



**IMPORTANT NOTE FOR PLAYERS:**

Please complete the “Player Information” section of this form in **CAPITAL LETTERS** and forward to the IIHF. Please ensure that each part of the Player Information section is complete. Your reinstatement date will be the date that the IIHF receives this form with the Player information **fully** completed. The IIHF will provide you with written confirmation of whether or not your reinstatement request has been accepted and, if accepted, the date(s) that you are eligible to return to competition. If you do not receive an official written confirmation please contact the IIHF.

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**PLAYER INFORMATION (for completion by the Player)**

Member National Association (MNA): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Date of Birth:(dd/mm/yyyy)\_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby certify that I wish to end my retirement and return to competition.

I acknowledge that I am aware of and understand the IIHF Doping Control Rules regarding Reinstatement (IIHF Doping Control Regulation 4.4.1 and 4.4.2) found in the IIHF Retirement and Reinstatement Policy. In particular, I acknowledge that as of the date of my reinstatement, I must provide accurate and up-to-date whereabouts information and make myself available for testing for six months (and/or period of remaining ineligibility if I retired while ineligible) prior to my return to competition.

Signature: \_\_\_\_\_ Place and Date: \_\_\_\_\_

**CONFIRMATION OF PLAYER STATUS (IIHF Office Use Only)**

Player’s Reinstatement Date (date fully completed IIHF Reinstatement Request Form received):  
 \_\_\_\_\_

Date(s) eligible to return to competition: (dd/mm/yyyy) \_\_\_\_\_

Written confirmation of retirement sent to:

- |           |          |                         |
|-----------|----------|-------------------------|
| • Player: | yes / no | Date: (dd/mm/yyyy)_____ |
| • NADO:   | yes / no | Date: (dd/mm/yyyy)_____ |
| • MNA     | yes / no | Date: (dd/mm/yyyy)_____ |