



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____

Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

Street Address: _____
LAST FIRST MIDDLE

City: _____ State: _____

Zip: _____ Country: _____ Email Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Social Security Number (last four digits only): XXX-XX-_____ Birth Date: _____

(Four digit SSN and Birthdate required. Used for OTC filing purposes only)

Gender: Male Female US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION *(Required)*

Name: _____ Relation: _____

Street Address: _____ Cell Phone: (____) _____

City: _____ State: _____ Zip: _____ 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 _____ HIPAA _____