**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 CommitteePhone Number: +216 71903333 Fax: +21671903520Cell Phone: +21622302828 Mail address: Narcisse Building, 1st floor, Japan Avenue Monplaisir 1073 Tunis - Tunisia Email: halim.jebali@planet.tn    |