



## ITF WHEELCHAIR TENNIS TOUR 2024 INTERNATIONAL ENTRY FORM

※Please fill out and send to iizukajapanopen@gmail.com by email

TOURNAMENT NAME	Japan Open 2024				
NATION	Japan	DATES	9-14 April 2024		
(Please tick ✔) ☐ PLAYE	R'S NAME	□ACCUMPANYIN	G PERSON'S NAME	(Coach/Family/Others)	
(Surname		(Givenname)			
NATIONALITY	IPIN REGISTRATION NO				
PLAYER SPORT CLASS (OPEN/QUAD)					
PLAYER SPORT CLASS STATUS					
BIRTHDATE			TEL		
EMAIL			CEL		
TENNIS INFORMATION		NB: All playe	ers must have adequat	e travel and health insurance.	
MEN: W	OMEN:	QUAD:			
ARE YOU APPLYING FOI	R A WILD CARD	INTO THE MAIN OR S	SECOND DRAW?	MAIN: SECOND:	
DO YOU WISH TO APPLY	Y TO USE YOUF	R FEED UP CARD AT 1	THIS TOURNAMENT?	YES NO	
AT WHICH TOURNAMEN	T DID YOU WIN	I YOUR FEED-UP CAR			
DO YOU INTEND TO PLA		YES NO			
NB. This form does not guara	antee entry to doub	bles. Both players must sig	gn in in-person as required	by the tournament.	
ARE YOU BRINGING A R (Please Specify)?	EGISTERED CO	DACH OR ADDITIONAL	_ PERSONS		
If a coach, or any other per- *Junior players will require the					
TRAVEL DETAILS	Note:	: Transport is provided	d for flights arriving &	departing between <mark>9am-11pm.</mark>	
I WILL BE ARRIVING BY	CAR:	TRAIN:	AEROPLANE:	(Please tick one: X)	
DATE OF ARRIVAL:		TIME:	FLIGHT NO:	AIRPORT:	
DATE OF DEPARTUR	₹E:	TIME:	FLIGHT NO:	<del></del>	
NO. OF CHAIRS:	NO.	OF PEOPLE:			

- ☆Please refer the airlines that you are a wheelchair user.
- \*The numbers of wheelchair is restricted.
- ※ If you book the flights from/to Tokyo, Haneda route is more convenient, than Narita route.

## **ACCOMMODATION REQUIREMENTS** DO YOU REQUIRE ACCOMMODATION: YES NO EVERYDAY WHEELCHAIR USER: YES NO ☐ THE Retreat Hotel (next to the site) □ Single Use □ Shared Room (by Two) □ Shared Room (by Three) □ Shared Room (by Four) \*Up to two Wheelchair Users can be accommodated in any room. Please refer to the Japan Open 2024 guideline. □ Nogami President Hotel □ Single Room □ Shared (Twin) Room **ROOMING PARTNER:** FOOD ALLERGY, SPECIAL REQUIREMENT: \_ 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 2024 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 2024. 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 am bound by and will comply with the ITF Wheelchair Tennis Classification Rules, a copy of which is available on request from the ITF or may be downloaded at https://www.itftennis.com/wheelchair/classification/classification.aspx. **Anti-Corruption** I am bound by and will comply with the Tennis Tennis Anti-Corruption Program (the "TACP"), a copy of which is available on request from the ITF or may be downloaded at https://www.integrityprotectionprogramme.com/assets/TACP.pdf I acknowledge that I have had the opportunity to review the TACP and that I understand, accept, and agree not to violate any of the provisions therein. The TACP prohibits certain conduct by me, including, but not limited to, (i) wagering on the outcome or any other aspect of any tennis match, (ii) contriving or attempting to contrive the outcome or any other aspect 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 the outcome or any other aspect of 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 approaches that I may receive and any known or suspected offenses by others as soon as possible. I accept that I must cooperate fully with investigations and shall not tamper with or destroy any evidence. I hereby submit to the jurisdiction and authority of the International Tennis Integrity Agency (formerly the Tennis Integrity Unit and the Professional Tennis Integrity Officers) to manage, administer and enforce the TACP and to the jurisdiction and authority of the Anti-Corruption Hearing Officer and the Court of Arbitration for Sport to determine any charges brought under the TACP. I acknowledge that the TACP contains an agreement to arbitrate disputes in accordance with the process described in the TACP and I am bound by the TACP until two years after the last Event at which I receive accreditation, unless I notify the International Tennis Federation in writing that I have retired or no longer intend to receive accreditation at any further Events. **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. DATE: NAME:(Block) SIGNED:

## FOR JUNIORS ONLY:

GUARDIAN'S	SIGNED:	DATE:	
NAME:(Block)			