



Patronage



INSCRIPTION / EINSCHREIBUNG

Nom / Name :	_____	Prénom / Vorname:	_____
Rue / Strasse :	_____		
NP / Plz :	Lieu / Ort :	Pays / Land :	
Tél. Privé :	Tél. Prof. / Gesch. :	IPIN _____	
Nationalité :	E-Mail _____		
IWTF Ranking :	National Ranking : _____		

Messieurs / Herren :	<input type="checkbox"/>	Dames / Damen :	<input type="checkbox"/>	Tableau principal Haupttabelle	<input type="checkbox"/>
Acceptez-vous une Wild Card / Akzeptieren Sie eine Wild Card	<input type="checkbox"/>			2 ^{ème} Tableau 2. Tabelle	<input type="checkbox"/>
Voulez-vous utiliser votre « Feed up card » Wollen Sie benutzen Ihre « Feed up card »	<input type="checkbox"/>				
Doubles Doppel	<input type="checkbox"/>	Partenaire souhaité : Gewünschter Partner:	_____		

ALL PLAYERS MUST AGREE AND SIGN THE FOLLOWING CLAUSE:

I hereby agree to abide by the ITF Rules of Tennis, the ITF Rules of Wheelchair Tennis and pay the entry fee as required by the tournament. I confirm that I have read and understood Article 24 of the Wheelchair Tennis Rules and Regulations 2017 and further that in accordance with Article 33(k) of the same that I have adequate travel and medical insurance. I further agree to abide by the ITF Code of Conduct in all Main Draw events or by the Code of Conduct adopted by the tournament in any other draws. I also agree for participation in the tournament to be bound by and comply with the all the provisions of the ITF Tennis Anti-Doping Programme 2017. I note that the Tennis Anti-Doping Programme is set out in full on the ITF website (www.itftennis.com) and in a separate rulebook that is published and distributed to all the National Associations and is also available upon application.

I understand and agree that I have a medically diagnosed permanent physical disability as defined in the Rules of Wheelchair tennis, found at www.itftennis.com/wheelchair/rules/eligibilityrules.asp and that I am eligible to compete in ITF sanctioned wheelchair tennis tournaments. I understand that if requested by the ITF, I am required to supply appropriate medical documentation that substantiates the disability.

Anti-Corruption

I am bound by and will comply with the Uniform Tennis Anti-Corruption Program (the "Anti-Corruption Program"), a copy of which is available upon request from the ITF or may be downloaded at <http://www.tennisintegrityunit.com>. The Anti-Corruption Program will govern my participation in ITF-sanctioned events (alongside the ITF Rules, including the Player Code of Conduct and the ITF Tennis Anti-Doping Programme, each of them applying concurrently and without prejudice to the other). The Tennis Integrity Unit may conduct investigations in relation to ITF-sanctioned events under the Anti-Corruption Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Corruption Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Corruption Programme and to the jurisdiction and authority of the Court of Arbitration for Sport to determine any appeals brought under the Anti-Corruption Programme.

Anti-Doping

I am bound by and will comply with the Tennis Anti-Doping Programme (the "Anti-Doping Programme"), a copy of which is available upon request from the ITF or may be downloaded at <http://www.itftennis.com/anti-doping>. The Anti-Doping Programme will govern my participation in ITF-sanctioned events (together with the ITF Rules, including the Player Code of Conduct and the Uniform Tennis Anti-Corruption Program, each of them applying concurrently and without prejudice to the other). The ITF may conduct anti-doping testing at ITF-sanctioned events under the Anti-Doping Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Doping Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Doping Programme and to the jurisdiction and authority of the Anti-Doping Tribunal and the Court of Arbitration for Sport ("CAS") to determine any charges brought under the Anti-Doping Programme.

Name: (Blok) _____ Signed: _____ Date: _____

Remarques /
Bemerkungen _____

