

RETIREMENT NOTIFICATION FORM



ATHLETE INFORMATION

Nationality: Sex: Date of birth (dd/mm/yyyy):

First name: Surname:

Licence number: Discipline: E-mail:

Address:

Postcode: Town:

Country: Federation:

I hereby certify that I have decided to withdraw permanently from international competitions and request that my name be removed from the WPBF's Registered Testing Pool (RTP).

I hereby acknowledge that I have read Article 5.6 of the WPBF Anti-Doping Rules, which is set out below.

If an international or national level athlete in the IF Registered Testing Pool retires and subsequently wishes to resume sport, he or she may only participate in international or national competitions after having made himself or herself available for testing by giving six (6) months' written notice to the WPBF-FMBP and his or her National Anti-Doping Organisation.

WADA, in consultation with the WPBF-FMBP and the athlete's National Anti-Doping Organisation, may grant a waiver of the six (6) months' written notice rule where the strict application of this rule would be unfair to the athlete. This decision may be appealed under Article 13.

Any result obtained in breach of this Article 5.6.1 shall be disqualified, unless the athlete can establish that he could not reasonably have known that it was an International or National Competition.

5.6.2 If an athlete retires from sport while under a period of Ineligibility, he or she must notify the Anti-Doping Organisation which imposed the period of Ineligibility in writing. If the athlete subsequently wishes to resume active sports competition, he/she may only participate in international or national competitions after making him/herself available for testing by giving six (6) months' written notice (or notice equivalent to the period of ineligibility remaining at the date of his/her retirement, if that period was longer than six (6) months) to the WPBF-FMBP and his/her National Anti-Doping Organisation.

Signature Place and date (dd/mm/yyyy)

CONFIRMATION OF ATHLETE STATUS

Member Federation:

Name of person responsible: Title :

I confirm that the information provided above by the athlete is correct.

Signature Place and date (dd/mm/yyyy)

Please complete the form in block capitals and return it to :

WPBF Headquarters - Anti-Doping Department

insert IF address

Tel: +

Fax: +

E-mail: anti-doping@wpbf-fmbp.org