



DRUG FREE SPORT NZ

PO Box 18 339, Glen Innes
Auckland 1743, New Zealand
Phone: +64 (0) 9 574-6370
Fax: +64 (0) 9 574-6372
www.drugfreesport.org.nz

ATHLETE LOCATION FORM (ALF)

QUARTERLY UPDATE: **1st Quarter – 1 July to 30 September 2008**
DUE AT DFSNZ: **by or on 15 June 2008**
FAX: 09 574 6372

Please type or print legibly. Do not use pencil.

Athlete Information (this information is required for your form to be considered complete)

RESIDENCE (Providing detailed contact information is to your benefit and can help minimise the likelihood of you having a "missed-test" filed against you).

NAME: First Name Middle Name Last Name

SPORT: DISCIPLINE:

GENDER: MALE FEMALE DATE OF BIRTH: / / Day Month Year

PHYSICAL ADDRESS: (Where you will reside this quarter. No PO Boxes or R.D. numbers)

MAILING ADDRESS: (If different from physical address)

Street Address Street Address

Suburb/Town City Postcode Suburb/Town City Postcode

State/Province Country Postal/Zip Code State/Province Country Postal/Zip Code

Home Telephone Number Cell Phone Number

EMAIL ADDRESS:
(Provide your Email Address in order to be eligible to submit electronic Athlete Location Forms, Change of Plan Forms and emailed Updates)

PARALYMPIC: YES NO PARALYMPIC CLASSIFICATION:

Regular Quarterly Schedule (See instructions for more detail on how to complete this section)

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.

PRIMARY TRAINING LOCATION

FACILITY NAME:

FACILITY ADDRESS: Street Suburb Town/City Country

PRIMARY TRAINING LOCATION SCHEDULE: (Please indicate specific times: i.e. AM 9:00-10:00am PM 1:00-2:00pm)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECONDARY TRAINING/ALTERNATE LOCATION

FACILITY NAME:

FACILITY ADDRESS: Street Suburb Town/City Country

SECONDARY TRAINING LOCATION SCHEDULE: (Please indicate specific times: i.e. AM 9:00-10:00am PM 1:00-2:00pm)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER REGULAR ACTIVITIES (e.g., work, school, church etc. For additional Other Regular Activities, please attach a separate sheet of paper). (Please indicate specific times: i.e. DAYS/TIMES: Mon-Fri 8:00-3:00pm DAYS/TIMES: Sun 1:00-2:00pm)

ACTIVITY 1: ACTIVITY 2:

DAYS/TIMES: DAYS/TIMES:

ADDRESS: ADDRESS:



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ATHLETE LOCATION FORM (ALF) INSTRUCTIONS - PLEASE REVIEW

Remember to update DFSNZ with changes to the schedule throughout the quarter using the Change of Plan (COP) form available from our website.

Providing detailed contact information is to your benefit and can help minimise the likelihood of you having a "Missed Test" filed against you. The bullets below are intended to define what information is being requested in specific fields of the ALF and why it is being requested. Please note that you should always feel free to attach additional sheets of information as necessary. Remember to put your name and sport on any additional sheets submitted.

Please note: If you are on your International Federation's Registered Testing Pool and you are required to complete Whereabouts Information for them, this ALF does not replace this requirement. Please contact Drug Free Sport NZ for more information.

Athlete Information (This information is required for your form to be considered as complete).

- **PHYSICAL ADDRESS** – This is the location at which you will be staying for the majority of the quarter. A PO Box is not acceptable as a physical address.
- **MAILING ADDRESS** – Only required if you do not want mail sent to your physical address. This is the address to which DFSNZ will send all future mailings until a new mailing address is provided.

Regular Quarterly Schedule (Provide your regular quarterly schedule. Exceptions to this can be recorded in subsequent sections and via updates throughout the quarter).

We realise some schedules are more complex than others and encourage you to attach additional information on separate sheets if necessary. Do your best to provide as much information as possible. This is your chance to provide input regarding when and where you can be contacted for (Out Of Competition) OOC testing.

- **PRIMARY TRAINING** – Please indicate the address of the facility and your regular training schedule (days and times) to the best of your ability.
- **SECONDARY TRAINING** – If you use an alternate training facility on a regular basis, provide the facility's address and your training schedule (days and times) for that facility in this section.
- **OTHER REGULAR ACTIVITIES** – Use these sections to advise DFSNZ of activities (work, school, church, etc.) that are part of your regular routine.

Exceptions to Quarterly Schedule (Provide exceptions to your regular quarterly schedule).

If you need additional room to list temporary addresses and/or upcoming competitions, please attach additional information as necessary.

- **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 a "Change of Plan Form" 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 in 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.
- **TRAVEL DAYS** – List specific dates of travel as they relate to Temporary Addresses and Competitions (e.g. 01/07/08, 02/02/08)
- **SPECIAL EXCEPTIONS** – Please list singular activities that are not previously identified on this form and that will alter the schedule provided by your Regular Quarterly Schedule and/or Exceptions to Quarterly Schedule. Examples could include a conference or seminar for work; Wedding or other special occasion; or other activity that would change your schedule for A SINGLE DAY making it difficult to locate you at one of the locations identified elsewhere on your athlete location form. This should be considered for EXCEPTIONS only, and is not for regular scheduled days off from training or other regularly scheduled activities.
- **ATHLETE SIGNATURE/DATE** – Your form must be signed and dated to be considered complete.

RETURN YOUR COMPLETED FORM TO: DFSNZ by mail, or fax to:

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PO Box 18 339, Glen Innes

Auckland 1743

FAX: +64 (0)9 574 6372

TOLL FREE: (for questions) 0800 378 437 (within New Zealand)

PHONE: +64 (0)9 574 6370 (outside New Zealand - toll call)

WEBSITE: www.drugfreesport.org.nz

