



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: (AS SHOWN ON PASSPORT)							
DATE OF BIRTH:	DD	MM	YYYY				
NATIONALITY: (AS SHOWN ON PASSPORT)							
CITY OF BIRTH:							
COUNTRY OF BIRTH:							
PASSPORT NUMBER:							
EXPIRATION DATE:	DD	MM	YYYY				

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

EMERGENCY CONTACT INFORMATION	
CONTACT PERSON: _____	INSURANCE PROVIDER: _____
RELATIONSHIP: _____	POLICY NUMBER: _____
HOME NUMBER: _____	PHYSICIAN: _____
WORK NUMBER: _____	CLINIC: _____
MOBILE NUMBER: _____	CONTACT NUMBER: _____
EMAIL ADDRESS: _____	BLOOD TYPE: _____
CURRENT ADDRESS: (NOT P.O. BOX) _____	ALLERGIES: _____
	MEDICAL CONDITION(S): _____

UNIFORM SIZES												
WARM UP UNIFORM:	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Extra Large	<input type="checkbox"/>	2X Large	<input type="checkbox"/>	3X Large	<input type="checkbox"/>
POLO SHIRT:	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Extra Large	<input type="checkbox"/>	2X Large	<input type="checkbox"/>	3X Large	<input type="checkbox"/>
DRESS SHIRT/TOP:	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Extra Large	<input type="checkbox"/>	2X Large	<input type="checkbox"/>	3X Large	<input type="checkbox"/>
T-SHIRT:	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	Extra Large	<input type="checkbox"/>	2X Large	<input type="checkbox"/>	3X Large	<input type="checkbox"/>
PANTS (Actual Waist Measurement):	<input type="text"/>				DRESS SIZE (female):	<input type="text"/>						

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.