**IFCPF Registered Testing Pool (RTP) – Players Whereabouts Information**

**In accordance with the IFCPF Anti-Doping Code, Athletes included in the IFCPF Registered Testing Pool are required to provide the IFCPF with their whereabouts information for purposes of Out-of-competition Testing. Repeated failure to provide such information or to be available for Testing at the location(s) specified may constitute an Anti-Doping Rule Violation.**

Filing responsibilities of the undersigned Athlete were delegated to undersigned third party. Based on mutual agreement between the Athlete and a Third Party, this delegation of filing responsibility is now being revoked. A third Party is thus relieved from filing responsibilities on behalf of the Athlete.

**The undersigned Athlete hereby acknowledges that his/her Whereabouts filing responsibilities are no longer delegated to a third party.**

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

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

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

**The Undersigned third party hereby confirms that the authority to carry out the Whereabouts filing responsibilities on behalf of the above signed Athlete has been revoked.**

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

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

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

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

**Please return this form completed to:**

**Dr. Halim Jebali  (IFCPF Anti-Doping Committee Chair)**Email: halim.jebali@planet.tn

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