



## United States Olympic Training Centers 2004 Resident Athlete Application

Application for:     Renewing Resident     New Resident     On Site     Off Site

Site:    (  ) Chula Vista                      (  ) Colorado Springs                      (  ) Lake Placid                      (  ) USOEC

### PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Room Phone: \_\_\_\_\_ Cell/Alternate Phone \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number: XXX- XX- \_\_\_\_\_ (Just the last four digits)

Gender:    Male            Female                      Birth Date: \_\_\_\_\_            Age: \_\_\_\_\_

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.

Athlete             Coach             Dorm Liaison

Athletes: Please check your skill level for this program

**Olympic Caliber:** Athletes who have competed or will compete in the upcoming Olympic or Paralympic 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

## Letter of Intent

**It is important to carefully read this entire document before signing. It establishes a commitment between you, your National Governing Body (NGB), the United States Olympic Committee (USOC), and the Olympic Training Center (OTC).**

1. By signing this Letter of Intent, I understand that I will be agreeing to participate in the United States Olympic Committee's Resident Program at the Olympic Training Center, made available by funding from the USOC. To receive this privilege, I agree to:
  - ?? Commit myself to a program of training with the intent of qualifying for and competing in the Olympic and/or Paralympic Games. I realize that satisfactory progress in my performance is a requirement for continued resident status;
  - ?? Place myself under the guidance and authority of my NGB resident coach and a program of training and competition approved by my NGB;
  - ?? Subject myself to drug testing, including no advanced notice, short-notice and/or out of competition basis, conducted by WADA, USADA, the USOC, OTC, my NGB, or the International Olympic Committee (IOC), in accordance with the procedures of those bodies;
  - ?? Participate in evaluation and testing programs as may be conducted by the USOC or my NGB; this includes a physical examination by Sports Medicine to establish a medical history;
  - ?? Abide by the Code of Conduct and rules established by the USOC and my NGB for my participation in the Resident Program and show respect for USOC/NGB property and personnel;
  - ?? Abide by the terms and conditions of OTC Residency as may be determined by the USOC and my NGB, including a Personal Development Plan and participation in Community Service projects.
  - ?? Accept and defer to the authority of my NGB, its International Federation (IF), the USOC, the IOC, and any properly constituted adjudicatory body, for any and all matters relating to my participation in programs, activities and events of my NGB, its IF, the USOC, the IOC, including all hearing procedures and appeal procedures established by those bodies.
  - ?? As a high school age athlete, I will enroll in a local high school. I understand at the time of application, I must possess and then maintain a 2.7 grade point average. As a college student, I understand I must possess and maintain a 2.0 grade point average. I will submit grade reports with this application and for each semester I am enrolled in school.
  - ?? Follow established check-in/check-out procedures, maintain an appropriate level of sanitation of USOC property for health reasons, and understand I may be charged for undue wear and/or damages to USOC/OTC property, missing keys/cards, or other USOC/OTC property. In addition, I understand the USOC may require access to my room for health and safety inspections, or for reasons of security.
  - ?? Subject myself to removal from the Resident Program and termination of OTC Residency if I violate any condition herein, or if in the judgement of my NGB or the USOC, any of my actions impact negatively on the reputation of the USOC, my NGB or the Resident Program. Failure to abide by any of these guidelines is grounds for loss of privileges, sanctions and/or removal from the resident program by my NGB and/or the USOC and all further USOC resources and facilities;

### ATHLETE ACCEPTANCE OF TERMS AND CONDITIONS OF LETTER OF INTENT

I certify that I have read all terms and conditions of the Letter of Intent, and fully understand, accept, and agree to be bound by them. I declare to the best of my knowledge and belief, that all statements and information provided by me in this application are complete and true. It is my intent to participate fully in the programs offered at the OTC in order to do the best I can to realize my full potential, as an athlete and a student, employee, and/or volunteer.

I understand that I have qualified for this support based on a program approved by my NGB and the USOC for a period of one year. I understand that if I do not meet the standards established and agreed to by me in this application and NGB Performance Recommendation, I may be released from the Resident Program within the one-year period. In order to qualify for support in future years, I will have to demonstrate progress toward the goal of excellence in international competition according to the standards established by my NGB. If attending an educational institution, I will also have to demonstrate satisfactory progress in my course of study as determined by the public schools or the college/university I attend, according to my educational PDP for the year. I understand that I am representing the USOC and my NGB in the community and at any service agency where I may volunteer.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT / GUARDIAN if under 18 Years of Age



# 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.**

Athlete 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:

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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:

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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) \_\_\_\_\_

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**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.**

Athlete's Signature \_\_\_\_\_

Athlete'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***