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: ________________________________
<table>
<thead>
<tr>
<th>变更计划</th>
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<tbody>
<tr>
<td>初始日期:</td>
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<td>初始时间:</td>
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**住宿**

说明位置: 请输入位置信息

**训练营**

说明位置: 请输入位置信息

**比赛**

说明位置: 请输入位置信息

**其他（例如早餐、午餐、晚餐和媒体或新闻发布会）**

说明位置: 请输入位置信息

**60分钟时段**

说明位置: 请输入位置信息
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)