



# Boston Athletic Association

185 DARTMOUTH STREET, 6TH FLOOR, BOSTON, MASSACHUSETTS 02116  
617.236.1652 [www.baa.org](http://www.baa.org)

## B.A.A. Pregnancy Deferral Form

### Who Is Eligible:

Any athlete who is a registered entrant in the Boston Marathon, the Boston 5K, Boston 10K or Boston Half, and is or becomes pregnant prior to race day and chooses to not participate in the event due to such circumstances. For avoidance of doubt, the Boston Athletic Association considers post-partum to be 24 weeks following the birth of the child.

### How to request a pregnancy or postpartum deferral:

To obtain a pregnancy or postpartum deferral, the race entrant must:

- Submit a pregnancy or postpartum deferral request by filling out the corresponding online form for the race that you are registered for any time after receiving confirmation of acceptance into the event but no later than 14 days before race day.
  - Forms for each race can be found at <https://www.baa.org/baa-pregnancy-and-postpartum-deferral-policy>.
- Provide written confirmation of the entrant's pregnancy signed by a physician, registered midwife, or other medical professional.
  - If you purchased Protecht registration protection, please submit the B.A.A. Pregnancy/Post-Partum medical documentation to Protecht and submit a claim under "Complications due to Pregnancy". We will be notified of your approved claim and will defer your entry.
  - If you did not purchase the Protecht registration protection, please submit the B.A.A. Pregnancy/Post-Partum medical documentation to [AccountServices@baa.org](mailto:AccountServices@baa.org)

The Boston Athletic Association reserves the right to require additional proof of pregnancy and may reject a deferral request if the documentation verifying pregnancy is deemed insufficient.

### What does a pregnancy or postpartum deferral provide:

An athlete who obtains a pregnancy or postpartum deferral will be granted guaranteed entry into either one of the next two subsequent Boston Marathons, Boston 5Ks, Boston 10Ks or Boston Half Marathons after the initial deferred race.

All other rules and requirements for race entry after a pregnancy or postpartum deferral will apply, including payment for registration entry fees.

If an athlete becomes pregnant again during a pregnancy or postpartum deferral period, they may request a second consecutive pregnancy or postpartum deferral. This would permit them to defer their race entry for the two-year period allowed by the most recent pregnancy or postpartum deferral request.

The B.A.A. will allow no more than two consecutive pregnancy deferral requests per B.A.A. event. If the athlete is unable to compete after requesting two consecutive deferrals, the athlete understands they waive their right to a guaranteed entry and must either run another qualifying time, gain entry via invitational entry method or register during the open registration period. However, athletes are allowed to request additional non-consecutive pregnancy or postpartum

deferrals for future pregnancies.

If an entry is a charity or invitational entry, the agreement made with the organization the athlete is participating on behalf of still stands, including relevant fundraising agreements. Participants must contact the organization they received their invitational entry from to make them aware of their deferral. The rules above then apply for the deferral.

## Instructions

Please email the completed and signed form to [accountservices@baa.org](mailto:accountservices@baa.org) at least two weeks before the date of the event. Please note that no pregnancy or postpartum deferrals will be granted within two weeks of race day. Contact the B.A.A.'s Athlete Services team at [accountservices@baa.org](mailto:accountservices@baa.org) if you have any questions.

## Athlete Information

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

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

Athlete's Date of Birth: \_\_\_\_\_

Athlete's Race Reference ID Number: \_\_\_\_\_

Child's Due date: \_\_\_\_\_

Event deferring from: \_\_\_\_\_

## Additional Information

Provide any additional information about the athlete's pregnancy, if necessary.

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## Physician Information

Physician's Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Physician's Statement

I confirm that this athlete has been advised not to participate in the B.A.A. event named above.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed and completed form to the athlete so that they may email it to the Boston Athletic Association.