

# USA Wrestling 2007 Dave Schultz Entry Form

-Please Print Clearly-

Name \_\_\_\_\_

USAW Card # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

E-mail \_\_\_\_\_

Weight Class \_\_\_\_\_

School/Club \_\_\_\_\_

Please check the style under the age-group you plan on participating in. Make sure to read the event flyer for the age-groups that are competing.

## SENIOR:

Greco-Roman: Born 1987 or before (1988-1989 must have medical certificate)

Men's Freestyle: Born 1987 or before (1988-1989 must have medical certificate)

Women's Freestyle: Born 1987 or before (1988-1990 must have medical certificate)

## CONSENT AND RELEASE

In consideration for the opportunity to participate in the DAVE SCHULTZ MEMORIAL INTERNATIONAL (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor") hereby acknowledges that the "Event," and related activities and performances, may be televised live and/or videotaped for broadcast, cablecast, home video entertainment and/or any other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules or The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc. ("USAW") and/or the Fédération Internationale des Luttes Associées ("FILA") and hereby consents that USAW, for purposes of USAW's athletics/sports programs and related events and activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licensees, shall have the right, without any compensation to competitor, to use Competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of

the Event and for the purpose of advertising, promoting and publicizing the events and activities of USAW and the program and/or any program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assigns, to release, indemnify and hold harmless USAW and its officers, directors, agents, employees and licensees from any claim of any nature based upon or arising out of any Dissemination or other permitted uses contemplated by this Consent and Release.

\_\_\_\_\_  
Signature of Competitor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL CONSENT

Name of Primary Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Address \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Presently on any medication? \_\_\_\_\_

If yes, please list medication(s) \_\_\_\_\_

Drug Sensitivities or Allergies \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

**Please indicate another person to call in case of emergency**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Parent or Guardian of minor must read and complete the following:**

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

### Check one:

\_\_\_\_\_ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

\_\_\_\_\_ If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPETITOR ACKNOWLEDGES THAT  
COMPETITOR HAS HAD SUFFICIENT  
OPPORTUNITY TO REVIEW THE PROVISIONS  
OF THIS DOCUMENT AND UNDERSTANDS ITS  
PURPOSE, MEANING AND INTENT.**

\_\_\_\_\_  
Print Name of Competitor

\_\_\_\_\_  
Signature of Competitor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Assumption of Risk, Code of Conduct, Waiver, and Release of Liability

IN CONSIDERATION FOR the opportunity to participate in the EVENT described below, PARTICIPANT acknowledges, agrees and affirms the following:

1. The following words used in this document will have the meaning indicated:

- A. "EVENT" shall mean the DAVE SCHULTZ MEMORIAL INTERNATIONAL.
- B. "USAW" shall mean The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc., and its directors, officers, members, employees, officials, committees, clubs, affiliates, agents and their successors and assignees.
- C. "EVENT ORGANIZER" shall mean a club, local organizing committee or any other person or entity responsible for hosting, conducting, and/or sponsoring the EVENT, including any director, officer, member, official, committee or agent thereof and their successors and assignees.
- D. "PARTICIPANT" shall mean the undersigned individual who competes or is involved in the EVENT and his/her parents, legal guardians, heirs, personal representatives and their successors and assignees.
- E. "PERSONAL INJURY" shall mean and include any bodily injury; permanent, temporary, total or partial disability; paralysis; dismemberment; or death.
- F. "PROPERTY DAMAGE" shall mean and include damage or destruction to PARTICIPANT'S gear, equipment and all other personal property or belongings.
- G. "MEDICAL TREATMENT" shall mean and include all emergency medical treatment, medical procedures, hospitalization or other care rendered to PARTICIPANT in connection with or resulting from his/her participation in EVENT.
- H. "LOSS" shall mean and include any and all liabilities, losses, damages and claims (including reasonable costs and attorneys' fees), which are suffered or result directly or indirectly from PERSONAL INJURY, PROPERTY DAMAGE and/or MEDICAL TREATMENT to PARTICIPANT, or others, and which are incurred during or in the course of PARTICIPANT'S preparation for, participation and involvement in, and travel to or from the EVENT or the conduct and management of the EVENT.

2. By issuing a sanction for the EVENT, USAW is not responsible or liable for the management or conduct of the

EVENT, unless USAW has otherwise expressly agreed in writing to serve in such role.

3. PARTICIPANT understands and appreciates the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling to or from the EVENT, and that such activities may involve risks, including PERSONAL INJURY.
4. PARTICIPANT knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.
5. USA Wrestling (USAW) is committed to providing a safe environment for its members, participants, coaches, officials and volunteers and to prevent abusive conduct and harassment in any form while participating in the activities of USAW. USAW promotes good sportmanship throughout the organization and encourages qualities of mutual respect, courtesy and tolerance in all members, participants, coaches, officials, staff and volunteers. USAW advocates building strong self-images among participants. Athletes with a strong self-image may be less likely targets for abuse or harassment; similarly, they may be less likely to engage in abuse or to harass or bully others around them.

To this end, USAW has established the following guidelines of behavior. All members of the organization, as well as parents, spectators and other invitees are expected to observe and adhere to these guidelines.

**Harassment and abuse are defined in various sources such as state law, case law, sports organization and professional association codes of conduct and training manuals, corporate and business workplace documents and human rights commission materials. USAW has not adopted any specific definition of harassment or abuse, choosing instead to defer to such general sources and definitions for reference and application, depending on the circumstances. As further elaboration of examples given above, the following generally describe conduct that may be considered harassment or abuse:**

-Any improper or inappropriate comment, action or gesture directed toward a person or group that is related to race, ethnicity, national origin, religion, age, gender, sexual orientation, disability or other personal characteristic.

-Creating an environment through behavior or course of conduct that is insulting, intimidating, humiliating, demeaning or offensive.

-Harassment usually occurs when one person engages in abusive behavior or asserts unwarranted power or authority over another, whether intended or not, and may include, for example, name-calling, threats, belittling, unwelcome advances and requests for sexual

favors (as well as undue pressure to perform or succeed).

-Harassment includes child abuse.

-Child abuse can include physical contact – or the threat of it – that intentionally causes bodily harm or injury to a child. This may include, for example, hitting, shaking, kicking, shoving, forcing an athlete to wrestle when injured or mandating excessive exercise as a form of punishment. It may also include touching for the purpose of causing sexual arousal or gratification that involves a child, rape, incest, fondling, exhibitionism and sexual exploitation. It may also include chronic attacks on a child's self-esteem, such as psychologically destructive behavior consisting of ridiculing, screaming, swearing, racist comments, threatening, stalking, hazing and isolating.

6. PARTICIPANT releases, waives any claims and promises not to sue the EVENT ORGANIZER and/or USAW with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT (including as may result from the negligence of the EVENT ORGANIZER), except any LOSS which is the result of gross negligence and/or willful or wanton misconduct by the EVENT ORGANIZER. PARTICIPANT further agrees to hold harmless and indemnify the EVENT ORGANIZER and/or USAW from any claims brought against the EVENT ORGANIZER and/or USAW resulting from, arising out of or in any way associated with any LOSS.

7. Prior to participating in the EVENT, PARTICIPANT shall have the right to inspect the facilities and equipment to be used and, if PARTICIPANT discovers any condition which he/she reasonably believes to be unsafe, PARTICIPANT will immediately cause EVENT officials to be notified of such condition and will not participate in the EVENT so long as such condition exists.

**BY SIGNING THIS DOCUMENT, PARTICIPANT ACKNOWLEDGES HAVING READ AND UNDERSTOOD ITS MEANING AND CONTENTS.**

\_\_\_\_\_  
Print Name of Competitor

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**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 WRESTLING**. 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 WRESTLING**.

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 WRESTLING** 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: \_\_\_\_\_

# 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:

\_\_\_\_\_  
\_\_\_\_\_

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.**

**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***

# OLYMPIC TRAINING CENTER ATHLETE MEDICAL HISTORY QUESTIONNAIRE

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_

Please circle "Yes" or "No" and provide additional details where requested on this form.

All information will be confidential.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No  
(List \_\_\_\_\_)
2. Do you have an ongoing or chronic illness? Yes No
3. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes No  
(List \_\_\_\_\_)
4. Do you have any food allergies? Yes No  
(List \_\_\_\_\_)
5. Do you have any seasonal allergies that require medical treatment? Yes No  
(List \_\_\_\_\_)
6. Are you allergic to insect bites or stings? Yes No  
(List \_\_\_\_\_)
7. Do you take any over the counter medication(s)? Yes No  
(List \_\_\_\_\_)
8. Do you take any prescribed medication on a permanent or semi-permanent basis  
(steroids, birth control pills, anti-inflammatories, antibiotics, etc.)? Yes No  
(List \_\_\_\_\_)
9. Do you use an inhaler? Yes No  
(List \_\_\_\_\_)
10. Do you take any over the counter dietary supplements (herbs, vitamins, minerals, protein)? Yes No  
(List \_\_\_\_\_)
11. Have you ever taken any dietary supplements or vitamins to help you gain or lose  
weight or improve your performance? Yes No  
(List \_\_\_\_\_)
12. Do you ever have chest tightness? Yes No
13. Do you ever have wheezing? Yes No
14. Do you ever have itchy eyes? Yes No

- |     |   |     |    |
|-----|---|-----|----|
| 15. | Do you ever have itching of the nose or throat or sneezing spells?  | Yes | No |
| 16. | Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath?  | Yes | No |
| 17. | Have you ever had chest tightness, cough, wheezing, asthma or other chest (lung) problems which made it difficult for you to perform in sports? | Yes | No |
| 18. | Have you ever missed school, work or practice because of chest tightness or cough or wheezing or prolonged shortness of breath?                 | Yes | No |
| 19. | If you have been told you have asthma, what medication(s) have you taken to treat it?<br>(List _____)   |     |    |
| 20. | Have you ever had a rash or hives develop during or after exercise?   | Yes | No |
| 21. | Have you ever had a seizure?<br>(List medication(s) _____)  | Yes | No |
| 22. | Have you ever been told that you have epilepsy?<br>(List medication(s) _____)   | Yes | No |
| 23. | Do you have or have you ever been treated for diabetes?<br>(List medication(s) _____)   | Yes | No |
| 24. | Have you ever been told that you were anemic?<br>(When _____)   | Yes | No |
| 25. | Have you ever been told that you have sickle cell anemia?   | Yes | No |
| 26. | Have you ever been told by a physician you have the sickle cell trait?  | Yes | No |
| 27. | Have you ever become ill from exercising in the heat?   | Yes | No |
| 28. | Have you ever passed out in the heat?   | Yes | No |
| 29. | Have you ever had heat or muscle cramps?  | Yes | No |
| 30. | Have you ever been told to give up sports because of health problem?  | Yes | No |
| 31. | Has anyone in your family under age 50 died suddenly?<br>Explain _____  | Yes | No |
| 32. | Do you have or have you ever had high blood pressure?<br>(List medication(s) _____)   | Yes | No |
| 33. | Do you have or have you ever had high cholesterol?  | Yes | No |
| 34. | Do you have trouble breathing or do you cough during or after activity?   | Yes | No |
| 35. | Have you ever been dizzy during or after exercise?  | Yes | No |
| 36. | Have you ever fainted or passed out when exercising?  | Yes | No |
| 37. | Have you ever had chest pain during or after exercise?  | Yes | No |
| 38. | Do you have or have you ever had racing of your heart or skipped heartbeats?  | Yes | No |
| 39. | Do you get tired more quickly than your friends do during exercise?   | Yes | No |

40. Do you have or have you ever been told you have a heart murmur? Yes No  
(Give date(s)\_\_\_\_\_)
41. Do you have a heart arrhythmia? Yes No  
(List medication and dosage \_\_\_\_\_)
42. Do you have a family history of heart disease? Yes No  
Describe \_\_\_\_\_
43. Do you have any other history of heart disease? (angina, arrhythmia, valve disease) Yes No  
Describe \_\_\_\_\_
44. Have you had a severe viral infection (for example myocarditis or mononucleosis) Yes No  
within the last month?
45. Do you have or have you ever had rheumatic fever? Yes No  
(Give date(s)\_\_\_\_\_)
46. Do you have or have you ever had lung disease (pneumonia)? Yes No  
(Give date\_\_\_\_\_)
47. Do you have or have you ever had kidney disease (infections)? Yes No  
(Give date(s)\_\_\_\_\_)
48. Do you have or have you ever had liver disease (mononucleosis, hepatitis)? Yes No  
(Give date(s)\_\_\_\_\_)
49. Do you or have you ever had a hernia or “rupture”? Yes No  
Has it been repaired? Yes No
50. Do you have any current skin problems (for example, itching, rashes, acne, warts, Yes No  
fungus, or blisters)?
51. Have you been “knocked out,” become unconscious, or lost your memory? Yes No  
(Give date(s)\_\_\_\_\_)
52. Have you had a concussion or other head injury? Yes No  
(Give date(s)\_\_\_\_\_)
53. Have you ever had your head or neck x-rayed? Yes No
54. Have you stayed overnight in a hospital due to head injury? Yes No  
(Give date(s)\_\_\_\_\_)
55. Do you have frequent or severe headaches? Yes No
56. Have you ever had a neck injury involving bones, nerves or discs that disabled Yes No  
you for a week or longer?  
(Type of injury\_\_\_\_\_ Dates\_\_\_\_\_)
57. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
58. Have you ever had a stinger, burner, or pinched nerve? Yes No
59. Have you ever injured your back? Yes No  
(Type of injury\_\_\_\_\_ Dates\_\_\_\_\_)

60. Do you have back pain? Yes No  
 (Circle those which apply: seldom / occasionally / frequently / with vigorous exercise / with heavy lifting )
61. Do you want to weigh more or less than you do now? Yes No
62. Do you lose weight regularly to meet weight requirements for your sport? Yes No
63. Do you feel stressed out? Yes No
64. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle which apply and explain. Yes No  
 ( head / neck / back / chest / shoulder / upper arm / elbow / forearm / wrist / hand / finger / hip / thigh / knee / shin/calf / ankle / foot) /  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
65. Have you had a broken bone or fracture? R or L Yes No  
 (What bone(s) \_\_\_\_\_ Dates \_\_\_\_\_)
66. Have you had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? Yes No  
 (Type of injury \_\_\_\_\_ Dates \_\_\_\_\_)
67. Have you ever had a shoulder surgery? R or L Yes No  
 (What was done & why \_\_\_\_\_ Dates \_\_\_\_\_)
68. Does your shoulder routinely/occasionally dislocate (come out of place)/sublux?
69. Have you injured your knee? R or L Yes No
70. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Yes No  
 (Give date(s) \_\_\_\_\_)
71. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Yes No  
 (Give date(s) \_\_\_\_\_)
72. Have you ever had knee surgery? R or L Yes No  
 (What was done \_\_\_\_\_ Dates \_\_\_\_\_)
73. Have you had a severe ankle sprain? R or L Yes No
74. Do you have a pin, screw or plate in your body? Yes No  
 (Where in your body \_\_\_\_\_ Dates \_\_\_\_\_)
75. Have you had any surgery? Yes No  
 (Specify and give details: \_\_\_\_\_  
 \_\_\_\_\_)
76. Do you use any special protective or corrective equipment or devices that are not usually used for your sport (for example, knee brace, special neck roll, foot orthotics, hearing aid)? Yes No
77. Have you had any problems with your eyes or vision? Yes No

78. Do you wear glasses, contacts or protective eyewear during competition? Yes No
79. Do you have a hearing loss? R= \_\_\_\_\_ L= \_\_\_\_\_ Yes No  
 % of hearing loss? R= \_\_\_\_\_ L= \_\_\_\_\_  
 Do you use an appliance? \_\_\_\_\_ Type? \_\_\_\_\_
80. Do you wear any of the following dental appliances? Yes No  
 (Circle those which apply: permanent bridge / removable retainer / removable partial plate  
 permanent crown or jacket / braces / permanent retainer / full plate )
81. Are you missing one of a set of paired organs (kidney, eyes, etc.)? Yes No  
 (List \_\_\_\_\_ )
82. Do you now or have you ever had herpes? Yes No

**FEMALES ONLY**

83. When was your first menstrual period? \_\_\_\_\_
84. When was your most recent menstrual period? \_\_\_\_\_
85. How much time do you usually have from the start of one period  
 to the start of another? \_\_\_\_\_
86. How many periods have you had in the last year? \_\_\_\_\_
87. What was the longest time between periods in the last year? \_\_\_\_\_
88. Are you pregnant, or do you suspect that you may be pregnant? Yes No

*(If the answer is "Yes," this does not necessarily preclude your participation from your sport, however you must present a clearance form you physician stating that your sport participation will not be detrimental to the pregnancy.)*

89. Do you have any other conditions that we should be aware of (i.e. ulcers, tendonitis, etc.)? Yes No  
 (Specify and give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_)
90. Please give the date of your last immunizations:  
 Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis B \_\_\_\_\_
91. Please give the date of your last measles, mumps, rubella and chicken pox shots:  
 Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_
92. Which of the following dietary supplements have you taken **during the past year?**  
 \_\_\_\_\_ Multi-vitamin/minerals \_\_\_\_\_ Protein drinks or bars  
 \_\_\_\_\_ Individual vitamin (e.g. vitamin C, etc.) \_\_\_\_\_ Energy drinks or bars  
 \_\_\_\_\_ Individual mineral (e.g. iron, calcium, etc.) \_\_\_\_\_ Creatine  
 \_\_\_\_\_ Protein powders or pills \_\_\_\_\_ Amino acid pills or powders  
 \_\_\_\_\_ Herbals (e.g. Ginseng, Echinacea, etc.) \_\_\_\_\_ Others – please list  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

93. If you took any dietary supplements during the past year, how frequently did you take them?
- |   |                            |
|---|----------------------------|
| _____ Daily   | _____ Occasionally         |
| _____ Once a week                                     | _____ Several times a week |
| _____ Only at specific times (travel, training, etc.) |                            |

94. Check the reasons for using dietary supplements **during the past year**:
- |  |                                 |
|--|---------------------------------|
| _____ To make up for an inadequate diet      | _____ To lose weight            |
| _____ To treat a medical condition or injury | _____ To have more energy       |
| _____ To increase muscle mass/gain weight    | _____ To enhance my performance |
| _____ To prevent illness and disease         | _____ No specific reason        |

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

\_\_\_\_\_  
**Signature of athlete**

\_\_\_\_\_  
**Date**

**Noteworthy medical conditions/issues as per USOC Medical Staff review:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Medical Staff signature**

\_\_\_\_\_  
**Date**



# UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Program Name: \_\_\_\_\_

Program # \_\_\_\_\_

Check-in Date \_\_\_\_\_

## BIOGRAPHICAL INFORMATION

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

*LAST* \_\_\_\_\_ *FIRST* \_\_\_\_\_ *MIDDLE* \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female  
*(Last four digits of SSN and birth date required. Used for OTC filing purposes only)*

US Citizen: Yes No If No, what nationality? \_\_\_\_\_

## GUEST TYPE

Please check your guest type for this program.

\_\_\_\_ Athlete \_\_\_\_ Coach \_\_\_\_ Official \_\_\_\_ NGB Administrator

\_\_\_\_ Staff \_\_\_\_ Trainer \_\_\_\_ Intern \_\_\_\_ Other: \_\_\_\_\_

## SKILL LEVEL

\_\_\_\_ Olympic Caliber \_\_\_\_ JR National \_\_\_\_ Coach/Medical/Administrative

\_\_\_\_ National Caliber \_\_\_\_ Development

## EMERGENCY CONTACT INFORMATION

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

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_