



United States Olympic Committee

2006 ATHLETE SUPPORT DESIGNEE FORM (Winter Grant Period: July 1, 2005 – June 30, 2006) (Summer Grant Period: January 1, 2006 – December 31, 2006)

Sections A and B are to be completed by the athlete. Section C is to be completed by the NGB.

A. GENERAL INFORMATION

Please list permanent address: (If you move, please give the USOC and your NGB your new address so payments are not delayed)

Name _____	Sport _____	Event _____
Street _____	Day Phone (____) _____	
City _____ State _____ Zip _____	Cell Phone (____) _____	
Social Security Number _____	Email Address _____	
Birth date _____ Male ____ Female ____	United States citizen? Yes ____ No ____	

Please list the address where you would like your check to be sent (if different from above):

Street _____ City _____ State _____ Zip _____

B. TERMS AND CONDITIONS

In consideration of receiving any United States Olympic Committee (USOC) direct athlete support, which includes Athlete Support Performance Pool, Tuition Grants, Operation Gold and/or Elite Athlete Health Insurance (USOC Athlete Support), I intend and agree to:

- (a) Commit myself to a program of preparation with the intent of qualifying for and competing in the next Olympic and/or Pan American Games;
- (b) Submit to drug testing conducted by the U.S. Anti-Doping Agency (USADA), the Pan American Sports Organization (PASO), the World Anti-Doping Agency (WADA), the applicable International Federation(s), the International Olympic Committee (IOC) and/or other authorized testing agencies in accordance with the procedures for these bodies;
- (c) Applicants must comply with the USOC's National Anti-Doping Policies and the USADA Protocol for Olympic Movement Testing and the American Arbitration Association's Supplementary Rules for Arbitration Initiated by USADA and any other USADA policies. For athletes in the USADA Out of Competition Testing Pool, compliance includes keeping all Out of Competition Athlete Location Forms current and accurate;
- (d) Sign and abide by the code of conduct established by the USOC, when required;

- (e) Sign and abide by the code of conduct established by my National Governing Body and approved by the USOC;
- (f) Provide the USOC, upon request, additional documentation (e.g. tax returns, proof of citizenship, release by another National Olympic Committee, etc.).

In addition, I have read and understand the following:

The USOC may need additional documentation to process and disburse certain grant monies that have been awarded to me (*i.e.* verification of enrollment at my college needed for an award of a Tuition Grant). If I fail to provide the USOC by the end of the relevant grant year the documentation it has requested, I understand that the grant monies I have been awarded will be deemed forfeited.

All USOC Athlete Support payments will be reported to the IRS and are subject to federal and state income tax. The USOC will issue an IRS Form 1099. Since no taxes are withheld, athletes are advised that they may have a tax liability at the time of filing, and athletes who anticipate such a liability should consider setting aside some funds for this purpose.

Athletes who are school-aged or college athletes are advised to check with the NCAA and/or their college athletic department compliance officer to ensure that these funds will not jeopardize school or collegiate eligibility.

USOC Athlete Support payments will not be paid to the undersigned Applicant if the Applicant has not submitted all required information to the USOC and/or USADA, including but not limited to the Athlete Support Designee Form, W-9 and Out of Competition Athlete Location Form. If I am found to have committed a doping offense, then my funding may be forfeited in accordance with the applicable USOC policy. Further, I subject myself to termination of USOC Athlete Support for the year specified in this Athlete Support Designee Form if I violate any condition herein.

I have read and understand the conditions stated above, and agree to be bound by them.

Applicant's Signature

Date

Parent's or Guardian's Signature (If athlete is a minor)

Date

C. NGB CERTIFICATION

By my signature below, I certify that the athlete is a member of this NGB and is otherwise eligible and qualified to receive USOC Athlete Support. I agree to notify the USOC Sport Partnership Division of any change in status that would render this athlete ineligible for funding. I further certify that I have reviewed this Athlete Support Designee Form and to the best of my knowledge, the information provided by the athlete is complete and accurate.

Signature

Date

Title

Telephone

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