

ATHLETE RETIREMENT FORM

ATHLETE INFORMATION

Family Name:	Given Name:
Nationality:	Date of Birth (DD/MM/YYYY):
Street Address:	
City:	
Post Code:	Country:
Telephone (Incl. Country Code):	E-mail:
Sport/Discipline:	

I hereby certify that I have decided to retire from international sport and I request that my name be removed from the IPC Registered Testing Pool. I am fully aware of the provisions of the IPC Anti-Doping Code (Article 5.7) regarding retirement and return to competition as specified below:

Retired Athletes returning to Competition

Article 5.7.1 "An Athlete in the IPC's Registered Testing Pool who has given notice of retirement to the IPC may not resume competing in International Events or National Events until he or she has given the IPC written notice of his/her intent to resume competing and has made him/herself available for Testing for a period of six months before returning to Competition, including (if requested) complying with the whereabouts requirements of the International Standard for Testing and Investigations. WADA, in consultation with the IPC and the Athlete's National Anti-Doping Organisation, may grant an exemption to the six-month written notice rule where the strict application of that rule would be manifestly unfair to an Athlete. This decision may be appealed under Article 13. Any competitive results obtained in violation of this Article 5.7.1 shall be Disqualified."

Print Name	Athlete's Signature	Date (DD/MM/YYYY)	
CONFIRMATION OF NATIONAL PARALYMPIC COMMITTEE (NPC) Full Name:			
Organization:	Function/Role:		
Telephone (Incl. Country Code):	E-Mail:		
I confirm that the above information is accurate and true.			
Print Name	NPC Signature	Date (DD/MM/YYYY)	
Please return the completed form to the IPC at: antidoping@paralympic.org			