



## ATHLETE CHANGE OF WHEREABOUTS INFORMATION



**COMMONWEALTH GAMES WHEREABOUTS POOL**  
Return to the CGF Medical Commission  
**XIX Commonwealth Games 2010 Delhi**  
Fax: +91-11-23482976 or E-Mail: [doping.control@cwgdhli2010.org](mailto:doping.control@cwgdhli2010.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: \_\_\_\_\_

**CHANGE OF PLAN**

**Initial date:** \_\_\_\_\_ **New date:** \_\_\_\_\_

**Initial time:** \_\_\_\_\_ **New time:** \_\_\_\_\_

Accommodation

Specify location: .....  
.....

Training camp

Specify location: .....  
.....

Competition

Specify location: .....  
.....

Other (e.g. breakfast, lunch, dinner and media or press conference)

Specify location: .....  
.....

**60-minute slot**

Specify location: .....  
.....

**CONSENT**

I acknowledge that this change of information form may be shared with other relevant authorities on the condition that the information is used for doping control purposes only. I also recognize that failure to provide accurate and up-to-date information may result in investigation and sanctions imposed by the Commonwealth Games Federation (CGF).

**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:** \_\_\_\_\_

*(Signature is required for the form to be considered complete)*

**As an athlete, I delegated the whereabouts filing responsibilities to a third party. However, I acknowledge that the strict liability of fulfilling the whereabouts requirements remains with me and that I cannot blame the third party for any failure to comply.**

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;
- 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.

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 athletes from the whereabouts requirements and remain responsible of ensuring that the information provided in this form is, as of today, accurate and up-to-date.

**Date:** \_\_\_\_\_ **Name of third party:** \_\_\_\_\_

**Third Party Signature:** \_\_\_\_\_ **Function of third party:** \_\_\_\_\_

*(Signature is required for the form to be considered complete)*