of the event. These photos are only to be used in the member school's publications (yearbook, newspaper, newsletters) and corresponding internet platforms (websites, social media). Use of the provided images must include photo credit to the official photographer of the FHSAA.

MONETARY PENALTIES AND ADMINISTRATIVE FEES

45.1 Monetary Penalty Schedule

The following monetary penalties are generally assessed member schools for the most common rules violations. This schedule is not all inclusive and does require the Executive Director to determine monetary penalties for violations not specifically covered herein. In all cases, these amounts are minimums and may be increased relative to the severity of the violation. The following chart is for reference only, when a conflict in language occurs the policies or administrative procedures will take precedence.

#	Minimum Description of Violation and Reference	Amount
45.1.1	General failure to comply with FHSAA Policies or Administrative Procedures (Policies and Administrative Procedures Preambles)	$100.00
45.1.2	Permitting a student-athlete to compete in an interscholastic contest prior to his/her name being submitted to the FHSAA on a sport eligibility roster (Policy 4.1.1.1(a))	$50.00
45.1.3	Failure to contract with sanctioned local officials associations for registered officials at all interscholastic home contests (Policy 4.1.1.1(b))	$100.00
45.1.4	Actions which may not be regarded as unsportsmanlike which result in a contest being prematurely concluded (Policy 4.1.1.1(c))	$100.00
45.1.5	Failure to attend a required Compliance Seminar (Policy 5.1.10)	$250.00
45.1.6	Violation of the Sanctioning Policy (Policy 7.5)	$100.00
45.1.7	Failure of a team or student-athlete who has qualified to advance in the Florida High School State Championship Series to participate at the next level (Policy 10.7.1 and 10.7.2)	$250.00/$50.00
45.1.8	Permitting a student-athlete to compete in a Florida High School State Championship Series contest who was not submitted to the FHSAA Office on the Official State Entry List (SEL) for that sport (Policy 11.1)	$50.00
45.1.9	Failure of school to have representative participate in the District Tournament/Meet Planning Meeting (Policy 13.2.2.2)	$100.00
45.1.10	Improper use of a Florida High School State Championship Series Pass (Policy 15.1.4.9)	$100.00
45.1.11	Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL2 form (Pre-Participation Physical Evaluation Form, see Bylaw 9.7), per student (Policy 16.9.1, 17.3.6.1, 35.2.11.1.1)	$500.00
45.1.12	Allowing students to participate (see Bylaw 9.2.1.2) without a completed EL3 form (Consent and Release from Liability Certificate, see Bylaw 9.8), per student (Policy 16.9.2, 17.3.6.2, 35.2.11.1.2)	$500.00
45.1.13	Allowing students to participate (see Bylaw 9.2.1.2) without a completed GA4 form (Affidavit of Compliance with Policy on Athletic Recruiting), per student (Policy 16.9.3, 17.3.6.3, 35.2.11.1.3)	$100.00
45.1.14	Allowing students to participate (see Bylaw 9.2.1.2) without registering a Non-Traditional Student (see Policy 16.7), per student (Policy 16.9.4)	$100.00
45.1.15	Use of an ineligible student when not self-reported, per contest (Policy 16.9.5)	$2,500.00
45.1.16	Use of an ineligible student when self-reported, per contest (Policy 16.9.6)	$100.00
45.1.17	Allowing students to participate (see Bylaw 9.2.1.2) without a completed and approved EL4 form (Registration Form for Youth Exchange, Other International or Immigrant Student), per student (Policy 16.9.3)	$100.00
45.1.18	Conduct of an illegal practice session or illegal practice contest (Policy 6.1.1.3 and 18.1.4)	$250.00
45.1.19	Conduct of an illegal scrimmage (Policy 18.4.4)	$250.00
45.1.20	Violation of the Off-Season Conditioning Policy, per violation (Policy 21.7.1)	$2,500.00
45.1.21	Violation of the Non-School Teams and Off-Season Participation Policy, per violation (Policy 22.5.1)	$2,500.00
45.1.22	Violation of the Open Facilities Policy, per violation (Policy 23.2.1)	$2,500.00
45.1.23	Violation of the Coaching School, Camps, Clinics, Workshops by Member Schools Policy, per violation (Policy 24.2.1)	$2,500.00
45.1.24	Violation of the participation by student-athletes and teams in Coaching School, Camps, Clinics, Workshops Policy, per violation (Policy 25.3.1)	$2,500.00
45.1.25	Loss of privilege to participate in a preseason jamboree or preseason classic with reimbursement to each affected school and the FHSAA (Policy 25.3.3)	$500.00

45.1.26 Storming the playing field, court, or pool by spectators and students at the conclusion of an athletic contest, indoor events (Policy 30.1.1.1) $250.00

45.1.27 Storming the playing field, court, or pool by spectators and students at the conclusion of an athletic contest, outdoor events (Policy 30.1.1.1) $500.00

45.1.28 Removal by a coach or school personnel of a team or individual from an athletic contest prior to its normal conclusion (Policy 30.1.1.2) $250.00

45.1.29 Vandalism by a team, student -athlete, or school personnel (Policy 30.1.1.3) $250.00

45.1.30 Suspension of a student-athlete for unsportsmanlike conduct, beginning with fourth incident during a sports season, per suspension (Policy 30.2.2.1) $100.00

45.1.31 Suspension of a student-athlete at the Level 2 Suspension level for unsportsmanlike conduct, beginning with second incident during a school year, per occurrence (Policy 30.2.2.2) $250.00

45.1.32 Participation by one or more student-athletes in an altercation by leaving the bench in and entering the court or playing field (i.e., bench-emptying) or by leaving their designated position on the court or playing field, per student (Policy 30.2.2.3) $100.00

45.1.33 Suspension of a coach for unsportsmanlike conduct (Policy 30.3.2.1) $100.00

45.1.34 Use or profanity or other such gutter language or gestures by a coach, per occurrence (Policy 30.3.2.1) $150.00

45.1.35 Coach continuing to give instruction to his/her student-athletes or other members of the coaching staff after having been ejected from a contest (Policy 30.3.2.1) $100.00

45.1.36 Pursuit of officials with intent following a contest by a coach or other school personnel (Policy 30.3.2.1) $150.00

45.1.37 Refusal of an ejected coach to leave the court, playing field or team area (Policy 30.3.2.1) $100.00

45.1.38 Physical contact by a coach or other school personnel with an official (Policy 30.3.2.1) $250.00

45.1.39 Premature termination of a contest by an official due to unsportsmanlike conduct by student-athletes, coaches, other school personnel spectators in attendance (Policy 30.3.2.1) $250.00

45.1.40 Statements of criticism or other derogatory remarks concerning officials which are made by coaches or other school personnel and appear in the news media (Policy 30.4) $50.00

45.1.41 Use of alcohol, tobacco or tobacco-like products (Policy 31.1) $100.00

45.1.42 Violation of the photographing, filming and videotaping policy during the Florida High School State Championships (Policy 34.3.1) $100.00

45.1.43 Allowing students to participate (see Bylaw 9.10.1) without a submitted GA4 form (Affidavit of Compliance with Policy on Athletic Recruiting), per student (Policy 36.4.2) $100.00

45.1.44 Violation of the Policy on "Athletic Recruiting" which results in the successful recruitment of a student-athlete (Policy 36.5.3.2) $2,500.00

45.1.45 Violation of the Policy on "Financial Assistance" (Policy 38.2.1.2) $2500.00

45.1.46 Violation of the Licensing Policy during the regular season (Policy 43.3.8) ..... $250.00 plus damages

45.1.47 Violation of the Licensing Policy during the Florida High School State Championship Series (Policy 43.4.3) ..... $250.00 plus damages

45.1.48 Unauthorized broadcast of a Florida High School State Championship Series event (Administrative Procedure 3.11.1.9) ..... $50.00 per broadcast plus rights fees

45.1.49 Failure to submit team photo and data for publication in Florida High School State Championship Series official souvenir program by deadline (Administrative Procedure 3.9.1) $50.00

45.1.50 Failure to submit team photo and data for publication in Florida High School State Championship Series official souvenir program by deadline if team advances to Florida High School State Championship Series (Administrative Procedure 3.9.1) ..... up to $300

45.1.51 Failure to submit up-to-date stats for publication in Florida High School State Championship Series media materials by deadline (Administrative Procedure 3.9.2) $100.00

45.1.52 Violation of the "Exchange of Game Films" Administrative Procedure during the football Florida High School State Championships(Administrative Procedure 4.7.2.5.2) $250.00

45.2 ADMINISTRATIVE FEE SCHEDULE

The following administrative fees are generally assessed member schools for failure to file necessary forms or other paperwork by the appropriate deadline, of for other administrative services. This schedule is not all inclusive and does require the Executive Director to determine administrative fees for services not specifically covered herein. In all cases, these amounts are minimums and may be increased relative to the level of service. The following chart is for reference only, when a conflict in language occurs the policies or administrative procedures will take precedence.

#	Minimum Description of Violation and Reference	Amount
45.2.1	Late filing of an Application for Sanction less than 30 days prior to the event (Policy 7.2.1.1)	$50.00
45.2.2	Late filing of an Application for Sanction less than 10 days prior to the event (Policy 7.2.1.2)	$100.00
45.2.3	Late filing of an Application for Sanction after first date of event (Policy 7.2.1.3)	$200.00
45.2.4	Application fee for first time membership (Policy 9.2.2.1)	$60.00 (MS) $150.00 (HS)
45.2.5	Re-admission of former members school (Policy 9.2.3)	$75.00 (MS) $250.00 (HS)
45.2.6	Reactivation fee for suspended member school (Policy 9.2.3)	$50.00 (MS) $125.00 (HS)
45.2.7	Administrative fee for preseason events and preseason classic tournaments in baseball, basketball, soccer and softball (Policy 9.5.1.1)	$100.00 (additional $50.00 per team over 4)
45.2.8	Administrative fee for preseason events and preseason jamborees and/or classics in girls volleyball and wrestling (Policy 9.5.1.2)	$75.00 (additional $50.00 per team over 4)
45.2.9	Administrative fee for preseason events and preseason jamborees and/or classics in boys weightlifting, cross country, swimming & diving and track & field up to 4 teams (Policy 9.5.1.3)	$50.00 ($100.00 over 4 teams)
45.2.10	Administrative fee for Spring Football Jamborees (Policy 9.9.1.3)	$150.00
45.2.11	Administrative fee for Preseason Football Jamborees (Policy 9.9.1.3)	$450.00
45.2.12	Late filing of financial report for classics, 30-60 days late (Policy 9.9.1.1)	$50.00
45.2.13	Late filing of financial report for classics, 60-90 days late (Policy 9.9.1.1)	$75.00
45.2.14	Late filing of financial report for classics, more than 90 days (Policy 9.9.1.1)	$100.00
45.2.15	Late filing fee for cancelled sanctioned classic without notification to FHSAA (Policy 9.9.1.1)	$50.00
45.2.16	Late filing of financial report for football postseason games, 30-60 days late (Policy 9.9.1.2)	$50.00
45.2.17	Late filing of financial report for football postseason games, 60-90 days late (Policy 9.9.1.2)	$75.00
45.2.18	Late filing of financial report for football postseason games, more than 90 days (Policy 9.9.1.2)	$100.00
45.2.19	Late filing of financial report for football Florida High School State Championship Series contests, 30-60 days late (Policy 9.10.1)	$50.00
45.2.20	Late filing of financial report for football Florida High School State Championship Series contests, 60-90 days late (Policy 9.10.1)	$75.00
45.2.21	Late filing of financial report for football Florida High School State Championship Series contests, more than 90 days (Policy 9.10.1)	$100.00
45.2.22	Late filing of financial report for Florida High School State Championship Series sanctioned team sport contests, 30-60 days late (Policy 9.10.2)	$50.00
45.2.23	Late filing of financial report for Florida High School State Championship Series sanctioned team sport contests, 60-90 days late (Policy 9.10.2)	$75.00
45.2.24	Late filing of financial report for Florida High School State Championship Series sanctioned team sport contests, more than 90 days late (Policy 9.10.2)	$100.00
45.2.25	Late filing fee for cancellation of sanctioned event without notification to FHSAA (Policy 9.12.4)	$50.00
45.2.26	Withdrawal from Florida High School State Championship Series Commitment in Team Sports by deadline for filing of SEL (Policy 10.5.3)	$250.00
45.2.27	Withdrawal from Florida High School State Championship Series Commitment in a Team Sports after deadline for filing of SEL (includes $250 monetary penalty) (Policy 10.5.3)	$500.00
45.2.28	Withdrawal for Florida High School State Championship Series Intent in an Individual Sport after the 5th week of competition (Policy 10.6.3)	$250.00
45.2.29	Filing an SEL after the deadline (Policy 11.5)	$50.00
45.2.30	Filing an SEL later than the Friday prior to week of district competition (Policy 11.5)	$100.00

45.2.31 Filing an SEL after the first contest (Policy 11.5) $250.00

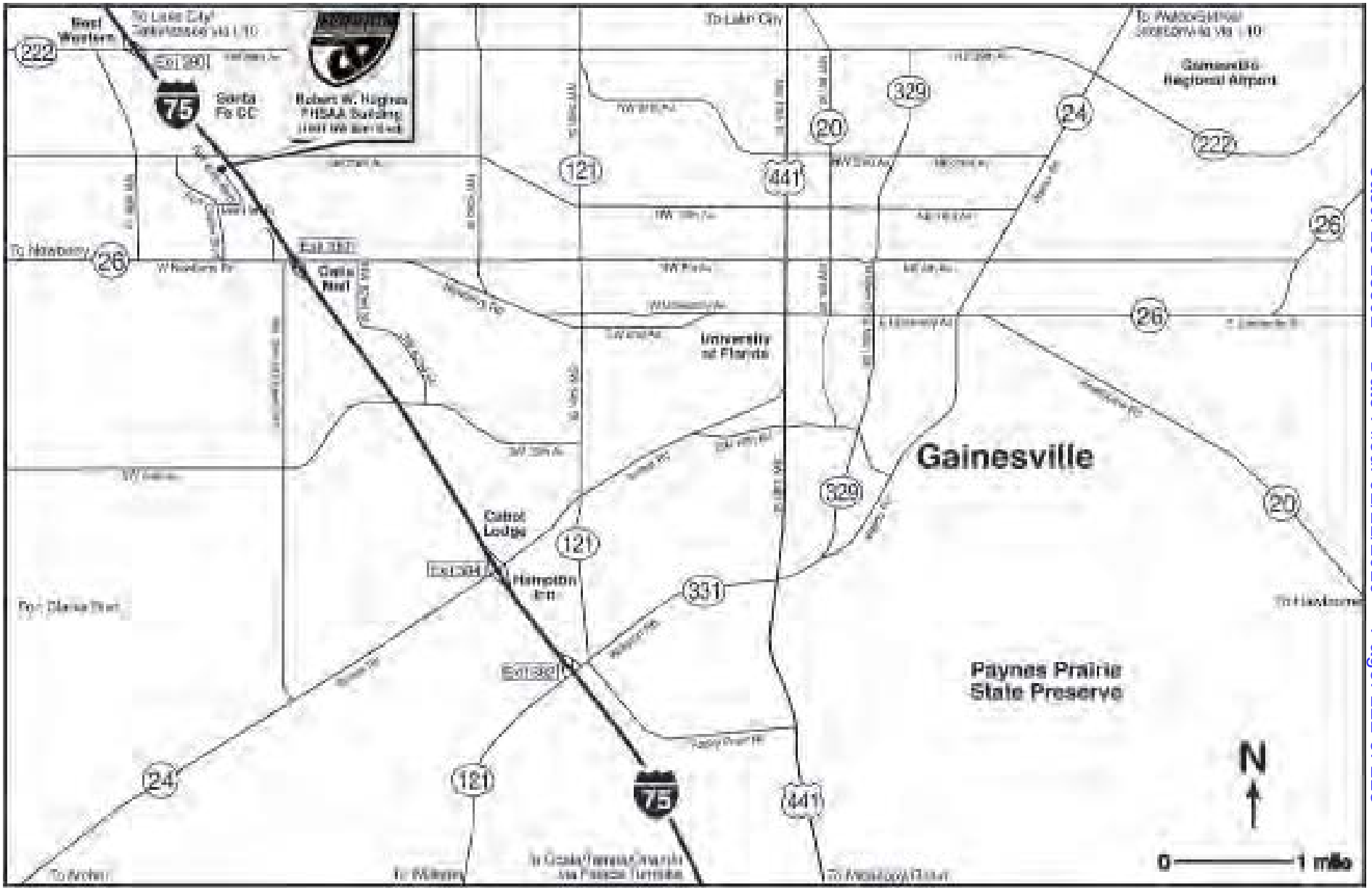
45.2.32 Addition or changes to an SEL after the filing deadline (Policy 11.6.5) $50.00

45.2.33 Late submittal of the Member School Athletic Personnel List/FHSAA Identification Card Order Form by the deadline on form (Administrative Procedure 2.9.1) $50.00

45.2.34 Failure to report the results of a Florida High School State Championship Series event (Administrative Procedure 3.5) $50.00

45.2.35 Failure to report the results arrangements for the next level Florida High School State Championship Series event (Administrative Procedure 3.5) $50.00

45.2.36 Failure to submit Adapted Track and Field Athlete Declaration Form by deadline (Administrative Procedure 4.14.1.2.2 (g)) $250.00



Directions to Robert W. Hughes FHSAA Bldg.

The Robert W. Hughes FHSAA Building is located in west Gainesville at 1801 NW 80th Blvd, which runs parallel to the west side of Interstate 75. Take exit 387, SR 26 (Newberry Rd), west to Fort Clarke Blvd, turn right. Proceed north approximately 1/2 mile to NW 15th Pl, turn right. Follow NW 15 Pl 1/4 mile where it will curve sharply left and become NW 80th Blvd. Continue on NW 80th Blvd. It will dead end into the entrance to the FHSAA drive.

Doc. 151-11

MODEL SCHOOL DISTRICT POLICY REGARDING TRANSGENDER AND GENDER NONCONFORMING STUDENTS

PURPOSE

California law and District policy require that all programs, activities, and employment practices be free from discrimination based on sex, sexual orientation, or gender identity. This policy is designed in keeping with these mandates to create a safe learning environment for all students and to ensure that every student has equal access to all school programs and activities.

This policy sets out guidelines for schools and district staff to address the needs of transgender and gender nonconforming students and clarifies how state law should be implemented in situations where questions may arise about how to protect the legal rights or safety of such students. This policy does not anticipate every situation that might occur with respect to transgender or gender nonconforming students, and the needs of each transgender or gender nonconforming student must be assessed on a case-by-case basis. In all cases, the goal is to ensure the safety, comfort, and healthy development of the transgender or gender nonconforming student while maximizing the student's social integration and minimizing stigmatization of the student.

DEFINITIONS

The definitions provided here are not intended to label students but rather to assist in understanding this policy and the legal obligations of District staff. Students might or might not use these terms to describe themselves.

- "Gender identity" is a person's deeply held sense or psychological knowledge of their own gender, regardless of the gender they were assigned at birth. Everyone has a gender identity.
- "Transgender" describes people whose gender identity is different from their gender assigned at birth.
- "Gender expression" refers to the way a person expresses gender, such as clothing, hairstyles, activities, or mannerisms.
- "Gender nonconforming" describes people whose gender expression differs from stereotypical expectations, such as "feminine" boys, "masculine" girls, and those who are perceived as androgynous.

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PURPOSE

California law and District policy require that all programs, activities, and employment practices be free from discrimination based on sex, sexual orientation, or gender identity. This policy is designed in keeping with these mandates to create a safe learning environment for all students and to ensure that every student has equal access to all school programs and activities.

This policy sets out guidelines for schools and district staff to address the needs of transgender and gender nonconforming students and clarifies how state law should be implemented in situations where questions may arise about how to protect the legal rights or safety of such students. This policy does not anticipate every situation that might occur with respect to transgender or gender nonconforming students, and the needs of each transgender or gender nonconforming student must be assessed on a case-by-case basis. In all cases, the goal is to ensure the safety, comfort, and healthy development of the transgender or gender nonconforming student while maximizing the student's social integration and minimizing stigmatization of the student.

DEFINITIONS

The definitions provided here are not intended to label students but rather to assist in understanding this policy and the legal obligations of District staff. Students might or might not use these terms to describe themselves.

- "Gender identity" is a person's deeply held sense or psychological knowledge of their own gender, regardless of the gender they were assigned at birth. Everyone has a gender identity.
- "Transgender" describes people whose gender identity is different from their gender assigned at birth.
- "Gender expression" refers to the way a person expresses gender, such as clothing, hairstyles, activities, or mannerisms.
- "Gender nonconforming" describes people whose gender expression differs from stereotypical expectations, such as "feminine" boys, "masculine" girls, and those who are perceived as androgynous.

GUIDANCE

Privacy

All persons, including students, have a right to privacy. This includes the right to keep private one's transgender status or gender nonconforming presentation at school. Information about a student's transgender status, legal name, or gender assigned at birth also may constitute confidential medical information. School personnel should not disclose information that may reveal a student's transgender status or gender nonconforming presentation to others, including parents and other school personnel, unless legally required to do so or unless the student has authorized such disclosure. Transgender and gender nonconforming students have the right to discuss and express their gender identity and expression openly and to decide when, with whom, and how much to share private information.

When contacting the parent or guardian of a transgender or gender nonconforming student, school personnel should use the student's legal name and the pronoun corresponding to the student's gender assigned at birth unless the student, parent, or guardian has specified otherwise.

Official Records

The District is required to maintain a mandatory permanent pupil record ("official record") that includes a student's legal name and legal gender. However, the District is not required to use a student's legal name and gender on other school records or documents. The District will change a student's official record to reflect a change in legal name or legal gender upon receipt of documentation that such change has been made pursuant to a court order. In situations where school staff or administrators are required by law to use or to report a transgender student's legal name or gender, such as for purposes of standardized testing, school staff and administrators shall adopt practices to avoid the inadvertent disclosure of such confidential information.

Names/Pronouns

A student has the right to be addressed by a name and pronoun that corresponds to the student's gender identity. A court-ordered name or gender change is not required, and the student need not change his or her official records.

The intentional or persistent refusal to respect a student's gender identity (for example, intentionally referring to the student by a name or pronoun that does not correspond to the student's gender identity) is a violation of this policy.

Gender-Segregated Activities

To the extent possible, schools should reduce or eliminate the practice of segregating students by gender. In situations where students are segregated by gender, such as for health education classes, students should be included in the group that corresponds to their gender identity.

Student Information Systems

The District has modified its student information system to prevent disclosure of confidential information and ensure that school personnel use a student's preferred name and pronouns consistent with the student's gender identity. Instructions for using that system are attached to this policy.

Restroom Accessibility

Students shall have access to the restroom that corresponds to their gender identity consistently asserted at school. Any student who has a need or desire for increased privacy, regardless of the underlying reason, should be provided access to a single stall restroom, but no student shall be required to use such a restroom.

Locker Room Accessibility

The use of locker rooms by transgender students shall be assessed on a case-by-case basis with the goals of maximizing the student's social integration and equal opportunity to participate in physical education classes and sports, ensuring the student's safety and comfort, and minimizing stigmatization of the student. In most cases, transgender students should have access to the locker room that corresponds to their gender identity consistently asserted at school. Any student who has a need or desire for increased privacy, regardless of the underlying reason, should be provided with a reasonable alternative changing area such as the use of a private area (e.g., a nearby restroom stall with a door, an area separated by a curtain, a P.E. instructor's office in the locker room, or a nearby health office restroom), or with a separate changing schedule (e.g., using the locker room that corresponds to their gender identity before or after other students). Any alternative arrangement should be provided in a way that protects the student's ability to keep his or her transgender status confidential. In no case shall a transgender student be required to use a locker room that conflicts with the student's gender identity.

Physical Education Classes & Intramural Sports

Transgender and gender nonconforming students shall be permitted to participate in physical education classes and intramural sports in a manner consistent with their gender identity.

Interscholastic Competitive Sports Teams

Transgender and gender nonconforming students shall be permitted to participate in interscholastic athletics in a manner consistent with their gender identity.

Dress Codes

Transgender and gender nonconforming students have the right to dress in a manner consistent with their gender identity or gender expression. In general, schools may not adopt dress codes that restrict students' clothing or appearance on the basis of gender.

Discrimination/Harassment

It is the responsibility of each school and the District to ensure that transgender and gender nonconforming students have a safe school environment. This includes ensuring that any incident of discrimination, harassment, or violence is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing students and staff with appropriate resources. Complaints alleging discrimination or harassment based on a person's actual or perceived transgender status or gender nonconformity are to be handled in the same manner as other discrimination or harassment complaints. (See the "Related Resources" and the "Assistance" sections of this policy for further information regarding the filing of discrimination or harassment complaints.)

Transferring a Student to Another School (Opportunity Transfers)

In general, schools should aim to keep transgender and gender nonconforming students at the original school site. Opportunity transfers should not be a school's first response to harassment and should be considered only when necessary for the protection or personal welfare of the transferred student, or when requested by the student or the student's parent. The student or the student's parent or guardian must consent to any such transfer.

RELATED RESOURCES

[Include here related policies from the District concerning the topics covered in the policy, such as discrimination, harassment, bullying, reporting incidents of discrimination, dress codes, and opportunity transfers.]

Complaints about violations of this policy should be handled through the Uniform Complaint Procedures. Cal. Code Regs. tit. 5, §§ 4600-4687.

ASSISTANCE

[Include here contact information for relevant District offices that can provide assistance regarding educational equity compliance, SIS, athletics, or other issues.]

ATTACHMENTS

[Include here instructions for entering data in and getting data from the District's student information system to prevent disclosure of confidential information and ensure that school personnel use a student's preferred name and pronouns consistent with the student's gender identity.]

Doc. 151-12

Guidance for Massachusetts Public Schools
Creating a Safe and Supportive School Environment

Nondiscrimination on the Basis of Gender Identity

An Act Relative to Gender Identity (Chapter 199 of the Acts of 2011),[1] which became effective on July 1, 2012, amended several Massachusetts statutes prohibiting discrimination on the basis of specified categories, to include discrimination on the basis of gender identity. Among the statutes amended is G.L. c. 76, § 5, prohibiting discrimination on the basis of gender identity against students who enroll in or attend the public schools. G.L. c. 76, §5 now reads as follows:

> Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. **No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.** (Emphasis added)

In June 2012, the Massachusetts Board of Elementary and Secondary Education (Board) adopted revised Access to Equal Education Opportunity Regulations, 603 CMR 26.00, and Charter School Regulations, 603 CMR 1.00, to reflect the broadened student anti-discrimination provision in G.L. c. 76, §5. The Board also directed the Department of Elementary and Secondary Education (Department) to provide guidance to school districts to assist in implementing the gender identity provision.

All students need a safe and supportive school environment to progress academically and developmentally. Administrators, faculty, staff, and students each play an important part in creating and sustaining that environment. This guidance is intended to help school and district administrators take steps to create a culture in which transgender and gender nonconforming students feel safe, supported, and fully included, and to meet each school's obligation to provide equal educational opportunities for all students, in compliance with G.L. c. 76, §5 and the state regulations. The guidance sets out general principles based on the law, and addresses common issues regarding transgender and gender nonconforming students. It offers case studies based on experiences of schools and students in Massachusetts, and reflects the need to consider issues on a case-by-case basis. The list of issues is not exhaustive, and the examples are intended to be illustrative, not prescriptive.

In preparing this guidance, the Department reviewed policies and guidance from several states, organizations, and athletic associations and consulted with the field. We appreciate the input we received from school and district administrators, advocacy groups, parents, students, and other interested constituents.

[1] The Act can be found at http://www.malegislature.gov/Laws/SessionLaws/Acts/2011/Chapter199,

Definitions

Understanding the terminology associated with gender identity is important to providing a safe and supportive school environment for students whose rights are protected under the law. The following terms appear in this document and are defined to assist in understanding the guidance presented. Although these are the most commonly used terms, students may prefer other terms to describe their gender identity, appearance, or behavior. The term "gender identity" is specifically defined in the Mass. General Laws, as amended by *An Act Relative to Gender Identity* (the gender identity law).

- *Gender expression*: the manner in which a person represents or expresses gender to others, often through behavior, clothing, hairstyles, activities, voice, or mannerisms.
- *Gender identity*: as defined in part at G.L. c. 4, § 7, is "a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth..."
- *Gender nonconforming*: a term used to describe people whose gender expression differs from stereotypic expectations. The terms "gender variant" or "gender atypical" are also used.
- *Transgender*: an umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with the assigned sex at birth.

The Law

The gender identity law amended G.L. c. 76, § 5,[2] to establish that no person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of *gender identity*, among other characteristics. The amended Access to Equal Educational Opportunity regulations, 603 CMR 26.00, and the non-discrimination provision of the Charter School regulations, 603 CMR 1.00, require schools to establish policies and procedures, provide training, and implement and monitor practices to ensure that obstacles to equal access to school programs are removed for all students, including transgender and gender nonconforming students.

All districts and schools should review existing policies, handbooks, and other written materials to ensure that they are updated to reflect the new law. At a minimum, this means including the category of "gender identity" within the identification of legally protected characteristics. For example:

> *The [ ] Public Schools strives to provide a safe, respectful, and supportive learning environment in which all students can thrive and succeed in its schools. The [ ] Public Schools prohibits discrimination on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation and ensures that all students have equal rights of access and equal enjoyment of the opportunities, advantages, privileges, and courses of study.*

The gender identity law reflects the reality that transgender and gender nonconforming students are enrolled in Massachusetts public schools. These students, because of widespread misunderstanding and

[2] The Act amends several other statutes as well, including G.L. c. 151B (governing nondiscrimination in employment), to prohibit discrimination on the basis of gender identity.

lack of knowledge about their lives, are at a higher risk for peer ostracism, victimization, and bullying. The 2011 National School Climate Survey by the Gay, Lesbian & Straight Education Network (GLSEN), found that 75.4% of transgender students had been verbally harassed in the previous year, 32.1% had been physically harassed, and 16.8% had been physically assaulted. Educators play an essential role in advocating for the well-being of these students and creating a school culture that supports them.

Understanding Gender Identity

The gender identity law defines "gender identity" to mean "a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth."[3] The law also states that "[g]ender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose."[4]

Transgender youth are those whose assigned birth sex does not match their internalized sense of their gender (their "gender-related identity"), and gender nonconforming youth are those whose gender-related identity does not meet the stereotypically expected norms associated with their assigned sex at birth. A transgender boy, for example, is a youth who was assigned the sex of female at birth but has a clear and persistent identity as male. A transgender girl is a youth who was assigned the sex of male at birth but has a clear and persistent identity as female. Gender nonconforming youth range in the ways in which they identify as male, female, some combination of both, or neither.

The responsibility for determining a student's gender identity rests with the student or, in the case of young students not yet able to advocate for themselves, with the parent.[5] One's gender identity is an innate, largely inflexible characteristic of each individual's personality that is generally established by age four, although the age at which individuals come to understand and express their gender identity may vary based on each person's social and familial social development.[6] As a result, the person best situated to determine a student's gender identity is that student himself or herself.

> *In one Massachusetts town, the parents of a pre-school-age biologically female child noted throughout the child's early years that their child identified as a boy. For as long as the parents could remember, the child preferred to play with boys rather than girls, wanted a short haircut, rejected wearing any clothing that the child identified as "something a girl would wear," and ignored anyone who called him by his stereotypically feminine name. When it was time for the child to enter kindergarten, the child said to his parents, "You have to tell them when I go to kindergarten that I'm a boy."*

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[3] Mass. Gen. Laws. Ch. 4, § 7 (2012).
[4] *Id.*
[5] When used in this document, the term "parent" refers to parent as well as legal guardian.
[6] *See* Gerald P. Mallon, "Practice with Transgendered Children," in *Social Services with Transgendered Youth* 49, 55-58 (Gerald P. Mallon ed., 1999). *See also* Stephanie Brill & Rachel Pepper, "Developmental Stages and the Transgender Child," in *The Transgender Child*, 61-64.

Consistent with the statutory standard, a school should accept a student's assertion of his or her gender identity when there is "consistent and uniform assertion of the gender-related identity, or any other evidence that the gender-related identity is sincerely held as part of a person's core identity." If a student's gender-related identity, appearance, or behavior meets this standard, the only circumstance in which a school may question a student's asserted gender identity is where school personnel have a credible basis for believing that the student's gender-related identity is being asserted for some improper purpose.

In most situations, determining a student's gender identity is simple. A student who says she is a girl and wishes to be regarded that way throughout the school day and throughout every, or almost every, other area of her life, should be respected and treated like a girl. So too with a student who says he is a boy and wishes to be regarded that way throughout the school day and throughout every, or almost every, other area of his life. Such a student should be respected and treated like a boy.

The statute does not *require* consistent and uniform assertion of gender identity as long as there is "other evidence that the gender-related identity is sincerely held as part of [the] person's core identity." Many transgender people experience discrimination, and some experience violence due to their status. Some environments may feel safe and inclusive, and others less so, challenging a person's ability to live consistently with one gender identity in all aspects of life. For example, it is possible that a biologically male student with a female gender identity who lives as a girl does not express her female gender identity all the time. In one case, such a student agreed to present as a boy when visiting relatives until the student's parents could explain the student's transgender identity to them. The fact that the student did not exclusively assert her female identity did not alter the fact that she had a female gender identity.

Confirmation of a student's asserted gender identity may include a letter from a parent, health care provider, school staff member familiar with the student (a teacher, guidance counselor, or school psychologist, among others), or other family members or friends. A letter from a social worker, doctor, nurse practitioner, or other health care provider stating that a student is being provided medical care or treatment relating to her/his gender identity is one form of confirmation of an asserted gender identity. It is not, however, the exclusive form upon which the school or student may rely. A letter from a clergy member, coach, family friend, or relative stating that the student has asked to be treated consistent with her/his asserted gender identity, or photographs at public events or family gatherings, are other potential forms of confirmation. These examples are intended to be illustrative rather than comprehensive.

> *In one Massachusetts middle school, a biologically male student explained to her guidance counselor that she was a transgender girl who expressed her female gender identity only at home. The stress associated with having to hide her female gender identity at school was having a negative impact on her mental health, as well as on her academic performance. The student and her parents asked if it would be okay if she expressed her female gender identity at school. The guidance counselor assured the student and her parents that she could do so. The fact that the student presented no documentation to support her gender identity was not a concern since the school had no reason to believe the request was based on anything other than a sincerely held belief that she had a female gender identity.*

Gender Transition

Many, though not all, transgender youth undergo the experience of gender transition. The term "gender transition" describes the experience by which a person goes from living and identifying as one gender to living and identifying as another. For most youth, and for all young children, the experience of gender transition involves no medical intervention. Rather, most transgender youth will undergo gender transition through a process commonly referred to as "social transition," whereby they begin to live and identify as the gender consistent with their gender-related identity. Some transgender youth who are close to reaching puberty, or after commencing puberty, may complement social transition with medical intervention that may include hormone suppressants, cross-gender hormone therapy, and, for a small number of young people, a range of gender-confirming surgeries. The decision about whether and how to undergo gender transition is personal and depends on the unique circumstances of each individual. There is no threshold medical or mental health diagnosis or treatment requirement that any student must meet in order to have his or her gender identity recognized and respected by a school.

Some transgender and gender nonconforming students are not openly so at home for reasons such as safety concerns or lack of acceptance. School personnel should speak with the student first before discussing a student's gender nonconformity or transgender status with the student's parent or guardian. For the same reasons, school personnel should discuss with the student how the school should refer to the student, e.g., appropriate pronoun use, in written communication to the student's parent or guardian.

Names and Pronouns

The issue of the name and pronoun to use in referring to a transgender student is one of the first that schools must resolve to create an environment in which that student feels safe and supported. Transgender students often choose to change the name assigned to them at birth to a name that is associated with their gender identity. As with most other issues involved with creating a safe and supportive environment for transgender students, the best course is to engage the student, and in the case of a younger student, the parent, with respect to name and pronoun use, and agree on a plan to initiate that name and pronoun use within the school. The plan also could include when and how this is communicated to students and their parents. In the case of a transgender student who is enrolling at a new school, it is important that the school respect the student's privacy (see the following section) and chosen name.

> *In one situation where a transgender girl was entering high school, she and her parent asked the principal to inform her teachers that even though her school records indicate that her name is John, she goes by the name Jane and uses female pronouns. The school principal sent the following memorandum to the student's classroom teachers: "The student John Smith wishes to be referred to by the name Jane Smith, a name that is consistent with the student's female gender identity. Please be certain to use the student's preferred name in all contexts, as well as the corresponding pronouns. It is my expectation that students will similarly refer to the student by her chosen name and preferred pronouns. Your role modeling will help make a smooth transition for all concerned. If students do not act accordingly, you may speak to them privately after class to request that they do. Continued, repeated, and intentional misuse of names and*

pronouns may erode the educational environment for Jane. It should not be tolerated and can be grounds for student discipline. If you need any assistance to make sure that Jane Smith experiences a safe, nondiscriminatory classroom atmosphere, please contact me or Ms. O'Neill. – Mr. Jones, Principal."

Massachusetts' law recognizes common law name changes. An individual may adopt a name that is different from the name that appears on his or her birth certificate provided the change of name is done for an honest reason, with no fraudulent intent. Nothing more formal than usage is required.[7] Hence, when requested, schools should accurately record the student's chosen name on all records, whether or not the student, parent, or guardian provides the school with a court order formalizing a name change.

The Department has a procedure in place to update name changes and gender markers in the Student Information Management System (SIMS) upon request. The document *Assigning State Assigned Student Identifiers (SASIDs) to Massachusetts' Public School Students,* which may be found at http://www.doe.mass.edu/infoservices/data/sims/sasid/, guides schools through changing names and gender markers on school records.

In sum, school personnel should use the student's chosen name and pronouns appropriate to a student's gender identity, regardless of the student's assigned birth sex. For those students who have been attending a school and undergo gender transition while attending the same school, it is important to develop a plan for initiating use of the chosen name and pronouns consistent with the student's gender identity.

Privacy, Confidentiality, and Student Records

Under state law, information about a student's assigned birth sex, name change for gender identity purposes, gender transition, medical or mental health treatment related to gender identity, or any other information of a similar nature, regardless of its form, is part of the individual's student record (*see* Massachusetts Student Records Regulations, 603 CMR 23.00), is confidential, and must be kept private and secure, except in limited circumstances. 603 CMR § 23.04.[8] One circumstance is when authorized school personnel require the information to provide administrative, teaching, counseling, or other services to the student in the performance of their official duties. For transgender students, authorized school personnel could include individuals such as the principal, school nurse, classroom teacher(s), or guidance or adjustment counselor.

When a student new to a school is using a chosen name, the birth name is considered private information and may be disclosed only with authorization as provided under the Massachusetts Student Records Regulations. If the student has previously been known at school or in school records by his or her birth name, the principal should direct school personnel to use the student's chosen name. Every effort should be made to update student records (for example, Individualized Education Programs) with the student's chosen name and not circulate records with the student's assigned birth name. Records with the student's assigned birth name should be kept in a separate, confidential file.

[7] For certain transactions, such as banking and applying for governmental benefits or licenses, it may be necessary to have a formal legal document establishing one's change of name for identity and other purposes.

[8] The federal Family Educational Rights and Privacy Act, 20 USC 1232g, also protects the privacy of education records and requires that personally identifiable information be kept secure and confidential.

One school nurse dealt with information in the student's file by starting a new file with the student's chosen name, entered previous medical information (for example, immunizations) under the student's chosen name, and created a separate, confidential folder that contained the student's past information and birth name.

When determining which, if any, staff or students should be informed that a student's gender identity is different from the assigned birth sex, decisions should be made in consultation with the student, or in the case of a young student, the student's parent or guardian. The key question is whether and how sharing the information will benefit the student.

In one case, parents of a transgender male-to-female elementary school student requested that only the school principal and the school nurse be aware that the student was assigned the sex of male at birth. After a discussion with the school principal, the parents agreed that the student's teacher, the school secretary, and the district superintendent would also be informed. In this situation, the school principal kept the student's birth certificate in a separate, locked file that only the principal could access, and put a note in the student's other file saying that the principal had viewed the student's birth certificate. In another situation, where a biological male came to school after April vacation as a girl, the school principal and guidance counselor, in collaboration with the student and her parents, developed a plan for communicating information regarding the student's transition to staff, parents, and students. The plan included who was going to say what to whom, and when the communication would take place.

Transgender and gender nonconforming students may decide to discuss and express their gender identity openly and may decide when, with whom, and how much to share private information. A student who is 14 years of age or older, or who has entered the ninth grade, may consent to disclosure of information from his or her student record. If a student is under 14 and is not yet in the ninth grade, the student's parent (alone) has the authority to decide on disclosures and other student record matters. [9]

Gender Markers on Student Records

A gender marker is the designation on school and other records that indicates a student's gender. For most students, records that include an indication of a student's gender will reflect a student's assigned birth sex. For transgender students, however, a documented gender marker (for example, "male" or "female" on a permanent record) should reflect the student's gender identity, not the student's assigned sex. This means that if a transgender student whose gender identity is male has a school record that reflects an assigned birth sex as female, then upon request by the student or, in the case of young students not yet able to advocate for themselves, by the parent or guardian, the school should

[9] See 603 CMR §§23.01 and 23.07. If a student is from 14 through 17 years of age or has entered ninth grade, both the parent and the student may make decisions concerning the student record, or either the student or the parent acting alone may decide.

change the gender marker on the record to male.[10] Schools are advised to collect or maintain information about students' gender only when necessary.

> *One school reviewed the documentation requests it sent out to families and noticed that field trip permission forms included a line to fill in indicating the student's gender. Upon consideration, the school determined that the requested information was irrelevant to the field trip activities and deleted the line with the gender marker request.*

In addition, transgender students who transition after having completed high school, may ask their previous schools to amend school records or a diploma or transcript that include the student's birth name and gender. When requested, and when satisfied with the gender identity information provided, schools should amend the student's record, including reissuing a high school diploma or transcript, to reflect the student's current name and gender.

Restrooms, Locker Rooms, and Changing Facilities

All students are entitled to have access to restrooms, locker rooms and changing facilities that are sanitary, safe, and adequate, so they can comfortably and fully engage in their school program and activities. In meeting with the transgender student (and parent) to discuss the issues set forth in this memorandum, it is essential that the principal and student address the student's access to the restrooms, locker room and changing facility. Each situation needs to be reviewed and addressed based on the particular circumstances of the student and the school facilities. In all cases, the principal should be clear with the student (and parent) that the student may access the restroom, locker room, and changing facility that corresponds to the student's gender identity. While some transgender students will want that arrangement, others will not be comfortable with it. Transgender students who are uncomfortable using a sex-segregated restroom should be provided with a safe and adequate alternative, such as a single "unisex" restroom or the nurse's restroom. Similarly, some transgender students may not be comfortable undressing in the changing facilities that correspond to the student's gender identity. The following are examples of ways in which school officials have responded to these situations:

> *In one elementary school, a transgender second-grader socially transitioned from female to male. The principal informed the staff: For the remainder of this year, he will use Nurse Margaret's restroom, and toward the end of the year we will make future determinations of restroom use in consultation with his family.*

> *In one middle school, a male-to-female transgender sixth-grader socially transitioned after spring break. For the rest of the school year, she used the nurse's restroom and the other unisex restrooms at the school. Beginning in seventh grade, she used the girls' restroom.*

> *In one high school, a transgender male-to-female student was given access to the female changing facility, but the student was uncomfortable using the female changing facility with*

[10] As discussed in the section on Names and Pronouns, the Department's publication *Assigning State Assigned Student Identifiers (SASIDs) to Massachusetts' Public School Students* guides district staff through the process of adding or revising SIMS data.

other female students because there were no private changing areas within the facility. The principal examined the changing facility and determined that curtains could easily be put up along one side of a row of benches near the group lockers, providing private changing areas for any students who wished to use them. After the school put up the curtains, the student was comfortable using the changing facility.

Some students may feel uncomfortable with a transgender student using the same sex-segregated restroom, locker room or changing facility. This discomfort is not a reason to deny access to the transgender student. School administrators and counseling staff should work with students to address the discomfort and to foster understanding of gender identity, to create a school culture that respects and values all students.

The Department strongly recommends that districts include an appropriate number of gender-neutral restrooms commensurate with the size of the school, and at least one gender-neutral changing facility, into the design of new schools and school renovations.

School staff as well as students and their families may find the use of restrooms and changing facilities to be among the more challenging issues presented by the gender identity law, perhaps due to issues of personal privacy. As emphasized in other sections of this guidance, these issues should be resolved on a case-by-case basis, through dialogue with students and parents, and through leadership in creating safe and supportive learning environments.

Physical Education Classes and Intramural and Interscholastic Athletic Activities

Physical education is a required course in all grades in Massachusetts' public schools, and school-based athletics are an important part of many students' lives. Most physical education classes in Massachusetts' schools are coed, so the gender identity of students should not be an issue with respect to these classes. Where there are sex-segregated classes or athletic activities, including intramural and interscholastic athletics, all students must be allowed to participate in a manner consistent with their gender identity. With respect to interscholastic athletics, the Massachusetts Interscholastic Athletic Association will rely on the gender determination made by the student's district; it will not make separate gender identity determinations.

At one school, a transgender girl joined the girls' cheerleading squad. The school supported the student's participation on the team. When the team was going to a regional competition, however, several of the team members raised a concern that the school would be made to compete in the coed cheerleading portion of the competition rather than in the all-girls portion for which they prepared. With the permission of the student, the principal wrote a letter that she gave to the coach to take to the competition in case officials at the competition questioned the team's participation in the all-girls' portion of the event. The letter explained: "Student, Jane Smith, is a transgender girl who has been a member of the girls' team since (date). Jane has a sincerely held female gender identity and, therefore, according to state law must be permitted to participate as a girl on the girls' cheerleading team." The team participated in the regional competition without incident.

Other Gender-Based Activities, Rules, Policies, and Practices

As a general matter, schools should evaluate all gender-based policies, rules, and practices and maintain only those that have a clear and sound pedagogical purpose. Gender-based policies, rules, and practices can have the effect of marginalizing, stigmatizing, and excluding students, whether they are gender nonconforming or not. In some circumstances, these policies, rules, and practices may violate federal and state law. For these reasons, schools should consider alternatives to them.

Whenever students are separated by gender in school activities or are subject to an otherwise lawful gender-specific rule, policy, or practice, students must be permitted to participate in such activities or conform to such rule, policy, or practice consistent with their gender identity.

The new law on gender identity provides a good opportunity for schools to review their gender-distinct policies. For example, some schools require students to wear gender-based garb for graduation or have gender-based dress codes for prom, special events, and daily attire. Schools should eliminate gendered policies and practices such as these. For example, one school that previously had blue graduation gowns for boys and white ones for girls switched to blue gowns for all graduates. The school also changed its gender-based dress code for the National Honor Society ceremony, which had required girls to wear dresses.

Similarly, some classroom teachers may routinely include gender-based practices in the classroom. For example, some teachers may have boys and girls line up separately to leave the classroom to go to lunch, the gymnasium, restrooms, or recess, and may never have considered the educational value of non-gendered alternatives, such as having students line up in the order of their birthdays, or alphabetically by name, or in the order in which they are sitting.[11]

Education and Training

In order to further a safe and supportive school environment for all students, schools should incorporate education and training about transgender and gender nonconforming students into their anti-bullying curriculum, student leadership trainings, and staff professional development.

As with other efforts to promote a positive school culture, it is important that student leaders and school personnel, particularly school administrators, become familiar with the gender identity law, regulations, guidance, and related resources, and that they communicate and model respect for the gender identity of all students.

Professional development for school staff could include topics on gender identity and gender nonconformity such as: the *Massachusetts Student Anti-discrimination Law and Regulations*; the ESE *Guidance on Notifying Parents When a Student Has Been Bullied Based on Sexual Orientation or Gender Identity/Expression*; key terms related to gender identity and expression; the development of gender identity; the experiences of transgender and other gender nonconforming students; risk and resilience data regarding transgender and gender nonconforming students; ways to support transgender students

[11] Gender and Children: A Place to Begin for Educators www.welcomingschools.org

and to improve the school climate for gender nonconforming students; gender-neutral language and practices; and this guidance.

Communication with School Community and Families

Superintendents and principals need to review existing policies, handbooks, and other written materials to ensure that they are updated to reflect the inclusion of *gender identity* in the student antidiscrimination law, and may wish to inform all members of the school community, including school personnel, students, and families, of the recent change to state law and its implications for school policy and practice. This could take the form of a letter that states the school's commitment to being a supportive, inclusive environment for all students, as well as the school's legal obligation to provide equal educational opportunities for all students. Such a letter might include the definitions provided at the beginning of this document and some basic information about transgender and gender nonconforming youth; a link to the school's anti-bullying and anti-harassment policies; a link to this guidance; and other resources, including individuals to contact with additional questions. [12]

Conclusion

This guidance cannot anticipate every situation in which questions may come up in the implementation of this law, and the needs of each transgender or gender nonconforming student should be assessed and addressed on a case-by-case basis. The Department will continue to provide assistance, support, and resources as we work together to create a safe and supportive school environment for all students.

For further information or questions about the content of this guidance, please contact Center for Student Support at (781) 338 – 6303 or email ssca@doe.mass.edu.

[12] For example, a letter from one principal explained: *"All people have a gender identity. For most people, their gender identity matches their assigned sex at birth. For transgender people, that is not the case. Transgender girls are individuals who were assigned the male sex at birth but whose lived experience of who they are is female. Transgender boys are individuals who were assigned the female sex at birth but whose lived experience of who they are is male. As a school community, we want to provide a safe environment and support all of our students so they can achieve academically. That means making sure that our school's policies and practices are inclusive and respectful of all students, including transgender students. Toward that end, we have ...[describe steps taken to implement the law]."*

Massachusetts Department of
Elementary & Secondary Education

Education Laws and Regulations

603 CMR 26.00: Access To Equal Educational Opportunity

Section:

26.01: Purpose and Construction; Definition
26.02: School Admissions
26.03: Admission to Courses of Study
26.04: Career and Educational Guidance
26.05: Curricula
26.06: Extra-Curricular Activities
26.07: Active Efforts
26.08: Notification and Complaint Procedure
26.09: Private Right of Action
View All Sections

Most recently amended by the Board of Elementary and Secondary Education: June 26, 2012

26.01: Purpose and Construction; Definition

(1) 603 CMR 26.00 is promulgated to insure that the public schools of the Commonwealth do not discriminate against students on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation, and that all students have equal rights of access and equal enjoyment of the opportunities, advantages, privileges and courses of study at such schools. 603 CMR 26.00 shall be liberally construed for these purposes.
(2) The obligation to comply with 603 CMR 26.00 is not obviated or alleviated by any local law or rule or regulation of any organization, club, athletic or other league or association that would limit the eligibility or participation of any student on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation.
(3) For purposes of 603 CMR 26.01, gender identity shall mean a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender-related identity may be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity, or any other evidence that the gender-related identity is sincerely held as part of a person's core identity; provided, however, that gender-related identity shall not be asserted for any improper purpose.

26.02: School Admissions

(1) All public schools in the Commonwealth shall admit students without regard to race, color, sex, gender identity, religion, national origin, or sexual orientation. This includes, but is not limited to charter, elementary, secondary, trade, regional vocational-technical schools and selective academic high schools.
(2) No school shall discourage in any express or implied manner, applicants for admission because of race, color, sex, gender identity, religion, national origin, or sexual orientation. Written materials and other media used to publicize a school shall specifically affirm that the school does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation.
(3) The national citizenship of any applicant shall not be a criterion for admission to any public school nor shall national citizenship be a factor in the assignment or availability of courses of study or extra-curricular activities.
(4) Any standards used as part of the admissions process, including but not limited to testing, the use of recommendations and interviewing, to any public school (as referred to in 603 CMR 26.02 (1)) shall not discriminate on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation. A student's limited English-speaking ability (as defined by M.G.L. c. 71A) shall not be a deterrent to or limitation on a student's admission to a public school.
(5) In determining whether a student satisfies any criteria for admission to selective academic high schools, regional vocational technical schools, trade schools and charter schools, or in making any offer of admission to such a school, public school officials shall not treat a student differently from another based on the student's race, color, sex, gender identity, religion, national origin, or sexual orientation. Public schools shall not use admission criteria that have the effect of subjecting students to discrimination because of their race, color, sex, gender identity, religion, national origin, or sexual orientation.
(6) Nothing in 603 CMR 26.00 shall control the interpretation of or interfere with the implementation of M.G.L. c. 71, § 37C and related statutes, providing for the elimination of racial imbalance in public schools, or M.G.L. c. 71A, providing for the establishment of transitional bilingual education programs in public schools, all rules and regulations promulgated in respect thereto and all court and administrative decisions construing or relating thereto.

26.03: Admission to Courses of Study

(1) All courses of study offered by a public school shall be open and available to students regardless of race, color, sex, gender identity, religion, national origin, or sexual orientation.
(2) A public school shall determine what courses or units of study are required of a student without regard to the race, color, sex, gender identity, religion, national origin, or sexual orientation of that student.
(3) A public school shall not schedule students into courses or units of study on the basis of race, color, sex, gender identity, religion, national origin or sexual orientation.
(4) No student, on the basis of race, color, sex, gender identity, religion, national origin, limited English-speaking ability or sexual orientation, shall be discriminated against in accessing the courses of study and other opportunities available through the school system of the city or town in which he or she resides.
(5) Nothing in 603 CMR 26.03 shall be construed to prevent schools from providing separately to each sex those segments of a program of instruction dealing exclusively with human sexuality.

26.04: Career and Educational Guidance

(1) Guidance counselors and other personnel shall represent to students a broad spectrum of education and career opportunities. School personnel shall not present race, color, sex, gender identity, religion, national origin or sexual orientation as limiting factors in career determination.

(2)No materials, tests or procedures shall be employed for guidance purposes that discriminate and/or limit choices on the basis of race, color, sex, gender identity, religion, national origin or sexual orientation.

26.05: Curricula

(1) All public school systems shall, through their curricula, encourage respect for the human and civil rights of all individuals regardless of race, color, sex, gender identity, religion, national origin or sexual orientation.
(2) Teachers shall review all instructional and educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin or sexual orientation. Appropriate activities, discussions and/or supplementary materials shall be used to provide balance and context for any such stereotypes depicted in such materials.
(3) Each school shall provide equal opportunity for physical education for all students. Goals, objectives and skill development standards, where used, shall neither be designated on the basis of sex, nor designed to have an adverse impact on members of either sex.

26.06: Extra-Curricular Activities

(1) Advantages and privileges of public schools include all extra-curricular activities made available, sponsored or supervised by any public school. No school shall sponsor or participate in the organization of outside extra-curricular activities conducted at such school that restrict student participation on the basis of race, color, sex, gender identity, religion, national origin or sexual orientation. 603 CMR 26.06 (1) does not prohibit school committees from allowing use of school premises by independent groups with restrictive membership.
(2) No student shall be denied the opportunity in any implied or explicit manner to participate in an extra-curricular activity because of the race, color, sex, gender identity, religion, national origin or sexual orientation of the student except as provided in 603 CMR 26.06(5). Participation in extra-curricular activities shall be actively encouraged by each school for all students regardless of race, color, sex, gender identity, religion, national origin or sexual orientation.
(3) Each school system shall provide equal opportunity for male and female students to participate in intramural and interscholastic sports.
(4) In order to provide equal athletic opportunity, public schools that operate or sponsor intramural or interscholastic sports teams shall ensure that budgetary allocations and the provision of athletic activities and services are fairly distributed between students of both sexes based upon student interests and abilities.
(5) A school may establish or sponsor separate teams for males and females for interscholastic and intramural competition in a particular sport where selection for the team is based upon competitive skill provided that the requirements of 603 CMR 26.06(6) are satisfied. A student shall have the opportunity to participate on the team that is consistent with the student's gender identity.
(6) Teams comprised primarily or solely of students of one sex shall be granted equal instruction, training, coaching, access to available facilities, equipment and opportunities to practice and compete as teams engaged in a similar activity comprised primarily or solely of students of the opposite sex.

26.07: Active Efforts

(1) The school committee of each school district shall establish policies and procedures, and implement monitoring and evaluation practices that insure that all obstacles to equal access to school programs for all students regardless of race, color, sex, gender identity, religion, national origin, limited English-speaking ability or sexual orientation, are removed. Such policies shall include a requirement for an annual evaluation of all aspects of the K through 12 school program to insure that all students regardless of race, color, sex, gender identity, religion, national origin or sexual orientation are given an opportunity to participate in all programs offered by the school including athletics and other extra-curricular activities.
(2) All public schools shall strive to prevent harassment or discrimination based upon students' race, color, sex, gender identity, religion, national origin or sexual orientation, and all public schools shall respond promptly to such discrimination or harassment when they have knowledge of its occurrence.
(3) The school committee and the superintendent shall provide in-service training for all school personnel at least annually regarding the prevention of discrimination and harassment based upon race, color, sex, gender identity, religion, national origin and sexual orientation, and the appropriate methods for responding to such discrimination and harassment in a school setting.
(4) The superintendent, as an agent of the school committee, shall promote and direct effective procedures for the full implementation of 603 CMR 26.00, and shall make recommendations to the school committee for the necessary policies, program changes, and budget resource allocations needed to achieve adherence to 603 CMR 26.00.
(5) The superintendent of each school system shall require employers who recruit new employees in and through the schools of that district to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices.
(6) Adults serving on athletic regulatory boards shall fairly represent the interest of all students regardless of race, color, sex, gender identity, religion, national origin or sexual orientation.
(7) Any contributions to a school for activities and monetary awards within or sponsored by the school or for scholarships administered by the school by any person, group or organization shall be free from any restrictions based upon race, color, sex, gender identity, religion, national origin or sexual orientation. Schools may post or print information regarding private restricted scholarships as long as no preferential treatment is given to any particular scholarship offered and as long as the school does not endorse or recommend any such scholarship nor advise or suggest to a particular student that he or she apply for such a scholarship.
(8) The opportunity to receive guidance and counseling in a student's primary language should be made available to students from homes where English is not the primary language spoken.

26.08: Notification and Complaint Procedure

(1) The superintendent shall be responsible for ensuring that all school handbooks and codes of conduct reference M.G.L. c. 76, § 5 and affirmatively state and explain the school's obligations under M.G.L. c. 76, § 5. In order to ensure that such obligations are fulfilled, all school handbooks and codes of conduct shall also contain the following:

a) A nondiscrimination policy that is consistent with M.G.L. c. 76, § 5 and affirms the school's non-tolerance for harassment or discrimination, including that based upon race, color, sex, gender identity, religion, national origin or sexual orientation; and
b) The school's procedure for accepting, investigating and resolving complaints alleging discrimination or harassment; and
c) The disciplinary measures that the school may impose if it determines that harassment or discrimination has occurred.

(2) The principal shall ensure that the applicable school handbook and district code of conduct are annually distributed to students, parents and school personnel and, when requested, ensure that such school handbook and district code of conduct are available in the primary language of a parent or student whose primary language is not English.

26.09: Private Right of Enforcement

(1) Nothing in 603 CMR 26.00 shall abridge or in any way limit the right of a parent, guardian, or person acting as a parent to bring [illegible]

M.G.L. c. 76, § 5 in any court or administrative agency of competent jurisdiction.

Regulatory Authority:
603 CMR 26.00: M.G.L. c. 76, § 5.

Disclaimer:
For an official copy of these regulations, please contact the State House Bookstore, at 617-727-2834 or visit http://www.state.ma.us/sec/spr/sprinf/infocode.htm

Doc. 151-13

Sallyanne Smith

From: Denise Palazzo <degowest@gmail.com>
Sent: Tuesday, January 22, 2013 3:45 PM
To: Amalio Nieves; Teri S. Williams
Cc: Denise Palazzo
Subject: Found-- SFUSD Transgender Policies
Attachments: Attach0.html

Amalio and Teri,

Last email (I promise.)

Here are SFrancisco Unified's transgender policies, written in 2006 or 2003 (Wow.)

Their policies seem to stem from the state of California's law about gender based harassment, but--they do site their school district harassment policy regarding gender based harassment as well.

Of course, we can use our school based policy on bullying related to gender.

Possibly some of the below could be included in our SBBC Student Code of Conduct because the challenges from gender nonconforming students and supportive families are coming, and I know we want to be ahead of the curve.
De

BOARD OF EDUCATION ADMINISTRATWE REGULATION

Regulation

No: R5163a

Page 1 of 3

ARTICLE 5: STIJT)ENTS

SECTION: Non-Discrimination for Students and Employees

This regulation implements Board Policy 5163.

This regulation is meant to advise school site staff and administration regarding transgender and gender non-conforming student concerns in order to create a safe learning environment for all students, and to ensure that every student has equal access to

all components oftheir educational program.

California Law Prohibits Gender-Based Discrimination in Public Schools

The California Education Code states that "all pupils have the right to participate fully in the educational process, free from discrimination and harassment." Cal. Ed. Code Section 20 1(a). Section 220 ofthe Education Code provides that no person shall be subject to discrimination on the basis of gender in any program or activity conducted by an educational institution that receives or benefits from state financial assistance. The Code further provides that public schools have an affirmative obligation to combat sexism and other forms of bias, and a responsibility to provide equal educational opportunity to all pupils. Cal. E& Code Section 201(b).

The California Code of Regulations similarly provides that "No person shall be excluded from participation in or denied the benefits of any local agency's program or activity on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity conducted by an 'educational institution' or any other 'local agency'.
. .that receives or
benefits from any state financial assistance." 5 CCR Section 4900(a).

The California Code of Regulations defines "gender" as: "a person's actual sex or perceived sex and includes a person's perceived identity, appearance or behavior, whether or not that identity, appearance, or behavior is different from that traditionally associated with a person's sex at birth." 5 CCR Section 49 10(k).

SFLJSD Board Policy Prohibits Gender-Based Harassment

SFUSD Board Policy 5163 requires that "All educational programs, activities and

employment practices shall be conducted without discrimination based on.

. sex, sexual

orientation, [or] gender identity.

. ." Board Policy 5162 requires that "students should

treat all persons equally and respectfully and refrain from the willful or negligent use of

slurs against any person" based on sex or sexual orientation.

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Therefore, transgender and gender non-conforming students must be protected from discrimination and harassment in the public school system. Staff must respond appropriately to ensure that schools are free from any such discrimination or harassment.

Names/Pronouns

Students shall have the right to be addressed by a name and pronoun corresponding to their gender identity that is exclusively and consistently asserted at school. Students are not required to obtain a court ordered name and/or gender change or to change their official records as a prerequisite to being addressed by the name and pronoun that corresponds to their gender identity. This directive does not prohibit inadvertent slips or honest mistakes, but it does apply to an intentional and persistent refusal to respect a student's gender identity. The requested name shall be included in the SIS system in addition to the student's legal name, in order to inform teachers of the name and pronoun to use when addressing the student.

Official Records

The District is required to maintain a mandatory permanent pupil record which includes the legal name ofthe pupil, as well as the pupil's gender. 5 Cal. Code Reg. 432(b)(l)(A). (D). The District shall change a student's official records to reflect a change in legal name or gender upon receipt of documentation that such legal name and/or gender have been changed pursuant to California legal requirements.

Restroom Accessibility

Students shall have access to the restroom that corresponds to their gender identity exclusively and consistently asserted at school. Where available, a single stall bathroom may be used by any student who desires increased privacy, regardless of the underlying reason. The use of such a single stall bathroom shall be a matter of choice for a student, and no student shall be compelled to use such bathroom.

Locker Room Accessibility

Transgender students shall not be forced to use the locker room corresponding to their gender assigned at birth. In locker rooms that involve undressing in front of others, transgender students who want to use the locker room corresponding to their gender identity exclusively and consistently asserted at school will be provided with the available accommodation that best meets the needs and privacy concerns of all students involved. Based on availability and appropriateness to address privacy concerns, such accommodations could include, but are not limited to:

Use of a private area in the public area (i.e., a bathroom stall with a door, an area separated by a curtain, a PE instructor's office in the locker room);

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• A separate changing schedule (either utilizing the locker room before or after the

other students); or

• Use of a nearby private area (i.e., a nearby restroom, a nurse's office).

Sports and Gym Class

Transgender students shall not be denied the opportunity to participate in physical education, nor shall they be forced to have physical education outside of the assigned class time. Generally, students should be permitted to participate in gender-segregated recreational gym class activities and sports in accordance with the student's gender identity that is exclusively and consistently asserted at school. Participation in competitive athletic activities and contact sports will be resolved on a case by case basis.

Dress Codes

School sites can enforce dress codes that are adopted pursuant to Education Code 35291. Students shall have the right to dress in accordance with their gender identity that is exclusively and consistently asserted at school, within the constraints of the dress codes adopted at their school site. This regulation does not limit a student's right to dress in accordance with the Dress/Appearance standards articulated in the Student and Parent/Guardian Handbook, page 21

Gender Segregation in Other Areas

As a general rule, in any other circumstances where students are separated by gender in school activities (i.e., class discussions, field trips), students shall be permitted to participate in accordance with their gender identity exclusively and consistently asserted at school. Activities that may involve the need for accommodations to address student privacy concerns wiil be addressed on a case by case basis. In such circumstances, staff shall make a reasonable effort to provide an available accommodation that can address

any such concerns.

HISTORY/AUTHORIZATION

2003

Gwen Chan

Interim Superintendent of Schools

1852

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De Palazzo
www.perspectivesunlimitedinc.com

"Out beyond ideas of wrongdoing and rightdoing, there is a field. I'll meet you there." -Rumi

Doc. 151-16

Naomi T. Jacobs, Ph. D.
Licensed Clinical Psychologist
Lic. PY6330

May 31, 2016

To: Kristen Russell, LCSW
Duke University Medical Center
Children's Health Center
2301 Erwin Rd. Durham, NC

RE: Drew Adams

Dear Ms. Russell:

Please accept this letter as my recommendation that Drew Adams receive gender affirming cross-sex hormone treatment.

Drew Adams is a 15 year old transgender person who became aware of his gender identity approximately one year ago, a few months after I initially began treating him for symptoms of depression and anxiety. His gender identity is male, and he has outwardly expressed this identity for one year including requesting the use by others of appropriate pronouns. He expressed he feels more confident and comfortable behaving and dressing as a male. At this time, remaining symptoms of anxiety and depression relate to his disdain for aspects of his body or physical appearance not congruent with his male gender identity. Drew is very intelligent and has educated himself on what he can expect from cross-sex hormone treatment, including risks and benefits. Other psychological, medical or social problems that could compromise treatment have been sufficiently addressed.

For about the last six months, Drew has been doing relatively well and has met with me on an as needed basis or to simply keep me informed of his well being. Overall, though, he has been excelling academically at Nease high school, has a group of supportive peers, has many interests and hobbies, and is an avid advocate for transgender issues. He has good relationships with his parents who have provided informed consent to hormone treatment and will support him throughout the process. Drew, himself, has full capacity to provide informed assent to the treatment. He does not utilize alcohol or other substances including tobacco. To my knowledge, medical providers are continuing to monitor psychotropic medication he uses and will address any medical issues that arise as necessary.

I believe Drew's situation and level of functioning remain stable enough to initiate cross-sex hormone treatment at this time. He meets the DSM-5 criteria for gender dysphoria in adolescence. He is physically and mentally healthy and fit to receive cross gender hormone

100 Executive Way, Suite 207 • Ponte Vedra Beach, FL 32082
Office:(904) 687-6336 • psychologistjacksonvillebeach.com

treatment. He has displayed understanding of the treatment options available and has educated himself regarding what cross-sex hormone treatment does and does not do with regard to masculinizing his physical appearance. He has been successful so far in his social transition, exhibits readiness from a psychosocial point of view, and has a solid support plan in place.

Please do not hesitate to contact me if you require further information. I am available for coordination of care and welcome collaboration with the medical team as needed.

Sincerely,

Naomi T. Jacobs, Ph.D.

Naomi T. Jacobs, Ph.D.

Doc. 151-17

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

DREW ADAMS, a minor, by and through his next friend and mother, ERICA ADAMS KASPER,

Plaintiff, **Case No.: 3:17-cv-00739-TJC-JBT**

v.

THE SCHOOL BOARD OF ST. JOHNS COUNTY, FLORIDA,

Defendant.
_____/

DEFENDANT'S RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR ADMISSIONS TO DEFENDANT

Defendant, the School Board of St. Johns County, Florida, through the undersigned counsel and pursuant to Rule 36 of the Federal Rules of Civil Procedure, hereby responds to Plaintiff's First Set of Requests for Admissions to Defendant as follows:

INTRODUCTORY STATEMENTS AND GENERAL OBJECTIONS

A. Defendant makes these answers subject to reservation of its right to object to introduction into evidence, in this or any other action, of any of the information or material contained or referenced herein, or produced hereunder on any grounds, including, but not limited to, relevancy, materiality, hearsay and authenticity.

B. Defendant expressly reserves the right to supplement its answers to the extent that additional information becomes available to Defendant.

C. Defendant does not intend by these answers to waive any claim of privilege, including work product. If any answer is made for which any claim of privilege is applicable, such answer shall be deemed inadvertent, and not a waiver of any claim of privilege.

D. Defendant makes no representation of authenticity concerning any documents referenced hereunder or of the accuracy of the contents of any such documents. Defendant's answers herein shall not be interpreted as supplying the complete foundation for all facts upon which Defendant may rely in this case.

E. Defendants makes these responses based upon information and belief, present recollection, and the facts as they are currently known.

F. Defendant does not intend the provisioning of these responses to be construed as supplying an admission of truth to any request, unless and only if such request is specifically admitted to be true by Defendant.

RESPONSES

1. The School Board of St. Johns County, Florida is a "person" acting under color of state law within the meaning of 42 U.S.C. § 1983.

   Response: **Admitted.**

2. As a political subdivision of the State of Florida, the School Board of St. Johns County, Florida is subject to civil suits pursuant to Fla. Stat. § 1001.41(4).

   Response: **Admitted.**

3. Admit the School Board of St. Johns County, Florida is a recipient of federal financial assistance from the United States Department of Education.

   Response: **Admitted.**

4. Certain of the education programs and activities at Nease High School benefit from federal financial assistance that the School Board of St. Johns County receives from the United States Department of Education.

Response: **Admitted.**

5. The School Board of St. Johns County, Florida, operates [sic] supervises all public schools within the District, including Nease High School.

Response: **Admitted in part and denied in part. Admitted that the School Board operates and supervises all public schools that fall within the School District of St. Johns County, Florida. Denied that the School Board operates public charter schools in St. Johns County, Florida.**

6. The School Board of St. Johns County, Florida, controls all public schools within the District, including Nease High School.

Response: **Admitted in part and denied in part. Admitted that the School Board controls all public schools that fall within the School District of St. Johns County, Florida. Denied that the School Board controls public charter schools in St. Johns County, Florida.**

7. The School Board of St. Johns County, Florida, supervises all public schools within the District, including Nease High School.

Response: **Admitted.**

8. The School Board of St. Johns County, Florida, has the authority to establish policies necessary for the effective operation of the District and the schools therein, including Nease High School.

Response: **Admitted. See also, F.S. §1001.41.**

9. Defendant has a policy that requires students to use the restrooms that match their sex assigned at birth or a gender-neutral restroom.

Response: **Admitted in part and denied in part. Admitted that since the beginning of the 2015-2016 school year, any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom. Prior to the 2015-2016 school year and as far back as anyone can remember, the District required students to use the bathroom corresponding to their biological sex. The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.**

10. Defendant has a custom that requires students to use the restrooms that match their sex assigned at birth or a gender-neutral restroom.

Response: **Admitted in part and denied in part. Admitted that since the beginning of the 2015-2016 school year, any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom. Prior to the 2015-2016 school year and as far back as anyone can remember, the District required students to use the bathroom corresponding to their biological sex. The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.**

11. Defendant has a usage that requires students to use the restrooms that match their sex assigned at birth or a gender-neutral restroom.

Response: **Admitted in part and denied in part. Admitted that since the beginning of the 2015-2016 school year, any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom. Prior to the 2015-2016 school year and as far back as anyone can remember, the District required students to use the bathroom corresponding to their biological sex. The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.**

12. Defendant has a policy that requires students to use the restrooms of their "biological sex" or a gender-neutral restroom.

Response: **Admitted. The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.**

13. Defendant prohibits transgender students from using the restrooms that match their gender identity.

Response: **Denied as stated. Since the beginning of the 2015-2016 school year, any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom. Students are not permitted to use group or multi-stall bathrooms that do not correspond to their biological sex. This is Defendant's policy and is**

a practice that has been authorized by Title IX and its implementing regulations since their enactment.

14. Prior to September 2015 there was no written policy relating to the access and use of restrooms by students attending schools within the District, including Nease High School.

Response: **Admitted in part and denied in part. Admitted that no specific written policy relating to the access and use of restrooms by students attending schools within the District was finalized prior to September of 2015. However, the District did/does have written policies that apply to student conduct in restrooms. Denied that drafts of written policies did not exist prior to September of 2015. It is affirmatively alleged that staff had been working on guidelines and best practices related to bathroom use since 2014.**

Additionally, the District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its written implementing regulations since their enactment.

15. The document entitled "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" was not a final policy in place prior to September 2015.

Response: **Admitted that the referenced document was not a final policy in place prior to September of 2015. It is affirmatively alleged that staff had been working on guidelines and best practices related to bathroom use since 2014.**

16. The document entitled "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" had not been distributed to District and school administrators, including principals and assistant principals prior to September 2015.

Response: **Denied. Drafts of the document were circulated among District administrators prior to September of 2015.**

17. The document entitled "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" is the only written policy relating to the access and use of restrooms by students at the District, including Nease High School.

Response: **Admitted in part and denied in part. Admitted that Defendant has not adopted a District written policy. However, written Title IX**

regulations govern the access and use of bathrooms for students in the District.

18. The statement "Transgender students will be given access to a gender-neutral restroom and will not be required to use the restroom corresponding to their biological sex" is in the "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices," and applies only to transgender students.

Response: **Admitted that the statement is in the document but denied that the document applies only to transgender students. See, Doc 41-3.**

19. Defendant did not provide a copy of the document entitled "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" to Plaintiff prior to October 2015.

Response: **Admitted.**

20. Defendant did not provide a copy of the "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" to Plaintiff's mother, Erica Adams Kasper, prior to October 2015.

Response: **Admitted.**

21. Defendant did not provide a copy of the "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices" to Plaintiffs father, Scott Adams, prior to October 2015.

Response: **Admitted.**

22. Defendant does not have a written policy relating [sic] the access and use of restrooms by non-transgender students.

Response: **Denied. Moreover, written Title IX regulations govern the access and use of bathrooms for students in the District.**

23. Defendant has never received a complaint that Plaintiff violated the privacy of a student while using a restroom at Nease High School.

Response: **Denied in part and without knowledge in part. Defendant received one complaint in September of 2015 about Plaintiff using the boys' restroom at Nease High School. After diligent inquiry, including obtaining information from those involved in the complaint and discussion with Plaintiff about the complaint, it is unknown the nature and specifics of the complaint.**

24. Defendant has never received notice that Plaintiff violated the privacy of a student while using a restroom at Nease High School.

Response: **Denied in part and without knowledge in part. Defendant received one complaint in September of 2015 about Plaintiff using the boys' restroom at Nease High School. After diligent inquiry, including obtaining information from those involved in the complaint and discussion with Plaintiff about the complaint, it is unknown the nature and specifics of the complaint.**

25. Defendant has never received a complaint that Plaintiff engaged in any misconduct toward other students while using a restroom at Nease High School.

Response: **Admitted. However, Plaintiff's presence in the boys' restroom at Nease High School may constitute misconduct depending on Plaintiff's definition of "misconduct."**

26. Defendant has never received notice that Plaintiff engaged in any misconduct toward other students while using a restroom at Nease High School.

Response: **Admitted. However, Plaintiff's presence in the boys' restroom at Nease High School may constitute misconduct depending on Plaintiff's definition of "misconduct."**

27. Had Plaintiff engaged in any misconduct toward other students while using a restroom at Nease High School, the District would have disciplined him.

Response: **Defendant objects to this request on the grounds that it is vague and ambiguous. Specifically, Defendant has a student code of conduct and other policies that apply to misconduct of students. Plaintiff is certainly subject to discipline if his behavior in a restroom at Nease High School violates the student code of conduct or other policies of the Board. However, without any additional information from Plaintiff, Defendant can only respond that it would depend on the particular circumstances of the event.**

28. If a student engages in misconduct in a restroom, the school has one or more rules that allow the District to discipline that student.

Response: **Admitted.**

29. The rule or rules referenced in the Request immediately above exist independently from the District's policy regarding transgender students.

Response: **Defendant objects to this request as vague and ambiguous. Specifically, Plaintiff has not identified the "District's policy regarding transgender students." Defendant does not have a policy that only applies to transgender students. To the extent that Plaintiff is referring to the Best Practices document, please see response to Request No. 18.**

Assuming this request refers to the Best Practices document, admitted that the rule or rules referenced in response to Request No. 28 are not contained in the Best Practices document.

30. Admit that Florida's criminal statutes apply to misconduct that occurs on District campuses.

Response: **Admitted that Florida's criminal laws may apply to misconduct that occurs on District campuses depending on the particular act of misconduct.**

31. Defendant has never received a complaint that Plaintiff endangered the safety of a student while using a restroom at Nease High School.

Response: **Admitted.**

32. Defendant has never received notice that Plaintiff endangered the safety of a student while using a restroom at Nease High School.

Response: **Admitted.**

33. Defendant has never received a complaint from any parent or legal guardian of a student attending Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Upon information and belief, admitted.**

34. Defendant has never received notice of an objection from any parent or legal guardian of a student attending Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Upon information and belief, admitted.**

35. Defendant has never received a complaint from any student attending Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Denied.**

36. Defendant has never received notice of an objection from any student attending Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Denied.**

37. Defendant has never received a complaint from any principal, teacher, or staff member of Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Upon information and belief, admitted.**

38. Defendant has never received notice of an objection from any principal, teacher, or staff member of Nease High School regarding Plaintiff's use of boys' restrooms prior to June 28, 2017.

Response: **Denied.**

39. Admit that transgender students are not inherently more likely to engage in misconduct in restrooms.

Response: **Defendant objects to the term "misconduct" as vague as it can mean almost anything. If Plaintiff will define misconduct, Defendant will re-evaluate its response. Subject to and without waiving the foregoing objection, denied. Plaintiff has provided no facts or evidence to support this statement.**

40. Cathy Mittelstadt, current Deputy Superintendent for Operations for the District, referred to the access and use of restrooms by transgender students as a "civil rights" issue when speaking with Plaintiff's mother.

Response: **Admitted in part and denied in part. Admitted that the statement was made but denied it was the only statement Ms. Mittelstadt made with respect to the access and use of restrooms by transgender students when speaking with Plaintiff's mother.**

41. Brennan Asplen, an Assistant Superintendent for the District, made the statements identified in paragraph 56 of the Complaint filed by Plaintiff on June 28, 2017.

Response: **Denied.**

42. The United States Department of Education Office for Civil Rights informed Defendant that, in its view, the Defendant violated Title IX by refusing to allow Plaintiff use of the boys' restroom at Nease High School.

Response: **Admitted in part and denied in part. Admitted that USDOE took the position during the investigation that Defendant's actions violated Title IX by requiring a transgender student to use separate gender neutral restrooms but denied any formal written determination was made by USDOE.**

43. Transgender people have suffered a long history of discrimination in the United States, and continue to suffer discrimination at present.

Response: **Denied. Plaintiff has provided no facts or evidence to support this statement.**

44. A person's gender identity or transgender status bears no relation to that person's ability to contribute to society.

Response: **Denied. Plaintiff has provided no facts or evidence to support this statement.**

45. Transgender people represent a small and discrete group of people within the United States, and generally.

Response: **Admitted.**

46. Transgender people lack the political power sufficient to protect their rights.

Response: **Denied. Plaintiff has provided no facts or evidence to support this statement.**

47. A person's gender identity is a core, defining trait that is fundamental to that person's identity.

Response: **Denied.**

48. Admit that efforts to change a person's gender identity are generally considered unethical.

Response: **Defendant objects to this request as vague and overly broad. As such, Defendant cannot truthfully admit or deny the request. Specifically, with respect to whether such an effort would be unethical, Plaintiff has provided no information regarding what he**

means by "generally considered unethical." For example, whether a lay person believes it is unethical may be different than whether a medical doctor, psychologist, psychiatrist, or other professional and/or licensing board considers it to be unethical. Thus, in order to determine whether it is "generally considered" to be "unethical," Plaintiff must provide more information.

49. Plaintiff is transgender.

Response: **Admitted that Plaintiff has represented that he is transgender.**

50. Plaintiff identifies as a boy.

Response: **Admitted that Plaintiff has represented that he identifies as a boy.**

51. Pursuant to "St. Johns County School District Guidelines for LGBTQ students - Follow Best Practices," schools in the District "will use the name and gender pronoun corresponding to" a student's "consistently asserted gender identity upon request of the parent or student."

Response: **Admitted.**

52. Defendant refers to Plaintiff by male pronouns.

Response: **Admitted.**

53. Plaintiff provided a copy of his birth certificate to Defendant reflecting his sex is male.

Response: **Admitted in part and denied in part. Admitted that Plaintiff recently provided a copy of a birth certificate reflecting his sex as male. Denied that Plaintiff only provided a birth certificate reflecting his sex as male. At all times material prior to recently providing a birth certificate reflecting his sex as male, Plaintiff was identified as female in District records based on information provided by Plaintiff and/or his parents.**

54. Plaintiff's school records have been updated to reflect a "male" gender marker.

Response: **Admitted.**

55. Defendant treats Plaintiff as boy except for the use of restrooms.

Response: **Admitted in part and denied in part. The denial pertains to how Plaintiff is treated for locker rooms and showering facilities as well.**

Plaintiff would not be treated as a boy for purposes of using these facilities.

56. Despite Defendant referring to Plaintiff by male pronouns and Plaintiff providing a birth certificate issued by the State of Florida reflecting a "male" gender marker, Defendant prohibits Plaintiff from accessing or using the boys' restrooms at Nease High School.

Response: **Admitted.**

57. Admit that all multi-user boys' restrooms and girls' restrooms at Nease High School have one or more stalls in them with doors that close and lock.

Response: **Admitted.**

58. Admit that all students who use a girls' restroom at Nease High School must use a stall when relieving themselves.

Response: **Admitted.**

59. Admit that any student who desires more privacy can use a single-user restroom.

Response: **Admitted.**

60. Admit that no student at Nease High School is required to shower after physical education classes.

Response: **Admitted.**

61. Admit that students rarely, if ever, shower after physical education classes.

Response: **Defendant objects to the term "rarely" as vague. Specifically, there are 180 days in a school year. Plaintiff has not identified what "rarely" means in this context.**

Subject to and without waiving the foregoing objection, Defendant admits in part and denies in part Request No. 61. Defendant admits that students do not generally shower after physical education classes. However, some students (primarily athletic teams) do shower after certain activities. As such, with respect to this grouping of students, denied that they rarely, if ever, shower after physical education classes.

62. Admit that the District does not routinely ask students to identify their chromosomes.

Response: **Admitted.**

63. Admit that the District does not routinely keep records of students' chromosomes.

Response: **Admitted.**

64. Admit that the District does not routinely ask students to identify their internal sex organs.

Response: **Admitted.**

65. Admit that the District does not routinely keep records of students' internal sex organs.

Response: **Admitted.**

66. Admit that the District does not routinely ask students to identify their external sex organs.

Response: **Admitted.**

67. Admit that the District does not routinely keep records of students' external sex organs.

Response: **Admitted.**

68. Admit that the District does not routinely ask students whether they are intersex.

Response: **Admitted.**

69. Admit that the District does not inspect students' anatomy before they use District restrooms.

Response: **Admitted.**

70. Defendant advised Plaintiff that there was a complaint associated with him using the male restroom.

Response: **Admitted.**

71. Defendant has failed to provide Plaintiff with the identity of the alleged complaining party.

Response: **Admitted.**

72. Defendant has failed to provide Plaintiff with the substance of the complaint related to Plaintiffs use of the male restroom.

Response: Denied.

73. Non-transgender males are permitted to use the male restrooms.

Response: Admitted that biological males are permitted to use male restrooms.

74. Non-transgender females are permitted to use the female restrooms.

Response: Admitted that biological females are permitted to use female restrooms.

75. Non-transgender males are not required to use the gender neutral restrooms.

Response: Admitted that biological males are not required to use gender-neutral restrooms. No student is required to use a gender-neutral restroom.

76. Non-transgender females are not required to use the gender neutral restrooms.

Response: Admitted that biological females are not required to use gender-neutral restrooms. No student is required to use a gender-neutral restroom.

77. Nease High School does not have a gender neutral restroom adjacent to each male restroom.

Response: Admitted.

78. Nease High School does not have a gender neutral restroom adjacent to each female restroom.

Response: Admitted.

79. Defendant is aware that use of the gender neutral restrooms has required Plaintiff to miss portions of his academic school day.

Response: Denied that using gender neutral restrooms "requires" Plaintiff to miss portions of his academic school day. Admitted Plaintiff misses portions of his academic school day if he leaves during class to use a restroom.

80. Non-transgender boys are permitted to use restrooms that match their gender identity.

Response: **Admitted that any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom.**

The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.

81. Non-transgender girls are permitted to use restrooms that match their gender identity.

Response: **Admitted that any student within the St. Johns County School District can use two types of bathrooms: (1) the bathroom corresponding to their biological sex; or (2) a gender-neutral bathroom.**

The District's practice of providing separate bathrooms based on biological sex is a practice that has been authorized by Title IX and its implementing regulations since their enactment.

Respectfully submitted this 19th day of October, 2017.

/s/ *Terry J. Harmon*
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CERTIFICATE OF SERVICE

The undersigned certifies that on this 19th day of October, 2017, a true and correct copy of the foregoing was served via-electronic mail to Plaintiff's counsel of record.

/s/ *Terry J. Harmon*
TERRY J. HARMON

Doc. 151-18

ATHERTON HIGH SCHOOL
SCHOOL-BASED DECISION MAKING COUNCIL POLICY

Policy Number: **6**

Policy Subject: **Non-Discrimination Policy**

Policy Statement
Atherton High School shall not discriminate on the basis of age, color, religion, disability, marital status, national origin, race, sex, sexual orientation nor gender identity.

First Reading: **May 29, 2014**

Second Reading: **June 3, 2014**

Council Reviewed Without Revision: October 16, 2014

Signature: _____
(SBDM Council Chairperson)

Doc. 151-19

ATHERTON HIGH SCHOOL
SCHOOL-BASED DECISION MAKING COUNCIL POLICY

Policy Number: **500**
Policy Subject: **School Space**

Policy Statement
The principal will have the responsibility of assigning school space during the school day based on the following criteria: Class size, program need, accessibility for students, appropriate supervision of students, safety, close proximity of instructional teaching teams, and/or overall effective school management.

Guidelines on Accessibility for Students
Atherton shall not discriminate on the use of school space as the basis of gender identity nor gender expression. The school shall accept the gender identity that each student asserts. There is no medical or mental health diagnosis or treatment threshold that students must meet in order to have their gender identity recognized and respected. The assertion may be evidenced by an expressed desire to be consistently recognized by their gender identity. Students ready to socially transition may initiate a process with the school administration to change their name, pronoun, attire, and access to preferred activities and facilities. Each student has a unique process for transitioning. The school shall customize support to optimize each student's integration.

Authority
On April 29, 2014, the United States Department of Education Office of Civil Rights released a "significant guidance document" regarding schools "complying with their legal obligations", under Title IX of the Education Amendments of 1972, stating "Title IX's sex discrimination prohibition extends to claims of discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity." Accordingly, Atherton will ensure protection, respectful treatment, and equal access to educational programs and activities for transgender students. The implementation of this policy will reflect the reality that transgender and gender nonconforming students are enrolled in schools.

Definitions - The following definitions are not meant to label, but are intended as functional descriptors:

- Gender: a person's actual sex or perceived sex, and includes a person's perceived identity, appearance, or behavior, whether or not that identity, appearance or behavior is different from that traditionally associated with a person's sex at birth.
- Gender Identity: a person's internal, deeply rooted identification as female, male or a non-binary understanding of gender, regardless of one's assigned sex at birth. The responsibility for determining an individual's gender identity rests with the individual.
- Gender Expression: A person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth. Students who adopt a presentation that varies from the stereotypic gender expectations sometimes may describe themselves as gender nonconforming, gender queer, or gender fluid.

- Gender Nonconforming: Displaying a gender identity or expression that may differ from those typically associated with one's sex assigned at birth. A person's gender expression may differ from stereotypical expectations about how females and males are "supposed to" look or act. Gender nonconforming is not synonymous with transgender; not all gender nonconforming students identify as transgender.
- Transgender: A person whose gender identity differs from their gender assigned at birth, and whose gender expression consistently varies from stereotypical expectations and norms. A transgender person desires to live persistently by a gender that differs from that which was assigned at birth.
- Transition: Each transgender person has a unique process in which they go from living and identifying as one gender to living and identifying as another. Gender transition can occur at any age. It begins internally then expands to external expression. This can include social, medical and/or a legal transition.
- Sex: The biological condition or quality of being female or male.
- Sexual Orientation: A person's emotional and sexual attraction to another person based on the gender of the other person. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual. Sexual orientation and gender identity are different.

Locker Room Accessibility

- Atherton will maintain separate locker room facilities for male and female students.
- Students, upon prior approval and parameters set by the administration, shall have access to the locker room facility that corresponds to their gender identity asserted at school.
- If there is a request for increased privacy, *any* student shall be provided access to a reasonable accommodation such as:
    - Use of a private area within the public area of the locker room facility (e.g. nearby restroom stall with a door or an area separated by a curtain).
    - Use of a nearby private area (e.g. nearby restroom).
    - A separate changing schedule.

Restroom Accessibility

- Atherton will maintain separate restroom facilities for male and female students.
- Students, upon prior approval and parameters set by the administration, shall have access to restrooms that correspond to their gender identity asserted at school.
- If a student desires increased privacy, regardless of the underlying reason, the administrator shall make every effort to provide the student with reasonable access to an alternative restroom such as a single-stall restroom.
- The use of a restroom should be determined by the student's choice in accordance with their gender identity; no student shall be compelled to use an alternative restroom.

First Reading: June 3, 2014
Second Reading: June 5, 2014
Council Reviewed Without Revision: October 16, 2014

Signature: _____
(SBDM Council Chairperson)

Doc. 166-3

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

DREW ADAMS, a minor, by and through his next friend and mother, ERICA ADAMS KASPER, *Plaintiff*, v. THE SCHOOL BOARD OF ST. JOHNS COUNTY, FLORIDA; TIM FORSON, in his official capacity as Superintendent of Schools for the St. Johns County School District; and LISA KUNZE, in her official capacity as Principal of Allen D. Nease High School, *Defendants*.	No. 3:17-cv-00739-TJC-JBT

DECLARATION OF DIANE EHRENSAFT, Ph.D.

I, Diane Ehrensaft, pursuant to 28 U.S.C. §1746, declare as follows:

1. I am over the age of eighteen and submit this expert declaration based on my personal knowledge.

2. If called to testify in this matter, I would testify truthfully and based on my expert opinion. The opinions and conclusions I express herein are based on a reasonable degree of scientific certainty.

Qualifications and Experience

3. I am a developmental and clinical psychologist. I specialize in working with children and adolescents experiencing gender dysphoria and their families. A true and correct copy of my Curriculum Vitae is attached hereto as Exhibit A.

4. During my thirty-five year career as a psychologist, I have provided consultation, therapy, and evaluations for more than 500 transgender and gender nonconforming children and adolescents and their families.

5. Due to my expertise in this area, a portion of my private practice includes consulting with mental health providers across the United States to assist those providers in working with transgender youth. Over the years, I have consulted with approximately 200 mental health and related providers to assist them in their treatment of transgender youth and their families.

6. In addition to my private practice, I helped found the Child and Adolescent Gender Center ("CAGC") at the University of California, San Francisco ("UCSF") Benioff Children's Hospital in San Francisco, California, along with several colleagues. I have served as CAGC's Director of Mental Health since its inception in July 2009 and was appointed an Adjunct Associate Professor at the UCSF Department of Pediatrics.

7. As part of my work through CAGC, I organize and facilitate a group of local mental health providers that work with children and adolescents experiencing gender dysphoria called "Mind the Gap." The group meets every month to discuss issues we see in our respective practices and provide support and outreach to each other so that we can provide the best care possible to our patients. Mind the Gap has developed training materials and assessment protocols, and provides community psychotherapy and evaluation for patients who attend the UCSF Child and Adolescent Gender Center Clinic at Benioff Children's Hospital in San Francisco and San Mateo, and at the Children's Hospital in Oakland. There are approximately 175 providers who participate in the group.

8. I serve on the Board of Directors of Gender Spectrum, a national organization offering educational, training, and advocacy services to schools and youth-serving organizations to become more gender inclusive. The organization also develops resources for parents and schools regarding transgender youth in school. For example, Gender Spectrum was a lead co-author of *Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools*, which was co-authored by the National Education Association; and, more recently authored *Transgender Students and School Bathrooms: Frequently Asked Questions*, a resource endorsed and supported by the American School Counselor Association, the National Association of Elementary School Principals, the National Association of School Psychologists, and the National Association of Secondary School Principals. Furthermore, I am actively involved in designing the organization's training program for healthcare professionals, and regularly conduct trainings as the group's mental health consultant to provide better education and services for those counseling and interacting with transgender youth and their families.

9. I am also a senior consultant, founding member, and board member of A Home Within, a national organization focusing on the emotional needs of children and youth in foster care and offering pro bono long-term psychotherapy to children in foster care.

10. As an Adjunct Associate Professor in the Department of Pediatrics at UCSF, I have taught courses including The Treatment of Gender-Nonconforming Children; The Emotional Development of Gender-Nonconforming Children; Interdisciplinary Support of Gender-Nonconforming and Transgender Children; Parenting a Gender nonconforming/

Transgender Child. I have also lectured at the University of California, Berkeley and The Wright Institute, which is a clinical psychology graduate school, in Berkeley, California.

11. I am currently working as a co-investigator on a five-year study operating at four sites (UCSF, Boston Children's Hospital, Los Angeles Children's Hospital, and Lurie Children's Hospital of Chicago), funded by a National Institute of Health ("NIH") grant to study the medical and mental health outcomes of gender nonconforming youth receiving puberty blockers and/or cross-sex hormones as part of their treatment.

12. My recent publications include The Gender Creative Child, The Experiment Press (2016); Look, Mom, I'm a Boy—Don't Tell Anyone I Was a Girl, 10 J. of LGBT Youth 1–20 (2013); From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy, 59 J. of Homosexuality 337-356 (2012); Gender Born, Gender Made, The Experiment Press (2011); and Boys Will Be Girls, Girls Will Be Boys, 28 Psychoanalytic Psychology 528-548 (2011). A listing of my publications is included in my curriculum vitae, attached hereto as Exhibit A.

13. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am a member of the World Professional Association for Transgender Health ("WPATH"), an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. WPATH publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, which leading medical and mental health associations,

including the American Medical Association, the Endocrine Society, the American Psychiatric Association, and the American Psychological Association, have endorsed as the authoritative standards of care for transgender people. I also sit on the subcommittee of WPATH tasked with drafting the new version of the Standards of Care. A complete list of my involvement in various professional associations is located in my Curriculum Vitae, Exhibit A.

14. In preparation for my testimony, I have reviewed the materials listed in the bibliography attached hereto as Exhibit B, and which consist relevant medical and scientific materials related to transgender people and gender dysphoria. I may rely on those documents, in addition to the documents specifically cited as supportive examples in particular sections of this declaration, as additional support for my opinions. I reserve the right to supplement the materials listed in the bibliography. I have also relied on my years of experience in this field, as set out in my curriculum vitae, Exhibit A, and on the materials listed therein. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

15. In the past four years, I have testified as an expert and provided testimony in the following matters: *Evancho v. Pine-Richland Sch. Dist.*, Case No. 2:16-cv-1537-MRH (W.D. Pa.); *Bd. of Educ. of the Highland Local Sch. Dist. v. United States Dep't of Educ.*, Case No. 2:16-CV-524 (S.D. Ohio); *Brashar v. Or. Health Plan* (Or.); *Miller v. Perdue* (Colo.); and *Stephane Huard v. Dr. Barwin and Broadview Fertility Clinic* (Quebec, 2016).

16. I am being compensated at an hourly rate for actual time devoted, at the rate of $350 per hour for any review of records, or preparation of reports or declarations, and for deposition and trial testimony; and $1,000 per day for travel time. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

17. I was provided with and reviewed the following case-specific materials: (1) the Complaint filed in this matter and (2) the declarations of Plaintiff Drew Adams and his mother, Erica Adams Kasper, that are being submitted in support of Plaintiff's motion for preliminary injunction.

18. I have not met or spoken with the Plaintiff or his parents for purposes of this declaration. My opinions are based solely on the information I have been provided by Plaintiff's attorneys as well as my extensive experience studying gender dysphoria and treating transgender patients.

Gender Identity Development and Gender Dysphoria

19. At birth, infants are assigned a sex, either male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate and their birth-assigned sex matches that person's actual sex. However, a transgender person's birth-assigned sex does not reflect that person's actual sex.

20. By the beginning of the twentieth century, scientific research had established that external genitalia alone—the typical criterion for assigning sex at birth—is not an accurate proxy for a person's sex. Instead, current medical understanding recognizes that a person's sex is comprised of a number of components including: chromosomal sex, gonadal

sex, fetal hormonal sex (prenatal hormones produced by the gonads), internal morphologic sex (internal genitalia, i.e., ovaries, uterus, testes), external morphological sex (external genitalia, i.e., penis, clitoris, vulva), hypothalamic sex (i.e., sexual differentiations in brain development and structure), pubertal hormonal sex, neurological sex, and gender identity and role. When there is a divergence between these factors, neurological sex and related gender identity are the most important and determinative factors.

21. Gender identity is a person's inner sense of belonging to a particular gender, such as male or female. It is a deeply felt and core component of human identity. It appears to be related to one's brain messages and mind functioning, the factors that are now included under the category of neurological sex.

22. Like non-transgender people (referred to in the Complaint as "cisgender" people), transgender people do not simply have a "preference" to act or behave consistently with their gender identities. Every person has a gender identity, which is a deep-seated, deeply felt component of human identity for each person. A person's gender identity is not a personal decision, preference, or belief.

23. The only difference between transgender people and non-transgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender boy cannot simply turn off his gender identity like a switch, any more than anyone else could.

24. In other words, transgender boys are boys and transgender girls are girls.

25. Current science recognizes that gender identity is innate or fixed at a young age and that gender identity has a biological basis. For example, both post-mortem and

functional brain imaging studies in living people show that transgender people have areas of the brain that differ from the brains of non-transgender individuals. Additionally, research has found that the probability of a sibling of a transgender person also being transgender is almost five times higher than that of the general public, and that twins have a 33.3% concordance rate, even when raised apart, suggesting a genetic component to the incongruity in the biological markers of gender.

26. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of one's gender identity. Past attempts to "cure" transgender individuals by means of psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, have proven ineffective. As importantly, evidence suggests that such efforts may cause extreme psychological damage. All major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and WPATH's Standards of Care, consider such efforts unethical and dangerous, as they may cause extreme psychological harm.

27. Children typically become aware of their gender identity at a young age, as early as between the ages of two and four. Once aware that their gender identity does not match the sex they were assigned at birth, transgender children often begin to express their cross-gender identity to their family members and caregivers. The statements and actions transgender children use to communicate their cross-gender identity differ significantly from the occasional adoption of a cross-gender identity, or cross-gender clothing by non-

transgender children in imaginative play. Transgender children are insistent, persistent, and consistent over time in their cross-gender identification. They may also show signs of psychological distress as a result of the mismatch between their birth-assigned sex and their actual sex.

28. Gender dysphoria is the medical diagnosis for the significant distress and/or problems functioning that result from the incongruity between various aspects of one's sex. It is a serious medical condition and is listed in both the DSM-5 and the World Health Organization's International Classification of Diseases, the diagnostic and coding compendia for mental health and medical professionals, respectively. People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex.

29. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

30. The psychophysiological experiences of gender dysphoria symptoms vary in kind and degree. Not all transgender young people experience dysphoria. Different types of biological and environmental triggers can cause onset of symptoms.

31. Some environmental triggers of gender dysphoria symptoms are related to a lack of respect for social transition including, but not limited to, misgendering in the form of pronoun use, prohibition of involvement in activities in accordance with one's gender identity, and denying someone access to a restroom or changing facilities that match the person's gender identity.

Standards of Care for Working with Transgender Youth

32. Like all children, when loved, supported, and affirmed by their parents and caretakers and by their social environment, transgender children can thrive, grow into healthy adults and have the same capacity for happiness, achievement, and contribution to society as others. For these youth, that means supporting their need to live in a manner consistent with their gender identity.

33. Obtaining treatment for gender dysphoria and ensuring that a transgender child is in an environment that does not undermine that treatment are critical to a transgender child's healthy development and well-being. For young transgender children, the treatment of gender dysphoria consists of social transition, which involves changes that bring the child's outer appearance and lived experience into alignment with the child's core gender. Changes often associated with a social transition include changes in clothing, name, pronouns, and hairstyle.

34. Support for social transition—such as dressing in accord with one's gender identity, respecting a person's chosen name and correct pronouns, and providing access to restrooms that match who they are—can thus both treat and prevent negative psychological and psychophysiological symptoms of gender dysphoria. Mental health care can also address symptoms of gender dysphoria.

35. Research and clinical experience have shown that consistent respect and inclusive acknowledgement of a transgender youth's gender identity (i.e., positive reinforcement of social transition) improves that child's mental health and reduces the risk that the child will engage in self-harming or suicidal behaviors. In fact, undergoing a social

transition before puberty often provides tremendous and immediate relief because there are few, if any, observable physical differences between boys and girls at that age.

36. There are no pharmacologic treatments for gender dysphoria until after the onset of puberty. However, after the onset of puberty, adolescents suffering from gender dysphoria may be placed on puberty suppressors (i.e. hormone blockers) to block the stopping the development of secondary sex characteristics that do not align with the adolescent's gender identity. Thereafter, usually around the age of 16, gender dysphoric adolescents are treated with cross-sex hormones to bring their bodies into alignment with their sex, as primarily determined by their gender identity. For example, a transgender girl will receive estrogens which result in breast growth and female fat distribution, while a transgender boy will receive androgens and will become more muscular and develop a lower voice as well as facial and body hair.

37. Surgical treatment is not typically recommended until an adolescent is, at minimum, in his or her mid- to late-teens, depending on the specific procedure. However, once gender dysphoric adolescents come of age and meet the eligibility criteria, they can be eligible for surgical interventions meant to bring their bodies into alignment with their identity. The need, timing, and nature of the surgical treatment will differ from patient to patient.

38. Many transgender individuals never undergo surgery or do so only later in life. For many transgender individuals, surgery is not medically necessary or may be safely delayed for some time as their dysphoria is alleviated through social role transition and other medical treatments.

39. A person's gender identity is an innate, effectively immutable characteristic; a person's sex is not determined by a particular medical treatment or procedure. Thus, from a medical and scientific perspective, a person's gender is not dependent on whether or not that person has undergone surgery or any other medical treatment. The medical treatments provided to transgender people (including social transition for transgender children), do not "change a girl into a boy" or vice versa. Instead, they affirm the authentic gender that an individual person *is*. Treatments fall below the accepted standards of care if they fail to recognize that a youth's affirmed gender identity is not how they feel, but rather who they are. The goal of proper treatment is to align the person's body and lived experience with the person's fixed identity as male or female, which already exists. Treatment creates more alignment between the person's identity and the person's appearance, attenuating the dysphoria, and allowing the person's actual sex, male or female, to be seen and recognized by others.

40. Failure to recognize and support a transgender student's gender identity also relies on an outmoded and scientifically unsound premise that transgender identity is only how a person feels, not who they are, and that a transgender girl can never be a "real" girl and a transgender boy can never be a "real' boy because they lack the chromosomes and genitalia stereotypically-associated with their gender identity. Scientific evidence is now available indicating that gender identity not only has a strong core component but also is primarily dictated by messages from our brain rather than either chromosomes or physiological sex characteristics. With that said, it should be noted that a transgender

youth's gender identity—translated to the sex they live in—is as real as any cisgender youth's and should be treated accordingly in all settings, including schools.

Supporting the Mental Health of Transgender Youth in Schools

41. In the school setting, providing appropriate support includes ensuring that teachers and other staff refer to transgender students by their chosen names and correct pronouns, permitting the transgender student to use the sex-separated facilities that are consistent with their gender identity on the same terms as their peers, and generally treating transgender students in a manner consistent with their gender identity for all purposes. Failing to recognize and support a transgender student's gender identity sends a message—both to the transgender student and to others—that the transgender student is different from his or her peers and needs to be segregated, causing the transgender student to experience shame.

42. Transgender children experience significant psychological distress when parents/caregivers or school staff repeatedly fail to acknowledge the child's gender identity or treat the child in a manner consistent with his or her inaccurate, birth-assigned gender. Because gender is a core aspect of a person's identity, transgender children who are treated in this way experience that mistreatment as a profound rejection of their core self, which has serious negative consequences for their development and their long-term health and well-being. The intensity of that distress is directly correlated to the level of rejection or disapproval expressed by a parent, caregiver, or school staff. Greater levels of rejecting behaviors significantly increase the risk that the child will develop long-term mental health

conditions, including serious negative mental health consequences such as low self-esteem, anxiety, depression, substance use issues, self-harming behaviors, and suicidal ideation. These conditions accumulate in their severity and also show up immediately in the face of rejecting circumstances, such as when transgender children are told that they cannot use the restroom that matches the gender they know themselves to be.

43. Rejecting or disapproving of a child's gender identity interferes with the child's healthy development across all domains, including difficulty maintaining healthy interpersonal relationships and developing emotional resilience, among others.

44. Given the amount of time that students spend in school, the school environment has a tremendous impact on a transgender student's development and well-being. Ensuring that schools support a transgender student's gender is critical to their long-term health and well-being. In a study of transgender youth between ages 15 and 21, participants identified school to be the most traumatic aspect of growing up. Experiences of rejection and discrimination from teachers and school personnel led to feelings of shame and unworthiness. The stigmatization to which transgender youth were routinely subjected led many to experience academic difficulties and to drop out of school. The longer a child experiences rejection from his or her family, school, or community, the more significant and long-lasting the negative consequences. Research and surveys have found that transgender adults who experienced discrimination in schools were more likely to have attempted suicide. Research and surveys have also found that a high percentage of transgender people used drugs and alcohol to cope with the mistreatment they experienced based on their gender identity.

45. The negative mental health effects of rejection can also cause a transgender child to develop co-occurring mental health conditions, such as major depression, generalized anxiety disorder, and eating disorders. The symptoms associated with those co-occurring conditions typically alleviate significantly once a transgender child's gender identity is affirmed. However, if the child remains in an environment, whether at home or in school, where the child's gender identity is not recognized and supported, that mistreatment can exacerbate those conditions, resulting in lasting harm.

46. Partial acceptance is not enough. If a caretaking or school environment offers support in certain domains—such as appropriate pronoun and name use—yet fails to offer support in other areas—such as allowing the child to use the restroom that matches the gender they know themselves to be and/or sending harmful messages that the child, if incorrectly assigned female at birth will always be a girl—such inconsistency can be a confusing and stressful experience for the youth. This stress-inducing experience can in turn result in a lack of trust in an environment that both supports and punishes the same behavior, in this instance the child's affirmation of his or her actual sex. Research has consistently shown that children who receive inconsistent rather than consistent reinforcement of behaviors are at risk for behavioral problems, generalized anxiety, and psychiatric symptoms.

47. I am aware from the case materials I have reviewed that Plaintiff Drew Adams is not permitted to use the boys' restroom at school and that he is instead required to use one of the single-user restrooms in the school. I am also aware that at the beginning of his freshman year, Drew was able to access the restroom that matched his affirmed male gender, a situation which allowed him to feel comfortable and accepted in his school environment.

48. Based on my extensive experience researching and working with transgender children, it would be psychologically damaging for a transgender child to be forced to use either the sex-segregated restroom that does not comport with their gender identity or a separate single-user restroom that other students are not required to use. In addition, there are serious health concerns, as these youth, when barred from using the restroom that matches their affirmed gender identity, will instead typically choose to restrict or forego restroom use at school, putting them at risk for urinary tract infections and impacted bowels.

49. I understand that an administrator in Drew's school district has expressed a concern that some transgender students might take advantage of communal restroom facilities to display their genitals to others. This is simply wrong, and profoundly at odds with the reality of transgender youth's experiencing gender dysphoria and their restroom use. The issue for transgender students is overwhelmingly one in which they seek privacy and discreteness in restroom use, as their genitalia or any part of their body that reveals secondary sex characteristics is typically the source of significant to severe body dysphoria and distress related to such dysphoria. In other words, exposing parts of their body that are often associated with gender dysphoria, such as genitalia, is generally the last thing any transgender student wants to do. Nor are transgender students disproportionately likely to engage in misconduct of any kind, in restrooms or any other facility. Certainly there is no evidence that they would be more likely than any other individual to engage in such inappropriate behaviors.

50. I respectfully reserve the right to modify and expand upon my testimony as the facts are developed in this matter.

This declaration was executed this 14th day of July, 2017 in Alameda County, California.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Diane Ehrensaft, Ph.D.

Diane Ehrensaft, Ph.D.

INDEX OF EXHIBITS TO EHRENSAFT DECLARATION

Letter	Title
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Exhibit A

Exhibit A to Ehrensaft Decl.: Curriculum Vitae

CURRICULUM VITAE

NAME: Diane Ehrensaft, Ph.D.

ADDRESS: 445 Bellevue Avenue Suite 302,
Oakland, California 94610
TELEPHONE: 510-547-4147
FAX: 510-547-7692
E-MAIL: dehrensaft@earthlink.net

PRESENT POSITIONS:

- Adjunct Associate Professor, Child Gender Clinic, Department of Pediatrics, University of California San Francisco, San Francisco, CA
    - Responsibilities: Assessment, Treatment, and Consultation advising with gender-nonconforming children and their families
- Director of Mental Health, Child and Adolescent Gender Center CAGC, San Francisco Bay Area
    - Responsibilities: Coordinating mental health services and directing consortium of child gender specialists
- Faculty, Psychoanalytic Institute Of Northern California, San Francisco, CA
    - Responsibilities: Teaching, Research Development
    - Areas:
        - Gender, Childhood and Adolescence
        - Reproductive Technology
- Clinical Psychologist, Private Practice, Oakland, CA
    - Responsibilities:
        - Psychotherapy with children and adults
        - Psychological evaluations
        - Custody evaluations
        - Mediation
        - Parenting consultations
        - Training and consultation
        - Forensic work: expert witness

STATUS:

- Ph.D. in Psychology
- Licensed Clinical Psychologist (California License # PSY 7342)

EDUCATION:

- University of Michigan: B.A. in Psychology 1964-1968
  - Graduated with honors in Honors Psychology Program
- University of Michigan: Ph.D. in Psychology 1968-1974
  - Received Ph.D. in May 1974
  - Course work Concentration: Child development; child psychotherapy; socialization; family
  - Psychology Prelim Exams: Communal child rearing and the social development of the child
  - Dissertation title: "Sex role socialization in a preschool setting"

EDUCATIONAL AWARDS AND APPOINTMENTS:

- 1968, 1969, 1970: NIMH Traineeship, University of Michigan
- 1970: Teaching Assistantship, School of Social Work, U. of Michigan
- 1971: Teaching Assistantship, Psychology Department, U. of Michigan
- 1971: Rackham Predoctoral Fellowship, University of Michigan
- 1972: University of Michigan Dissertation Grant
- 2012: Annual Scholarship Award, Section on Gender and Psychoanalysis, Division of Psychoanalysis, American Psychological Association
- 2013: Award for Outstanding Service, Section on Childhood and Adolescence, Division of Psychoanalysis, American Psychological Association
- 2014: Community Service Award, for Commitment to Child and Adolescent Gender Center, Northern California Society for Psychoanalytic Psychology

GRANTS:

- 2015 National Institute of Health (NIH)
  - R01HD082554: The Impact of Early Treatment of Transgender Youth
  - 08/01/2015-06/30/2020
  - Role: co-Investigator.

EMPLOYMENT EXPERIENCE:

- 2012 to present: Adjunct Associate Professor, Department of Pediatrics, UCSF
- 1980 to present: Clinical Psychologist in private practice
- 1981 to 2004: Professor, The Wright Institute, Berkeley, California
- 1986 to 2005: Expert panel, Family Court, Counties of Alameda & San Francisco
  - Responsibilities: Court-appointed child and custody evaluations
- 1994 to present: Senior clinical faculty, A Home Within
  - Project offering pro bona long-term psychotherapy to children in foster care

- 1999 to present: Faculty, Psychoanalytic Institute of Northern California
- 2000 to present: Clinical Supervisor and Consultant, West Coast Children's Center
    - Responsibility: Supervision of interns, clinical training and consultation
- 1995 to 1999: Member, Mediation Resources
    - Interdisciplinary team of psychologists and lawyers offering mediation, evaluation, and consultation services pertaining to dispute resolution in family and commercial matters
- 1995 to 1999: Clinical faculty, Mt. Zion Psychiatric Department, University of California, San Francisco
    - Responsibilities: Clinical supervision of psychology interns
- 1992 to 1998: Clinical faculty, Ann Martin Children's Center, Piedmont, California
    - Responsibilities: Clinical supervision to psychology interns
- 1986 to 1992: Clinical faculty, Department of Psychiatry, Children's Hospital San Francisco
    - Responsibilities: Clinical supervision of psychology interns
- 1986 to 1990: Clinical consultant, Children's Hospital Medical Center of Northern California, Oakland
    - Responsibilities: Clinical training
- 1985 to 1986: Consulting Psychologist Health America Rockridge, Oakland, California
    - Responsibilities: Consultation to Pediatrics Department
- 1982 to 1988: Independent contractor to Child Development Center, Children's Hospital Medical Center of Northern California
    - Responsibilities: Psychological Evaluations of developmentally disabled children, consultation with staff and parents.
- 1980 to 1983: Mental Health Consultant, Alameda Headstart, Alameda, CA
    - Responsibilities: Clinical consultation and training with Headstart staff in areas of child and family mental health; observation and evaluation of children enrolled in Headstart program; psychological consultations with families enrolled in the program
- 1980 to 1981: Post Doctoral Fellowship Child Guidance Clinic and Adult Psychiatric Services Children's Hospital San Francisco
    - Responsibilities: Psychological testing, evaluation, and treatment Of adults, children, and families; consultation with schools and related hospital services
- 1979 to 1981: Faculty, University of San Francisco Faculty member of the Family Reunification Project, sponsored by the University of San Francisco in conjunction with the San Francisco Department of Social Services
    - Responsibilities: Teaching courses in the area of child psychopathology to Department of Social Service social workers enrolled in in-service Masters of Arts in Public Services program.

- 1979 to 1980: Post-Doctoral Internship Family Guidance Services, Children's Hospital Medical Center
    - Responsibilities: Evaluation of children and families in a multi- disciplinary mental health clinic serving a broad range of families
- 1979 to 1980: Post-Doctoral Internship Child Development Center, Children's Hospital Medical Center
    - Responsibilities: Psychological screening and evaluation of young children referred for developmental disabilities and related problems; treatment planning; consultation to schools, day care programs, and community agencies
- 1977 to 1979: Faculty, Field Studies Program, University of California, Berkeley
    - Responsibilities: Teaching field based courses in the areas of child rearing, parenting, and the family; women, gender, and social change. Administrative responsibilities involving staff development and program evaluation
- 1974 to 1978: Faculty, Interdisciplinary Program on Day Care and Child Development, University of California, Berkeley Graduate Program funded by the Carnegie and Grant Foundations and sponsored jointly by the Department of Education, School of Social Welfare, and School of Public Health offering advanced training to a selected group of pediatricians, educators, and social workers.
    - Responsibilities: Evaluate effectiveness of graduate training program in day care and child development; program development; teaching
- 1974 to 1978: Faculty, School of Social Welfare, University of California, Berkeley
    - Responsibilities: Teaching in areas of research theory and methods, children and the family; women and mental health; dissertation supervision
- 1972 to 1973: Faculty, Sociology Department, Sir George Williams University, Montreal, Quebec
    - Responsibilities: Teaching courses on the sociology of the family
- 1972: Director, Park Avenue Day Care Center, Montreal, Quebec
    - Government-sponsored preschool program for Greek immigrant families to teach them French and English language skills and prepare them for entrance into Montreal school system.
    - Responsibilities: Program administration; liaison with Quebec and Canadian government; mental health consultation to staff and program families
- 1971: Teaching Assistant, Department of Psychology, University of Michigan
    - Responsibilities: Running the developmental psychology lab for undergraduate and graduate level students; teaching in develop- mental psychology class
- 1970: Teaching Assistant, School of Social Work, University of Michigan
    - Responsibilities: Assistant teaching in course on complex organizations
- 1970: Clinician and research assistant, Project on marital communication and family therapy in a natural setting, School of Social Welfare, University of Michigan

  - Responsibilities: Family therapy in office and home setting; compilation and analysis of research data on therapeutic outcome
- 1969: Group therapist, Huron Valley Child Guidance Clinic, Ypsilanti, Michigan Nonresidential summer therapy program for emotionally disturbed boys ages 5-14.
  - Responsibilities: Co-led group therapy with a group of 9-10 year old boys.
- 1968 to 1969: Graduate clinical internship, Office of Economic Opportunity Day Care Center, Ecorse, Michigan
  - Responsibilities: Mental health consultation to staff and families, play therapy with children enrolled in program
- 1968 to 1969: Graduate clinical internship, Downriver Child Guidance Clinic, Lincoln Park, Michigan
  - Responsibilities: Therapy with school-age children and families
- 1968: Research Assistant, Department of Psychology, University of Michigan Clinical research on aggression and dependency in college students
  - Responsibilities: Analysis of Thematic Apperception Test protocols
- 1967: Research Assistant, Institute for Industrial Relations, University of Michigan Project on American ghettoes
  - Responsibilities: Library research, document preparation, analysis of data.

PROFESSIONAL ACTIVITIES:

- 2015: Co-Chair, APA Division of Psychoanalysis (39) Spring Meeting, Life in Psychoanalysis in Life, San Francisco, CA
- 2014: AbbVie Trans Advisory Board Member
- 2010: President, Professional Advisory Board, A Home Within
- 2009 to present: Member of Professional Advisory Board, A Home Within
- 2008 to present: Board Member, Gender Spectrum
- 2008 to present: Board Member, Section IX, Psychoanalysis and Social Responsibility, Division of Psychoanalysis, American Psychological Association
- 2007 to present: Member of Mental Health mental health professional group of the American Society for Reproductive Medicine
- 2007 to present: Chair, Reproductive Technology Research Group, Psychoanalytic Institute of Northern California
- 2004 to 2009: Vice President, Board of Directors, A Home Within
- 2004 to present: Member of Board of Directors, A Home Within
- 2002 to 2008: Board Member, Section III (Gender and Psychoanalysis), Division 39 (Psychoanalysis), American Psychological Association
- 2001 to 2004: Secretary, Board of Directors, A Home Within
- 2000 to 2003: Board Member, Division 39 (Division of Psychoanalysis) Board of Directors, American Psychological Association

- 1999 to present: Editorial Board Member, Studies in Gender and Sexuality, a journal on psychoanalysis, cultural studies, treatment, and research
- 1998 to present: Board Member and Membership Chair, Section II (Childhood and Adolescence) of Division 39 (Division of Psychoanalysis), American Psychological Association
- 1994 to present: Senior clinician, Children's Psychotherapy Project
    - Project established to offer pro bona long-term psychotherapy to children referred through the Department of Social Services Senior clinicians run consultation groups for psychotherapists who provide the therapy services and are also involved on program development, training, administration, and evaluation.
- 1993 to present: Editorial review board, American Journal of Orthopsychiatry
- 1992-1993: Co-chair, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1992: Development Committee, Child Care Employee Project
- 1991-1992: Committee Member, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1983 to 1996: Employer and Supervisor to psychological assistants working under my license in my private practice
- 1978: Consultant to Childhood and Government Project, University of California, Berkeley
- 1978: Consultant to Child Care Switchboard, San Francisco
- 1976: Berkeley Child Care Advisory Committee
- 1974 to 1977: Designing and conducting staff training workshops on sex role stereotyping in the preschools
- 1973 to 1976: The Children's Project, A Bay Area women's group investigating the status of women and children in the United States.
- 1973 to 1976: Development, coordination, and participation in parent-run preschool program

SELECTED LECTURES AND SPEAKING ENGAGEMENTS:

- 2015: Invited Plenary Speaker, *Different Approaches to Treating gender-nonconforming children*, American Psychological Association Annual Meeting, Toronto, Ontario
- 2015: Speaker, *Gender as Cure*, UCSF Transgender Health Summit, Oakland, CA
- 2015: Grand Rounds: *What's your gender?*, Alta Bates Summit Hospital, Berkeley, CA
- 2014: Grand Rounds: *Treating Gender-Nonconforming Children*, California Pacific Medical Center, San Francisco, CA
- 2014: Invited Speaker, *Controversies in the Treatment of Transgender Children and Adolescents*, American Psychiatric Association Annual Meeting, New York, New York

- 2013: Invited Speaker, *Gender-nonconforming children*, Pediatric Endocrine Society Symposium, Washington, D.C.
- 2013: Invited Speaker, *Found in Translation: Listening and Learning from Gender-nonconforming Children*, William Alanson White Institute, New York, New York
- 2012: Keynote Address: *From Gender Identity Disorder to Gender Creativity*, Gender Creative ids Workshop, Concordia University, Montreal, Quebec
- 2010: Invited Speaker, *A Terrible Thing Happened on the Way to Becoming a Girl*, Division of Psychoanalysis, APA Annual Meeting, Chicago, Illinois
- 2010 Invited Speaker, *Transcending Humpty Dumpty: The Case of an Egg Donor Mother*, International Association for Relational Psychoanalysis and Psychotherapy, San Francisco, CA
- 2010: Invited Speaker, *Outcomes for the Children*, American Psychoanalytic Association Group on Reproductive Technology, The American Psychoanalytic Society's Annual Meeting, New York
- 2010: *Wherefore baby? Searching Beyond Infertility*, Northern California Society for Psychoanalytic Psychology, Scientific Meeting
- 2010: Invited Speaker, *Priuses, Smoothies, and Tranys: Transgender Care in the Beginning: The Early Childhood Years*, Northern California Psychiatry Society Annual Meeting, Monterey, California.
- 2009: Invited Speaker, American Psychiatric Association's Annual Meeting, San Francisco: *Gender Made, Gender Nurtured: The Child Shapes the Parent as the Parent Shapes the Child in Families with A Gender Variant Child*, Panel: Symposium: Lesbian, Gay, Transgender Youth: Family Approaches.
- 2009: Division of Psychoanalysis APA Annual Meeting, San Antonio: Panel Presentation: *Boys Will Be Girls, Girls Will Be Boys: Familial Effects on Children's Gender Freedom*, Panel: The Transmission of Sexism and Homophobia within the Family
- 2009: Division of Psychoanalysis APA Spring Meeting, San Antonio: Paper Presentation: *I'm a Prius: A Child Case of a Gender/Ethnic Hybrid*, Panel: The Transmission of Sexism and Homophobia within the Family, Sexualities and Gender Identities Committee Invited Panel
- 2008: Invited Speaker, Seattle Psychoanalytic Society and Institute: *The Stork Didn't Bring You, You Came From a Dish.*
- 2008: Invited Speaker, Harvard Medical School: Treating Contemporary Families: Mental Health Aspects of Alternative Reproduction, Adoption, and Parenting, Boston: *The Psychodynamics of the Contemporary Family: Mothers, Fathers, Donors, Surrogates, and Children*
- 2008: American Psychological Association Annual Convention, Boston: Paper presentation: *One Pill Makes You Boy, One Pill Makes You Girl*, Panel: Doctor, What About Pills? Psychoanalytic Thought and Medication

- 2007: Invited Speaker, St. Louis Psychoanalytic Society, *The Stork Didn't Bring You, You Came From a Dish*
- 2007: Keynote Speaker, ANZICA The Australian and New Zealand Infertility Counsellors Association, Hobart, Tasmania: *When Things Go Pear-Shaped?*
- 2007: Invited Speaker, The Fertility Conference of Australia Annual Conference, Hobart, Tasmania: *Building Strong Donor Families*
- 2006: Invited Speaker, Mothers and Fathers of Invention, IPTAR Conference, New York: *The Stork Didn't Bring Me, I Came from a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology*
- 2001 Invited Speaker, Division 39 Invited Roundtable, APA Annual Meeting, *Growing Up and Growing Old: Continuity and Change in the Wishes and Desires over the Course of Life*
- 2001 Invited Speaker, Division 39 Annual Spring Meeting, Santa Fe: Session on Sex and Gender, *Bending and Blending: A Developmental Perspective*
- 2000: Invited Speaker, Division 39 Annual Spring Meeting, Session on Contemporary Child Psychotherapy: *Who's in the Room and What are We Doing?*
- 1997 to present: Public Speaking, TV and Radio Appearances: Topic: *Spoiling Childhood*
- 1997: Presenter, with Dr. Anne Bernstein at Annual Conference of the Academy of Family Mediators Topic: *When the Parents Aren't the Cleavers and the Children Aren't "The Beaver": Mediation with Non-Traditional Families*
- 1997: Presenter, Round Table Discussion, Northern California Society for Psychoanalytic Psychology Topic: *Whose Oedipus? Development, Dynamics, and Identity in the 1990s.*
- 1996: Presenter, Grand Rounds, Mt. Zion Psychiatric Service Topic: *The New Silent Majority: The Underaggressive Parent*
- 1996: Presenter, Parent Association, Marin Public Schools Topic: *Harried Parents and the Haloed Child*
- 1996: Invited presenter, International Conference: The Costs of Children Sponsored by the city of Bologna, Bologna, Italy, Sept. 27-28. Topic: *The Perils of Parenthood*
- 1995: Faculty, Perspectives on Motherhood: Myths and Realities, Conference sponsored by the San Francisco Institute for Psycho- Analytic Psychotherapy and Psychology, Mills College, and the San Francisco Salon Workshop Leader: *Defining Differences: Parenthood vs. Motherhood*
- 1994: Presentation: *The Perils of Parenting: Psychological Conflicts of Child Rearing in the 1990s*, Sponsored by The Friends of the San Francisco Psychoanalytic Institute
- 1994: Workshop: *Parenting in the 90s: An Impossible Task*, Parenting University, Piedmont Adult Education, Piedmont Unified School District
- 1994: Presentation: *The Things Grandma Never Told Us: Parenting in the 90s*, Sacred Hearts School, San Francisco

- 1994: Grand Rounds: *Sex and Violence in the Nursery: Lessons from the Presidio*, Children's Hospital Medical Center, Oakland
- 1994: Presentation: *Sexual Abuse in a Preschool Setting*, Child and Adolescent Sexual Abuse Resource Center, Department of Public Health, San Francisco
- 1993: Panel member, *Sexualized Transferences: Clinical Considerations and Ethical Implications*, panel presentation at monthly meeting of California Association of Marriage and Family Therapists
- 1993: Workshop: *Disassembling and Reassembling the Family: Psychoanalytic perspectives on Evaluation and Treatment*. Co-led with Toni Heineman, D. M. H., sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Grand Rounds: *Sex and Violence in the Nursery*, Alta Bates Medical Center Department of Psychiatry
- 1992: Panel Organizer and Presenter: *Parenting in the 1990s: A Need for a New Psychoanalytic Perspective*, sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Discussant, *The lesbian parenting Couple--Cultural and Clinical Issues*, Conference sponsored by The Psychotherapy Institute, Berkeley, California
- 1991: Panel organizer and chair, *Object Relations Theory, Mothers, and children: A Feminist Perspective*, American Psychological Association
- 1991: Paper presentation: *Sex and Violence in the Nursery: Lessons from the Presidio*, Annual Meeting of the American Orthopsychiatric Association
- 1990: Presentation: *Death, Loss, Grief, and Trauma*, Lecture delivered to New Perspectives clinical staff and associates, a school-based mental health delivery agency
- 1990: Guest, Oprah Winfrey Show Topic: *Stressed Out Dads*
- 1989: Community Lecture: *Lessons from the Presidio: Institutional Sexual Abuse*. Sponsored by Alameda Child Abuse Council
- 1989: Community Lecture: *Effects of Removing Children from their Homes*, Sponsored by Bay Area Coalition of Child Abuse Councils
- 1988: Corresponding Faculty, the American Orthopsychiatric Association Annual Meeting
- 1988: Workshop: *Aggression and Anger in Children*, Walden School, Berkeley, California
- 1988: Workshop: *Children's Fears*, Walden School, Berkeley, California
- 1987: Numerous radio and television appearances, local and national Topic: *Men and Women Sharing the Care of their Children*
- 1985: Presentation: *When Women and Men Mother*, Family Forum Lecture Series, College of Marin
- 1984 to 1985: Professional consultation to authors of Redwook and Cosmopolitan magazines in the area of gender and adult relationships

- 1981: Guest Speaker: *Mothers and Fathers, Together and Apart*, University of California Day Care Services, Berkeley
- 1981: Panel speaker: *Motherhood and Feminism*, Conference on Feminism in the 1980s, sponsored by Stanford University
- 1977: Keynote Speaker, Palomar College Topic: *Gender Development in Young Children*
- 1977: Keynote Speaker, California Child Development Association Topic: *Sex Role Stereotyping in Preschools*
- 1974: Colloquium: *Sex Role Socialization in a Preschool Setting*, School of Social Welfare, University of California, Berkeley

***PROFESSIONAL AFFILIATIONS*:**

- American Society for Reproductive Medicine
- International Association for Relational Psychoanalysis and Psychotherapy
- California Psychological Association
- Division of Psychoanalysis (Division 39), American Psychological Association
- Section II (Childhood and Adolescence) of Division 39
- Section III (Women, Gender, and Sexuality) of Division 39
- Section IX, (Psychoanalysis and Social Responsibility) of Division 39 Northern California Society for Psychoanalytic Psychology
- Council on Contemporary Families

***PUBLICATIONS AND PAPERS*:**

- Gender nonconforming youth: current perspectives *Adolescent Health, Medicine and Therapeutics 2017:8 57–67*
- Promoting children's gender health: a guideline for professionals. *Carlat Report—Child Psychiatry*, 7:8: 1-2, Nov/Dec 2016.
- *The Gender Creative Child.* D. Ehrensaft, New York: The Experiment, 2016.
- *The Gender Affirmative Model: A New Approach to Supporting Gender Non-Conforming and Transgender Children*, Colt Meier, Ph.D. & Diane Ehrensaft, Ph.D.(eds.), American Psychological Association Publications, in process.
- "It Takes a Gender Creative Parent" in A. Lev & A. Gottlieb (eds.), *Families in Transiton: Parent Perspective in Raising the Gender Nonconforming or Trans Child* (in press).
- "Baby Making: It Takes an Egg and Sperm and a Rainbow of Genders" in Katie Gentile (ed.), *The Business of Being Made: Producing Liminal Temporalities through ARTS*, New York: Routledge, 2015.
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- "Alternatives to the Stork: Fatherhood Fantasies in Sperm Donor Families," paper presented at APA Division 39 Meetings, Boston, Massachusetts, April 25, 1998.
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- "Child Psychotherapy and Intersubjective Theory: Ode to Anna Freud," *Fort-Da, Journal of the Northern California Society for Psychoanalytic Psychology*. Spring 1998.
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- "Your Majesty the Baby: Normative Narcissism, Confused Parenting, and the Changing Concept of Childhood, paper delivered at the Northern California Society of Psychoanalytic Psychology Forum, Parenting in the Nineties: The Need for a New Psychoanalytic Perspective, May 9, 1992.
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Exhibit B

Exhibit B to Ehrensaft Decl.: Bibliography

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