



ATHLETE WHEREABOUTS INFORMATION



ATHLETE LOCATION FORM COMMONWEALTH GAMES WHEREABOUTS POOL

Return to the CGF Medical Commission
Commonwealth Games Delhi 2010
Fax: +91-11-24500455 or E-Mail: doping.control@cwgdelhi2010.org

Please complete all sections in capital letters or typing.

ATHLETE INFORMATION

Please provide your personal information as well as the address of your accommodation during the XIX Commonwealth Games 2010 Delhi, whether you live at or outside the Games Village.

Full Name: _____

Gender: Male Female Nationality: _____ Date of Birth (DD/MM/YYYY): _____

Mailing address: _____

Telephone (Include country code): _____

Mobile (Include Country Code): _____

E-Mail: _____

Sport/Discipline: _____ Accreditation Number: _____

DELEGATED THIRD PARTY INFORMATION (IF APPLICABLE)

Full Name: _____

Function: _____

Telephone: _____

Mobile: _____

E-mail: _____

WHEREABOUTS INFORMATION AND 60-MINUTE SLOT

This form is designed for use by Athletes included in the Commonwealth Games Whereabouts Pool only. Please enter below your regular whereabouts information as well as for each day of the XIX Commonwealth Games 2010 Delhi, the location you will be residing at each day and the time and location for your designated minute period. **Please note that the 60-minute slot is not a testing window. You may be tested anytime, anywhere – the purpose of the designated 60 minute period is to minimize your exposure to a potential missed test. A missed test can only be declared if you are not located during this designated period.**

* O = other (i.e. breakfast, lunch, dinner and any media or press conference)

ACC = accommodation	Thursday - 23.09.2010	Friday – 24.09.2010	Saturday – 25.09.2010
TC = training camp	ACC.....	ACC.....	ACC
C = competition	TC.....	TC	TC
O = other *	C.....	C.....	C
	O.....	O	O
	60-minute slot	60-minute slot	60-minute slot

Sunday – 26.09.2010	Monday – 27.09.2010	Tuesday – 28.09.2010	Wednesday – 29.09.2010
ACC.....	ACC.....	ACC.....	ACC
TC.....	TC.....	TC	TC
C.....	C.....	C.....	C
O.....	O.....	O	O
60-minute slot	60-minute slot	60-minute slot	60-minute slot
.....
Thursday – 30.09.2010	Friday – 01.10.2010	Saturday – 02.10.2010	Sunday – 03.10.2010
ACC.....	ACC.....	ACC.....	ACC
TC.....	TC.....	TC	TC
C.....	C.....	C.....	C
O.....	O.....	O	O
60-minute slot	60-minute slot	60-minute slot	60-minute slot
.....

IMPORTANT NOTE: if you choose to print this form and submit it in writing, please ensure that all necessary information appears on the Whereabouts Information Form.

Monday -04.10.2010		Tuesday – 05.10.2010		Wednesday - 06.10.2010		Thursday – 07.10.2010	
ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....
TC.....	TC.....	TC.....	TC.....	TC.....	TC.....	TC.....	TC.....
C.....	C.....	C.....	C.....	C.....	C.....	C.....	C.....
O.....	O.....	O.....	O.....	O.....	O.....	O.....	O.....
60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot
.....
Friday – 08.10.2010		Saturday -09.10.2010		Sunday – 10.10.2010		Monday – 11.10.2010	
ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....
TC.....	TC.....	TC.....	TC.....	TC.....	TC.....	TC.....	TC.....
C.....	C.....	C.....	C.....	C.....	C.....	C.....	C.....
O.....	O.....	O.....	O.....	O.....	O.....	O.....	O.....
60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot
.....
Tuesday - 12.10.2010		Wednesday – 13.10.2010		Thursday – 14.10.2010			
ACC.....	ACC.....	ACC.....	ACC.....	ACC.....	ACC.....		
TC.....	TC.....	TC.....	TC.....	TC.....	TC.....		
C.....	C.....	C.....	C.....	C.....	C.....		
O.....	O.....	O.....	O.....	O.....	O.....		
60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot	60-minute slot		
.....		

IMPORTANT NOTE: if you choose to print this form and submit it in writing, please ensure that all necessary information appears on the printed version.

CONSENT

I am an athlete and I submitted my whereabouts information myself.

By signing below or by submitting this form electronically, I confirm that:

- I acknowledge that this form and the included information will be shared with the World Anti-Doping Agency (WADA) and any other relevant parties involved in accordance with the CGF Anti-Doping Standard and the World Anti-Doping Code (Article 14.6) and will only be used for doping control purposes;
- I am aware of what constitutes a Filing Failure and a Missed Test and the consequences associated with each of these whereabouts failures as mentioned in the WADA code and CGF-Anti-Doping Standard;
- All the details stated above are correct at the date of submission and that I commit to provide updates as they change.

I am personally responsible for the provision of my whereabouts information, regardless of whether I appointed a third party to act on my behalf.

Date: _____

Athlete Signature: _____

(The signature is required for the form to be considered complete if submitted in writing. If submitting electronically, initials are sufficient)

The athlete has delegated the whereabouts filing responsibilities to the third party mentioned below. However, the athlete acknowledges that the strict liability of fulfilling the whereabouts requirements remains with the athlete and that the athlete cannot blame the third party for any failure to comply.

By signing below or by submitting this form electronically, I confirm that:

- The athlete acknowledges that this form and the included information will be shared with the World Anti-Doping Agency (WADA) and any other relevant parties involved in accordance with the CGF Anti-Doping Standard and the World Anti-Doping Code (Article 14.6) and will only be used for doping control purposes;
- The athlete is aware of what constitutes a Filing Failure and a Missed Test and the consequences associated with each of these whereabouts failures as mentioned in the WADA code and CGF-Anti-Doping Standard;
- All the details stated above are correct at the date of submission and that the athlete commits to provide updates as they change.
- The athlete remains personally responsible for the provision of his/her whereabouts information, regardless of whether the athlete appointed a third party to act on his/her behalf.

By signing below or by submitting this form electronically, the third party warrants and guarantees to have obtained necessary consent from the athlete to submit and update whereabouts information on his/her behalf. This does not exempt the athlete from the whereabouts requirements and the athlete remains responsible of ensuring that the information provided in this form is, as of today, accurate and up-to-date.

Date: _____ **Name of the third party:** _____

Third Party Signature: _____ **Function of the third party:** _____

(The signature is required for the form to be considered complete if submitted in writing. If submitting electronically, initials are sufficient)