



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____ Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION			
Name: _____			
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	
Street Address: _____		City: _____	State: _____
Zip: _____	Phone: _____	Alternate Phone: _____	
Country: _____	Social Security Number, (last four digits only): XXX-XX-_____		
Email Address: _____ <small>(Four digit SSN and birthdate Required. Used for OTC filing purposes only)</small>			
Gender: Male	Female	Birth Date: _____	
US Citizen: Yes	No	If No, what nationality? _____	

PARTICIPANT'S EMERGENCY CONTACT INFORMATION			
Name: _____		Relation: _____	
Street Address: _____		Phone Number: _____	
City: _____	State: _____	Zip: _____	

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL			
Please check your guest type for this program.			
<input type="checkbox"/> Athlete	<input type="checkbox"/> Coach	<input type="checkbox"/> Official	<input type="checkbox"/> NGB Administrator
<input type="checkbox"/> Staff	<input type="checkbox"/> Trainer	<input type="checkbox"/> Intern	<input type="checkbox"/> Other: _____
Athletes: Please check your skill level for this program			
<input type="checkbox"/> Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship			
<input type="checkbox"/> National: NGB National Senior Team member or competition in a major international event within the last 12 months.			
<input type="checkbox"/> Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.			
<input type="checkbox"/> Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.			

FOR OFFICE USE ONLY			
Program # _____	Arrival date _____	Check in Initials _____	
Complete Paperwork _____	Missing Information: Bio _____ Medical _____ Waiver _____		



UNITED STATES OLYMPIC TRAINING CENTER
WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of **USA Gymnastics**, this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Release from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Guardian Name (Please print) _____

PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Gymnastics**. I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Gymnastics**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC ant Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of **USA Gymnastics** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X _____
Parent/Guardian Signature
Parent/Guardian Name (Please Print)

Date Signed: _____

Relationship: _____

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of **USA Gymnastics** at this USOTC and USOEC at Northern Michigan University.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____

UNITED STATES OLYMPIC COMMITTEE

Authorization For Release of Information

Information About the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant name _____ Social Security/ID Number: _____

Persons/organizations authorized to provide the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:

Persons/organizations authorized to receive the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and: _____

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows: _____

Specific purpose of the disclosure (note that "as requested by me" is an acceptable purpose if you do not wish to state a specific purpose): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows:

This authorization will expire one year from the date hereof unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization) _____

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant’s Signature _____

Participant’s Name (Printed) _____

Date _____

FOR ATHLETES OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature _____

Date _____

Parent/Guardian Name (Please print) _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

**UNITED STATES OLYMPIC COMMITTEE
COACHING ETHICS CODE AGREEMENT**

Please Print

Name: _____ **Sport/Program:** _____
Last First MI

Birthdate: _____ Last 4 Digits Social Security Number: _____

Mailing Address: _____

City/State/Zip: _____

I have read and understand the United States Olympic Committee's Coaching Ethics Code. I agree to abide by the Code, and I understand that violations may result in full or partial forfeitures of my coaching privileges at sites or events under United States Olympic Committee governance.

Signature: _____ Date: _____



U.S. OLYMPIC TRAINING CENTER MEDICAL HISTORY QUESTIONNAIRE

NAME:

SPORT:

DATE OF BIRTH:

SEX:

EMERGENCY CONTACT:

PHONE NUMBER:

Please circle 'yes' or 'no' and provide additional details as requested on both sides of the form. All information is confidential.

- NO YES Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.) Please list: _____
- NO YES Are you allergic to any foods? Please list _____
- NO YES Are you allergic to insect bites/stings? Please list _____
- NO YES Are you allergic to any trees, plants, or animals? Please list _____
- NO YES Do you regularly take any over the counter and/or prescription medication? (steroids, birth control pills, anti-inflammatories, antibiotics, topical medications, sprays/inhalers, etc.) Please give reasons: _____
- NO YES Do you regularly take any vitamins, minerals, herbs, or other supplements? Please list _____
- NO YES Have you ever been told that you have (had) asthma or exercise induced asthma? List medications _____
- NO YES Have you ever had a seizure? Date of last seizure _____
- NO YES Have you ever been told that you have epilepsy? List medications _____
- NO YES Are you presently being treated for diabetes or high blood sugar? List medications _____
- NO YES Have you ever been told that you were anemic? List dates _____
- NO YES Have you ever been told that you have sickle cell anemia?
- NO YES Have you ever been told that you have sickle cell trait?
- NO YES Are you presently being treated for high blood pressure? List medications _____
- NO YES Do you have or have you ever had heart disease? (murmur, rheumatic fever, stenosis) List condition and dates _____
- NO YES Do you have or have you ever had lung disease? (pneumonia, tuberculosis, etc.) List condition and dates _____
- NO YES Do you have or have you ever had kidney disease? (infections, kidney stones, blood in urine, etc.) List condition and dates _____
- NO YES Do you have or have you ever had liver disease (mononucleosis, hepatitis, etc.)? List condition and dates _____
- NO YES Do you have or have you ever had stomach disease (ulcers, bleeding, etc.)? List condition and dates _____
- NO YES Do you have or have you ever had frequent headaches? (migraines, tension headaches) List condition and dates _____
- NO YES Do you or have you ever had a hernia or "rupture"? List dates, if repaired _____
- NO YES Have you ever been knocked out or had a concussion or other closed head injury? List dates _____
- NO YES Have you ever stayed overnight in a hospital due to a concussion or closed head injury? List dates _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your neck that disabled you for a week or longer? List injury/dates _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your upper back that disabled you for a week or longer? List injury/dates _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your low back that disabled you for a week or longer?

List injury/dates _____

NO YES Have you ever had a broken bone or fracture? R or L List bone/dates _____

NO YES Have you ever had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? R or L
List injury/dates _____

NO YES Have you ever had shoulder surgery? R or L What was done/why? _____
Date _____

NO YES Have you had an elbow injury that disabled you for a week or longer? (dislocation, sprain, etc.)
R or L List injury/dates _____

NO YES Have you ever had elbow surgery? R or L What was done/why? _____
Date _____

NO YES Have you had a wrist or hand injury that disabled you for a week or longer? (dislocation, sprain,
etc.) R or L List injury/dates _____

NO YES Have you ever had wrist or hand surgery? R or L What was done/why? _____
Date _____

NO YES Have you ever been told that you injured the patella, patellar tendon, or front part of your knee?
R or L List injury/dates _____

NO YES Have you ever been told that you injured the cartilage/meniscus in your knee?
R or L List injury/dates _____

NO YES Have you ever been told that you injured the ligaments in your knee?
R or L List injury/dates _____

NO YES Have you ever had knee surgery? R or L What was done/why? _____
Date _____

NO YES Have you had an ankle injury that disabled you for a week or longer? (sprain, strain, dislocation, etc.)
R or L List injury/dates _____

NO YES Have you ever had ankle surgery? R or L What was done/why? _____
Date _____

NO YES Do you presently have a rod, pin, screw or plate anywhere in your body? Where? _____
Date _____

NO YES Do you wear contact lenses while participating in your sport?

NO YES Do you wear any removable dental appliance? (circle those which apply)
REMOVABLE RETAINER REMOVABLE BRIDGE REMOVABLE PLATE

NO YES Are you missing one of a set of paired organs (kidneys, eyes, testicles)? Specify

NO YES Do you have any other conditions you wish to make us aware? Specify & give details.

PLEASE GIVE THE DATES OF YOUR LAST IMMUNIZATIONS FOR:

Diphtheria _____ Tetanus _____ Measles _____ Influenza/Flu _____ Polio _____

Rubella _____ Hepatitis A _____ Hepatitis B _____ Mumps _____

FEMALE ATHLETES ONLY

NO YES Are you pregnant, or do you suspect that you may be pregnant? (If the answer is "YES", this does not necessarily preclude sport participation, however you must present clearance from a physician stating that sport participation will not be detrimental to the pregnancy.)

DISABLED ATHLETES ONLY

NO YES Please indicate your disability and how it occurred. What & when? _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE