**IFCPF Registered Testing Pool (RTP) – Whereabouts Filings**

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## **Delegation to a Third Party/ Athlete Agent**

The IFCPF Registered Testing Pool (RTP) is a pool of top-level athletes established by IFCPF. RTP Athletes are required to provide IFCPF with the whereabouts information in accordance with Anti Doping Code. Combining, during 12 months, three repeated failures to provide such information or to be available for Testing at the location(s) specified will constitute an Anti-Doping Rule Violation (ADRV) under the IFCPF Anti-Doping Code.

I, the Undersigned RTP Athlete, hereby request to delegate to a third party the making of some or all of my Whereabouts Filings to the Undersigned third party.

**I am aware that despite delegating some or all of my Whereabouts Filings to a third party, I remain entirely responsible for any failure to comply with the requirements of the IFCPFAnti-Doping Code.Any consequences and periods of Ineligibility that are imposed due to an ADRV under Article 2.4 (Whereabouts Filing Failures and/or Missed Tests) of the IFCPF Anti-Doping Rules will still apply. As with any other Anti-Doping Rule Violation (ADRV), a tribunal would not accept a plea that I had delegated the task to a third party.**

Athlete’s Name (First name, Last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on (date: day/month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Undersigned third party hereby agrees to such delegation.**

Third party (First name, Last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on (date: day/month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**

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