



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____ Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

Street Address: _____
LAST FIRST MIDDLE

City: _____ State: _____

Zip: _____ Cell Phone: _____ Home Phone: _____

Country: _____ Social Security Number, (last four digits only): XXX-XX-_____

Email Address: _____
(Four digit SSN and birthdate Required. Used for OTC filing purposes only)

Gender: Male Female Birth Date: _____

US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes: Please check your skill level for this program

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship
 National: NGB National Senior Team member or competition in a major international event within the last 12 months.
 Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.
 Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

FOR OFFICE USE ONLY

Program # _____ Arrival date _____ Check in Initials _____
 Complete Paperwork _____ Missing Information: Bio _____ Medical _____ Waiver _____ HIPPA _____

