

USAPL
INSTRUCTIONS FOR ATHLETE LOCATION FORM

PLEASE READ BEFORE FILLING OUT THE ATHLETE LOCATION FORM

Personal Information

This information allows doping control officers to correctly identify you and also means the minimum inconvenience possible to you. Please attach additional pages if necessary.

1. NAME
Provide your complete surname and given first and middle names
2. WADA ATHLETE PASSPORT IDENTIFICATION NUMBER
If you have already registered for the WADA athlete passport, insert your personal number here. If not, please write NA
3. DATE OF BIRTH
Provide your day, month, and year of birth
4. SEX
Delete male or female as appropriate
5. NATIONALITY
Provide your nationality (the country you represent)
6. RESIDENTIAL ADDRESS (R)
The address where you will be living permanently. Please provide the house name/number, street, town/city, state/province, post code and country.
Please also supply a home telephone number and mobile number if you have one
7. MAILING ADDRESS
Provide your mailing address if different to your residential address
8. E-MAIL ADDRESS
Provide your e-mail address
9. NATIONAL FEDERATION
Provide the full name of the national sport governing body to which you belong
10. MEMBERSHIP NUMBER: (IF APPLICABLE)
Provide your membership number if you have one
11. DISCIPLINE/CLASS/TEAM
Provide the discipline and/or class and/or team that you compete in

Location Details/Schedule

This information will serve to create a more comprehensive picture of where you will be on any given day throughout the year. Your best estimate will help significantly.

12. PRIMARY TRAINING LOCATION (X)
FACILITY NAME
Provide the full name of the facility where you will do most of your training during the upcoming quarter
FACILITY ADDRESS
Provide the full address of the above facility.
DAILY SCHEDULE
Provide the times when you will typically be training at your primary location. Fill in all remaining empty boxes on the schedule with "NA". Please refer to the following example:

This Athlete trains at her primary training facility from Monday to Friday from 5am to 7am and then again from 1pm. to 3pm

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	NA	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	5:00 – 7:00	NA
PM	NA	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	1:00 – 3:00	NA

13. SECONDARY TRAINING LOCATION (Y)
FACILITY NAME

Provide the full name of the facility where you will spend the second most amount of time training during the upcoming quarter.

FACILITY ADDRESS

Provide the full address of the facility.

Our Athlete trains at her secondary training facility Saturday and Sunday from 10am to 2pm

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	10:00 -	NA	NA	NA	NA	NA	10:00 -
PM	2:00	NA	NA	NA	NA	NA	2:00

14. WORK/STUDY SCHEDULE (Z)

Provide the times during the day when you will typically have other commitments such as work or school/college classes (study) during the upcoming quarter. Our Athlete works every Monday, Wednesday and Friday from 7:30am to 10:30am.

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	NA	7:30 – 10:30	NA	7:30 – 10:30	NA	7:30 – 10:30	NA
PM	NA	NA	NA	NA	NA	NA	NA

15. HJ ADDITIONAL TEMPORARY ADDRESSES (A1, A2)

Provide the addresses of any additional places you will stay during the quarter. This could include a term-time address, your parents' address, a hotel if you are on vacation, accommodation at a training camp or competition, etc.

16. TRAINING CAMPS (TC)

Provide the names of the organizers and the full addresses of any training camps you will be attending. If your accommodation is at a different address, include it under temporary residence address.

17. COMPETITION SCHEDULE (E)

Provide the name, location, and dates of all competitions you will attend during the quarter. Attach additional pages if necessary.

Quarterly Planner

18. QUARTERLY (3 MONTH SCHEDULE)

Submit the form on a Quarterly basis. Fill in the schedule with the letters that correspond to the addresses where you can be found each day. There is no limit to the number of letters you can place in one box. Please ensure that you complete every day of the quarter.

Month/Date		1	2	3	4	5	6	7
JULY	AM	R X R	R X Z	R T TC	TC	R Y	A1 Y	R X Z
	PM	X R	X R	TC	TC T R	Y A1	Y A1 T R	X R

- Use the letter T to denote those days when you will be travelling.

Our Athlete trains at her primary training venue on the morning of July 1st. She returns home before and after her next training session. On July 2nd (Wednesday) she goes to work between training sessions. Because she has already provided her training and work times we are able to build up a picture of her whereabouts.

After attending a 2-day training camp, the athlete goes straight to her parent's house from her secondary training venue on July 5th (her first temporary address), and travels home the following afternoon.

19. ADDITIONAL INFORMATION

Feel free to attach additional pages if there is not enough space on this form for you to provide complete information regarding your personal information, location details/schedule or 3 month schedule.

20. ATHLETE SIGNATURE

Read the acknowledgment, include the date and sign your name to declare that the information is correct.

DUE DATE

Athletes shall submit the next Quarter's Athlete Locator Form by the third Tuesday of the following Months:

- March
- June
- September
- December

You must inform the relevant authority of any changes to the information provided here to be received at least 5 days in advance. This should be via the Athlete Change of Information Form.

Thank you for taking the time to fill out the location form and demonstrating your commitment to doping-free sport.

CONTACT DETAILS

Please send the filled out form(s) by e-mail, fax or mail to Team Manager, Drug Testing Chair and the USAPL National Office. ANY changes in schedule after the initial submitted form MUST be reported.

USAPL/ADFPA National Office:
PO Box 668
Columbia City, IN 46725
Telephone: (260) 248-4889
Fax: (260) 248-4879

Email: usapladmin@skynet.net

CALENDAR CODE:

R Residence
X Primary Training Venue
Y Secondary Training Venue
Z Workplace /Study
TC Training Camp
A1/A2 Temporary Residence(s)
B1/B2 Other Activity Venues
E Competition
T Travelling time

Athlete Name: _____

ATHLETE LOCATION FORM

QUARTERLY UPDATE:

Jan-Mar

Apr-June

July-Sept

Oct-Dec

In order to assist both the IPF and the World Anti-Doping Agency (WADA) with Out-of-Competition doping control you are required to complete this form detailing your whereabouts for the next quarter.

Please type or print legibly in block letters and be as accurate and thorough as possible. Before completing this form please consult the accompanying instructions.

Personal Information

Surname: _____ First Name: _____

Athlete Passport ID: _____ Nationality: _____

Date of Birth: _____ Sex: Male: _____ Female: _____

6. H RESIDENTIAL ADDRESS (R)

Street Address: _____

City _____ State _____ Postal Code: _____

' Home Phone: _____ E Mobile Phone: _____

7. > MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

Street Address: _____

City _____ State _____ Postal Code: _____

8. Email Address: _____

9. National Federation: _____

10. Membership Number: _____

11. Discipline: _____ Wt Class: _____ Team(s): _____

Athlete Name: _____

Location Details/Schedule Ü |

12. Š PRIMARY TRAINING LOCATION (X)

Facility Name: _____

Street Address: _____

City _____ State _____ Postal Code: _____

Phone: _____

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

13. Š SECONDARY TRAINING LOCATION (Y)

Facility Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

14. WORK/STUDY SCHEDULE (Z)

Work/School Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

15. HJ ADDITIONAL TEMPORARY ADDRESSES (A1/A2)

A1. Temporary Residence: _____

Street Address: _____

City _____ State _____ Postal Code: _____

Phone: _____

A2. Temporary Residence: _____

Street Address: _____

City _____ State _____ Postal Code: _____

Phone: _____

Athlete Name: _____

16. TRAINING CAMPS (TC)

Organizer Name: _____ Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____

Organizer Name: _____ Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____

17. COMPETITION SCHEDULE (E)

Competition Name: _____ Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____

Competition Name: _____ Start Date: _____ End Date: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____

I acknowledge that this form may be shared with the World Anti-Doping Agency and other relevant authorities as specified in the World Anti-Doping Code on the condition that the information is used for doping control purposes only. I recognize that failure to provide accurate and adequate information on my location may result in investigation and sanctions imposed by my governing body of sport.

Athlete signature:

(Emailing this form is considered your Electronic Signature)

Print Name: _____

Date: _____

ATHLETE NAME:

JULY
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 AM: PM:	2 AM: PM:	3 AM: PM:	4 AM: PM:	5 AM: PM:	6 AM: PM:	7 AM: PM:
8 AM: PM:	9 AM: PM:	10 AM: PM:	11 AM: PM:	12 AM: PM:	13 AM: PM:	14 AM: PM:
15 AM: PM:	16 AM: PM:	17 AM: PM:	18 AM: PM:	19 AM: PM:	20 AM: PM:	21 AM: PM:
22 AM: PM:	23 AM: PM:	24 AM: PM:	25 AM: PM:	26 AM: PM:	27 AM: PM:	28 AM: PM:
29 AM: PM:	30 AM: PM:	31 AM: PM:				

AUG
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 AM: PM:	2 AM: PM:	3 AM: PM:	4 AM: PM:
5 AM: PM:	6 AM: PM:	7 AM: PM:	8 AM: PM:	9 AM: PM:	10 AM: PM:	11 AM: PM:
12 AM: PM:	13 AM: PM:	14 AM: PM:	15 AM: PM:	16 AM: PM:	17 AM: PM:	18 AM: PM:
19 AM: PM:	20 AM: PM:	21 AM: PM:	22 AM: PM:	23 AM: PM:	24 AM: PM:	25 AM: PM:
26 AM: PM:	27 AM: PM:	28 AM: PM:	29 AM: PM:	30 AM: PM:	31 AM: PM:	

ATHLETE NAME:

SEPT
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 AM: PM:
2 AM: PM:	3 AM: PM:	4 AM: PM:	5 AM: PM:	6 AM: PM:	7 AM: PM:	8 AM: PM:
9 AM: PM:	10 AM: PM:	11 AM: PM:	12 AM: PM:	13 AM: PM:	14 AM: PM:	15 AM: PM:
16 AM: PM:	17 AM: PM:	18 AM: PM:	19 AM: PM:	20 AM: PM:	21 AM: PM:	22 AM: PM:
23 AM: PM:	24 AM: PM:	25 AM: PM:	26 AM: PM:	27 AM: PM:	28 AM: PM:	29 AM: PM:
30 AM: PM:						

OCT
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 AM: PM:	2 AM: PM:	3 AM: PM:	4 AM: PM:	5 AM: PM:	6 AM: PM:
7 AM: PM:	8 AM: PM:	9 AM: PM:	10 AM: PM:	11 AM: PM:	12 AM: PM:	13 AM: PM:
14 AM: PM:	15 AM: PM:	16 AM: PM:	17 AM: PM:	18 AM: PM:	19 AM: PM:	20 AM: PM:
21 AM: PM:	22 AM: PM:	23 AM: PM:	24 AM: PM:	25 AM: PM:	26 AM: PM:	27 AM: PM:
28 AM: PM:	29 AM: PM:	30 AM: PM:	31 AM: PM:			

ATHLETE NAME:

NOV
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
				AM: PM:	AM: PM:	AM: PM:
4	5	6	7	8	9	10
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
11	12	13	14	15	16	17
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
18	19	20	21	22	23	24
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
25	26	27	28	29	30	
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	

DEC
2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
						AM: PM:
2	3	4	5	6	7	8
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
9	10	11	12	13	14	15
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
16	17	18	19	20	21	22
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
23	24	25	26	27	28	29
AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:	AM: PM:
30	31					
AM: PM:	AM: PM:					