



ATHLETE SUPPORT PLAN

The purpose of the athlete support plan is to create a shared understanding and plan of action for your transitioning athlete. The athlete support plan aims to guide parents, athletes, coaches, officials, and team support staff through potential questions and conflicts that may arise during the season on and off the deck. The transitioning athlete along with their parents or legal guardians and coaches should be included in completion of this document.

This document should be printed and on file at a safe location to be accessed as needed.

If you have any questions about the athlete support plan or other resources, please email:
inclusion@usaswimming.org.

PARENT & GUARDIAN INFORMATION

Today's Date:

Name:

Relationship to Athlete (Mother, Father, Aunt, Uncle, Etc.)

ATHLETE INFORMATION

USA Swimming Member ID:

Age:

Race:

Pronouns:

Club Team Name:

Local Swimming Committee:

PRIVACY

This section of the support plan will be used to assess how public or private your athlete's transition will be within the swimming club and community they are a part of.

Is your athlete openly transitioning?

☐ Yes ☐ No

What are the boundaries of your athlete's transition?

Who do you plan on communicating your athlete's transition to? (Check all that apply.)

☐ **LSC Administrator(s):**

Specify the LSC Administrator(s):

☐ **Club Board of Directors:**

Specify the Board Members:

☐ **Coaches:**

Specify the Coaches:

____ **Teammates:**

Specify the Teammates:

Outside of this list, is there anyone else you would like to mention that knows about your athletes' transition?

Please specify the names and relationships of these people:

CONFLICT MANAGEMENT & SUPPORT

Throughout your athlete's experience conflict may never arise. However, if it does, USA Swimming would like you to be prepared to support your athlete's needs. Please take time to discuss each of these potential conflicts with your athlete.

If someone outside of the list above is made aware of your athlete's transition, what steps can be taken?

If your athlete is feeling unsafe in the following spaces, how would you like them to signal for help:

In the locker-room:

On the pool deck:

During Team Travel:

If your athlete feels discriminated against or judged at a competition, what plan of action would you like the meet officials and club coach to take?

If your athlete feels discriminated against or judged at practice, what plan of action would you like the club coach to take?

If your athlete feels discriminated against or judged in the restroom/locker room, what plan of action would you like the club coach and athlete to take?

If your athlete feels discriminated against or judged by an official, what plan of action would you like the club coach and athlete to take?

USE OF FACILITIES

Please be sure to reference local and state laws for restroom and locker room use.

SWIMWEAR

If your athlete would like to wear a swimsuit that covers more than what is allowed for their competition category, they may need to request a swimsuit waiver. Please follow this [link](#) for more information.

* Prior to submitting your swimsuit coverage waiver request, please be sure to review your local and state indecency laws.

* Once you email your request it will take 1-2 weeks to approve or deny the swimsuit coverage waiver.

COMPETITION

If you are an elite athlete, refer to the guidelines provided by USADA, WADA, FINA, and IOC, regarding drug testing, qualifications, and other rules. Refer to the meet information and guidelines for that meet.

COACHES SUPPORT PLAN

Do you feel equipped to support your transition athlete?

_____ Yes _____ No

If no, how could USA Swimming support you in feeling equipped and confident in supporting your transitioning athlete?

How will the coaching staff work to create more gender inclusive conditions for all athletes? Are there any other questions, concerns or issues to discuss?

SUPPORT PLAN REVIEW & REVISION

The USA swimming diversity, equity, and inclusion team recommends that this support plan be reviewed and revised yearly.

STATEMENT OF ACKNOWLEDGEMENT

PARENT SIGNATURE _____ **DATE:** _____

ATHLETE SIGNATURE _____ **DATE:** _____

HEAD COACH SIGNATURE _____ **DATE:** _____

***Once complete, please be sure to send and discuss the Athlete Support Plan with your Local Swimming Committee (LSC) Registrar.**