

aboc

cycle coaching
www.aboc.com.au

Drug Use Declaration

Full Name : _____

Date of Birth : ___ / ___ / ___

Address : _____

email address : _____

Telephone (home) : _____

Telephone (Mobile) : _____

If you take any medication or drugs (including Asthma treatment, hayfever prevention and so on) at all please record them here. Drug use in sport is tightly controlled and many prescription and over the counter drugs are restricted or prohibited for use by athletes, and if you hold a Cycling racing licence you can be drug tested at any time. Of particular concern are many sports supplements that may contain banned or restricted substances. If you take any such supplements please also record them here.

The information I have provided about my drug/supplements are accurate to the best of my knowledge.

Signature : _____

date: ___ / ___ / ___

Signature of parent/guardian if under 18 : _____