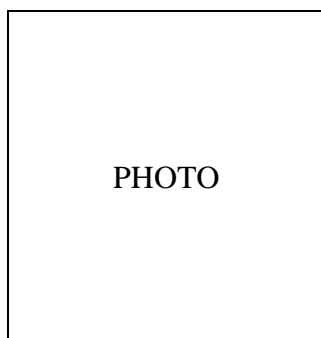


INTERNATIONAL DANCE SPORT ASSOCIATION

REGISTRATION FORM

International Registered Testing Pool



Surname: _____

Name: _____

Male Female

Date of Birth (d/m/y): _____

Address: _____

City: _____ Country: _____ Postcode: _____

Tel: _____

E-mail: _____

(with International Code)

Weight category: _____

National Sport Organization:

Agreement

1. I received the notice of inclusion in IRPT "IDSA".
2. With the requirement of "Athlete's Consent & Use of ADAMS Form" is acquainted.
3. With rules of filling of information and work in ADAMS is acquainted.
4. I confirm that with information by "Athlete Information Notice – Doping Control Information" is acquainted.
5. I confirm that information specified by me in this form is true.

Date (Day/Month/Year)

Signature of Athlete Legal OR Guardian (if minor)