



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____

Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

LAST

FIRST

MIDDLE

Street Address: _____ City: _____ State: _____

Zip: _____ Country: _____ Email Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Social Security Number (last four digits only): XXX-XX-_____ Birth Date: _____

(Four digit SSN and Birthdate required. Used for OTC filing purposes only)

Gender: Male Female US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION *(Required)*

Name: _____ Relation: _____

Street Address: _____ Cell Phone: (____) _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes: Please check your skill level for this program

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship

National: NGB National Senior Team member or competition in a major international event within the last 12 months.

Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.

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 _____ HIPAA _____



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 at 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: _____

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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's Name _____ Social Security/ID Number: XXX-XX- _____

Sport _____

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 remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) 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

OLYMPIC TRAINING CENTER PARTICIPANT MEDICAL HISTORY QUESTIONNAIRE

NAME: LAST _____ FIRST _____ SPORT: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX: MALE _____ FEMALE _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PARTICIPANT'S PHONE: _____

NAME: _____ PHONE: CELL _____ HOME _____

- | | <u>Yes</u> | <u>No</u> | <u>Has the participant ever had?</u> | | <u>Yes</u> | <u>No</u> | <u>Has the participant ever had?</u> |
|-----|------------|-----------|---|-----|------------|-----------|---|
| 1. | _____ | _____ | Chronic or recurrent illness or injury? | 18. | _____ | _____ | Asthma? |
| 2. | _____ | _____ | Any illness lasting more than (1) week? | 19. | _____ | _____ | Epilepsy or other seizures? |
| 3. | _____ | _____ | Mononucleosis or Rheumatic fever? | 20. | _____ | _____ | Diabetes? |
| 4. | _____ | _____ | Hospitalizations (Overnight or longer)? | 21. | _____ | _____ | Herpes infection? |
| 5. | _____ | _____ | Surgery, other than tonsillectomy? | 22. | _____ | _____ | Marfan Syndrome? |
| 6. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 23. | _____ | _____ | Eyeglasses or contact lenses? |
| 7. | _____ | _____ | Allergies to pollen, stinging insect, food, etc.? | | | | |
| 8. | _____ | _____ | High blood pressure or high cholesterol? | | | | |
| 9. | _____ | _____ | Heart problems (Racing, murmur, skipped beats, infections, etc.?) | 24. | _____ | _____ | <u>Is there a history of?</u>
Injuries requiring medical treatment? |
| 10. | _____ | _____ | Chest pressure or pain with exercise? | 25. | _____ | _____ | Neck injury? |
| 11. | _____ | _____ | Dizziness or fainting with exercise? | 26. | _____ | _____ | Knee injury or surgery? |
| 12. | _____ | _____ | Excessive shortness of breath with exercise? | 27. | _____ | _____ | Other serious joint injuries? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 28. | _____ | _____ | Use of protective equipment or braces? |
| 14. | _____ | _____ | Head injury, concussion, unconsciousness? | 29. | _____ | _____ | Do you know your sickle cell status? |
| 15. | _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? | 30. | _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Headache, memory loss, or confusion with contact? | 31. | _____ | _____ | Do you have any concerns that you would like to discuss with the doctor? |
| 17. | _____ | _____ | Severe muscle cramps or become ill when exercising in the heat? | | | | |

- | | <u>Yes</u> | <u>No</u> | <u>Family History:</u> |
|-----|------------|-----------|--|
| 32. | _____ | _____ | Does anyone in your family have Marfan syndrome? |
| 33. | _____ | _____ | Has anyone in your family died suddenly for no apparent reason? |
| 34. | _____ | _____ | Has anyone in your family had a heart attack at less than 55 years of age? |

Use this space to explain any "YES" answers from above (questions #1-34) or **to provide any additional information:**

35. Are you allergic to any prescription or over-the-counter medications? Do you have any food allergies? If yes, list: _____
36. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____
37. Year of last known: Tetanus (lockjaw) vaccination: _____ Meningitis vaccination: _____
38. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____
39. Are you happy with your current weight? **Yes** _____ **No** _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____

2. In the past 12 months, what is the longest time you have gone between menstrual periods? _____

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Participant

Date

FOR ATHLETES OF MINORITY OF AGE

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 at this USOTC, and consent to the provisions 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. 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 the participant's next of kin or any other individual.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Relationship: