

RETIREMENT NOTIFICATION FORM



ATHLETE INFORMATION

Nationality: _____ Sex: _____ Date of Birth (dd/mm/yyyy): _____
First Name: _____ Last Name: _____
Licence no: _____ Discipline: _____ Email: _____
Address: _____
Postal code: _____ City: _____
Country: _____ Federation: _____

I hereby certify that I have decided to permanently retire from international competitions and I request that my name be removed from the FIB Registered Testing Pool (RTP).
I hereby acknowledge that I am aware of the FIB Anti-Doping Rules Article 5.6 specified below.

5.6 Retirement and Return to Competition

5.6.1 An Athlete who has been identified by FIB for inclusion in FIB's Registered Testing Pool shall continue to be subject to these Anti-Doping Rules, including the obligation to comply with the whereabouts requirements of the International Standard for Testing unless and until the Athlete gives written notice to FIB that he or she has retired or until he or she no longer satisfies the criteria for inclusion in FIB's Registered Testing Pool and has been so informed by FIB.

5.6.2 An Athlete who has given notice of retirement to FIB, which implies the cancellation of his/her FIB licence, may not resume competing unless he or she notifies FIB at least six months before he or she expects to return to competition and makes him/herself available for unannounced Out-of-Competition Testing, including complying with the whereabouts requirements of the International Standard for Testing, at any time during the period before actual return to competition. A new FIB licence may be requested only past these six months. Participation in an International Event without complying with this obligation automatically leads to Disqualification according to Article 9 of these Rules.

5.6.3 National Federations/National Anti-Doping Organizations may establish similar requirements for retirement and returning to competition for Athletes in the national Registered Testing Pool.

Signature

Place and Date (dd/mm/yyyy)

CONFIRMATION OF ATHLETE STATUS

Member Federation: _____
Name of Official: _____ Title: _____

I confirm that the information given above by the athlete is true.

Signature

Place and Date (dd/mm/yyyy)

Please fill in the form in capital letters and return to:

FIB Headquarters – Anti-Doping Department
Box 91, 82623 Soederhamn, Sweden

Tel: + 46 739753708
E-mail:
zinaida.belonoshko@worldbandy.com