



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)					
DOB Day	DD	DOB Month	MM		YYYY
DOB Day	DD	DOB Month	MM		YYYY

2027 TEAM GUAM EVENTS (Check appropriate box or boxes)

☐ 2027 Pacific Games, Tahiti

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)

INTERNATIONAL SPORTS EXPERIENCE (if any)		
YEAR	LIST OF COMPETITION(S)	CITY/COUNTRY

EMERGENCY CONTACT INFORMATION	
CONTACT PERSON:	INSURANCE PROVIDER:
RELATIONSHIP:	POLICY NUMBER:
HOME NUMBER:	PHYSICIAN:
WORK NUMBER:	CLINIC:
MOBILE NUMBER:	CONTACT NUMBER:
EMAIL ADDRESS:	BLOOD TYPE:
CURRENT ADDRESS: (NOT P.O. BOX)	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: Warm Up Uniform POLO SHIRT: Polo Shirt Size DRESS SHIRT/TOP: Dress Shirt/Top Size T-SHIRT: T-Shirt Size

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 _____