



M-11 Athlete Retirement Form

Athlete information:

| | |
|-------------------------|---------------|
| Last name : | First name : |
| Birth date (dd/mm/yy) : | Sex: |
| National Federation: | Discipline : |
| Home address : | |
| Phone home: | Phone mobile: |
| Email: | Fax: |

I hereby certify that I have decided to permanently retire from international competitions and I request that my name should be removed from the FIVB Registered Testing Pool.

I hereby acknowledge that I am aware of the FIVB Medical Regulations 5.6 specified below, and that I am therefore obliged to file Whereabouts until FIVB receives this written notice.

Signature:

Date, place:

5.6 Retirement and Return to Competition

5.6.1 An Athlete who has been identified by the FIVB for inclusion in FIVB's Registered Testing Pool shall continue to be subject to these Anti-Doping Rules, including the obligation to comply with the whereabouts requirements of the International Standard for Testing unless and until the Athlete gives written notice to FIVB that he or she has retired or until he or she no longer satisfies the criteria for inclusion in FIVB's Registered Testing Pool and has been so informed by the FIVB.

5.6.2 An Athlete who has given notice of retirement to FIVB may not resume competing unless he or she notifies FIVB at least twelve months before he or she expects to return to competition and makes him/herself available for unannounced Out-of-Competition Testing, including (if requested) complying with the whereabouts requirements of the International Standard for Testing, at any time during the period before actual return to competition.

Please return this form to: medical@fivb.org or via fax to +41 21 345 35 45