

INSTRUCTIONS FOR ATHLETE LOCATION FORM

PLEASE READ BEFORE FILLING OUT THE ATHLETE LOCATION FORM

Personal Information

This information allows doping control officers to correctly identify you and also means the minimum inconvenience possible to you. Please attach additional pages if necessary.

1. NAME

Provide your complete surname and given first and middle names

2. WADA ATHLETE PASSPORT IDENTIFICATION NUMBER

If you have already registered for the WADA athlete passport, insert your personal number here. If not, please write NA

3. DATE OF BIRTH

Provide your day, month, and year of birth

4. SEX

Delete male or female as appropriate

5. NATIONALITY

Provide your nationality (the country you represent)

6.  RESIDENTIAL ADDRESS (R)

The address where you will be living permanently. Please provide the house name/number, street, town/city, state/province, post code and country.

Please also supply a home telephone number and mobile number if you have one

7.  MAILING ADDRESS

Provide your mailing address if different to your residential address

8.  E-MAIL ADDRESS

Provide your e-mail address

9. NATIONAL FEDERATION

Provide the full name of the national sport governing body to which you belong

10. MEMBERSHIP NUMBER: (IF APPLICABLE)

Provide your membership number if you have one

11. DISCIPLINE/CLASS/TEAM

Provide the discipline and/or class and/or team that you compete in

Location Details/Schedule

This information will serve to create a more comprehensive picture of where you will be on any given day throughout the year. Your best estimate will help significantly.

12.  PRIMARY TRAINING LOCATION (X)

FACILITY NAME

Provide the full name of the facility where you will do **most** of your training during the upcoming quarter

FACILITY ADDRESS

Provide the full address of the above facility.

DAILY SCHEDULE

Provide the times when you will typically be training at your primary location. Fill in all remaining empty boxes on the schedule with "NA". Please refer to the following example:



International Boxing Association

This boxer trains at her primary training facility from Monday to Friday from 5am to 7am and then again from 1pm. to 3pm

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	NA	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	NA
PM	NA	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	NA

13. SECONDARY TRAINING LOCATION (Y)

FACILITY NAME

Provide the full name of the facility where you will spend the second most amount of time training during the upcoming quarter.

FACILITY ADDRESS

Provide the full address of the facility.

Our boxer trains at her secondary training facility Saturday and Sunday from 10am to 2pm

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	10:00 -	NA	NA	NA	NA	NA	10:00 -
PM	2:00	NA	NA	NA	NA	NA	2:00

14. WORK/STUDY SCHEDULE (Z)

Provide the times during the day when you will typically have other commitments such as work or school/college classes (study) during the upcoming quarter.

Our boxer works every Monday, Wednesday and Friday from 7:30am to 10:30am

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	NA	7:30 – 10:30	NA	7:30 – 10:30	NA	7:30 – 10:30	NA
PM	NA	NA	NA	NA	NA	NA	NA

15. ADDITIONAL TEMPORARY ADDRESSES (A1, A2)

Provide the addresses of any additional places you will stay during the quarter.

This could include a term-time address, your parents' address, a hotel if you are on vacation, accommodation at a training camp or competition, etc.

16. TRAINING CAMPS (TC)

Provide the names of the organizers and the full addresses of any training camps you will be attending. If your accommodation is at a different address, include it under temporary residence address.

17. COMPETITION SCHEDULE (E)

Provide the name, location, and dates of all competitions you will attend during the quarter. Attach additional pages if necessary.

Quarterly Planner

18. 3 MONTH SCHEDULE (SEE 7 DAY EXAMPLE BELOW)

Fill in the schedule with the letters that correspond to the addresses where you can be found each day. There is no limit to the number of letters you can place in one box. Please ensure that you complete **every day** of the quarter.

- Use the letter T to denote those days when you will be traveling.

Our boxer trains at her primary training venue on the morning of June 1st. She returns home before and after her next training session. On July 2nd (Wednesday) she goes to



International Boxing Association

work between training sessions. Because she has already provided her training and work times we are able to build up a picture of her whereabouts. After attending a 2-day training camp, the athlete goes straight to her parent's house from her secondary training venue on July 5th (her first temporary address), and travels home the following afternoon.

Month/Date		1	2	3	4	5	6	7
JULY	AM	R X R	R X Z	R T TC	TC	R Y	A1 Y	R X Z
	PM	X R	X R	TC	TC T R	Y A1	Y A1 T R	X R

19. ADDITIONAL INFORMATION

Feel free to attach additional pages if there is not enough space on this form for you to provide complete information regarding your personal information, location details/schedule or 3 month schedule.

20. ATHLETE SIGNATURE

Read the acknowledgment, include the date and sign your name to declare that the information is correct.

DUE DATE

The athlete location form must be completed each quarter and returned to the relevant authority according to the following schedule:

- Quarter 1 (January – March) = December 1st
- Quarter 2 (April – June) = March 1st
- Quarter 3 (July – September) = June 1st
- Quarter 4 (October – December) = November 1st

You must inform the relevant authority of any changes to the information provided here **to be received at least 5 days in advance**. This should be via the Athlete Change of Information Form.

Thank you for taking the time to fill out the location form and demonstrating your commitment to doping-free sport.

CONTACT DETAILS

Please send the form by e-mail, fax or mail to:
(AIBA – fax: +41-21 321 27 72 / Email: doping@aiba.org)

Should you have any further questions about the completion of the form, please do not hesitate to call (AIBA: +41-21 321 27 77)