**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 inform IFCPF that I have decided to resume competing. I understand that my name will be included in the IFCPF Registered Testing Pool for Unannounced Out-of-Competition Testing and that I must submit to IFCPF my whereabouts in conformity with IFCPF Anti-Doping Code.

I hereby acknowledge that I will not be able to compete before a period of six (6) months from reception of this notification by IFCPF in conformity with IFCPF Anti Doping Code.

|  |  |  |
| --- | --- | --- |
| Signature |  | Place and Date (dd/mm/yyyy) |

##### IFCPF ACKNOWLEDGEMENT RECEIPT

*For IFCPF OFFICE only*

|  |  |
| --- | --- |
| Notification received on: |  |

|  |  |
| --- | --- |
| Therefore the athlete is allowed to return to competition from : |  |

|  |  |  |
| --- | --- | --- |
| Signature |  | Place and Date (dd/mm/yyyy) |
|  |  |  |

|  |
| --- |
| **Please fill in the form in capital letters and return to:**  **Dr. Halim Jebali** IFCPF Anti-doping Committee  Phone Number: +216 71903333  Fax: +21671903520 Cell Phone: +21622302828  Mail address: Narcisse Building, 1st floor, Japan Avenue Monplaisir 1073 Tunis - Tunisia  Email: [halim.jebali@planet.tn](mailto:halim.jebali@planet.tn) |