



DRUG FREE SPORT NZ

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Auckland 1743, New Zealand
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www.drugfreesport.org.nz

ATHLETE CHANGE OF PLAN FORM (COP)

USE FOR TEMPORARY CHANGES TO PLAN ONLY

If the form you most recently submitted to DFSNZ includes a valid email address, you may submit this Change of Plan form electronically at: www.drugfreesport.org.nz

Please print or type legibly and be as accurate and thorough as possible. DO NOT USE PENCIL.

*Required information. DFSNZ will consider your Change of Plan form incomplete if it is missing required information.

Athlete Information

*NAME: First Name Middle Name Last Name

*YOUR SPORT: DISCIPLINE:

PHYSICAL ADDRESS: (Where you will reside this quarter. No PO Boxes or R.D. numbers)
(IF YOUR PHYSICAL ADDRESS AND/OR PRIMARY TRAINING FACILITY IS CHANGING PERMANENTLY - YOU MUST SUBMIT A NEW ALF)

Street Address
 Suburb/Town City Postcode
 Home Telephone Number Cell Phone Number

MAILING ADDRESS: (If different from physical address)

Street Address
 Suburb/Town City Postcode
DATE OF BIRTH: Day / Month / Year

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:

Athlete Information

TEMPORARY ADDRESS UPDATES:

Temporary Residence Address

starting date to ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

Street

Suburb/Town City

Temporary Residence Address

starting date to ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

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Temporary Residence Address

starting date to ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

Street

Suburb/Town City

COMPETITION SCHEDULE UPDATES:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Competition	Suburb/Town City	Starting Date to Ending Date	Please list each day of Travel
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Competition	Suburb/Town City	Starting Date to Ending Date	Please list each day of Travel
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Competition	Suburb/Town City	Starting Date to Ending Date	Please list each day of Travel
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Competition	Suburb/Town City	Starting Date to Ending Date	Please list each day of Travel

I acknowledge that this form, and the information submitted, may be shared with the World Anti-Doping Agency, my National Sports Organisation, International Federation on the condition that this information is to be used for doping control purposes only.

*ATHLETE'S SIGNATURE: *DATE:



ATHLETE CHANGE OF PLAN FORM INSTRUCTIONS

PLEASE READ BEFORE FILLING OUT THE ATHLETE CHANGE OF PLAN FORM

You must notify DFSNZ of any plans you have that differ from those you have previously reported to us. Use this form only when you need to temporarily update your athlete location form.

Athlete Information

- **NAME (required):** Provide your complete last, first and middle name.
- **SPORT (required) /DISCIPLINE:** Provide your sport and discipline
- **PHYSICAL ADDRESS:** Provide the address where you will be residing. This address cannot be a PO Box or R.D. number. Where indicated, provide the street, suburb/town, city, postcode and country if other than New Zealand. Also, be sure to provide your email address if you have one. An email address will allow you to submit emailed updates and online ALF's and COP's.
- **MAILING ADDRESS:** If your mailing address is different from your primary address, provide your mailing address. This is the address where DFSNZ materials, information and your test results will be sent.
- **PARALYMPIC CLASSIFICATION:** If you are a Paralympic Athlete tick the 'Yes' box and provide your classification.

Scheduled Updates

- **ADDITIONAL TEMPORARY ADDRESSES:** Provide the addresses and dates (including travel days) for all additional residences where you will stay during the upcoming quarter. Also, provide the corresponding training facility address where you will train while you are staying at each residence.
- **COMPETITION SCHEDULE:** Provide the addresses and dates (including travel days) of all competitions you will compete in during the upcoming quarter in the spaces provided.
- **SIGNATURE/DATE (required):** Read the acknowledgement, sign your name, and provide the date of your signature.
- **ADDITIONAL PAGES:** FEEL FREE TO ATTACH ADDITIONAL PAGES IF THERE IS INSUFFICIENT ROOM ON THIS FORM FOR YOU TO PROVIDE COMPLETE INFORMATION REGARDING YOUR CHANGE OF PLANS. YOU ARE ALSO ENCOURAGED TO ATTACH ADDITIONAL SCHEDULES IF APPLICABLE.
- **QUESTIONS:** IF YOU HAVE ANY QUESTIONS ABOUT THE CHANGE OF PLAN FORM THAT CANNOT BE ANSWERED BY THIS INSTRUCTION SHEET, FEEL FREE TO CONTACT DFSNZ TOLL FREE 0800 378 437 (within NZ). FOR INFORMATION ABOUT DFSNZ VISIT US ON THE WEB AT: www.drugfreesport.org.nz

WHEN YOU HAVE COMPLETED THE ATHLETE CHANGE OF PLAN FORM, DOUBLE CHECK THE FORM FOR ACCURACY AND MAIL OR FAX THE FORM TO THE FOLLOWING ADDRESS:

DRUG FREE SPORT NZ
PO Box 18 339, Glen Innes
Auckland 1743
Fax: +64 (0)9 574 6372

If the form you most recently submitted to DFSNZ includes a valid email address, you may submit this changes of plan form electronically at: www.drugfreesport.org.nz

Exceptions to Quarterly Schedule

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

NAME:

First name

Middle name

Last name

TEMPORARY ADDRESSES: (Please attach additional sheets as necessary - be sure to write your name on any additional sheets submitted.)

Temporary Residence Address

Starting date to Ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

Street

Suburb/Town City

Temporary Residence Address

Starting date to Ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

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Name of Facility

Street

Suburb/Town City

Temporary Residence Address

Starting date to Ending date

Travel Days (Please list each day of travel)

Street

Suburb/Town City

Post Code Country (If other than NZ)

Temporary Training Address (If applicable)

Name of Facility

Street

Suburb/Town City

COMPETITION SCHEDULE:

Competition

Name of Competition

Name of Competition

Name of Competition

Name of Competition

Location

Suburb/Town City

Suburb/Town City

Suburb/Town City

Suburb/Town City

Country

Country (If other than NZ)

Country (If other than NZ)

Country (If other than NZ)

Country (If other than NZ)

Competition Dates

Starting Date to Ending Date

Starting Date to Ending Date

Starting Date to Ending Date

Starting Date to Ending Date

Travel Days

Please list each day of Travel

Please list each day of Travel

Please list each day of Travel

Please list each day of Travel

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; graduation, 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 regularly scheduled days off from training or other regularly scheduled activities.

Activity Location Date of Activity

Activity Location Date of Activity

Activity Location Date of Activity

I acknowledge that this form, and the information submitted, may be shared with the World Anti-Doping Agency, my International Federation and my National Sporting Organisation on the condition that this information is to be used for doping control purposes only.

ATHLETE SIGNATURE:

* Name

* Date

SIGNATURE IS REQUIRED FOR FORM TO BE CONSIDERED COMPLETE.