



# UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: \_\_\_\_\_ Program Name: \_\_\_\_\_ **NGB** \_\_\_\_\_

## PARTICIPANT'S BIOGRAPHICAL INFORMATION

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ <sup>First</sup> <sup>Middle</sup> <sup>Last</sup> Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ **Gender:** Male Female

US Citizen: Yes No If No, what nationality? \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

Social Security Number, (last four digits only): XXX-XX-\_\_\_\_\_ (Four digit SSN Used for USOC filing purposes only)

**Street Address:** \_\_\_\_\_ **State:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

## PARTICIPANT'S EMERGENCY CONTACT INFORMATION

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

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

## PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

**Please check your guest type for this program.**

Athlete  Coach  Official  NGB Administrator  Sponsor  
 Staff  Trainer  Intern  Medical Staff  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.

\* All information highlighted in red **MUST** be completed correctly.