

Name of Event: _____

Date of the Event: _____

Venue: _____

Name of the DCO: _____

By signing below, the chaperones confirm that they have reviewed the ISU Procedure for Chaperones (Anti-Doping Information package # 4), verified that they have received instructions and training by the DCO.

The Chaperones below understand these procedures, have no conflict of interest and will maintain confidentiality.

	Date	Name	Comments, if any	Signature
1				
2				
3				
4				
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The DCO hereby confirms the above chaperones have reviewed the ISU Procedure for Chaperones (Anti-Doping Information package # 4) and verifies that they have received instructions and training by the DCO.

DCO Signature and date: _____

This Form must be returned at adevents@isu.ch