



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: DD MM YYYY

NATIONALITY:
(AS SHOWN ON PASSPORT)

CITY OF BIRTH:

COUNTRY OF BIRTH:

PASSPORT NUMBER:

EXPIRATION DATE: DD MM YYYY

PASSPORT INFORMATION (MANDATORY)				
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<input type="text"/>	DD	MM	YYYY	
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<input type="text"/>				
<input type="text"/>				
<input type="text"/>	DD	MM	YYYY	

2023 TEAM GUAM EVENTS (Check appropriate box or boxes)

10th Micronesia Games, Majuro, Marshall Islands
 7th East Asian Youth Games, Ulaanbaatar, Mongolia
 2nd ANOC World Beach Games, Bali, Indonesia

17th Pacific Games, Honaria, Solomon Islands
 6th Asian Indoor & Marital Arts Games, Bangkok, Thailand

GENDER: MALE FEMALE

HEIGHT: ft. in. cm.

WEIGHT: lbs. kgs.

MUST BE FILLED OUT BY COACH OR FEDERATION (MANDATORY FOR INDIVIDUAL SPORTS)
SPORT DISCIPLINE / EVENT(S)
<input type="text"/>
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INTERNATIONAL SPORTS EXPERIENCE (if any)		
YEAR	LIST OF COMPETITION(S)	CITY/COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>
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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