



2012 Level 3 Certified Coach Courses for Rifle & Pistol

3-7 May 2012

The US Olympic Complex – Colorado Springs, CO

USA Shooting will host Level 3 Coach Certification Courses (3-7 May) for advanced education of our coaches and program leaders at the US Olympic Complex in Colorado Springs.

Registration forms are attached to this document.

Registration Closes 23 March 2012.

Dorm style rooms and three meals per day at the Olympic Complex (2 to 3 beds to a dorm room with central bathroom/shower facilities on each floor) are currently available. Dorm rooms are available for \$45/night with meals on a first come first serve basis. **There are a limited number of rooms and they will fill fast.**

Once the OTC rooms are filled, those wanting to attend can take advantage of various hotel opportunities in the area (see attached list of hotels offering a USAS discount). Local transportation will be the participant's responsibility.

If you chose not to stay at the OTC, but want to eat meals at the OTC dining hall, you can order meal tickets at \$10/meal.

Coach School Programs

Coaching athletes is one of the most challenging endeavors that you will probably ever be involved in, and it can be one of the most rewarding. To help you meet the challenges of coaching competitive athletes, the National Rifle Association, USA Shooting, the Civilian Marksmanship Program (CMP), ATA, NSSA and NSCA encourage you to participate in the Coach Education Program. The Coach Education Program (CEP) is a cooperative effort of these national shooting organizations and is administered by the NRA.

All attendees must be members of USA Shooting. A membership application is available on our website: <http://www.usashooting.org/membership/45-everyone/newmembership>

Looking forward to seeing you here.



Registration Form

You may print off and fill out by hand or type your information into this pdf form.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Are you Driving or Flying to Colorado Springs (check one)?

If you are flying into the Colorado Springs airport and want to be **picked** up by the **free** Olympic Training Center **airport shuttle**, please provide the following information as soon as possible:

Arrival Date: _____

Airline/Flight# _____ Arrival Time: _____

Departure Date: _____

Airline/Flight# _____ Departure Time: _____

The following information is required by the USOC for those using the Olympic Training Center facilities (e.g. conference rooms, dorms, parking and training facilities).

Last four SSN: _____ Date of Birth: _____

Gender: Male Female (*check one*) Do you use a wheel chair? Yes No (*check one*)

Special needs/requests: _____

For those staying on the OTC campus in dorm rooms, you must complete the following forms:

- ✓ BIO form
- ✓ Waiver form
- ✓ HIPAA form

These forms are attached to the end of this registration package.

Complete and bring the BIO, Waiver and HIPAA forms with you to the Athlete Center Registration Desk on the day of your arrival.

Coach College and Conference Registration

Date	Coach School
3-7 May	<p><i>Level 3 Coach Certification Courses</i> This advanced technical skills training course covers: Olympic Shooting History, Rules and Ethics, Equipment, Advanced Shooting Fundamentals, Advanced Mental Training, Shot Plans, Tactics, Fitness, Advanced Training Planning and Coaching Skills.</p> <p><i>Select the Level 3 Coach Certification Course that you want to attend:</i> <input type="checkbox"/> Rifle or <input type="checkbox"/> Pistol</p> <p>Level 3 Shotgun Coach Course is <u>not</u> available at this time.</p>

Level 3 Coach Course Fee \$ 160.00

For those who **want to stay at the Olympic Training Center** the cost for the **dorm room and all meals** for each day (arrival on 3 May and departure on 7 May):

Total dorm room and meals is \$ 180.00

All participants in OTC dorms must check out no later than 9am on 7 May.

Note: You will be notified via email upon receipt of your registration/payment **if** the OTC rooms are sold out. We will automatically place you on the OTC waiting list for any cancellations. Dorm/meals portion of your registration will be refunded after 3 April unless otherwise directed.

OTC Meals Only for those staying off campus

If you are staying **off** campus and want to eat on at the OTC dining hall you may purchase meal tickets at \$10/meal. Please indicate the meals and days you intend to eat at the OTC dining hall.

	May				
Day/Meal	3	4	5	6	7
Breakfast					
Lunch					
Dinner					

Number of OTC Meals only (for those staying off campus) _____ x \$10 =	\$
Total Course Fee	\$ 160.00
Total OTC Housing (with meals \$180)	\$

Total Due to USA Shooting \$ _____

Make all checks payable to “**USA Shooting**” and mail your registration form and check to:

**USA Shooting
Attn: Michael Theimer
One Olympic Plaza
Colorado Springs, CO 80909**

Call Mike Theimer at 719-866-4889 if you want to pay by credit card.

>>>> Registration Closes 23 March 2012 <<<<<

Cancellation/Refund Policy

Full refund – if you cancel before 30 March 2012

No refund – if you cancel after 30 March 2012

The following forms are required by all those staying at the Olympic Training Center in the dorms.

The USOC forms must be presented to the Olympic Training Center Registration Desk on arrival.

Hotels Offering USA Shooting Discount Rates

Hyatt Summerfield Suites

The Hyatt Summerfield Suites in Colorado Springs is honored to support the athletes and their families, and privileged to be a preferred hotel for USA Shooting. A good nights sleep, a light dinner and a full hot breakfast buffet for as low as \$79! [Click here to book your reservations](#) or call 719-268-9990. Get a complete rate sheet by logging into your personal USA Shooting online member profile and then clicking on the Member Benefits tab.

15 % off Red Roof Inn

Whether traveling for pleasure, business or sport, receive an exclusive 15% USA Shooting member discount for Red Roof Inns across the nation. Book your reservations online at [Red Roof Inn](#) or call 800-RED-ROOF. To receive your 15% discount code please contact the USAS Membership office at 719-866-4743.

10 % off La Quinta Hotels

Whether traveling for pleasure, business or sport, receive a 10% USA Shooting member discount for La Quinta hotels across the nation. Please contact Membership at 719-866-4743 for the online registration code.

Hilton Family Hotels Discount

Receive a 15% discount off the Best Available Rate at any of the 10 distinct hotel brands within the Hilton Worldwide portfolio. Stay with Hilton Worldwide. [Support USAS and save](#)

Clarion Hotel & Conference Center

314 West Bijou

Colorado Springs, CO 80905

719-471-8680

Approximately 2 miles from the Olympic Complex

Quality Suites Downtown

314 West Bijou

Colorado Springs, CO 80905

719-471-8681

Approximately 2 miles from the Olympic Complex

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.

Participant's Name _____ Social Security/ID Number: XXX-XX-_____

Sport _____

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 remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) 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.

Participant's Signature _____

Participant'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



UNITED STATES OLYMPIC TRAINING CENTER
PARTICIPANT BIOGRAPHY

Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

First

M.I.

Last

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Gender: Male Female US Citizen: Yes No If no, what nationality? _____

Birth Date: _____ Social Security Number (last four digits only): XXX-XX-_____

(Four digit SSN and Birthdate required. Used for OTC filing purposes ONLY)

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

EMERGENCY CONTACT INFORMATION (Required)

Name: _____ Relation: _____

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program:

- ___ Athlete ___ Coach ___ Official ___ NGB Administrator
___ Staff ___ Trainer ___ Intern ___ Other: _____

Athletes-Please check your skill level for this program:

- ___ Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or the NGB's World Championships
___ National: NGB National Senior Team member, or competition in a major international event within the last 12 months
___ Junior National: NGB National Junior Team member, or competition in a major international event within the last 12 months
___ Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level

FOR OFFICE USE ONLY

Program Name: _____ Complete Paperwork: _____

Missing Information: Bio ___ Medical ___ Waiver ___ HIPAA ___



UNITED STATES OLYMPIC TRAINING CENTER
WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. **BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.**

IN CONSIDERATION of my involvement in the sport and activities under the auspices of «NGB», this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability 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 waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Guardian Name (Please print) _____

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 the «NGB». 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 and «NGB».

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 at 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 «NGB» 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: _____

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
 - b. Gross misconduct (i.e inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

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 «NGB» at this USOTC and USOEC at Northern Michigan University.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____