## RETIREMENT NOTIFICATION FORM



ATRIETE INFORMAT	ION	
Nationality:	Sex:	Date of Birth (dd/mm/yy):
First Name:	La	ast Name:
Address:		
Postal code:	City:	
Country:	Federation:	
that my name should Register.	d be removed from the Filt that I am aware of the FINA	retire from international competitions and I request NA Unannounced Out-of-Competition Programme Rules DC 5.5 specified below.  Place and Date (dd/mm/yy)
CONFIRMATION OF	ATHLETE STATUS	
Member Federation:		
Name of Official:		Title:
I confirm that the inform	mation given above by the atl	hlete is true.
Signa	ature	Place and Date (dd/mm/yy)

## DC 5.5 Retirement and Return to Competition

ATILI ETE INICODALATIONI

DC 5.5.1 An Athlete in FINA's Registered Testing Pool shall continue to be subject to these Anti-Doping Rules, including the obligation to be available for unannounced Testing and to provide his or her whereabouts information, unless and until the Athlete gives written notice to FINA that he or she has retired. An Athlete is accountable for any violation of these Anti-Doping Rules occurring prior to FINA's receipt of his or her notice of retirement.

DC 5.5.2 An Athlete who has given notice of retirement to FINA may not resume competing unless he or she notifies FINA in writing at least six (6) months before he or she expects to return to Competition and is available for Testing at any time during the period before actual return to Competition. An Athlete seeking reinstatement is subject to these Anti-Doping Rules in their entirety from the date reinstatement is requested, including (if requested) complying with the whereabouts requirements of Annex I to the International Standard for Testing and Investigations. WADA in consultation with FINA and the Athlete's Member Federation as well as National Anti-Doping Organisation, may grant an exemption to the six-month written notice rule where the strict application of that rule would be manifestly unfair to the Athlete. This decision may be appealed under DC 13. Any competitive results obtained in violation of this DC 5.5.2 shall be Disqualified.

## Please fill in the form in capital letters and return to: FINA OFFICE

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