

## **ATHLETE PROFILE FORM**



To be completed by athletes in the ISAF Registered Testing Pool in order to registered for the World Anti-Doping Agency's (WADA) Anti-Doping Administration & Management System (ADAMS).

**PLEASE TYPE OR WRITE IN BLOCK CAPITALS ONLY**

Athletes name:	First Name:  Last Name:
Date of Birth:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:	
Sport Nationality:	
Physical Address: The address where you will be residing when not training, ie your home / family residence. Please provide street, house/apartment number, town/city, county/ province, postal code and country	
E-mail:	
Mobile:	
Home Tel No:	
Athlete's Designated Representative	
Member of MNA Olympic Team:	Class:

Please return completed form to the ISAF Medical Secretary by email or fax using the details below:

Email: [www.sailing.org/contactisaf](http://www.sailing.org/contactisaf)

Fax: + 44 23 80 635789

ISAF Medical and Anti-Doping microsite - [www.sailing.org/medical](http://www.sailing.org/medical)