



– Confidential –  
USA Swimming  
Athlete Support Plan

The purpose of this document is to create shared understandings about the ways in which the athlete will be supported at USA Swimming practices, competitions and hosted events. Athletes, legal guardians/parents, coaches and USA Swimming Staff may be included in the process to complete this document. If you have any questions about this document, please email: [inclusion@usaswimming.org](mailto:inclusion@usaswimming.org).

**PARENT/GUARDIAN INVOLVEMENT**

Are guardian(s) of this athlete aware and supportive of their child's gender status?

\_\_\_\_ Yes \_\_\_\_ No

If not, what considerations must be accounted for in implementing this plan?

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**CONFIDENTIALITY, PRIVACY AND DISCLOSURE**

How public or private will information about this athlete's gender be (check all that apply)?

\_\_\_\_ LSC Officials will know.

Specify the adult staff members: \_\_\_\_\_

\_\_\_\_ Board of Directors of the team will know.

Specify the adult staff members: \_\_\_\_\_

\_\_\_\_ Coaches will know.

Specify the adult staff members: \_\_\_\_\_

\_\_\_\_ Athlete will not be openly "out," but some teammates are aware of the athlete's gender.

Specify the athletes: \_\_\_\_\_

\_\_\_\_ Host Team

\_\_\_\_ Athlete is open with others (adults and peers) about gender

\_\_\_\_ Other – describe:

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If the athlete has asserted a degree of privacy, what steps will the family take if that privacy is compromised, or is believed to have been compromised?

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## **NAMES, PRONOUNS AND ATHLETE'S RECORDS**

Today's Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Name on Birth Certificate: \_\_\_\_\_

Athlete's Gender Identity Assigned Sex at Birth: \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Intersex

Pronouns: \_\_\_\_\_

How should an athlete, parent/legal guardian, coach or official respond to any questions about the athlete's gender from: Other teammates or athletes? Coaches? Officials? Parents/community?

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What name and gender marker are listed on the athlete's USA Swimming registration?

\_\_\_\_\_  
(USA swimming staff will be the point person for ensuring these adjustments are made.)

What are some other ways the athlete's community needs to anticipate the athlete's privacy being compromised? How will these be handled?

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## **ATHLETE'S SAFETY**

Who will be the athlete's "go to adult(s)" on the pool deck? \_\_\_\_\_

What, if any, will be the process for periodically checking in with these adults?



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What are expectations in the event the athlete is feeling unsafe and how will athlete signal their need for help:

\_\_\_ In the locker-room: \_\_\_\_\_

\_\_\_ On the pool deck: \_\_\_\_\_

\_\_\_ In the hotel (when applicable): \_\_\_\_\_

\_\_\_ Other safety concerns/questions: \_\_\_\_\_

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What should the athlete's parents/legal guardians do if they are concerned about how others are treating their child at practice, competitions or other events? \_\_\_\_\_

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### **USE OF FACILITIES**

Are training and home changing facilities conducive to your current needs?

\_\_\_ Yes \_\_\_ No

If not, what changing facilities will the athlete use: \_\_\_\_\_

Have you considered what swimwear you will be using in practice? \_\_\_ Yes \_\_\_ No

Are there any questions or concerns regarding swimwear? \_\_\_\_\_

- Please refer to local decency laws for reference.

If athlete/coach/parent have questions/concerns about facilities, then please contact the host team.

### **COMPETITION**

What are the expectations regarding travel competitions? \_\_\_\_\_

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What are the expectations regarding rooming for any overnight trips? \_\_\_\_\_



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At travel competitions, have you considered the following questions if changing facilities are not conducive to your current needs?

Athlete will use the following bathroom(s): \_\_\_\_\_

Athlete will change clothes in the following place(s): \_\_\_\_\_

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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.

If athlete/coach/parent have questions/concerns, then please contact USA Swimming.

### **OTHER CONSIDERATIONS**

Does the athlete have any sibling(s) on the team? \_\_\_\_ Yes \_\_\_\_ No

Factors to be considered regarding sibling's needs? \_\_\_\_\_

Are there any specific social dynamics with others (athletes, families, etc.) that need to be discussed or accounted for?

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How will the team work to create more gender inclusive conditions for all athletes?

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Are there any other questions, concerns or issues to discuss?

### **SUPPORT PLAN REVIEW AND REVISION**

Has this been shared with the coach/team? \_\_\_\_ Yes \_\_\_\_ No

If so, when? \_\_\_\_\_

How often will this be revisited? \_\_\_\_\_

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## Statement of Acknowledgement

I, \_\_\_\_\_, guardian of \_\_\_\_\_, hereby  
(printed name) (name of athlete if under 18)

acknowledge and declare that I have received, read, and understood the Athlete Support Plan. I

understand that if I have any questions or concerns about this document, it is my responsibility

to discuss it with USA Swimming, the team, and/or coaching staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date