**PAZIŅOJUMS**

**Par sportista(es) aktīvās karjeras pārtraukšanu/*Retirement notification form***

*LŪDZU AIZPILDĪT PAZIŅOJUMA VEIDLAPU DRUKĀTIEM BURTIEM, AIZPILDĪTU VEIDLAPU NOSŪTĪT:*

**Latvijas Antidopinga birojs**

Adrese: Jersikas iela 15  
Rīga, LV-1003 LATVIJA

e-pasts: [antidopings@antidopings.gov.lv](mailto:antidopings@antidopings.gov.lv)

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| Es, \_\_\_\_\_\_\_\_\_\_\_\_\_- , ar šo apliecinu, ka pārtraucu aktīvā sportista(es) karjeru un lūdzu izslēgt mani no pārbaudāmo sportistu reģistra (RTP).  Ar šo es paziņoju, ka karjeras pārtraukšanu un tās sekas esmu pārrunājis(usi) ar savas sporta federācijas atbildīgajām amatpersonām.  Es izprotu Pasaules Antidopinga aģentūras un Starptautiskās federācijas antidopinga noteikumus, kas saistīti ar aktīvās karjeras pārtraukšanu vai atgriešanos sacensībās, t.i., 6 mēnešus pirms startēšanas starptautiska vai nacionāla līmeņa sacensībās, apņemos par to ziņot sava sporta veida starptautiskajai federācijai un nacionālajai antidopinga organizācijai.  Es izprotu, ka aktīvās karjeras pārtraukšana neizraisa automātisku izslēgšanu no dalības sporta federācijā un, lai pārtrauktu dalību savā sporta veidā, man jāvēršas sporta federācijā. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I hereby certify that I am retiring from the competition and would like to be excluded from registered testing pool (RTP).  I hereby announce that I have discussed the implications of my retirement with relevant personnel from my National Sports Organization.  I am also aware of and understand the rules of World Antidoping Agency and International Federation regarding Retirement and Return to Competition (Reinstatement) in the anti-doping policy/ies that are relevant to me, i.e., 6 months prior to participation in international or national event I will notice my international federation and national anti-doping organization.  I acknowledge that my retirement date will be the date when the Antidoping bureau of Latvia will receive my application and when the Antidoping bureau of Latvia will provide me with written confirmation of my retirement, including my retirement date. |
| **Informācija par mani:**  ADAMS ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vārds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Uzvārds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pasta adrese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pilsēta/rajons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valsts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pasta indekss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-pasts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob.tel.nr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Information about myself:**  ADAMS ID:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-meil Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Sportista(es) paraksts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_federācijas  Atbildīgā pārstāvja vārds/uzvārds, paraksts  \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Vieta, datums/ dd/mm/gg) | Athlete signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and signature of the representative of the National Federation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Place, date/ dd/mm/yy) |