



WT RETIREMENT NOTIFICATION FORM

IMPORTANT NOTE FOR ATHLETES:

Please complete the "Athlete Information" section of this form in capital letters and forward it to the WT. Your retirement date will be the date that WT receives this form with the Athlete Information section fully completed. WT will provide you with a written confirmation that your retirement has been received and accepted. This written confirmation should be shown to Doping Control Officers if you are asked to provide a Sample following your retirement date. If you do not receive a written confirmation of your retirement please contact WT. (If you are retiring from more than one National Federations, you must complete a separate form)

WT Anti-Doping Coordinator 82-2-3420-1432 e-mail: antidoping@worldtaekwondo.org

ATHLETE INFORMATION (For completion by Athlete)

Nationality : _____ Date of birth _____

First Name: _____ Last Name: _____

Postal Address: _____

City : _____ State: _____ Post Code: _____

Residential Address (if different from postal address): _____

City : _____ State: _____ Post Code: _____

Email Address: _____ Mobile Phone Number: _____

CONFIRMATION BY THE MEMBERSHIP NATIONAL ASSOCIATION (National Association/Federation only)

Name of Association / Federation _____

Name of MNA President _____

(Signature of MNA president)

I hereby certify that I am retiring from competition.

I hereby advise that I have discussed the implications of my retirement with relevant personnel from my National Federation (NF). I am also aware of and understand the rules regarding Retirement and Return to Competition (Reinstatement) in the anti-doping policies that are relevant to me.

I acknowledge that my retirement date will be the date that WT receives form fully completed my fully completed form and that WT provides me with a written confirmation of my retirement, including my retirement date.

Signature

Place and Date (dd/mm/yy)

Retirement Notification Form

World Taekwondo

sport@worldtaekwondo.org /antidoping@worldtaekwondo.org /kibir.gms@worldtaekwondo.org

CONFIRMATION OF ATHLETE STATUS (For completion by WT)

WT OFFICE USE ONLY:

Date fully completed WT Retirement Notification Form received*: _____

Receiving officer: _____

Written confirmation of retirement sent to:

• Athlete: Yes / No Date: _____

• NF: Yes / No Date: _____

• International Federation: Yes / No / N/A Date: _____

** This will be the Athlete's retirement date.*