



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Program Name: _____ Program # _____ Check-in Date _____

BIOGRAPHICAL INFORMATION

Name: _____

LAST

FIRST

MIDDLE

Zip: _____

Social Security Number: XXX-XX-_____ Birth Date: _____ Gender: ___ Male ___ Female

(Last four digits of SSN and birthdate required. Used for OTC filing purposes only)

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

GUEST TYPE

Please check your guest type for this program.

___ Athlete ___ Coach ___ Official ___ NGB Administrator
___ Staff ___ Trainer ___ Intern ___ Other: _____

SKILL LEVEL

___ Olympic Caliber ___ Jr National ___ Coach/Medical/Administrative
___ National Caliber ___ Development

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone Number: _____