



Athlete Retirement Form

Athlete Information

Family Name: _____ Given Name: _____

Nationality: _____ Date of Birth (DD/MM/YYYY): _____

Sport/Discipline: _____

Street Address: _____

City: _____ State/Region: _____

Post Code: _____ Country: _____

Telephone (incl. Country Code): _____

E-mail Address: _____

I hereby certify that I am retiring from international sport and as such, request that my name be removed from the IPC Registered Testing Pool. I acknowledge the provisions of the IPC Anti-Doping Code, Part Three: The IPC IF Rules (Article 5.6) regarding retirement and return to competition as specified below.

Retired Athletes returning to Competition

Article 5.6.1

"If an Athlete in the IPC's Registered Testing Pool retires and then wishes to return to active participation in sport, the Athlete shall not compete in International Events or National Events until the Athlete has made themselves available for Testing, by giving six-months' prior written notice of such return to sport to the IPC and to their National Anti-Doping Organization. WADA, in consultation with the IPC and the Athlete's National Anti-Doping Organization, may grant an exemption to the six (6) month written notice rule where the strict application of that rule would be unfair to the Athlete. The decision to grant or not to grant such exemption may be appealed under Article 12. Any competitive results obtained in violation of this Article 5.6.1 shall be Disqualified unless the Athlete can establish that they could not have reasonably known that the Event in question was an International Event or a National Event."

Athlete Signature

Date (DD/MM/YYYY)

Confirmation of National Paralympic Committee (NPC)

NPC: _____

Contact Name: _____

Function/Role: _____

Telephone (incl. country code): _____

Email: _____

I confirm that the above information is accurate and true.

Signature

Date (DD/MM/YYYY)

Please return the completed form to the IPC at: antidoping@paralympic.org