

International Wushu Federation (IWUF) RETIREMENT NOTIFICATION FORM



ATHLETE INFORMATION

Surname:	.....	Given Names:	.....
Female <input type="checkbox"/>	Male <input type="checkbox"/> (<i>X appropriate box</i>)	Date of Birth: (dd/mm/yyyy)	.....
Address:	.....	
City:	.....	Country:	.....
		Postcode:	.....
Tel:	.....	Email:	.....
	(with international code)		
Sport/Discipline: Sanda Category.....	kg/ Taolu.....	World Championships Best Rank:	.....
National Federation:	.....	

I hereby certify that I have decided to permanently retire from international competitions and I request that my name be removed from the IWUF Registered Testing Pool (RTP).

I hereby acknowledge that I am aware of the IWUF Anti-Doping Rules (2015) Article 5.6.3 and 5.7.1 as specified below.

Signature:	Place/Date:
------------	-------	-------------	-------

5.6.3 An Athlete in IWUF's Registered Testing Pool shall continue to be subject to the obligation to comply with the whereabouts requirements of Annex I to the International Standard for Testing and Investigations unless and until (a) the Athlete gives written notice to IWUF that he or she has retired or (b) IWUF has informed him or her that he or she no longer satisfies the criteria for inclusion in IWUF's Registered Testing Pool.

5.7.1 An Athlete in IWUF's Registered Testing Pool who has given notice of retirement to IWUF may not resume competing in International Events or National Events until he or she has given IWUF written notice of his/her intent to resume competing and has made him/herself available for Testing for a period of six months before returning to Competition, including (if requested) complying with the whereabouts requirements of Annex I to the International Standard for Testing and Investigations.

CONFIRMATION OF ATHLETE STATUS

National Federation:

Name of Official: Title:

I confirm that the information given above by the athlete is true.

Signature:	Place/Date:
------------	-------	-------------	-------

Please fill in the form in capital letters or typing, sign and return to:

International Wushu Federation
Avenue de Rumine 7
1005 Lausanne
Switzerland

Tel: +41 21 312 2583
Fax: +41 21 312 2587
Email: antidoping@iwuf.org

国际武术联合会（国际武联）
注册检查库运动员退役通知表



运动员信息

姓：.....	名：.....
女 <input type="checkbox"/> 男 <input type="checkbox"/>	出生日期：（日/月/年）.....
通讯地址：.....	
城市：.....	国家：..... 邮政编码：.....
电话：.....	电子邮箱：.....
项目：散打..... 公斤级/套路..... 世锦赛最好成绩：.....	
所在国家（地区）武术协会：.....	

我在此声明我已决定永久退役，并要求将我的名字从国际武联注册检查库（RTP）中移除。

我承认我知道《国际武术联合会反兴奋剂规定（2015）》第 5.6.3 条和第 5.7.1 条的规定（见下文）。

签名：.....	地点/日期：.....
----------	-------------

第 5.6.3 条：国际武联注册检查库运动员仍有义务继续按照《国际检测和调查标准》填写行踪信息除非运动员向国际武联提供其退役的书面通知或国际武联已通知他/她，他/她不再满足被纳入国际武联注册检查库的标准。

第 5.7.1 条：已向国际武联发出退役通知的注册检查库运动员不能参加任何国际或国家（地区）赛事，直到他/她再次向国际武联发出重返赛场的正式书面通知并且已经准备好在重返赛场之前六个月内接受赛外检测，如果需要，包括按照《国际检测和调查标准》填写行踪信息。

运动员身份及情况确认

所在国家（地区）协会：.....

官员姓名：..... 职位：.....

我确认由运动员提供的以上信息全部属实。

签名：.....	地点/日期：.....
----------	-------------

请清晰完整地填写此表格，签字并寄至：

International Wushu Federation
Avenue de Rumine 7
1005 Lausanne
Switzerland

电话： +41 21 312 2583
传真： +41 21 312 2587
电子邮箱： antidoping@iwuf.org