



IMPORTANT NOTE FOR ATHLETES

- **Please complete all sections of this form and forward to Sport Integrity Australia.**
If you are a member and/or compete in more than one sport, you must complete a separate **SIA Retirement Notification Form** for each respective NSO/NSOD/Sport.
- Your retirement date will be the date that Sport Integrity Australia receives this form with all sections within the Athlete Information section fully

completed. On receipt of form, Sport Integrity Australia will provide you with written confirmation. **An incomplete form may delay your retirement notification being processed.**

T: +61 (0)2 6222 4200
PO Box 1744, FYSHWICK ACT 2609
E: athlete@sportintegrity.gov.au

ATHLETE INFORMATION (for completion by Athlete)

National Sporting Organisation (NSO) or National Sporting Organisation for People with Disability (NSOD):

First Name: _____ Last Name: _____

Date of Birth (dd/mm/yyyy): _____

Postal Address: _____
Suburb _____ State _____ Post Code _____

Residential Address (if different from postal address):
_____ Suburb _____ State _____ Post Code _____

Email Address: _____ Mobile Phone Number: _____

I hereby certify that:

- I wish to retire from competition, and I have read and understood the rules and implications of my retirement.
- I am aware that completing this Retirement Notification Form does not carry with it automatic cessation of membership from my sport, and I must separately resign my membership directly with the sport if I wish to no longer be a registered member.
- I acknowledge that my retirement date will be the date that SIA receives my fully completed form, and SIA will provide me with written confirmation of my retirement date.
- I am aware that if I continue to actively participate in sport after receiving written confirmation of my retirement, that I may be considered an athlete for the purpose of the Australian National Anti-Doping Policy (ANADP) and the National Anti-Doping (NAD) Scheme and any competitive results obtained by me may also be disqualified.
- I acknowledge that I am aware of and understand the rules as outlined in Article 5 of the ANADP, the NAD Scheme, and any other Anti-Doping policies that are applicable to me if I wish to return to active participation in sport.

Signature _____ Date (dd/mm/yy) _____

OFFICE USE ONLY

CONFIRMATION OF ATHLETE STATUS (For completion by Sport Integrity Australia)

■ Date fully completed Retirement Notification Form received: _____
(NB This will be the Athlete's retirement date)

■ Receiving officer: _____

■ Written confirmation of retirement sent to:

Athlete Yes No N/A Date: _____

NSO/NSOD Yes No N/A Date: _____

International Federation Yes No N/A Date: _____