**PLAYER 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 IFCPF Registered Testing Pool (RTP).

I hereby acknowledge that I am aware of the IFCPF Anti-Doping Rules including the Article specified below.

***5.7.1 (extract)*** A Player in IFCPF’s *Registered* *Testing Pool* who has given notice of retirement to IFCPF may not resume competing in *International Events* or *National Events* until he/she has given IFCPF 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 Annex I to the International Standardfor Testing and Investigations.

|  |  |  |
| --- | --- | --- |
| 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:**  **Dr. Halim Jebali** Phone Number: +216 71 903 330  Fax: +216 71 903 520 Cell Phone: +216 22 302 828  Mail address: Narcisse Building 1st floor Japan Avenue Montplaisir 1073 Tunis – Tunisia  Email: halim.jebali@planet.tn |