



Australian Government
Australian Sports
Anti-Doping Authority

RETIREMENT NOTIFICATION FORM

IMPORTANT NOTE FOR ATHLETES:

Please complete the "Athlete Information" section of this form **IN CAPITAL LETTERS** and forward to ASADA. Your retirement date will be the date that ASADA receives this form with the Athlete Information section **fully** completed. ASADA will thereafter provide to you written confirmation of your retirement date. If you do not receive this written confirmation of retirement, please contact ASADA. (If you wish to retire from more than one National Sporting Organisation / sport, you must complete a separate form for each sport from which you wish to retire from competition).

ASADA
PO Box 1744
FYSHWICK ACT 2609

T: +61 (0)2 6222 4200
F: +61 (0)2 6222 4201
E: athletewhereabouts@asada.gov.au

ATHLETE INFORMATION (For completion by Athlete)

National Sporting Organisation (NSO): _____

First Name: _____ Last Name: _____

Date of Birth (dd/mm/yyyy): _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Residential Address (if different from postal address): _____

Suburb: _____ State: _____ Post Code: _____

Email Address: _____ Mobile Phone Number: _____

I hereby certify that I am retiring from competition.

I hereby advise that I have discussed the implications of my retirement with relevant personnel from my NSO. I am also aware of and understand the rules regarding Retirement and Return to Competition (Reinstatement) in the anti-doping policy/ies that relevant to me. I am aware that retirement from competition may not carry with it automatic cessation of membership from my sport, and I shall separately resign my membership from my sport if I wish to no longer be a 'member' of my sport.

I acknowledge that my retirement date will be the date that ASADA receives my **fully** completed form and that ASADA will provide me with written confirmation of my retirement, including my retirement date.

Signature

Place and Date (dd/mm/yy)

CONFIRMATION OF ATHLETE STATUS (For completion by ASADA)

ASADA OFFICE USE ONLY:

Date fully completed ASADA Retirement Notification Form received*: _____

Receiving officer: _____

Written confirmation of retirement sent to:

- Athlete: Yes / No Date: _____
- NSO: Yes / No Date: _____
- International Federation: Yes / No / N/A Date: _____

***This will be the Athlete's retirement date.**