

ATHLETE INFOR	RMATION		
Nationality:	Sex:	Date of Birth (dd/mm/yy):	
First Name:	Last Name:		
Address:			
Postal code:	City:		
Country:	Federation:		
competitions and Unannounced Ou I hereby acknowled	d I request that my n it-of-Competition Progra	to permanently retire from international ame should be removed from the FINA mme Register. the FINA Rules DC 5.6 specified below. Place and Date (dd/mm/yy)	
CONFIRMATION OF	ATHLETE STATUS		
Member Federa	tion:		
Name of Official	:	Title:	
I confirm that the	information given above	by the athlete is true.	
Sigr	nature	Place and Date (dd/mm/yy)	

DC 5.6 Retirement and Return to Competition

DC 5.6.1 A Competitor who has been identified by FINA for inclusion 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, unless and until the Competitor gives notice to FINA that he or she has retired.

DC 5.6.2 A Competitor who has given notice of retirement to FINA may not resume competing unless he or she notifies FINA **at least nine (9) months before** he or she expects to return to Competition and is available for unannounced Out-of-Competition Testing, at any time during the period before actual return to Competition.

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Fax: +41-21-312 66 10

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

Avenue de l'Avant-Poste, 4 1005 Lausanne, Switzerland www.fina.org

