ATHLETE WHEREABOUTS INFORMATION

ATHLETE LOCATION FORM
COMMONWEALTH GAMES WHEREABOUTS POOL

Return to the CGF Medical Commission
Commonwealth Games Delhi 2010
Fax: +91-11-23482976 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)

<table>
<thead>
<tr>
<th>ACC</th>
<th>TC</th>
<th>C</th>
<th>O</th>
<th>60-minute slot</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>TC</td>
<td>C</td>
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<td>60-minute slot</td>
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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.
# ATHLETE WHEREABOUTS INFORMATION

<table>
<thead>
<tr>
<th>Day</th>
<th>ACC</th>
<th>TC</th>
<th>C</th>
<th>O</th>
<th>60-minute slot</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday - 04.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Tuesday – 05.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Wednesday - 06.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Thursday – 07.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Friday – 08.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Saturday -09.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Sunday – 10.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Monday – 11.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Tuesday - 12.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Wednesday – 13.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
</tr>
<tr>
<td><strong>Thursday – 14.10.2010</strong></td>
<td>ACC</td>
<td>TC</td>
<td>C</td>
<td>O</td>
<td>60-minute slot</td>
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**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)