



WRRC Reg. No

World Rock'n'Roll Confederation

Associated member of IDSF (Member of GAISF, ARISF, IWGA)

WRRC Form of Consent for Athletes (Dancers) 2004

1. I the undersigned _____ (*name of athlete, dancer*) hereby agree to the terms of the _____ and the WRRC TOURNAMENT RULES (REGLEMENT), the WRRC RULES OF PROCEDURE, as well as the specific regulations regarding sectors and topics which have to be decided by the GENERAL MEETING of the WRRC and the decisions and directives of the WRRC EXECUTIVE BOARD or the WRRC ARBITRATION COMMITTEE and agree to submit to the terms of these codes, rules, regulations and decisions.

I am aware that if I violate any of these codes, rules and decisions, I may be subject to severe disciplinary sanctions as set out in the respective code.

Applicable law is Swiss law.

Copies of the IDSF ANTI-DOPING CODE and the WRRC TOURNAMENT RULES (REGLEMENT), the WRRC RULES OF PROCEDURE, as well as the specific regulations regarding sectors and topics which have to be decided by the GENERAL MEETING of the WRRC and the decisions and directives of the WRRC EXECUTIVE BOARD or the WRRC ARBITRATION COMMITTEE have been made available to me.

(*Signature; for minors also signature of a parent*)*Date:*

2. I the undersigned _____ (*name of athlete, dancer*) accept the STATUTES of the WRRC, in particular the exclusive competence of the Court of Arbitration for Sport in Lausanne, Switzerland, which will resolve definitively the dispute in accordance with the Code of sport-related arbitration.

Applicable law is Swiss law.

(*Signature; for minors also signature of a parent*)*Date:*

3. I the undersigned _____ (*name of athlete, dancer*) understand that by signing this form I am granting my consent to a urine or/and blood sample being taken from me. I understand that the urine or/and blood sample is to be taken so that it may be analysed to determine whether it discloses the presence of any substances prohibited under the IDSF ANTI-DOPING CODE, and that if the analysis of the sample reveals the presence of any such substance, or deviations from the normal range in the case of endogenous substances, I may be subject to disciplinary sanctions under the rules of the IDSF ANTI DOPING CODE.

turn please... 

I also understand that the analysis of my sample might reveal evidence of disease. In such an instance I have the right to be informed, however only on my own request, after a confidential notice by the laboratory. Such information will in all events remain confidential to the laboratory and myself.

(Signature; for minors also signature of a parent).....Date.....

Name: _____

Date of birth: _____

Country: _____

Full address: _____.

ZIP Code _____ City _____

Dr. Carlos WOLLEIN , Chair MEDICAL COMMISSION, CONFEDERATION PHYSICIAN
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[More information:](#)



VITA / Personal Informations **for Press / Internet / World** **Games Informations!**

Name:

Nick-Name:

Mobil Number:

Email-adress:

Disciplin: RR Boogie Lindy Hop

Categ.: Maincl Jun Sen Form

Profession:

Hobby:

Trainers or Coaches (periode):

from

until

from

until

from

until

Idols:

Goal:

Name of actual partner:

Former partners
(name, periode, titles intern. /national):

Highlights of my career:

Flops of my career:

My Picture include!!!