



International  
**Paralympic**  
Committee

## ATHLETE WHEREABOUTS FORM Quarter 3 – July, August, September 2018

Return to the IPC by 30 June 2018  
Fax: +49-228-2097-212 or e-mail: [whereabouts@paralympic.org](mailto:whereabouts@paralympic.org)

Please type or print legibly and in English. Do not use pencil. Attach additional named sheets as necessary.

### ATHLETE INFORMATION

Full Name (Surname, Given Name, Middle Name): \_\_\_\_\_

Gender:  Male  Female Nationality: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Sport/Discipline: \_\_\_\_\_ IPC License #: \_\_\_\_\_

**ADDRESS** (Where you will reside this quarter.)

Street Address (No Post Office Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State/Region: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (Include Country Code): \_\_\_\_\_

Mobile (Include Country Code): \_\_\_\_\_

E-Mail: \_\_\_\_\_

### REGULAR QUARTERLY SCHEDULE

#### PRIMARY TRAINING LOCATION

Facility Name: \_\_\_\_\_

Facility Address (Street, City, State/Region and Country): \_\_\_\_\_

**PRIMARY TRAINING LOCATION SCHEDULE:** (Please indicate specific times: i.e. 09:00– 14:00)

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

#### SECONDARY TRAINING LOCATION

Facility Name: \_\_\_\_\_

Facility Address (Street, City, State/Region, Country): \_\_\_\_\_



Name (Surname/Given Name): \_\_\_\_\_

**SECONDARY TRAINING LOCATION SCHEDULE:** (Please indicate specific times: i.e. 09:00– 14:00)

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

**REGULAR QUARTERLY SCHEDULE CONTINUED**

**OTHER REGULAR ACTIVITIES:** (e.g. work, college)

Activity 1: \_\_\_\_\_

Address (Street, City, State/Region and Country): \_\_\_\_\_

**ACTIVITY 1 SCHEDULE INFORMATION:** (Please indicate specific times: i.e. 09:00– 14:00)

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

Activity 2: \_\_\_\_\_

Address (Street, City, State/Region and Country): \_\_\_\_\_

**ACTIVITY 2 SCHEDULE INFORMATION:** (Please indicate specific times: i.e. 09:00– 14:00)

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

**EXCEPTIONS TO THE QUARTERLY SCHEDULE**

**TEMPORARY ADDRESSES/ACTIVITIES:** (Please include holidays, temporary training venues/accommodation)

**Temporary Address 1**

Dates At This Address: \_\_\_\_\_

Travel Days: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Region: \_\_\_\_\_

Country: \_\_\_\_\_

**Temporary Address 2**

Dates At This Address: \_\_\_\_\_

Travel Days: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Region: \_\_\_\_\_

Country: \_\_\_\_\_

**COMPETITION SCHEDULE** (Please attach additional named sheets as necessary.)

COMPETITION NAME & LOCATION	ACCOMODATION ADDRESS	DATES AT THIS LOCATION	TRAVEL DATES



Name (Surname/Given Name): \_\_\_\_\_

**One 60 Minute Time Slots** - this section **must** be completed (60 minute time slot must be **between 5am and 11pm**)

	Jul: 60 Min. Slot	Location Name		Aug: 60 Min. Slot	Location Name		Sep: 60 Min. Slot	Location Name
1			1			1		
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
8			8			8		
9			9			9		
10			10			10		
11			11			11		
12			12			12		
13			13			13		
14			14			14		
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26			26			26		
27			27			27		
28			28			28		
29			29			29		
30			30			30		
31			31			31		

Please attach additional named sheets as necessary.

LOCATION NAME	LOCATION ADDRESS	LOCATION NAME	LOCATION ADDRESS

By signing this form, I acknowledge that this form, and the information submitted, may be shared with the World Anti-Doping Agency and other relevant parties according to the World Anti-Doping Code on the condition that this information is to be used for doping control purposes only. I also acknowledge that I have read the IPC Athlete ADAMS Information Form on Data Processing and Doping Control Related Data which can be found at [www.paralympic.org](http://www.paralympic.org) and understand that any information provided on or in connection with this form may be submitted, disclosed, processed and/or stored through ADAMS (Anti-Doping Administration & Management System).

Athlete Signature: \_\_\_\_\_  
*(Signature is required for the form to be considered complete)*



## ATHLETE WHEREABOUTS FORM INSTRUCTIONS

### REMEMBER TO UPDATE THE IPC WITH CHANGES TO YOUR SCHEDULE THROUGHOUT THE QUARTER

Providing detailed contact information is to your benefit and will help ensure that you can be located for testing. The points below are intended to define what information is being requested in specific fields of the Athlete Whereabouts Form and why it is requested. Please feel free to attach additional sheets of information as necessary. Remember to put your name on any additional sheets submitted. All information must be submitted in English.

**REGULAR QUARTERLY SCHEDULE:** Provide your regular quarterly schedule. Exceptions can be recorded in subsequent sections and via updates throughout the quarter. The reason for this information is so that you can be contacted for testing at times where as little inconvenience as possible will be caused to your daily activities. The more information you provide the better.

We realize some schedules are more complex than others, please provide as much information as possible.

- **PRIMARY TRAINING** – Please indicate the address of the facility and times when you will be present there.
- **SECONDARY TRAINING** – If you use an alternate training facility on a regular basis, provide the facility's address and times when you will be present at that facility.
- **OTHER REGULAR ACTIVITIES** – Use these sections to advise the IPC of activities (work, school, church, etc.) that are part of your regular routine.

### EXCEPTIONS TO THE QUARTERLY SCHEDULE

- **TEMPORARY ADDRESSES** – Use this section to list additional locations where you will be living and/or training throughout the quarter. Vacations should be listed here as well. You can also submit this information via an update at the appropriate time in the quarter. Be sure to include the dates that you will be at each location.

### COMPETITION SCHEDULE

- List the events at which you will be competing in the upcoming quarter. Be sure to include the dates of each competition AND the dates of travel to and from competition. Dates should be entered DD/MM/YY.

### ONE 60 MINUTE TIME SLOTS

- You must include for each day during the quarter one specific 60-minute time slot between 5am and 11 pm (e.g. the earliest slot can be 5am-6am and the latest 10pm-11pm) where you will be available and accessible for testing at a specific location.
- If you need to update this 60-minute time slot, you must notify the IPC as soon as possible and before the 60-minute time slot begins.

**ATHLETE SIGNATURE:** Your form must be signed and dated to be considered complete.

**Return your completed form to:**  
International Paralympic Committee  
Athlete Whereabouts Programme  
Adenauerallee 212-214, 53113 Bonn, Germany  
Fax: +49-228-2097-212  
E-Mail: [whereabouts@paralympic.org](mailto:whereabouts@paralympic.org)