

# USA Climbing – Petition for Review of Female Category Eligibility

## Section 1: Petitioner Information

Full Name: \_\_\_\_\_

USA Climbing Member ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Note: Anonymous or incomplete petitions will not be accepted. All information provided will be handled confidentially in accordance with USA Climbing's Privacy Policy.*

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## Section 2: Competitor Information

Name of Competitor Whose Eligibility is Questioned: \_\_\_\_\_

Event(s) and or Category Involved: \_\_\_\_\_

Date(s) or Approximate Timeframe: \_\_\_\_\_

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## Section 3: Basis of Petition

Describe in detail the basis for your petition and the specific reasons you believe a review of the competitor's eligibility in the Female category is warranted.

Please include factual details and avoid speculation or personal opinions.

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## Section 4: Evidence or Supporting Documentation

☐ Supporting documents attached (list below):

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☐ No supporting documents available (explanation below):

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## Section 5: Certification and Acknowledgment

By signing below, I certify that:

- The information provided in this petition is true and accurate to the best of my knowledge.
- I understand that the submission of a frivolous, malicious, or discriminatory petition may result in disciplinary action under USA Climbing's Code of Conduct.
- I agree to maintain confidentiality regarding this matter and to refrain from discussing or disclosing information about this petition outside of official USA Climbing channels.

Signature: \_\_\_\_\_

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

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## Section 6: For USA Climbing Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Petition ID: \_\_\_\_\_

Preliminary Review Conducted By: \_\_\_\_\_

Decision: ☐ No Action ☐ Forward to Medical Review Panel

Notes: \_\_\_\_\_