



ATHLETE WHEREABOUTS FORM

This form can be submitted to VADA by email to whereabouts@VADA-testing.org or by fax to (702) 255-8420. Please type or print legibly and use blue or black ink.

Athlete Information

Providing detailed contact information is for the Athlete's benefit and can help minimize the chances of a Whereabouts violation.

Residence

NAME: _____
last first middle

GENDER: MALE FEMALE DATE OF BIRTH: ____/____/____
month day year

PHYSICAL ADDRESS: (Where you currently reside. No P.O. Boxes) MAILING ADDRESS: (If different from physical address)

street address apt.

city state zip code country

(_____) (_____) _____
home telephone number cell phone number e-mail address

PRIMARY CONTACT PERSON: _____ (_____) _____
name of contact other than yourself telephone number of contact

Athlete's Regular Schedule

We realize 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 city state

PRIMARY TRAINING LOCATION SCHEDULE: (Please indicate specific times: i.e. 11:00am – 1:00pm; 4:00pm - 6:00pm)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s)							

Daily Sixty-Minute Window of Availability for Sample Collection

VADA may collect samples at any time during participation in the program. Below Athletes list their preferred sixty-minute collection period each day.

FACILITY NAME: _____

FACILITY ADDRESS: _____
street city state

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hour of Day							

Other Regular Activities

Please provide address for activities for which you check "Yes" to being tested. Please provide specific times (i.e. 11:00am - 4:00 pm).

ACTIVITY 1: _____

ADDRESS: _____

ACTIVITY 2: _____

ADDRESS: _____

May we collect samples during this activity?

YES NO

May we collect samples during this activity?

YES NO

DAY	SUN	MON	TUE	WED	THU	FRI	SAT
ACTIVITY TIMES							

DAY	SUN	MON	TUE	WED	THU	FRI	SAT
ACTIVITY TIMES							



Known Exceptions to Regular Schedule

NAME: _____ last _____ first _____ middle _____

Exceptions:

Please list activities that are not previously identified on this form and that differ from the regular schedule provided. Examples could include a work or family event or other special occasion; or other activity that would change your schedule and make it difficult to locate you at one of the locations identified elsewhere on your athlete information form.

Activity _____	Location _____	Date of Activity _____
Activity _____	Location _____	Date of Activity _____
Activity _____	Location _____	Date of Activity _____

COMPETITION SCHEDULE:

Competition

	Location	Country	Travel Days
name of competition _____	city _____ state/province _____	country (if other than U.S.) _____	Please list each day of travel _____
name of competition _____	city _____ state/province _____	country (if other than U.S.) _____	Please list each day of travel _____

Travel Plans (Please attach additional sheets as necessary – be sure to write your name on any additional sheets submitted.)

_____ starting date	_____ to	_____ ending date
Travel Days (Please list each day of travel)		
Specific Location (hotel/address)		
city _____	state/province _____	
zip code _____	country (if other than U.S.) _____	
Temporary Training Address (if applicable)		
name of facility _____		
street _____		
city _____ state/province _____		

_____ starting date	_____ to	_____ ending date
Travel Days (Please list each day of travel)		
Specific Location (hotel/address)		
city _____	state/province _____	
zip code _____	country (if other than U.S.) _____	
Temporary Training Address (if applicable)		
name of facility _____		
street _____		
city _____ state/province _____		

I will contact VADA immediately upon learning of any deviation in my schedule and agree to comply with VADA's whereabouts policy.

ATHLETE SIGNATURE: _____ name _____ date _____

SIGNATURE IS NECESSARY FOR FORM TO BE CONSIDERED COMPLETE.