|  |
| --- |
| ITF_R_BlackITF WHEELCHAIR TENNIS TOUR  |
| 2019 INTERNATIONAL ENTRY FORM　　　　　　　　　　　　　　 ※Please type and send to  **iizukajapanopen@gmail.com** by email . |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **TOURNAMENT NAME** | Japan Open 2019 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **NATION** | JAPAN | **DATES** | **23-28　April 2019** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(Please　tick　✔)****□ PLAYERS NAME****□SUPPORTERS NAME****（Coach/Family/Others）** | 　　　　　　MALE□　FEMALE□　　　　　　　　　　　　 　　　　　　　　　　　 |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **NATIONALITY** |  | **IPIN REGISTRATION NO** |  |
|  **BIRTHDATE** |  | **TEL** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **EMAIL** |  | **CEL** |  |
| **PASSPORT** | **NO** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TENNIS INFORMATION NB: All players must have adequate travel and health insurance.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | MEN: |  |  | WOMEN: |  |  | QUAD: |  |  |  |  |  |  |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ARE YOU APPLYING FOR A WILD CARD INTO THE MAIN OR SECOND DRAW?  | MAIN: |  | SECOND: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU WISH TO APPLY TO USE YOUR FEED UP CARD AT THIS TOURNAMENT? |  | YES | NO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT WHICH TOURNAMENT DID YOU WIN YOUR FEED UP CARD? |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU INTEND TO PLAY DOUBLES? | YES | NO |  |  |
| *NB. This form does not guarantee entry to doubles. Both players must sign in in-person as required by the tournament.* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ARE YOU BRINGING A REGISTERED COACH OR ADDITIONAL PERSONS (Please Specify)? |  |
| *If a coach, or any other person is accompanying you, please complete a separate form for each person travelling**\*Junior players will require the signature of a parent or guardian on the form in order to enter a tournament*  |
| **TRAVEL DETAILS Note: Transport is provided for flights arriving & departing between 9am-11pm.** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I WILL BE ARRIVING BY | CAR: |  |  | TRAIN: |  |  |  | AEROPLANE: |  |  |  |  | (Please tick one: **X**) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE OF ARRIVAL: |  | TIME: |  | FLIGHT NO: |  | AIRPORT: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE OF DEPARTURE: |  | TIME: |  | FLIGHT NO: |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NO. OF CHAIRS : |  | NO. OF PEOPLE: |  |  |  |
| ※Please be sure to apply to the airlines as you are a wheelchair user. |
| ※The number of wheelchair is restricted. |
| ※ If you book the flights from/to Tokyo, Haneda route is more convenient, not Narita route. |
| **ACCOMMODATION REQUIREMENTS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU REQUIRE ACCOMMODATION: | YES | NO |  |  | EVERY DAY WHEELCHAIR USER: | YES | NO |
|  |  |  | □ **Nogami President Hotel** □Single Room 　□Shared (Twin) Room□ **Chikuho Heights Hotel** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Note: Due to the limited room availability, there is a possibility that we might not be able to meet your request.　 |  |
| ROOMING PARTNER:  |  |
| SPECIAL REQUIREMENTS |  |
| **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. Further that in accordance with the Wheelchair Tennis Rules and Regulations 2019 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 2019. 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, 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 Tennis Anti-Corruption Program (the “TACP”), a copy of which is available upon request from the ITF or may be downloaded at http://www.tennisintegrityunit.com/. I acknowledge that I have received and had the opportunity to review the TACP, and that I understand its provisions. I acknowledge that I have a duty to inform my Related Persons (as defined in the TACP) of the provisions of the TACP and to instruct them to comply with the TACP. I accept that I must complete any Tennis Integrity education programs mandated by the ITF. The TACP prohibits certain conduct by me and my Related Persons, including, but not limited to, (i) wagering on any tennis match, (ii) contriving or attempting to contrive the outcome of any tennis match, (iii) receiving or providing consideration in exchange for Inside Information (as defined in the TACP), (iv) soliciting or facilitating any other person to wager on a tennis match, and (v) failing to report any knowledge I may have regarding potential violations of the TACP. I acknowledge that I have an obligation to report any corrupt approaches that I may receive and any known or suspected offenses by others to the TIU as soon as possible. I accept that I must cooperate fully with investigations and shall not tamper with or destroy any evidence.**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 AntiCorruption 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:(Block) |  | SIGNED: |  | DATE: |  |
|  |

**FOR JUNIORS ONLY:**

GURDIAN’S

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME:(Block) |  | SIGNED: |  | DATE: |  |