



# UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_

## PARTICIPANT'S BIOGRAPHICAL INFORMATION

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

Street Address: \_\_\_\_\_  
LAST FIRST MIDDLE

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Country: \_\_\_\_\_ Social Security Number, (last four digits only): \_\_\_\_\_

Email Address: \_\_\_\_\_ (Four digit SSN 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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 \_\_\_\_\_