



Member Association:

DECLARATION DOPING CONTROL

The undersigned

(NAME OF THE PRESIDENT – IN BLOCK LETTERS):

(NAME OF THE GENERAL SECRETARY – IN BLOCK LETTERS):

Herewith confirm that:

- a) That we are aware of the doping control which will be carried out by CAF during the matches of its qualifiers and competitions.
- b) That we accept and will raise awareness of our Players participating in CAF Competitions.
- c) The Players will be subject to doping control procedure according to the rules established by CAF/FIFA and in accordance with WADA (World Anti-Doping Agency) worldwide code.

Signatures:

(PLACE)

(DATE)

(PRESIDENT)

(GENERAL SECRETARY)

(TEAM PHYSICIAN)