



RETIREMENT NOTIFICATION FORM

A. ATHLETE INFORMATION (Completed by Athlete)			
Last Name		First Name	
Full Address			
Date of Birth: (dd/mm/yy)			
Email Address		Country:	
<p>I hereby notify World ParaVolley that I am retiring from WPV competition. I request that, if applicable, my name be removed from the World ParaVolley Registered Testing Pool (RTP). I understand that I remain subject to testing until World ParaVolley confirms in writing my removal from the RTP.</p> <p>I understand that, should I wish to return to competing in international or national events following retirement, I am required to complete the following steps six months before returning to competition:</p> <ul style="list-style-type: none">• Give World ParaVolley written notice of my intent to resume competing.• Make myself available for testing.• Comply with whereabouts requirements, if requested to do so. <p>For further information, please see WPV Anti-Doping Code and Rules Section 5.7.</p> <p>I also am aware of and understand the rules regarding Retirement and Return to Competition (Reinstatement) within the anti-doping policies that are relevant to me. I acknowledge that my retirement date will be the date that World ParaVolley receives my fully completed form and that World ParaVolley will provide me with written confirmation of my retirement, including my retirement date.</p>			
Signature		Date (dd/mm/yy)	

B. CONFIRMATION OF ATHLETE STATUS (For completion by Member Federation)	
Member Federation (Nation)	_____
Name of Official	_____ Status _____
I confirm that the information given above by the athlete is true.	
Signature	_____ Date (dd/mm/yy) _____

Please legibly complete Section A of this form, print it, sign and date the form, and ensure Section B is completed by your member federation. Fully completed forms should be forwarded to World ParaVolley. World ParaVolley will provide to you written confirmation of your retirement date. If you do not receive this written confirmation of retirement, please contact World ParaVolley at the address below.

World ParaVolley

EMAIL: GeneralManager@worldparavolley.org

WORLD PARAVOLLEY USE ONLY
Date fully completed WPV Retirement Notification Form received: _____
Date of Retirement: _____ Receiving Officer: _____
Written confirmation of retirement sent to athlete: Yes / No Date: _____

Cc: Chair – Anti-Doping Commission World ParaVolley, Chair – Classification Commission World ParaVolley