



# TEAM OFFICIAL NOMINATION FORM



SPORT: \_\_\_\_\_

FEDERATION: \_\_\_\_\_

TEAM OFFICIAL TITLE: \_\_\_\_\_

(Coach, Asst. Coach, Manager, etc.)

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

DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
**(NOT P.O. BOX)**

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER:  MALE  FEMALE

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ cm.

WEIGHT: \_\_\_\_\_ lbs. \_\_\_\_\_ kgs.

COACHING CERTIFICATION (MANDATORY)	
COURSES, SCHOOL, LEVEL OF COMPLETION	YEAR

PASSPORT INFORMATION (MANDATORY)				
FULL NAME: <small>(AS SHOWN ON PASSPORT)</small>				
DATE OF BIRTH:	DD	MM	YYYY	
NATIONALITY: <small>(AS SHOWN ON PASSPORT)</small>				
CITY OF BIRTH:				
COUNTRY OF BIRTH:				
PASSPORT NUMBER:				
EXPIRATION DATE:	DD	MM	YYYY	

COACHING EXPERIENCE <i>(list International &amp; local competitions)</i>		
YEAR	LIST OF COMPETITION(S) and/or EVENTS	CITY/COUNTRY

## EMERGENCY CONTACT INFORMATION

CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
**(NOT P.O. BOX)**

INSURANCE PROVIDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

CLINIC: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITION(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 official to administer treatment.**

\_\_\_\_\_  
Team Official's Signature

\_\_\_\_\_  
Date