



# ATHLETE NOMINATION FORM

SPORT:

NATIONAL  
FEDERATION:

(PLEASE FILL OUT COMPLETELY & TYPE/PRINT)

DATE:

CURRENT ADDRESS:  
(NOT P.O. BOX)

HOME NUMBER:

WORK NUMBER:

MOBILE NUMBER:

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:

PASSPORT INFORMATION (MANDATORY)

	DD		MM		YYYY
	DD		MM		YYYY

2024 TEAM GUAM EVENTS (Check appropriate box or boxes)

Paris2024 Olympic Games

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 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):

FOR ATHLETES UNDER 18 YEARS OF AGE:

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

CONTACT NUMBER(S):

UNIFORM SIZES

WARM UP UNIFORM:

POLO SHIRT:

DRESS SHIRT/TOP:

T-SHIRT:

MEN'S WAIST SIZE:

WOMEN'S WAIST SIZE:

WOMEN'S DRESS SIZE:

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.

Athlete's Signature

Date

FOR ATHLETES UNDER 18 YEARS OF AGE:

Parent or Legal Guardian's Signature

Date