

ETH-NADO Athlete Retirement Reinstatement Form

1.	Athlete Information		
	Last Name:		
	First Name:		
	Date of Birth (D/M/Y):		
	Sex: MaleFemale		
	Address:		
	Country: City: Strait:		
	Postal Code: E-mail:		
	Mobile Phone:		
	Sport: Discipline:		
2.	I hereby certify that I wish to end my retirement and return to competition and as such, wish to be reinstated as an athlete and as a member of my National Federation. I hereby acknowledge that I am aware of and understand article 5.0 of the ETH-NADO rules regarding Retirement and Return to Competition (Reinstatement). In particular, I acknowledge that I must provide accurate an up-to-date whereabouts information, if requested to do so by ETH-NADO.		
Signa	ture of the Athlete (Representative for Minors) Date		



Confirmation of the Athletes Reinstatement Request

1.	Date fully completed the retirement reinstatement request form received:			
2.	Receiving officer:			
3.	Request approved by the National Federation head:			
	Signature of the National Fe	deration Head	Date	
4.	. Date/s eligible to return to competition:			
	Domestic: International:			
5.	. Written confirmation of reinstatement sent to:			
	Athlete	Yes/No	Date:	
	National Federation	Yes/No	Date:	
	International Federation	Yes/No	Date:	
	This date will be the Athletes reinstatement request date.			