



ATHLETE NOMINATION FORM



SPORT:

FEDERATION:

(PLEASE FILL OUT COMPLETELY & TYPE/PRINT IN CAPITAL LETTERS)

DATE:

CURRENT ADDRESS:
(NOT P.O. BOX)

HOME CONTACT NO.:

WORK CONTACT NO.:

MOBILE CONTACT NO.:

EMAIL ADDRESS:

FULL NAME:
(AS SHOWN ON PASSPORT)

DATE OF BIRTH:

NATIONALITY:
(AS SHOWN ON PASSPORT)

CITY OF BIRTH:

COUNTRY OF BIRTH:

PASSPORT NUMBER:

EXPIRATION DATE:

U.S.A. PASSPORT INFORMATION (MANDATORY)

DDMMYYYY

DDMMYYYY

GENDER:

MALE

FEMALE

HEIGHT:

ft.

in.

cm.

WEIGHT:

lbs.

kgs.

INTERNATIONAL SPORTS EXPERIENCE (if any)		
YEAR	LIST OF COMPETITION(S)	CITY/COUNTRY

MUST BE FILLED OUT BY COACH OR FEDERATION
(MANDATORY FOR INDIVIDUAL SPORTS)

SPORT DISCIPLINE / EVENT(S)

EMERGENCY CONTACT INFORMATION

CONTACT PERSON:

RELATIONSHIP:

HOME CONTACT NO.:

WORK CONTACT NO.:

MOBILE CONTACT NO.:

EMAIL ADDRESS:

CURRENT ADDRESS:
(NOT P.O. BOX)

INSURANCE PROVIDER:

POLICY NUMBER:

PHYSICIAN:

CLINIC:

CONTACT NUMBER:

BLOOD TYPE:

ALLERGIES:

MEDICAL CONDITION(S):

FOR ATHLETES UNDER 18 YEARS OF AGE:

NAME OF PARENT(S) OR LEGAL GUARDIAN(S):

CONTACT NUMBER(S):

UNIFORM SIZES

WARM UP UNIFORM:

Small

Medium

Large

Extra Large

2X Large

3X Large

POLO SHIRT:

Small

Medium

Large

Extra Large

2X Large

3X Large

DRESS SHIRT/TOP:

Small

Medium

Large

Extra Large

2X Large

3X Large

T-SHIRT:

Small

Medium

Large

Extra Large

2X Large

3X Large

PANTS (Actual Waist Measurement):

DRESS SIZE (female):

ACKNOWLEDGEMENT

By signing the Athlete's Profile Nomination form, I certify that the information provided is true and correct. I give my consent to the NOC, host country and Games Organizing Committee to use my information provided for accreditation purposes. I also understand that this form authorizes the Guam National Olympic Committee's assigned team medical officials to administer treatment.

Athlete's Signature

Date

FOR ATHLETES UNDER 18 YEARS OF AGE:

Parent or Legal Guardian's Signature

Date