

Whereabouts Information Form

Please fill in this form legibly in **BLOCK** letters. There are 3 parts to this form

Send completed forms to SAIDS at whereabouts@drugfreesport.org.za or fax to 27 21 671 6648

January to March	April to June	July to September	October to Dec
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

R - ATHLETE INFORMATION (All information must be COMPLETED)

Name: _____
first middle last

Gender: MALE FEMALE DATE OF BIRTH: _____
day month year

PHYSICAL ADDRESS: _____ MAILING ADDRESS: (If different from physical address) _____

street address _____

city _____ country _____ postal code _____ city _____ postal code _____

home telephone number _____ cell number _____ fax number _____ e-mail address - required for electronic submission _____

PRIMARY CONTACT PERSON: _____
name of contact other than yourself (eg. Coach) telephone number of contact _____

SPORT AND DISCIPLINE: _____ DISABILITY: _____

REGULAR TRAINING INFORMATION

This form is designed for use by a large number of Athletes. We realise some schedules are more complex than others and encourage you to attach additional information on separate sheets if necessary. This is your chance to control when and where you can be contacted for OOC testing.

X1 - Primary Training Location

FACILITY NAME: _____

FACILITY ADDRESS: _____
street city province

PRIMARY TRAINING LOCATION SCHEDULE: (Please indicate specific times - i.e. 9h00 - 14h00)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

X2 - Secondary Training / Alternate Location

Facility Name: _____

Facility Address: _____
street city province

SECONDARY TRAINING / ALTERNATE LOCATION SCHEDULE: (Please indicate specific times - i.e. 9h00 - 14h00)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Name:

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3. Temporary Residential Addresses/Training Camps/Temporary Training (T)

Use this section to **provide modifications** of your details for temporary residential addresses and/or training venues in the upcoming period e.g. when staying with friends, staying at a sport facility, using a different training venue to your regular training venue. Please write down dates and hours of beginning and ending of training.

Temporary residential address / training camp / temporary training (A)

Address

Street Address

city

country

Dates
(from/to)

Time
(from/to)

am/pm

am/pm

Temporary residential address / training camp / temporary training (B)

Address

Street Address

city

country

Dates
(from/to)

Time (from/to)

am/pm

am/pm

Temporary residential address / training camp / temporary training (C)

Address

Street Address

city

country

Dates
(from/to)

Time (from/to)

am/pm

am/pm

4. Competition Schedule (Z)

Provide the name, location, country and dates of all competitions you will participate in during the upcoming period. Also indicate your address for your 1 hour slot. Use additional paper if required

Competition (Z)

Location

Street Address

city

country

Dates (from/to)

Address for one
hour slot

Competition (Z)

Location

Street Address

city

country

Dates (from/to)

Address for one
hour slot

Competition (Z)

Location

Street Address

city

country

Dates (from/to)

Address for one
hour slot

5. ONE HOUR TESTING SCHEDULE

YOU MUST NOW FILL IN EVERY DAY OF THE SCHEDULE USING THE LETTERS INDICATED BELOW AND THE ONE HOUR SLOT YOU WILL BE PRESENT AT THIS LOCATION e.g. Fill in the month name under month. On day 1 Location is X1 and the 1 hour window is 10:00 to 11:00, on day 2 the location is A and the 1 hour window is 22:00 to 23:00

R CURRENT RESIDENTIAL ADDRESS

X1 TRAINING PLACE 1

X2 TRAINING PLACE 2

A, B, C, D TEMPORARY LOCATION INFORMATION

Z COMPETITION PLANNING

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Location																															
1 hour window																															
Location																															
1 hour window																															
Location																															
1 hour window																															

I agree that the information in this whereabouts information form may be shared with the World Anti-Doping Agency (WADA) and other relevant authorities as specified in the World Anti-Doping Code on the condition that the information be used for doping control purposes only. I recognise that failure to provide accurate and adequate information on my whereabouts may result in investigations and sanctions imposed in pursuance of the applicable rules.

Athlete's name:

Signature:

Date: