



UNITED STATES JUDO, INC.
U.S. Olympic Training Center - Colorado Springs
Application for Residence Program

Name: Robert Britton

Address: [REDACTED]

City: Colorado Springs State: Colorado Zip: 80917

Date of Birth: Month/Day/Year: [REDACTED]

Telephone Numbers(s): Home(714) [REDACTED]
Work(714) [REDACTED]

What judo club are you currently a member of: OTC

Who is your current instructor? Ed Liddle

Your instructor's address and telephone number(s):

Address: 1 Olympic Plaza

City: Colorado Springs

State: Colorado Zip: 80909

Telephone Number(s):

Home: (714) [REDACTED]

Work: (714) [REDACTED]

Will you be attending college while in residence? () Yes (X) No

You must supply the following in order for your application to be considered:

Statement identifying your personal reasons why you wish to enter United States Judo, Inc. Olympic Training Center Resident Training Program.

A minimum of three (3) letters of recommendations, two of which must be from judo coaches.
3. A judo resume which at a minimum shall identify:

- a. A history of any clubs at which you have routinely trained.
- b. Noteworthy Judo training activities in which you have engaged
- c. Your tournament record for a minimum of the past three years.
- d. Any other materials you feel would assist the committee in evaluating your candidacy.

What is the minimum period of commitment you are willing to make if selected? 1

TO BE COMPLETED BY THE ATHLETE

- 3. I understand that I have qualified for this support based on a program approved by my NGB and the USOC for a period of one year. I understand that if I do not meet the standards established and agreed to by me in this application and NGB Performance Recommendation, I may be released from the Resident Program during the one-year period. In order to qualify for support in future years, I will have to demonstrate progress toward the goal of excellence in international competition according to the standards established by my NGB. If attending an educational institution, I will also have to demonstrate satisfactory progress in my course of study as determined by the public schools or the college/university I attend, according to my educational PDP for the year. I understand that I am representing the USOC and my NGB at the community service agency where I volunteer.

ATHLETE ACCEPTANCE OF TERMS AND CONDITIONS OF LETTER OF INTENT

I certify that I have read all terms and conditions of the Letter of Intent, and fully understand, accept, and agree to be bound by them. I declare to the best of my knowledge and belief, that all statements and information provided by me in this application are complete and true. It is my intent to participate fully in the programs offered at the OTC in order to do the best I can to realize my full potential, as an athlete and a student, employee, and/or volunteer. If I am a student enrolled in either High School or College my last grade report is attached to this application.

PRINT NAME Robert Britton

ATHLETE SIGNATURE Robert Britton N DATE 4-13-01

SIGNATURE _____ DATE _____
PARENT/GUARDIAN if under 18 Years of Age

