**FORM B – Delegate, Coach and Unified Partner Registration -** Page 1 of 2

Please check if this person is an Alternate (Substitute/Reserve)

(**Please print in ink using block letters or type)**

(*If you are not using digital photos, attach 2 passport size photos)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Delegation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SO Region | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: Last/Family | | | | | | | | | | | |  | First | | | | | | | | | | | | | | Middle Initial | | | | | Gender: M/F | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | |  | State/Province | | | | | | | | | | | | | | |  | Country | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth: dd-mm-yyyy | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nationality | | | | | | | | | | | | | | |  |  | | Place of Birth | | | | | | | | | | | | | | |  |  |  |  |
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| Passport Number | | | | | | | | | | | | | | |  |  | | Passport Expiration Date: dd-mm-yyyy | | | | | | | | | | | | | | |  |  |  |  |
| **Function** *Check one* | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |
|  | Head of Delegation | | | | | |  |  |  |  |  | Head Coach | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Assistant Head of Delegation | | | | | | | | |  |  | Coach | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Unified Partner | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  | AS Staff\* | | | | | | |  |  | Sport | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*\* The “AS” designation is for Delegation staff above the delegation quota. ALL AS Staff fees must be paid before credentials are issued.*

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| Name: Last/Family | | | | | | | | | | | |  | First | | | | | | | | | | | | | Middle Initial | | | | |

**Medical Information**

**Does this person use a wheelchair? □ YES □ NO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Is there a history of: | | | | | | |  |  |  |  | Yes | | | No | | |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | |  |  |
| Heart problems/high blood pressure | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Head injury/history of concussion | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Seizures | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Heat Stroke | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  |  |
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| Allergies: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dietary Restrictions: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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