

Suomen Amerikkalaisen Jalkapallon Liitto ry



Pasilan Puistotie 8
00240 Helsinki
puh. 09-4368 3211
fax. 09-4368 3210
Email: office@sajl.fi
www.sajl.fi



ANTIDOPING CONFIRMATION

We, the _____ (club) have given information on the anti-doping regulations governing the sport of American football in Finland to the player mentioned in this confirmation below. We have notified the player about the prohibited substances, testing procedures and the possible sanctions in case of a positive test result or other action considered to be doping as well as his obligation to follow these rules while under contract with the club.

Date and place: _____

Club signature _____

I, _____ (player name) born on _____ (birthday) have received information regarding the anti-doping regulations and understand and will follow the anti-doping guidelines, rules and regulations under American Football Association of Finland (SAJL). I also guarantee that I have not used any illegal substances and will not use any during my playing career in Finland. I will also follow the anti-doping regulations and take part in anti-doping testing when selected to give bodily specimen. In case my actions are against this guarantee, I understand my responsibility to pay for the damages I have caused to the club and to the federation.

Date and place: _____

Player signature _____

This form is to be filled out in three (3) originals. One for each party in question and one original to be forwarded to SAJL's office. The player license is not valid until this document is received and accepted by the federation representative.