

Skater Last Name:

Skater Name:

Date of birth:

Country:

Discipline:

Email :

I hereby certify that I have decided to retire or temporarily not participate in any ISU Event and I request to be removed from the ISU Registered Testing Pool (RTP) or ISU Testing Pool (TP).

I understand that I remain subject to testing until the ISU confirms my removal from the RTP or TP.

**FOR RTP SKATERS ONLY:**

*I hereby acknowledge that, should I wish to resume competing in ISU Events, I am required to complete the following steps **six months before returning to ISU Events**:*

- *Given the ISU and my National Anti-Doping Organization written notice of my intent to resume competition in ISU Events.*
- *Make myself available for testing.*

Please refer to Article 5.6 "Retired Skaters Returning to Competition" of the ISU Anti-Doping Rules (ISU Communication 2344 or any update) for a complete information.

Date:

Signature:

**Please complete this form electronically and send it back to [antidoping@isu.org](mailto:antidoping@isu.org)**