



Australian Government

**Australian Sports
Anti-Doping Authority**

Suite 15 Level 1 Kingston Warehouse 71 Leichhardt St Kingston ACT 2604

PO Box 345 Curtin ACT 2605 T +61 (0) 2 6206 0200

F +61 (0) 2 6206 0201 E asada@asada.gov.au www.asada.gov.au

ABN 91 592 527 503

ATHLETE WHEREABOUTS INFORMATION AUTHORISED REPRESENTATIVE DECLARATION

I, _____
Name of athlete

of _____
Residential Address

National Sporting Organisation and sport discipline

authorise _____
Name of Authorised Representative

of _____
Residential Address

to provide and/or update the Australian Sports Anti-Doping Authority (ASADA) with my Athlete Whereabouts Information.

I acknowledge that my authorisation to my named Authorised Representative does not in any way reduce or abrogate my responsibilities as an athlete to ensure that the Athlete Whereabouts Information provided to ASADA is at all times current, accurate and complete.

I understand that if my Authorised Representative fails to provide the required Athlete Whereabouts Information, in whole or in part, or provides incorrect information to ASADA, then ASADA may still declare that I have either:

- a) failed to comply with request to inform ASADA of my location; or/and
- b) failed to be located for a sample after being requested to provide my location.

I further understand that if I have already received two such declarations, and my Authorised Representative fails to provide the required Athlete Whereabouts Information, in whole or in part or provides incorrect information to ASADA, then ASADA may determine that I have committed either of the following anti-doping rule violations:

- a) failure to comply with request to inform ASADA of my location; or/and
- b) failure to be located for a sample after being requested to provide my location.

As a consequence, if ASADA is satisfied that an anti-doping rule violation has occurred, my name and relevant details will be entered on ASADA's Register of Findings and my National Sporting Organisation will be informed.

Athlete name	Athlete signature	Date
--------------	-------------------	------

Authorised Representative name	Authorised Representative signature	Date
--------------------------------	-------------------------------------	------

Authorised Representative mailing address

(Home) _____ (Work) _____ (Mobile) _____
Authorised Representative phone contact details

Note to Athlete:

When completing this form please print all details, using black or blue pen.

Completed forms should be sent to ASADA by mail or fax:

Athlete Whereabouts Mail – PO Box 339, Curtin ACT 2605
Athlete Whereabouts Fax – 02 6206 0210 (International +61 2 6206 0210)