Appendix C: Extenuating Circumstance Waiver Request Form

2027/2028 USA Goalball Competition Pool Selection Procedures

Purpose and Submission Requirements

- Only athletes selected to the 2026 USA Goalball National Team may submit an Extenuating Circumstance Waiver Request.
- Use this form when a qualifying circumstance prevents attendance at the Open Tryout or requires an emergency departure during the Open Tryout.
- A qualifying circumstance is: the death or funeral services of an immediate family member; a communicable disease that puts others at risk; or an unavoidable change beyond the athlete's control that directly impacts the athlete's quality of life.
- Submit this form and all supporting documentation in writing. The applicable Selection Committee may request additional documentation.
- Submission does not guarantee approval. If the request is denied and the athlete does not attend the Open Tryout, the athlete will be removed from consideration for the 2027/2028 USA Goalball Competition Pool.

1. Athlete Information

Athlete full legal name Enter full legal name	**Date of birth** MM/DD/YYYY
Email address Enter email address	**Phone number** Enter phone number
National Team Enter Men's or Women's National Team	**Athlete status** Enter adult or minor

2. Extenuating Circumstance Waiver Request

Requested waiver type (mark one): [ ] Unable to attend Open Tryout [ ] Emergency waiver during Open Tryout

Open Tryout affected Enter men's or women's tryout and dates	**Date circumstance occurred or became known** MM/DD/YYYY

Type of extenuating circumstance (mark one)
[ ] Death or funeral services of an immediate family member
[ ] Communicable disease that puts others at risk
[ ] Unavoidable change beyond the athlete's control that directly impacts the athlete's quality of life

Describe the extenuating circumstance
Provide a clear, concise explanation of what occurred and when.

Explain why the circumstance prevents attendance or continued participation in the Open Tryout
Describe the direct impact on your ability to attend or remain at the Open Tryout.

Anticipated and reasonable return-to-play date
MM/DD/YYYY - enter the date you expect to be available for full competitive goalball participation.

Expected availability after the return-to-play date
Briefly identify any known limits on your availability for upcoming USA Goalball activities, or state none.

U.S. ASSOCIATION OF BLIND ATHLETES

Supporting Documentation and Athlete Declaration

3. Supporting Documentation

Attach documentation that verifies the circumstance and its effect on your ability to participate. For a communicable disease request, include relevant medical documentation for review and confirmation by the USA Goalball Head Team Physician. The Selection Committee may request additional documentation.

List every document attached to this request Examples may include a funeral notice, travel or legal documentation, employer or school documentation, or relevant medical documentation.

4. Athlete Declaration and Acknowledgments

- I certify that the information in this request and all attachments is complete and accurate to the best of my knowledge.
- I have submitted all supporting documentation currently available and agree to provide additional documentation requested by the applicable Selection Committee.
- I declare my intent to return to competitive goalball on or before the anticipated return-to-play date stated in this request.
- I understand that the applicable Selection Committee will determine whether the circumstance is valid and whether my previous performance and anticipated availability support continued involvement in the USA Goalball Competition Pool.
- I understand that approval is not automatic and that, if this request is denied and I do not attend the Open Tryout, I will be removed from consideration for the 2027/2028 USA Goalball Competition Pool.
- I understand that this form and its attachments may be shared with the applicable Selection Committee and, when necessary for a communicable disease request, the USA Goalball Head Team Physician solely for review of this waiver request.

Athlete signature Type or sign name	**Date** MM/DD/YYYY
Parent or legal guardian name (required if athlete is a minor) Enter full name	**Relationship to athlete** Enter relationship
Parent or legal guardian signature Type or sign name	**Date** MM/DD/YYYY

5. For USABA Use Only

Date received MM/DD/YYYY	**Request status upon receipt** [ ] Complete [ ] Additional information needed
Date referred to Selection Committee MM/DD/YYYY	**Date reviewed** MM/DD/YYYY
Selection Committee decision [ ] Approved [ ] Denied	**Date athlete notified** MM/DD/YYYY

Decision rationale, conditions, or additional documentation required Enter a brief summary.