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( <b>P</b> )	Please check if this person is an Alternate (Substitute/Reserve)  (Please print in ink using block letters or type)																																			
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AS Staff*														Sp	ort												Т	Τ		1						

<sup>\*</sup> The "AS" designation is for Delegation staff above the delegation quota. ALL AS Staff fees must be paid before credentials are issued.



## **FORM B – Delegate, Coach and Unified Partner Registration** – page 2 of 2

Name: Last/Family First	Middle Initial												
Medical Information													
Does this person use a wheelchair? $\square$ YES $\square$ NO													
Is there a history of: Yes No													
Heart problems/high blood pressure													
Head injury/history of concussion													
Seizures													
Heat Stroke													
Allergies: (list)													
Dietary Restrictions: (list)													